Understanding Options Counseling Experiences in Adoption: A Qualitative Analysis of First/Birth Parents and Professionals

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THE DONALDSON ADOPTION INSTITUTE

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INTRODUCTION

Roughly half of the pregnancies in the United States are unintended and many expectant parents encounter this crisis with little to no guidance (Simmonds & Likis, 2005; Singer, 2004). Options counseling, a practice that provides a safe outlet for expectant parents to explore their options regarding their pregnancy in a manner in which their opinions are valued and respected, is intended to address this lack of support (Simmonds & Likis, 2005; Singer, 2004). Specifically, the term “options counseling” refers to an individualized assessment and counseling process whereby women and men who are experiencing a crisis or unintended pregnancy are assisted in objectively evaluating their options (i.e., parenting the child, relinquishment of parental rights to the child for adoption, termination of the pregnancy, as well as other options such as temporary foster care or placement with relatives) (Madden, Ryan, Aguiniga, & Crawford, 2016). To date, little content has been written about options counseling (i.e. what it is or what it entails); thus, the practice is often misunderstood and can be inconsistently or ineffectively applied.

Research on options counseling is limited; however, retrospective research with first/birth parents suggests that expectant parents are not always provided with clear information about their options or supportive resources that may be available to them (Madden et al., 2016; McAdoo, 1992; Wiley & Baden, 2005). Additionally, some researchers have noted that expectant parents considering their options often face subtle coercion or intimidation from people in their lives, including partners or spouses, family members, and friends (Ellison, 2003; Madden et al., 2016). There is also some evidence to suggest that some adoption agencies and other professionals who serve expectant parents place unnecessary pressure (intentionally or unintentionally) on parents during the decision-making process (Baden, Gibbons, Wilson, & McGinnis, 2013; Donaldson Adoption Institute, 2007; Ellison, 2003; Madden et al., 2016).

Currently, little guidance is available to adoption practitioners regarding the issue of options counseling; however, proponents of options counseling note that it is essential that adoption professionals who counsel expectant parents be fully aware of their own values regarding crisis pregnancies and the various options available to expectant parents (Simmonds & Likis, 2005; Singer, 2004). Knowledge and self-awareness of biases are essential, as expectant parents seeking counseling services about their options must be assured that the professional will not judge the complex and complicated feelings that many expectant parents experience during the decision-making process. For options counseling to remain free of bias and coercion, professionals must be aware of, but distance themselves from, their personal values when counseling clients (Donaldson Adoption Institute 2016; Simmonds & Likis, 2005; Singer, 2004). This helps ensure that expectant parents have the autonomy necessary to freely decide for themselves what the best course of action will be for them and their child. Ultimately, practice in this area should not lead any expecting parent to one particular outcome; rather services should be geared towards supporting parents in making decisions that are fully informed and represent their choice for what they believe to be the best solution for themselves and especially for their child.

Adoption professionals who counsel expectant parents should make every effort to provide information that is accurate and free of ambiguity so that the parents can make a sound and informed decision (Madden et al., 2016; Singer, 2004). Client self-determination, competence in providing relevant information to clients, and respect towards clients are essential components to the provision of options counseling. In addition, those who provide counseling services should work to establish rapport with expectant parents through the use of neutral and unbiased language, as well as by asking open-ended questions that allow expectant parents to thoughtfully examine and explore any concerns or
ambivalence they may be feeling about their pregnancy and about the different options available to them (Johnson & Faase, 2012; Samuels, 2005; Singer, 2004). Simmonds and Likis (2005) note that adoption professionals should listen to expectant parents and consistently check in with them regarding any changes in feelings that he or she may be having regarding the pregnancy or their decision. To aid in this, it is important to understand and acknowledge that options counseling is an ongoing process that extends throughout the pregnancy and even after the child is born, rather than a one-time event or decision. Approaching expectant parents in this way allows adoption professionals to present options in an unbiased and open manner that will ultimately aid expectant parents in making an informed choice for themselves and their child.

Finally, given the changing landscape of adoption in the United States, professionals who provide options counseling services must continually remain aware of current laws relevant to the rights of expectant parents (Simmonds & Likis; 2005; Singer, 2004). It is also paramount that professionals maintain knowledge of the myriad options available to individuals who are experiencing an unintended pregnancy and the ability to accurately and comprehensively review and evaluate all relevant options with expectant parents. This will ensure that professionals are able to provide accurate and timely information to expectant parents that will enable them to better weigh the pros and cons of each option (Johnson & Faase, 2012; Simmonds & Likis, 2005; Singer, 2004).

OVERVIEW OF THE STUDY

Despite the ethical and best-practice implications of ensuring bias-free options counseling, the service has yet to be mandated by law in most states (Donaldson Adoption Institute, 2007; U.S. Department of Health and Human Services, 2013). Furthermore, to date, no research has been conducted to determine the frequency or manner with which adoption agencies and other adoption practitioners provide expectant parents with information about their full range of options. The Donaldson Adoption Institute (DAI) first explored the subject in their 2007 report “Safeguarding the Rights and Well-Being of Birthparents in the Adoption Process”. The report concluded, “In reality, we do not know the extent to which all options are presented to women seeking counseling for unplanned pregnancies or in what manner they are presented, because research has not addressed this question in the past two decades” (p. 29). To gain a fuller understanding of the context in which options are presented and discussed with expectant parents facing a crisis pregnancy, the Institute partnered with The University of Texas at Arlington to conduct the first significant study on the subject.

The multidimensional nature of the topic necessitated a robust methodology inclusive of the experiences of women and men who have placed a child for adoption, as well as the experiences of professionals in the field of adoption who counsel expectant parents. Because this study sought to learn more about an area that has been little studied, a mixed-method approach was utilized to address the questions posed in this study. By relying on multiple perspectives and using different approaches for collecting data, we enhanced the design of the study with the goal of developing a comprehensive understanding of the issue. As such, the study was designed to include two distinct phases:

**Phase I:** The first phase of this study includes two online surveys: 1) a survey of first/birth parents and 2) a survey of adoption professionals. This phase of the study was specifically designed to explore the type and nature of information provided to expectant parents who are considering making an adoption plan for their child. Women who had relinquished a child for adoption in the United States during the last 25
years (after 1989) were invited to participate in the survey of first/birth parents.\footnote{First/birth fathers who had relinquished a child for adoption in the United States during the last 25 years (after 1989) were also invited to participate in the survey of first/birth parents; however, only six first/birth fathers responded to the survey. While the contribution of first/birth fathers to this study was not inconsequential, the comparatively low number of responses from first/birth fathers (n=6) posed significant analytical challenges and prohibited us from drawing meaningful conclusions about their experiences.} In addition, professionals in the field of adoption who provide counseling and/or direct-services to expectant parents were invited to participate in a separate survey targeting adoption professionals.

Phase II: The second phase of this study was designed to explore in greater depth the overall context in which options are discussed with expectant parents, the language used to refer to parents experiencing a crisis or unplanned pregnancy who are seeking options counseling, as well as advice that first/birth parents and adoption professionals have for expectant and first/birth parents. To explore the context in which options are discussed with expectant parents, a subsample of first/birth parents and adoption professionals who participated in Phase I of the study were invited to participate in in-depth qualitative interviews.

THE CURRENT REPORT

The analysis presented in this report is a continuation of the work released by the Donaldson Adoption Institute and the University of Texas at Arlington in November 2016, “Understanding Options Counseling Experiences in Adoption: A Quantitative Analysis of First/Birth Parents and Professionals.” The current report, Phase II of the mixed-methods study described above, presents the findings of a qualitative analysis of first/birth mother experiences with options counseling, as well as adoption professionals who work with expectant parents. The analysis presented in this report is based on individual interviews that were conducted earlier this year with first/birth parents (n=28) and adoption professionals (n=20). The interviews were designed to explore in greater depth the overall context in which options are discussed with expectant parents, the language used to refer to parents, as well as advice that first/birth parents and adoption professionals may have for expectant parents seeking information about adoption and other available options. A subsample of first/birth parents and adoption professionals who participated in Phase I of the study were invited to participate in in-depth qualitative interviews with the researchers for this purpose.

All identifying information, as well as some contextual references, have been removed from quotes presented in this report to protect the participants’ privacy. Due to the sensitive nature of this study, an application for Human Participant Protections was filed and approved with the University of Texas at Arlington Institutional Review Board (IRB) before recruitment or data collection efforts were undertaken.

It should also be noted that the term “first/birth” parent or mother is used to refer to mothers who have relinquished their parental rights to their child for adoption. In contrast, the term “expectant” parent or mother is used to identify mothers who are pregnant and weighing the options available to them and their child. The term “first/birth” parent or mother is used throughout the findings of this report because the study surveyed first/birth mothers—women who had voluntarily relinquished parental rights to an infant for adoption in the United States during the last 25 years.
PART I: INTERVIEWS WITH FIRST/BIRTH PARENTS

METHODOLOGY

Recruitment and Data Collection

Participants who completed the survey of first/birth parents were given the opportunity to provide information at the end of the Phase I survey (i.e., first name and contact information) so that they might be contacted later to participate in a semi-structured interview with us regarding their experiences. Parents who indicated a willingness to participate in an individual interview through the survey, and who provided valid contact information, were eligible for this portion of the study. To ensure that findings of this portion of the study were balanced and unbiased, we attempted to identify first/birth parents who experienced differing decision-making experiences (i.e., positive and negative). Additionally, we also sought a diverse sample representative of different race/ethnicities. As a result of this process, a total of 30 first/birth parents were invited to participate in a telephone interview with a member of the research team. Interviews were conducted between February and May 2016. The final number of participants was determined based on saturation of the data. Data is considered saturated when no new information emerges from the interviews (Creswell, 2013).

Interviews with participants were conducted via telephone. While telephone interviews do not offer the visual cues of the participant’s body language and his or her environment, this approach was selected as it allowed us to include participants from different geographical areas. Interview length varied based on the extent of each participant’s descriptions of his or her experiences; however, the interviews generally ranged from 45 minutes to 1.25 hours to complete. Appointments were scheduled with first/birth parents to ensure the interviews were scheduled at a time that was convenient and when they could speak candidly about their experiences.

Instrumentation

An in-depth, semi-structured interview schedule was used to guide the interview process (See Appendix I). The interview schedule contained 14 core questions; however, additional probing questions were asked when needed to help clarify the participant’s comments. Questions included in the schedule were structured in this fashion to allow information to be gathered in a uniform manner, while also allowing participants the opportunity to express themselves fully. Topics addressed in the interviews included questions about the circumstances in their life at the time of their pregnancy; whom they reached out to for support; their immediate thoughts regarding their choices/options; circumstances surrounding when they first considered adoption; their feelings about their decision to look into adoption; their experience with reaching out to find out more about adoption; the primary deciding factor in their decision to relinquish their rights to their child; whether they believe they made a well-informed decision; ways that their life has changed since the relinquishment; whether they would make a different choice; advice for adoption professionals who are counseling expectant parents; and advice for expectant parents who are considering adoption.
Data Analysis

Thirty (N=30) first/birth parents participated in an interview for this study; however, two were removed from the current analysis, as they identified as first/birth fathers (n=28). First/birth fathers were removed from the analysis, as the low number of responses from males posed significant analytical challenges and prohibited us from drawing meaningful conclusions about the similarity or differences of their experiences to first/birth mothers.

The primary data source for this study included transcripts from the recorded telephone interviews with first/birth mothers. Demographic information regarding the participants was compiled by examining their responses to the survey each completed during Phase I of the study. Data analysis was conducted using Atlas.ti qualitative software and completed concurrently during the final stages of data collection for the purpose of identifying emerging themes that may require additional exploration. A conventional content analysis approach (Miles and Huberman 1994; Patton 2002) was used to guide the analysis of the 28 transcripts examined for this study. Hsieh & Shannon (2005), note that content analysis is appropriate to use when the aim of this study is to describe a phenomenon and when existing research or theory on the topic is limited. Transcripts were first reviewed by a member of the research team for overall accuracy and completeness. Transcripts were then reviewed and independently coded by two research team members, using an iterative coding process until core themes were identified.

Member checking and peer debriefing were used to establish trustworthiness of the findings. Member checking took place by presenting the themes that emerged from the study to two first/birth parents to ascertain whether the identified themes reflected their experience with the issue. The concepts and categories that emerged from the study were also presented to the Donaldson Adoption Institute Lynn Franklin Fund Advisory Board. The Advisory Board is a mixture of first/birth mothers and adoption professionals. Peer debriefing took place by discussing our interpretation of data with two other researchers, each of whom have expertise in the areas of adoption research and qualitative methods.

SAMPLE

Demographic Characteristics of Interview Participants

Respondents in the sample for this analysis were all female (n=28, 100%). As shown in Table 1, first/birth mothers ranged in age from 19 to 52 years (M=32.7, SD=8.82). The vast majority of first/birth mothers relinquished parental rights to one child; however, a small proportion of mothers reported relinquishing parental rights to more than one child. Mothers reported parenting between 0 and 3 children (M= 0.86, SD=1.18). Respondents (n=16, 57.1%) overwhelmingly self-identified as Caucasian/White; the next largest group was Hispanic/Latina (n=6, 21.4%), followed by Biracial/Biethnic (n=4, 14.3%). The smallest racial/ethnic category was “Black/African American” (n=2, 7.1%). In general, mothers in this sample were highly educated, with the majority (n=15, 53.6%) reporting having attended at least some college. Half of respondents (n=14, 50%) were employed full time while the remaining mothers reported either staying at home as caretakers (n=4, 14.3%), working part-time (n=4, 14.3%), looking for employment (n=2, 7.1%), or “other” (n=4, 14.3%). Regarding income, slightly less than one fourth of the sample reported an annual income of less than $20,000 (n=6, 22.2%). Half of the mothers (n=14, 50%) reported annual incomes between $20,000 and $79,999. A significant majority of mothers (n=19; 71.4%) reported that they were either married (n=9, 32.1%) or living with a partner (n=11, 39.3%). Finally, mothers resided in a total of 17 different states.
Table 1 First/Birth Mother Demographics at Time of Study (*n=28*)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at Time of Survey (Years) (range 19.26-52.40 years)</td>
<td>32.73</td>
<td>8.82</td>
</tr>
<tr>
<td>Number of Individuals in Household (range 1-5)</td>
<td>2.68</td>
<td>1.34</td>
</tr>
<tr>
<td>Number of Children Relinquished for Adoption (range 1-2)</td>
<td>1.04</td>
<td>0.19</td>
</tr>
<tr>
<td>Number of Children Parented (range 0-3)</td>
<td>0.86</td>
<td>1.18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Biracial/Biethnic</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Caucasian/White (non-Hispanic)</td>
<td>16</td>
<td>57.1</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high-school</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>High-school graduate or GED</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Some vocational/technical training (after high school)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Completed vocational/technical training (after high school)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Some college/A.A. degree</td>
<td>15</td>
<td>53.6</td>
</tr>
<tr>
<td>Completed bachelor’s degree</td>
<td>5</td>
<td>17.9</td>
</tr>
<tr>
<td>Some graduate training beyond a bachelor’s degree</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Completed master’s degree</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Some graduate training beyond a master’s degree</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Completed doctoral degree or other professional degree (e.g., Ph.D., DDS, JD, MD, etc.)</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed full-time</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Stay at home parent</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Unemployed, but looking</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Annual Household Income*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>6</td>
<td>22.2</td>
</tr>
<tr>
<td>$20,000--$29,999</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>$30,000--$39,999</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>$40,000--$49,999</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>$50,000--$59,999</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>$60,000--$69,999</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>$70,000--$79,999</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>$80,000--$89,999</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>$90,000--$99,999</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>$100,000--$109,999</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>$110,000--$119,999</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>$120,000 or more</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>Living with partner</td>
<td>11</td>
<td>39.3</td>
</tr>
<tr>
<td>Married</td>
<td>9</td>
<td>32.1</td>
</tr>
</tbody>
</table>

Note. Percentages may not add to 100.0% due to rounding; *n* = 27

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* All demographic characteristics of interview participants were compiled using survey data collected during Phase I.
Slightly more than a third of the sample (n=11, 39.3%) self-identified as Christian. Nearly as many said they were Agnostic (n=6, 21.4) or Atheist (n=4, 14.3%). The remaining participants identified as non-specific/spiritual (n=2, 7.1%), “not applicable” (n=1, 3.6%), or “other” (n=4, 14.3%). Ten first/birth (35.7%) said they “very often” rely on beliefs to guide their decisions or values while seven (25.0%) never did and 6 (21.4%) rarely did. Half (n=14, 50%) reported they were inactive in their religious/spiritual practices and only one (3.6%) indicated she was very or extremely active. The remaining mothers split between “not very active” (n=7, 25%) and “very active” (n=6, 21.4%) (See Table 2.)

Table 2 First/Birth Mothers’ Beliefs and Actions Regarding Religion (n=28)³

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnostic</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Atheist</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Christian</td>
<td>11</td>
<td>39.3</td>
</tr>
<tr>
<td>Jewish</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Non-specific/Spiritual</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Reliance on beliefs to guide daily decisions and/or values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Rarely</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>17.9</td>
</tr>
<tr>
<td>Very Often</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td>Always</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Active in religious/spiritual practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>Not very active</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Very active</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Extremely active</td>
<td>1</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Note. Percentages may not add to 100.0% due to rounding

FINDINGS

Social Stigma

A prevailing theme among first/birth mothers centered around the social stigma and associated emotional responses stemming from their pregnancy. A common fear of being judged permeated many of the responses. One mother stated “People were like, ‘She’s gonna have a junkie for a father. You’re a whore, you’re a hooker, you’re a prostitute.’ I’m like, ‘No, I’m not!’” Another mother expressed her feelings of shame stemming from her beliefs about how people would respond to her pregnancy, rather than her own feelings regarding the pregnancy; “Shame. I wasn’t even thinking about—it wasn’t even like me being pregnant. It was what others would think of me. I did not want—yeah, that’s exactly what it was. It was shame.”

For some of the first/birth mothers, social stigma was affiliated with their religious beliefs. The focus of the stigma manifested in two distinct ways. The first was the stigma caused by having premarital sexual relations, a fact that was difficult to conceal in light of their pregnancies. As one mother expressed:

³ All demographic characteristics of interview participants were compiled using survey data collected during Phase I.
I wasn’t scared about the parenting thing necessarily or being pregnant or having a baby, but I think the social stigma—like I said, I had been raised in a culture that taught that it’d be better off if you died than to lose your virtue—your virginity, type of thing, and that if you do lose your virginity or have sex outside of marriage that it is a sin, second only to murder. There’s murder and then there’s having sex outside of marriage. Murder, sex.

A second source of religious-based social stigma focused on women as single parents. One first/birth mother shared her church’s belief that, “if you’re a single mother, you’re somehow an abusive mother because you’re depriving your child.” For these first/birth mothers, the stigma they experienced was compounded by the fact that it was not from strangers, or other entities that could be ignored. Rather, these mothers believed that the stigma they experienced was imposed by an entity that otherwise should have been a natural support for them—their faith.

“It’s like everybody in my life at the time did what was best for them and pushed me to the side and made it feel like it was best for me. Then they all went on with their lives happily and I got left holding the bag.”

—first/birth mother

Many first/mothers alluded to feelings of isolation. For these mothers, the stigma they experienced contributed to their feelings of emotional isolation. As one mother shared, “I felt very sad, ashamed, guilty. I was very depressed. I was very sad. No one really understood how much pain I was in even from just considering doing it. It was very hard to think about.” Many mothers experienced isolation, not just as an emotional response to social stigma, but also as self-imposed physical isolation to escape judgment from others. “Then I moved back home to my parents’ small farming community and went to school online...I hid it. I hid in my parents’ house for like three months. So, my community, the people around me wouldn’t know.”

Outside Influence

First/birth mothers frequently experienced an outside force or influence (i.e., person or circumstance) exerting pressure as they made a decision about their pregnancy. Many of the mothers were made to feel that their wishes did not matter; as one shared, “I mean, I wish the agency had maybe had, like, a required, ‘Hey, is this what you wanna do?’ Ask me what I actually wanna do as opposed to my mom railroading the entire thing.” It was not uncommon for family members of the mothers to express their wishes regarding the pregnancy. One mother reported “There was pushing towards adoption by the father’s family. They really wanted an adoption to happen.” Similarly, another mother indicated “My older sister would constantly be telling me what her opinion was and what I should do.”

Several first/birth mothers discussed the influence of the adoption professionals working their case and/or the prospective adoptive parents on their decision-making process. Pressure from these individuals negatively impacted the mothers’ capacity to change their mind about adoption for their child because of the impact it would have on the prospective adoptive parents. For some of the women, the guilt that mothers felt about the possibility of disappointing or hurting their child’s prospective adoptive family had a significant impact on their decision. One mother indicated that the pressure was the determining factor in her decision to follow through with the relinquishment. This mother noted, “Deciding factor? Probably pressure from the adoptive parents, from the agency, the guilt of not going through with it.” Another mother shared a similar sentiment about pressure that she experienced from the prospective adoptive parents; “Even when I started really doubting my decision it was still like ‘they’re here, what are you gonna do? You’re gonna say no? You’re not gonna say no.’”
Not all first/birth mothers felt outside influences impacted their decision-making. One mother talked about how she maintained a clear decision regarding her pregnancy from the beginning; “I knew that I had choices but my immediate choice was adoption. I never thought about going the other two routes. It just wasn’t for me at that time because I was very young.” Another mother shared how she was both unwilling at the time to listen to others’ perspectives because of her age, but also cognizant of the fact that she needed information to help her make a decision. This mother reported that she sought out information about adoption and other options on her own, utilizing technology to explore her options rather than people around her:

*I think back then as an adolescent, I didn’t want to be influenced or coerced into a decision, because I was smart enough. I had the internet. I was Googling my situation to know that if that happened, I could experience a lifetime of regret. I didn’t want that.*

**Financial Stability**

It was common for first/birth mothers to express concern about their lack of financial stability during their pregnancy. Financial concerns were a major reason why many mothers first considered, and then ultimately elected, adoption. One mother shared, “My real number one concern was I can barely make bills now. The electric was on. Rent was paid, but there wasn’t a lot left over afterwards...My concern by far was definitely money.”

“I was so poor, for me it was like, "I'm not bringing anybody into this. I wouldn't wish this upon anybody."”

–first/birth mother

In addition to concerns about their immediate finances and cost of living, many first/birth mothers also exhibited awareness of the long-term costs of raising a child and their inability to meet those costs at a level that they found acceptable. As one mother shared, “I knew I couldn’t provide. I knew that he deserved better than what I could do for him.”

A smaller number of the first/birth mothers indicated that finances played no role in their decision-making process. One mother explained, “I didn’t have a job. I was at home, and my parents fully supported me. My father took care of everything.” For another, the mother indicated that she “definitely knew how to manage my money as far as being pregnant and managing through that as one of the struggles—financially, physically, emotionally—all of that, of course.” These women, whether because of family support or their own financial self-sufficiency, were able to make decisions regarding adoption without a concern for their, or their child’s, financial health and/or future.

**Social and Emotional Support**

Many first/birth mothers experienced a lack of social and emotional support during and after the pregnancy and later, after the adoption was consummated. A particularly painful way this lack of support manifested was when people in their lives avoided talking about their pregnancy. Several mothers discussed how people in their lives who had previously been supportive, grew distant and unwilling to help them explore their options upon discovering their pregnancy. One mother stated:

*I didn’t have any emotional support. Nobody was supportive. There were people that were there around me, but nobody was being supportive. Nobody really talked about it or really knew what to say or what to do. I didn't really have any, and [the birth father] is so passive. He wasn’t present.*
Many of the women discussed the pain and feelings of betrayal that they experienced when family members—and their parents in particular—avoided discussions about their pregnancy and withheld emotional and/or financial support. One mother shared, “I couldn’t have the discussions with my mother. She wouldn’t talk about it.” Another mother expressed, “They [parents] avoided me for a while after I told them I was pregnant. They were not very supportive.”

For some first/birth mothers, the lack of readily available support was most apparent post-relinquishment. One mother stated, “I didn’t have much counseling after. I did go to a support group, actually, a few times, but I wish there would’ve been more.” Another reported an even greater lack of support post-relinquishment when she shared, “It was left up to me to try to heal from it.”

In contrast, some first/birth mothers had an emotional and social support system available to them. For these women, the support they received provided an opportunity to explore their feelings about the pregnancy and the options available to them. This support came from family, partners, friends, and, for one woman, her work colleagues. One mother talked about the support she received from the birth father that helped her reconsider her decision to get an abortion:

*My high school boyfriend, I told him, and he came—he actually had a test the next day, and he came all the way to where I was in college. He came and picked me up and just to see what I was feeling, if I actually wanted to do that—what I told him that we were gonna do [abortion]. He told me I could do it, I could actually do adoption, and he could tell that I was not very happy with the choice that I was thinking about making.*

However, even among first/birth mothers who had support available, several noted that these supports were often limited or fragmented. While these mothers may have received support from some individuals in their lives, the mothers noted that there were other people they were close to in their lives who withheld support. This dichotomy was shared by one mother; “I did have a couple family members that were very supportive. I had a couple cousins that were very helpful and a couple stepsisters. My parents were extraordinarily not supportive. Hostile, in fact. It was a rough time.” This experience was mirrored by another mother who stated:

“My mom was my number one, my number one. She gave me the exact amount of support I needed in every way that I needed, my mom did. Now my dad, on the other hand, was not so supportive... I didn’t feel like he gave me enough emotional support that I needed.

**Experience with Adoption Professionals**

One of the more prominent points of discussion for the first/birth mothers in this study centered around their experiences with adoption professionals during the decision-making and relinquishment process. Among mothers who shared a positive experience, the common element appeared to be adoption professionals who were forthright about their options and the potential consequences of a decision to place their child for adoption. These mothers felt respected throughout the process and that the professional was taking their best interests into account. One mother shared:

“Nobody ever asked me what I wanted to do. Nobody through the entire process.”

—first/birth mother
I trusted that he respected my boundaries and that he was there to help me make the decision that I wanted to make, not that he was there to make me make a decision that he thought was best or that someone else thought was best. I trusted that he was going to provide me with all the information that I needed to make an educated decision that I would feel good about.

Furthermore, first/birth mothers who worked with adoption professionals who themselves were members of the adoption triad reported experiencing open communication with their professional that addressed potential repercussions that they might experience in a frank and straight-forward manner. One first/birth mother who had a counselor who was a birth mother indicated she “felt it [adoption and its repercussions] was very transparent” and that the counselor “didn’t sugar coat it at all.” Another shared:

The counselor that I had there was also an adoptive mom herself. She was both a natural mother, as well as an adoptive mom, and I felt that she was very good in what she did. She was very clear about how hard it is and how hard it would be. She gave me lots of activities to do, lots of journaling to do, lots of tools that worked out to help me really look at the long-term effects of the choice or the consequences of the choice.

A second subset of first/birth mothers reported experiences with adoption professionals that could be viewed by some as neglectful. These mothers reported experiencing minimal contact with their adoption professional throughout the process, and little to no effort on the part of the professional to respond to their questions or inquire about their emotional and mental well-being. This type of experience with adoption professionals can be summed up by one mother who stated:

There wasn’t paperwork. There wasn’t counseling. There was, like, no requirement for, “Okay, we have to explain X, Y, Z to you.” It was basically, “Okay, well, here’s some life books and call us when you have the baby.” That was kind of the extent of my experience with the agency.

A third type of experience with adoption professionals was mentioned by several first/birth mothers. Unlike the first two experiences discussed, this third type of experience discussed by several of the mothers shared unacceptable interactions by professionals that could be interpreted by some as subtle abuse and coercion. In these experiences, mothers reported feeling that their adoption professional(s) were biased towards the interests of prospective adoptive parents and that the professionals did little to protect and inform them of their rights and options. One mother shared that counselors at the agency with whom she worked were “kind of pushy, and didn’t think about a person’s issues before going into it.” More overtly, another mother reported feeling, “I was immediately treated like I was there to give my child away to somebody.” Some mothers reported feeling as if they were merely a step in the process of helping the agency fulfill the desires of adoptive parents. Additionally, some adoption professionals were unable or unwilling to help them with post-relinquishment issues that emerged after the adoption. As one mother shared:

They [the adoptive parents and agency] pretty much have gotten what they wanted from me, and they didn’t talk to me after that. They texted me once to tell me what the baby’s name was and to tell me that all was well. Yeah, there was no counseling or support or anything. They just didn’t care.

**Shifting Relationships**

As might be expected, it was common for first/birth mothers who had partners to experience shifts in their relationships. Key moments of these changes typically centered around their partner’s response to
the pregnancy, rather than to a particular decision by the mothers to seek an adoptive placement for the child. One mother shared how her pregnancy brought an end to her relationship; “He broke up with me on July 4th in my driveway and said it was just too much for him to handle. From that point, I couldn’t really ever contact him.” A similar experience was had by a mother whose boyfriend left her soon after learning of the pregnancy. She stated, “I thought he was a really good person, but he ended up breaking up with me about three weeks after I found out.”

Pregnancy and the subsequent relinquishment of their rights did not end all first/birth mothers’ relationships. Rather, some mothers shared that they continue to be in long-term relationships with their partners from that period in their life. One mother noted, “We are actually still together—it will be 13 years we’ve been together now.”

**Signing the Paperwork**

“It was horrible. I can tell you right now, if the lawyer hadn’t shown up in my room when I was in kind of a haze from giving birth, I don’t know if I would’ve signed those papers. I should’ve had time.”

—first/birth mother

The time that first/birth mothers had to make a final decision about the relinquishment of her rights to her child for adoption, including the signing of all the legal paperwork, was a central concern for many of the participants. While they signed the relinquishment paperwork, for many, subsequent reflection on their experience elicited questions for them about their privacy and the timing of requests by professionals for them to sign relinquishment papers. One mother expressed anger about the presence of the adoptive parents at the hospital following her child’s birth and the short timeframe allotted to her before she was asked to sign the relinquishment papers:

*Immediately when the baby was born, the agency came over, the adoptive parents came over, and I just don’t think that should be allowed. It’s the hospital. It’s my experience. I just went through something really big. I don’t think they should even be allowed to be there... in [my state], you’re allowed to sign the adoption papers 24 hours after the child is born. I think that is such a terrible law to have. It’s so inhumane. I just think that the whole thing should be kept to a few weeks after the hospital. Let yourself recover, and then you can go to court and give your child up if that’s what you wanna do. They should’ve stayed away from the hospital. It’s not their place. It’s my experience.*

This mother’s concerns were echoed by another mother who disagreed with the practice of allowing the paperwork to be physically signed at the hospital, and the short timeframe (in her case, 12 hours) required before papers could be signed. The mother explained, “They come up to the hospital to get it, and I don’t think they belonged at the hospital, period.”

Even among first/birth mothers who had longer waiting periods for relinquishment, some discussed the need to ensure longer relinquishment waiting periods were available to all birth parents. One mother, who had a 21-day waiting period before she was able to sign the final adoption paperwork, expressed her thoughts about the importance of a longer waiting period:

*I think it’s important to have the time. I’m pretty sure I’ve read where there are places now where people can sign over their parental rights the day of birth or the day after or within one week. I think there*
needs to be a period of time for both the birthfather and birthmother to really sit with it and think about it...

Assurance of Decision

For a small number of the first/birth mothers, their decision to relinquish their rights to their child for adoption was made with an unwavering sense of assurance that this was the best option for them. For many of these mothers, confidence in their placement decision came from a desire to have control over their lives. As one mother shared, “I’m just glad that I have the awareness that I do to be able to make the choices that I make and direct my life in the way I want it to go.” These sentiments were echoed by another mother who discussed the desire for a different life than those she was seeing around her. The mother noted, “I just knew that I needed to do something different ‘cause I didn’t want to end up like the rest of my family.” Being certain did not mean that these mothers did not experience repercussions about placing their child for adoption. Rather, it meant that they accepted the repercussions and had made peace with their decision. As one shared, “I felt pretty informed about—I knew what my decision meant. I knew what I was doing. I knew what it was gonna be like afterwards.”

Repercussions of the Decision to Place

A deep and abiding sense of regret was felt by many of the first/birth mothers in the days, months, and years following their decision to relinquish their rights to their child for adoption. One mother shared, “I regretted that decision immediately and I’ve always missed him. I’ve always thought about him.” The enduring and widespread nature of the pain felt by some following relinquishment was apparent in another mother’s words, “This experience left me and my children and my entire family system traumatized, and I’m carrying the guilt over 20 years that I did this. I signed that paper work. I did this.”

The regret experienced by first/birth mothers is further compounded by realization of the long-term implications of their decisions. One mother talked about how she has lost both her child and (future) grandchildren as a result of the relinquishment:

This is a decision made that you can’t go back on. This is—you’re losing your child; you’re losing your grandchildren. You’re losing an entire line, an entire genetic line. I won’t be at her wedding as her mother. I won’t be at her baby showers as her mother, if I’ll be there at all. You lose an entire lifetime with somebody. To me, personally, it’s not worth it. I lost a lifetime.

Another first/birth mother also referenced the same profound sense of loss stating, “With adoption, it’s like you’re killing part of yourself. It’s a form of suicide. It’s soul suicide. It’s soul shattering and it’s really, really hard to get it back.” Many mothers referenced the finality of their decision and how they would change their mind now if they were in the same circumstances. One mother indicated, “I would absolutely go back if I could and make a different choice.”

Similar to isolation experienced during their pregnancies, for some first/birth mothers, post-relinquishment isolation manifested as a lack of emotional support and an inability to talk about the relinquishment or their child. One mother personified this sense of isolation when contrasting the difference between her experience delivering a child who was stillborn with her experience in relinquishing her rights to her child for adoption:

All these years it was—it’s a loss, but we had a stillborn. I lost her when she was five months along. We had a funeral for her. My family came out. Everybody gave me their condolences and she’s got a
tombstone. There was more closure with the death of my child than there is with adoption. With adoption, nobody talks about it. My parents don’t talk about it. It’s like I lost a kid and nobody says, “Oh, I’m so sorry for your loss,” or, “Hey, how’s your child doing?” It’s just like this subject that you never talk about again and you feel like a freak because you’re hurting and you’re aching. It’s almost like a death, but you’re not supposed to talk about it to anybody.

A small subset of the participating first/birth mothers experienced what they deemed to be positive repercussions. For some, relinquishment of their rights to their child provided a sense of relief. For others, their decision to relinquish their rights to their child for adoption led to new, positive experiences and relationships. One mother stated, “It’s opened me up to a lot of experiences and relationships and friendships through different people that I’ve met... I mean, I think it’s changed me in a lot of ways, all for the better.” One mother described gaining a sense of empowerment through her decision:

I think I became a much more aware person in the sense of the choices that I make and the decisions that I make, that I have control over my life and the direction that it goes. I think that having gone through that whole process has really helped me.

Post-Adoption Contact

Most first/birth mothers reported that they rely on their child’s adoptive parents to adhere to guidelines regarding the type and amount of contact set forth in their respective mediated agreements. For many of these mothers, reliance on their child’s adoptive parents to maintain contact with their child was a source of frustration. This was particularly true among mothers who desired to maintain, at minimum, the agreed upon amount and type of post-relinquishment contact with their child that was promised. One parent articulated the powerlessness felt by many of the first/birth mothers in these situations. She noted:

I have been trying like I said [to] respect the boundaries and do what the [adoptive] mom feels comfortable with to ensure trust and so she understands that I am not a threat. No matter what I do or what she says she wants, she still won’t let me have contact of any sort toward my daughter...

Many of the first/birth mothers reported experiencing a decline in the amount of post-adoption contact they have with their child. An inverse relationship between length of time since adoption and frequency of contact was noted. One mother stated, “I met them before the adoption one time, and they sent updates every three months in the first year, and then every year after that, until he was about eight. Then the updates just—they stopped.” Another mother shared her frustration with the decreased communication and the adoptive parents’ legal rights to limit her contact with her child:

Our communication, has really been cut down a lot. They’re definitely pulling away from me, which sucks, and knowing that it’s possible for them to just be like, “Well, we’ve decided that this isn’t in the best interest of [name redacted]. We’re gonna cut it down to our base communication.” They can do that legally.

Some exceptions were noted to the decreased contact experienced by many of the first/birth mothers. For this group, geographical proximity to their child appeared to be a possible common denominator. That is, in this group of participants, the closer a first/birth mother lived to the adoptive parents, the more regular and informal contact appeared to be for the mother. One mother who lives within 10 minutes of her daughter stated, “Usually I just see her. I’ll set up something with her mom, but [child’s
name redacted] does like to take the iPad and Skype me sometimes... Obviously, if there’s a holiday or a birthday that comes up, usually I see her more often.” Another mother in close physical proximity to her child shared a similar response about the relative informality of scheduling visits:

There isn’t a set time in which I see him. It’s very random because they live about an hour and a half away. A lot of times I’ll go up there, and I’ll see him, or I have some business up there to attend to, and I call them and say. “Hey, two Wednesdays from now I’m gonna be up there. Is it okay if I come by and see the baby?” They’re like, “Sure, not a problem. We’re in town. It’s no big deal. How does 2:00 sound?”

Advice for Professionals

When discussing advice for adoption professionals, first/birth mothers discussed the need for open communication with expectant parents. One mother stressed the need for professionals to inform expectant parents that the decision to place their child for adoption is “a lifelong thing. It’s not something that’s just gonna go away.”

Participants also talked about the need for adoption professionals to educate themselves about and provide resources for expectant and first/birth mothers. In particular, several of the emphasized the need for services to be offered after the parent had signed the papers relinquishing their rights to their child for adoption. One woman expressed that referrals for additional services and supports needed to be more than an adoption professional handing over a phone number to the mother:

“Make all the information readily available because everyone has the right to an informed decision. They need to be informed on all of it, even if it’s not pretty sometimes.”

–first/birth mother

Post-placement support is huge, and they don’t offer any of it whatsoever. Definitely I would tell them to consider post-placement care or doing something along those lines, besides just telling birth moms about what other agencies are doing and giving them the contact information for other agencies. They need to create their own support group or something.

First/birth mothers had differing opinions about adoption agencies facilitating contact between expectant parents and prospective adoptive parents pre-birth. While several of the mothers expressed appreciation for the opportunity to select their child’s adoptive family before their child’s birth, others suggested that agencies need to forego this practice, as their experience with the relationship and the subsequent contact that they had with the family prior to their child’s birth was that it was coercive. One mother who has experienced regret over her decision, expressed that it was this relationship and the presence of the prospective adoptive parents at the hospital that precluded her from changing her decision to relinquish. The mother noted, “Looking back, I do realize if I had never been matched with his parents, if I hadn’t loved them as much as I do, if we hadn’t bonded, if I hadn’t seen them bond with him in the hospital, I wouldn’t have placed.”

Advice for Expectant Parents

Many of the first/birth mothers shared advice for expectant parents who were considering adoption. Mothers urged expectant parents to do research about their options, resources, and the potential repercussions of adoption. One mother indicated that this type of research should include discussions with first/birth parents, “If there’s the slightest chance that that [adoption] might be what you decide,
talk to someone who’s been there because no one knows about that experience except for someone who’s been through it. People can sympathize with your feelings, but they don’t know. “

Mothers also emphasized the need for expectant parents to have people in their lives who can help them explore their options and provide emotional support. Recognizing that not everyone has family and friends who would be able to provide that support, one first/birth mother suggested “Find a support group. Ask around. You’d be surprised how many people have gone this route. Ask around. Try to talk to another birth mom. Talk to a single parent. Talk to someone.”

First/birth mothers were most adamant about how expectant parents needed to ensure that they were the ones making the decision about whether to relinquish their rights to their child for adoption. One mother stated, “I think it’s important that they have to make that decision for themselves and what they feel like is best for themselves and their child.” Several of the mothers expressed discomfort at even offering advice, in part because they did not want the suggestion that they were trying to influence expectant parents’ decision-making. Most mothers wanted expectant parents to recognize that while they might receive advice and pressure from other people, it was the expectant parents’ right to make the decision that best suited them, regardless of others’ expectations. As one mother expressed, “Every choice that you make, someone is gonna get mad. Just choose a choice that you think will not give you regrets, the choice that makes you feel the best at the time and right about it.”

“I mean educate and surround yourself with support I think are the two best things that you could do no matter what your decision ultimately ends up being.”

—first/birth mother
PART II: INTERVIEWS WITH ADOPTION PROFESSIONALS

METHODOLOGY

Recruitment and Data Collection

Participants who complete the survey of adoption professionals were given the opportunity to provide information at the end of the Phase I survey (i.e., first name and contact information) so that they might be contacted at a later time to participate in a semi-structured interview with us regarding their experiences. Adoption professionals who indicated a willingness to participate in an individual interview through the survey, and who provided valid contact information, were eligible for this portion of the study. We sought a diverse sample inclusive of professionals who worked in different types of settings and who had various levels of experience within those settings. As a result of this process, a total of 20 adoption professionals were invited to participate in a telephone interview with a member of the research team. As with the interviews involving first/birth parents, the final number of participants included in this portion of the study was determined based on saturation. Interviews were conducted between May and August 2016.

Interviews with participants were conducted via telephone. Interview length varied; however, the interviews generally ranged from 30 minutes to 1 hour to complete. Appointments were scheduled with adoption professionals to ensure the interviews were scheduled at a time that was convenient—often on their lunch break—and when they would be able to speak candidly about their experiences.

Instrumentation

An in-depth, semi-structured interview schedule was used to guide the interview process (See Appendix II). The interview schedule contained 16 core questions; however, additional probing questions were asked when needed to help clarify the participant’s comments. Topics addressed in the interviews included questions about their experience and history of working with expectant and/or first/birth parents; their preferred term or language is for women and men who are experiencing a crisis pregnancy; their general approach for working with new clients; what they consider to be a “good” outcome when working with expectant parents; protocols that are in place, if any, to ensure that expectant parents are fully informed about the agency and what is involved when expectant parents agree to work with the agency; their opinions regarding the adequacy of existing protocols; protocols/process that they use for discussing options with your client; what information (written or verbal) is addressed with expectant parents; the most important things for expectant parents to know; the most important things for adoption professionals to learn about expectant parents; how prepared they feel to work with expectant parents; trainings or information that would be helpful to them in their work with expectant parents; and any challenges or barriers they encounter that impact their ability to provide quality services to expectant parents.

Data Analysis

Twenty (N=20) adoption professionals participated in an individual interview for this study. The primary data source for this study included transcripts from the 20 recorded telephone interviews with adoption professionals. Demographic information regarding the participants was compiled by examining their responses to the survey each completed during Phase I of the study. Data analysis was conducted using
Atlas.ti qualitative software. Conventional content analysis (Miles and Huberman 1994; Patton 2002) was used to guide the analysis of the 20 transcripts examined for this portion of the study. Transcripts were first reviewed by a member of the research team for overall accuracy and completeness. Transcripts were then reviewed and independently coded by two research team members, using an iterative coding process until core themes were identified.

As with the first/birth parent interviews, member checking and peer debriefing were used to establish trustworthiness of the findings. Member checking took place by presenting the themes that emerged from the study to two adoption professionals to ascertain whether the identified themes reflected their experience with the issue. The concepts and categories that emerged from the study were also presented to the Donaldson Adoption Institute Lynn Franklin Fund Advisory Board. The Advisory Board is a mixture of first/birth mothers and adoption professionals. Peer debriefing took place by discussing our interpretation of data with two other researchers, each of whom have expertise in the areas of adoption research and qualitative methods.

SAMPLE

Demographic Characteristics of Interview Participants

All but one of the adoption professionals interviewed were female (n=19). Ages of adoption professionals ranged from 25 to 73 (M=40.95, SD=15.10). In general, adoption professionals were highly educated, with the majority (n=16, 80.0%) reporting having a master’s degree (n=14, 70.0%) or higher (n=2, 10.0%). Four (20.0%) respondents reported having a bachelor’s degree. Of the 20 adoption professionals, social work was the most represented field of study (n=10, 45.0%), followed by psychology (n=5, 25.0%), and “Other” (n=3, 15.0). A total of 15 different states were represented, with the highest number of respondents reporting being from states in the South (n=9; 45.0%) and Midwest (n=6, 30.0%). Three (15.0%) of the adoption professionals interviewed reported having personal experience with adoption as an adoptee, adoptive parent, or as a first/birth parent. (See Table 3).
Table 3 Demographic Characteristics of Sample (n=20)*

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Note. * n=16; b Regions were determined using the United States Census regions.

FINDINGS

Motivations and Preparation

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* All demographic characteristics of interview participants were compiled using survey data collected during Phase I.
Adoption professionals were asked questions relating to how they came to the field of adoption and their interest in and preparation for their work with expectant and first/birth parents. Several adoption professionals reported a background in social work or counseling-related fields (see Table 3). However, very few adoption professionals indicated having specific preparation prior to entering the field of adoption, and some indicated that they felt “unprepared” for their positions. A large number of adoption professionals reported that they entered the field of adoption because it provided full-time employment and the work was compatible with their educational background and interests. One adoption professional stated, “After graduating with my master’s in social work, I was looking for employment… and I just so happened to come across a job listing for an adoption social worker.” Prior to this position, the adoption professional noted, “[I] never really thought about adoption very much.” Other adoption professionals found adoption after being placed with an adoption agency for an internship or field practicum during their studies. One adoption professional stated, “I was placed in their adoption program…. I loved it, so when I graduated, I landed a job doing the same work, same agency, same boss.” Another adoption professional reported that while she had worked in adoption for several years, she developed a specific interest in working with expectant parents while working in another department at her agency. This adoption professional asked to work with expectant parents citing, “I just saw the need and I wanted to help… I enjoyed seeing that transformation of them being pregnant and walking out that pregnancy and then completing an adoption. Seeing that full circle.”

For about half of the adoption professionals, the path to working in the field of adoption was less haphazard and more intentional. Several adoption professionals indicated that they had a prior interest in adoption before gaining employment in the field. Some reported that adoption was a good professional fit and aligned well with their personal values. One attorney noted, “I wanted to practice an area of law which involved people, rather than things, or rather than documents, or rather than money, because I’m basically interested in people.” Another motivating factor that drew some adoption professionals to the field of adoption included personal experiences with adoption through a family member or as an adoptive parent. One adoption professional, an adoption worker with a private adoption agency, stated “I just had some personal experience within my extended family with adoption, and I felt a pull to work in the field.” Another reported that her sibling is a birth father. She stated, “I just became very passionate about adoption because of my personal experience with it.”

Despite their prior interest in adoption, several noted uncertainty during their post-secondary studies regarding how one enters the field of adoption. One adoption professional reported, “It wasn’t really clear how you end up working in the field of adoption when I was in school.” Beyond field practicums and internship settings, several adoption professionals reported a general disconnect between their personal interest in adoption and the availability of adoption-focused curriculum in their respective post-secondary programs of study.

Differences in Language

Adoption professionals reported the use of different terms to refer to parents experiencing a crisis

“I typically use expectant parent until somebody has chosen adoption, and then I refer to them as birth parents. When speaking to just the general public, people who aren’t currently involved in an adoption process, then I typically use birth parent because that’s the most easily recognizable term.”

—adoption professional
pregnancy who are seeking information about adoption. Slightly more than half of the adoption professionals indicated that they prefer to use the term expectant parent. While expectant parent was the term most cited by adoption professionals, some acknowledged a preference for birth parent in some circumstances. One adoption professional explained who uses expectant parent noted, “I would never want to, in any subtle way, encourage a parent to make a decision, one way or the other, based on me.”

Other adoption professionals indicated that they prefer to use the term birth parent. Although most of these adoption professionals acknowledged the existence of other terminology, many indicated a preference for birth parent because it was the term that was used when they were first trained. One adoption professional explained, “For the most part, I refer to them as birth parents... I do understand that there is a difference before and after placement, and some individuals can feel offended if they’re referred to as birth parents, when they haven’t actually placed a child yet.” The adoption professional went on to explain that her agency had only recently changed their policy on the terminology that is used with parents who are considering adoption, and thus she was “still getting used to it.” Another adoption professional noted that she prefers to use birth parent:

That's the way I was trained, and that’s the way that the people I worked with when I started talked to them. Usually if they're coming to us, it is because they've thought about it and are at a place where they're looking to place, and so even if they end up changing their mind somewhat during the process, they usually come to us because they're looking at adoption, and that would make them, I guess, the birth parent in my eyes.

One adoption professional, a private agency worker who works exclusively with expectant parents, explained that while she was aware of the broader conversation in the adoption community about the difference between the terms expectant parent and birth parent, she prefers to use birth parent. She noted:

I know there’s a lot of discussion about that, but I do still say birth parents. I think it’s more clear. I understand why people are not always comfortable with that since there’s variations of where people are in their decision-making process, but for our purposes, birth parents seems fair since women only come to us when they’re exploring that as a possibility.

While most of the adoption professionals expressed an understanding of the technical differences in terminology, at least one adoption professional indicated that the change in language from birth parent to expectant parent appeared to be a trend, but clarified that it was one that her agency was following. The adoption professional stated, “I think maybe that’s kind of the trend around the country to have the distinction and so we wanted to make sure we were following the trends of the terminology being used even outside of our agency.”

Notably, none of the adoption professionals indicated a use of the term natural parent. A few explained that they found the term offensive to adoptive parents. One adoption professional explained, “We use them [expectant parent and birth parent] interchangeably here. We never say natural parent though.” Only one reported using biological parent but clarified that use of this term “implies something, so you have to be careful.”

Balance of Needs and Workload

Most of the adoption professionals interviewed for this study reported that they work in several
different capacities within their agency. Roles discussed included, but were not limited to, intake worker, expectant parent worker/counselor, birth parent worker/counselor, adoptive parent worker/counselor, and post adoption support worker/counselor for birth and adoptive parents. One professional reported that in addition to her duties as a counselor for expectant parents, she also serves as the marketing manager for her agency. Approximately half of the adoption professionals reported that their workload is split between expectant mothers, birth mothers, and adoptive parents. Several of these adoption professionals acknowledged that working with both groups can create situations that challenge their ability to effectively advocate for their clients. One adoption professional explained, “I'm pretty much 50/50, both expectant/birth parents, as well as prospective adoptive parents... I think some of the challenge is just trying to balance out one's caseload to ensure that everyone's needs are being met across the board.” Another adoption professional echoed the challenge that some professionals experience when working in dual roles and explained how her agency handles this type of role conflict: 

*At times, it can get difficult if both of them are my clients. If my expectant parents chose my prospective adoptive family, it's hard to advocate for both. In that case, one of my staff here in the office will usually help advocate for the adoptive family, so that there's two of us working on the case, rather than just one.*

For most adoption professionals, separation of work with expectant parents and prospective adoptive families appeared to be an important and necessary component in helping these professionals effectively advocate for their respective clients and minimize potential bias. However, one adoption professional reported that she appreciated the opportunity to work with both expectant parents and prospective adoptive families. She explained, “I'm thankful that in our program we do it all, because you have a better understanding of all parts of that adoption triad... and I think that's important. I think we do a better job of realistically serving all of those parties.”

Most adoption professionals working in dual roles reported that in instances when they are working with an expectant parent as well as the prospective adoptive parents, and conflict arises, the expectant parent is their first priority. One adoption professional noted:

*When there's a conflict, I think that's when it becomes the most difficult... if a birth family is having second thoughts or maybe changing their mind about wanting to move forward with the placement, I don't sugarcoat that very much. That's always a possibility, and I always let families know that nothing's guaranteed, but at that point, I feel she's [the expectant mother] my client, number one.*

**Variations in the Counseling/Engagement Process**

“I feel like I try to put aside my own personal beliefs and convictions when I'm working with a client. It's difficult when I'm working with other people that I feel like aren't doing the same thing...Because options counseling is truly this open hand and open heart approach. ‘Let me help you walk through this to figure out what's best for you and your baby.’ If you come into it like, ‘I want this person to make a certain type of choice.’ Whether A or B...I feel like clients can sense that. That turns them off because, ‘This person has already made judgments on me and my life. They've already made decisions for me.’”

—adoption professional
Variations in the process used to engage and work with expectant parents were noted. Some adoption professionals reported that their agency has an extensive intake process in which a separate worker at the agency completes a biopsychosocial history, including prior drug and alcohol use, mental health and health history, and pregnancy screening. In contrast, other adoption professionals reported a less structured process that involved meeting with the client for at least one to two sessions before paperwork is completed. One adoption professional noted, “We don’t really do any paperwork or anything with them until we’ve had at least one or two meetings... just talk to them about their options.”

Similarly, another adoption professional who works exclusively with expectant parents shared the process that she employs with expectant parents during the first session:

I give them a packet. Our packet will have a lot of information about adoption. A decision-making guide. Testimonies. It’ll have the paperwork for—to become a client. At that point, we consider them more of an inquiry. We don’t have them sign the releases or anything else at that point. Sometimes they will fill out the paperwork in that first meeting... sometimes they wanna take that home. In that initial meeting, I don’t really need any releases.

When asked about the process of informing clients about adoption and the protocols that are in place, a small number of professionals indicated a process that suggests that parents are asked to agree/sign a contract prior to being fully informed about the pros and cons of placement or their rights to the child in their particular state. While these may be isolated events, answers that suggested this type of process are concerning as they appear to deprive the parents of time and space necessary to fully consider their options and subsequent decision in an environment that is free of coercion and pressure.

Variations in Information and Options Discussed

Much of the information that adoption professionals reported discussing with expectant parents during the first few meetings focused on adoption-related concerns rather than full consideration of all of the parents’ options. With few exceptions, most of the information that adoption professionals mentioned that they routinely cover with expectant parents related to what the parent was looking for in an adoptive family and placement, the legalities of relinquishment, revocation, types of open adoption arrangements, assistance that the mother might need during the pregnancy and whether the assistance is permissible under state law, and the logistics of contact with prospective adoptive families. One adoption professional reported, “We spend a lot of time on what the adoption process is going to look like, what their rights are in their particular state... to make sure that they understand as much as possible of what this all will entail.”

References by adoption professionals to termination of the pregnancy as a viable option for expectant mothers were limited. A small number of professionals specifically mentioned termination as one of the three options available to parents (i.e., parenting the child, relinquishment of parental rights to the child for adoption, termination of the pregnancy, as well as other options such as temporary foster care or placement with relatives). However, the remaining participants either did not mention the topic or reasoned that mothers seeking information about adoption were often not interested in terminating their pregnancies. One professionals explained, “by the time they reach us, they’ve decided they are not going to plan abortion, for whatever reason.” This same participant clarified, “I am technically not allowed to talk about termination as an option. I do talk about it very briefly... I have to just play that very carefully. I primarily focus on parenting versus adoption.” Despite giving some options more weight,
this professional noted, “I don’t feel like I’m in any way NOT providing a woman with all of her options.” Interestingly, one of the adoption professionals who reported that she discusses termination articulated that she did not feel qualified to discuss the topic with her clients.

“People like the concept of adoption because they believe—when they think about adoption, they see this happy family, and this beautiful, little child, who’s been ‘saved,’ or whatever word you want to put to it. The reality is they don’t want to think about that birth family, and you have to. I mean, without that birth family making that type of a courageous, selfless decision, you don’t get that happy, adoptive family.”

—adoption professional

Less than half of adoption professionals specifically mentioned discussing information related to parenting their child or methods for helping expectant parents problem-solve how this might occur. A veteran adoption professional, who had worked in the field of adoption for over 30 years, reported that she allows expectant parents to identify the options that they feel are available to them and then works to help them identify other alternatives—typically related to parenting. The adoption professional explained the process that she uses:

I will take them through and help them see, “What about the option of you parenting independently on your own? What about the option of you parenting with the biological father? What about the option of you parenting with the support of your family? What about the option of the biological father to the baby parenting on his own, or him parenting with his family, right? Or what about an extended family member parenting?”... We try to show them all of these different choices that they have and how important it is to consider what are they ruling out right away as impossible.

Another adoption professional, an independent contractor who works with adoption attorneys, indicated that she routinely discusses parenting with her clients. She noted, “We don’t just push adoption on anyone. We want to make sure that they understand that they could possibly parent, and maybe they’re missing a resource... That’s why we provide pamphlets and other resources... so they understand all of their options.”

Some adoption professionals mentioned that they also discuss issues related to grief and loss that the expectant parent may experience following relinquishment. Additionally, a few participants reported providing expectant parents access to first/birth parents to discuss others’ experiences with adoption and what they might encounter. However, the frequency in which these points were discussed suggests that provision of this type of information may not be routine practice for all adoption professionals.

Views of Expectant Parents

A number of adoption professionals expressed genuine feelings of admiration and respect for the expectant parents with whom they work. These adoption professionals used words such as “brave,” “courageous,” and “selfless” when referring to the parents with whom they work. When speaking about the respect that she felt for mothers who decide to relinquish their parental rights to their child for adoption, one professional stated, “I think just how brave the women are in the decision they’re making and how huge it is... I didn’t know that much about adoption [before working here], I didn’t really know the gravity of the loss associated with it.” Another adoption professional, a private agency worker and
adoptive mother who initially worked with adoptive parents before shifting to working with expectant and first/birth parents, stated:

*I've just really always empathized with the birth parents and what they're really giving up during this process and how selfless they're being to say, “I love this child so much that I know I can't give them everything they want and deserve, so I'm going to give them to a family of more or less strangers to raise.”*

While the prevailing mentality regarding expectant parents was one of respect, a very small minority of adoption professionals expressed concerns about the potential for some expectant parents to prey on the vulnerability of adoptive parents. One adoption professional stated, “Since the economy has had lots of complications... you get more people—more birth parents or expectant parents out there that are not honest as they used to be. It's unfortunate that adopted families are taken advantage of. That's something that I've seen a lot more recently than ever before.”

At least one professional expressed a more neutral stance, yet one that demonstrated less certainty about her relationship and work with expectant parents, particularly those experiencing financial crises. This participant observed:

*I think sometimes it can be hard to know what are the boundaries to set up between social worker and the birth parent. Are we helping them with their entire lives until they make an adoption plan or are we just helping them with things that are related to the pregnancy? That is something that we, as social workers, have to figure out, but a birth parent doesn’t necessarily understand that.*

**Confidence and Conviction**

Perhaps the most consistent theme identified was the strong conviction that professionals expressed about the thoroughness of the practices used by themselves and their agencies to engage with and inform expectant parents about their options for the pregnancy and their legal rights. Notably, all 20 of the participants expressed confidence that their agency’s protocols for discussing these components were comprehensive and had expectant parents’ interests at heart. When asked about the protocols that are in place to discuss options with clients, one participant succinctly stated, “I think it is comprehensive. I don’t think it’s biased.” Another participant elaborated:

*I believe in how we do our protocol when it comes to that level of legal component, yes. We communicate that pretty heavily... I feel like we communicate it in many ways, but always back it up to, “This is what the licensing standard is” or “This is what the [state] code says,” but making sure she’s well informed of that throughout her entire process.*

Several adoption professionals discussed the importance of follow-up care with parents who have relinquished their parental rights to their child for adoption. Regarding her agencies’ post-placement work with first/birth mothers, one participant noted, “We care a lot about them. We follow up with them afterwards as long as they want to have contact with us.” Another professional echoed the importance of post-placement services with first/birth mothers but lamented that many first/birth mothers stop services within a few months of the relinquishment. The participant explained:

*What I have found and what my colleagues have found is that, often times, I am associated with that very hard moment of relinquishment and placement, and so talking with me and interacting with me can bring up difficult emotions when handling that grief and loss... I think it’s a part of the grief process, the*
stage of what just happens is protecting themselves emotionally and limiting their contact with their adoption counselor after they’ve placed to try and move on with their life... I’m still here available, but I find that they often don’t reach out to me as much as I would like to be able to provide.

Despite the confidence that the professionals reported feeling about their ability to work and communication with expectant parents, most offered suggestions for training that would help them strengthen their practice. More than half of the adoption professionals called for additional training on grief and loss related to relinquishment. One participant observed, “What I’ve found hard is to find things to prepare a birth mom for is grief. That’s the hardest thing in the world to find, just because a lot of grief resources are about death and dying, not about placing a child for adoption.” Another professional noted: “Grief and loss training is a huge piece of it. Understanding how that is going to look for birth parents. It’s obviously different than typical grief... but there are similar stages that they’re going to face.”

Other topics mentioned include: 1) options counseling; 2) family mediation and conflict resolution; 3) expectant fathers’ rights; 4) working with parents in crisis; and 5) resources to aid expectant parents with financial needs.

“I think the most important thing to know is that they have the right to make the decision that they feel is best. Regardless of what other people in their lives think they should do. Regardless of what other professionals think that they should do. I also want them to feel very empowered in their decision-making. They feel educated and informed.”

– adoption professional

Bias

While a few professionals discussed practices with expectant parents that suggested a thoughtful approach that was supportive of their clients’ right to self-determination, a recurring theme identified in most of the interviews was one of implicit and unacknowledged bias towards adoption as the default and intended outcome of their work with an expectant parent. With few exceptions, implicit bias was noted in the way that adoption professionals discussed, and in some instances, did not discuss information with expectant parents. As indicated previously, content related to parenting and termination of the pregnancy was discussed with much less frequency than adoption. Information described by one adoption professional, a private contractor who works with adoption agencies and attorneys, suggested that for some professionals, adoption may be the only option specifically addressed with expectant parents in her setting. The adoption professional explained, “The first initial meeting is really just informative and making sure that they’re educated about the option of adoption.”

Bias towards adoption as an intended outcome was also noted in the language and wording used by adoption professionals. While many of the professionals interviewed for this study tended to be client-centric in their language and indicated a desire to advocate for their clients, answers to the question “What do you consider to be a ‘good’ outcome of your work with expectant parents?” frequently suggested that a good outcome for them is when the client opts to relinquish their child. One adoption professional noted:
A good outcome is when you can go about move forward with the expectant family, and they feel like they trust you, and that you’re a good support system for them while they make this adoption plan. At the end of the day, they’re well-advocated for throughout the entire adoption process, and they feel comfortable and content with the prospective adoptive family that they choose and ultimately place with.

Similarly, another adoption professional acknowledged in response to this question, “Our job here is to help families grow, so helping a family adopt a baby is definitely what we hope to do as long as it’s an emotionally safe and healthy thing for everybody involved.” A small number of participants were more outspoken in their acknowledgment that adoption is a business in which professionals must be mindful of all of the parties involved and what is at stake. One participant explained, “Adoption agencies have to be mindful of all of their clients because they’re a business... agencies in general have to look out for everyone involved—the bottom lines, their business. They have to weigh their risks in working with clients.” The professional later added:

Looking at all of that, I think there can be biases that lean more towards being adoptive parent friendly because the overall goal is to bring these adoptive parents on board, be able to have them financially support this birth mother and then have this baby safely discharged to them...

In this same vein, many of the barriers that adoption professionals reported when asked about challenges or barriers to the provision of quality services to expectant parents related to issues that might inhibit a parent from relinquishing their rights to their child for adoption. These barriers included legal barriers, such as the need for expectant mothers to go to court in some states; complicated legal jargon on relinquishment forms; and federal policies that guide adoptive placements, such as the Indian Child Welfare Act (ICWA). Other barriers included difficulty communicating with expectant fathers in some cases, the professionals’ desire to not disappoint the prospective adoptive family, state-mandated limitations in the types of services that agencies can provide expectant parents, and family members and friends who may oppose adoption.

“I think that if a girl calls us and says, “I’m debating between abortion and adoption,” we definitely empathize with her and give her the power to make that decision, but we are going to talk more about the pros of adoption and what that would look like than truly discussing abortion. Because ultimately we want her to be able to carry the pregnancy and know that that option is there... we do definitely try to exemplify like the pros of adoption and what that can look like if they’re considering abortion.”

— adoption professional

An additional form of bias that was noted was the lack of discussion about expectant fathers and their role in the counseling or adoption process. Although a few professionals mentioned fathers during the interview process, professionals generally had little to say about the topic beyond the importance of pulling fathers into the conversation when possible.

“I do think that in the adoption field with private agencies, there may be more of a bias leaning towards making sure that adoptions are successful for the adoptive parents.”

— adoption professional
Questionable Practices

Although less common, a small number of adoption professionals reported practices and lines of discussion during the options counseling process that could be interpreted by some expectant parents as coercive in nature. With each of these adoption professionals, other points of discussion during the interview revealed that these adoption professionals appeared to truly believe that client self-determination and informed choice was a central focus of their work. Within this small group of adoption professionals, each reported practices intended to convey truthful information to expectant parents, yet information that they did not seem to understand would likely burden vulnerable expectant parents with additional guilt and grief. One clear example of this was from a private agency worker who only recently began working with expectant parents. The adoption professional expressed concerns that expectant parents need to understand the great emotional and financial costs that are associated with adoption for adoptive families. The adoption professional noted that during her initial discussions with expectant parents:

*I always want to make sure that they know up front that this may be the only time that this adoptive family is able to have a child because once they have pursued this process, they may not be able to go through it again financially or emotionally.*

Another adoption professional noted that she seeks to refocus the expectant parent’s thoughts on their decision when a parent expresses doubt or indicates that he or she has had a change of heart about relinquishment. The adoption professional stated:

*I think it’s a sad situation for people involved because there’s a reason that birth mothers and/or birth fathers choose adoption. Often times, financial resource needs or instability or drug use or CPS involvement or whatever their reason may be. I just try to help support them and realign them. “Okay, how did we get here? Why did you choose adoption? What’s making you feel like this is no longer what you want to do?”*

In addition to the aforementioned practices, several adoption professionals indicated that expectant parents who pursue relinquishment of their child for adoption, are asked to sign a release allowing the agency or attorney to access their medical/prenatal records throughout the process, and in some cases, to sign an agreement consenting to have the adoption professional attend all prenatal appointments. While verification of the pregnancy is common practice used by adoption agencies and attorneys to stave off fraud schemes, a few adoption professionals mentioned the troubling practice of requesting expectant parents to provide written consent to have their agency caseworker attend each prenatal appointment. One adoption professional explained:

*We have some legal documents that they sign and we notarize that essentially just states that they are agreeing to permit our agency to work with them, and it talks about what the communication is gonna look like with their adoption counselor and what our expectations are for them to attend regular prenatal care and allowing the counselor to attend if they’re comfortable with that, allowing for medical records to be shared and that they’re gonna attend all the appointments that are scheduled for them.*
DISCUSSION AND CONCLUSION

Interviews with first/birth mothers reinforced findings from the Phase I quantitative report that they oftentimes have inadequate financial resources and social and emotional support during their pregnancy and exploration of options. The lack of sufficient resources and supportive individuals during this uncertain period can render many expectant parents vulnerable to pressure to relinquish their rights to their child for adoption. Regardless of the reason for the pressure, whether it came from a place of misguided support for the first/birth mothers or from a position of support for the adoptive families, more than half of the first/birth mothers in this study were influenced by the seemingly coercive nature of some of the messages they received from people around them that suggested that relinquishment was the best decision for them and their children.

While some first/birth mothers expressed confidence in their decision and the availability of supportive individuals in their lives, many of the first/birth mothers in this study reported receiving little support from peers and family members. In particular, many of the first/birth mothers reported feeling emotionally and financially estranged from their parents during this time, and in some cases, after the relinquishment. Whether disappointed about their daughter’s pregnancy, uncertain about how to discuss options, or overwhelmed with their own feelings, the parents of many of these first/birth mothers were oftentimes unable or unwilling to provide needed emotional support.

First/birth mothers in the study encountered a range of experiences with adoption professionals. Some first/birth mothers reported positive interactions with adoption professionals that fostered a clear understanding of the potential repercussions associated with the different options and supported their right to choose the option that worked best for them and their child. However, a large proportion of the first/birth mothers we spoke to reported interactions ranging from a failure of the adoption professional to adequately assist the first/birth mother in exploring her options to adoption professionals who treated the first/birth mothers as secondary to the prospective adoptive parents’ interests and thus, failed to provide sufficient support and care to the first/birth mother throughout the entirety of the process.

Regarding adoption professionals, the findings of this study suggest that while some adoption professionals appear to be more comprehensive in their approach with expectant parents, a broad spectrum exists regarding the type and amount of information that is shared with expectant parents when discussing options or later during the adoption process. While there is a legitimate rationale for some variations in practices with clients and the informational content that is shared (i.e. differences in state statutes and waiting periods), more uniformity is needed to ensure that expectant parents are able to make the choice that is best for them and their child.

Most notably, the content discussed with clients that was described by adoption professionals in this study focused disproportionally on adoption-related issues rather than the full range of options. While the parents’ circumstances understandably must drive this conversation (e.g., instances in which the mother is too far along to consider termination of the pregnancy), the content described by participants appeared weighted towards adoption as the preferred outcome for clients. While several participants expressed a strong desire for their clients to be able to make their own decisions, some participants provided somewhat contradictory information when detailing specific information that is discussed with clients. In a few instances, bias towards adoption was more overt and less circumspect.
Finally, it bears noting that several adoption professionals made statements that gave voice to the overall respect and admiration that they have for mothers who make the difficult decision to relinquish their rights to their child for adoption. However, a number of first/birth mothers that we spoke to expressed explicit distaste for sentiments that portray first/birth mothers as self-sacrificing, brave, or courageous. The incongruence between the intent of adoption professionals and how this information is received by first/birth mothers highlights the challenges of, and need for, open communication and efforts by professionals to increase trust. As such, the burden falls on adoption professionals to foster an environment that allows expectant mothers to honestly express their thoughts, feelings and doubts during all stages of the process.

STUDY LIMITATIONS

With regard to limitations, the responses may reflect some selection bias, in that all first/birth mothers and adoption professionals self-selected to participate. Our results, however, indicated a broad range of experiences and perspectives from both groups. A second limitation to this study relates to the use of retrospective data. Recall bias is common among retrospective studies that rely on self-reported information. Recall bias occurs when participants’ recollections of specific past events are distorted by the knowledge how things have turned out (Rubin & Babbie, 2009). For example, it is possible that some participants’ memories about their experiences with options counseling and relinquishment were positively or negatively influenced by their perspective of whether things “worked out” or not following the relinquishment. A third limitation is that all interviews were conducted via the telephone. While this method allowed us to include participants from multiple states, the use of this method is restrictive in that it does not allow for direct observation of environmental and non-verbal cues. However, the benefits of this method of data collection, and the potential knowledge gained through this method outweighs the loss of environmental and indirect data. While there were some limitations to the study, the researchers are confident that this study generated knowledge about a topic that has had little scholarly inquiry.

RECOMMENDATIONS

Many of the findings of this qualitative study provide additional support and clarity to results discussed in the Phase I quantitative report. Recommendations in this report either reinforce the recommendations found in the Phase I report or suggest additional measures to help safeguard the rights of expectant and first/birth parents.

- **Mandate adoption agencies and adoption attorneys to develop and/or provide free access to pre- and post-relinquishment services for expectant and first/birth parents.** These services should be inclusive of individual and family counseling provided by a licensed clinical professional. Additionally, these services should be made available for first/birth parents to access at any time post-relinquishment, as research suggests that some mothers delay accessing supportive services for several months or years.

- **Mandate that adoption agencies and adoption attorneys must provide expectant parents with a standardized, informed consent that details the possible outcomes associated with relinquishment of parental rights to a child for adoption, as well as potential outcomes that the child may experience.**

- **Increase and standardize education for expectant parents, and prospective adoptive parents, about the strengths, limitations, and legalities of post-relinquishment contact, including the**
rights of adoptive parents to decrease or eliminate contact.

- Mandate biannual ethics in adoption continuing education for adoption professionals. This curriculum should address ethical challenges related to working with expectant parents, first/birth parents, extended family members, prospective adoptive parents, and other adoption professionals and lawyers. The curriculum should also emphasize the importance of options counseling, including full informed consent, and access to supportive services.

- Conduct research on the implications of pre-matching expectant parents with prospective adoptive parents. While some first/birth mothers indicated they preferred having contact with the prospective family prior to their child’s birth, for several first/birth mothers, this contact had an explicit negative and coercive effect on their decision-making.

- Include adoption-related content in relevant post-secondary educational programs (e.g., counseling, social work, psychology, human services, etc.). While adoption advocates have long called for increased curriculum on adoption, the findings of this study highlight the need for curriculum specific to the pre- and post-relinquishment needs of expectant and first/birth parents. This curriculum should address the need for unbiased options counseling; the types of resources that expectant parents need to ensure that they are able to make a choice that is free of coercion, the legal aspects of relinquishment; and specific methods for addressing the trauma, grief, and loss associated with relinquishment.

- Conduct additional research on the practice of prospective adoptive families being present at the hospital pre- and post-birth. The results of this study suggest that this practice had a significant coercive effect on first/birth mothers that reduced their capacity and willingness to change their mind or express doubts about their decision for fear of disappointing their child’s prospective adoptive parents. Until further research can be conducted, limiting the presence of adoptive families at the hospital could help safeguard the rights and well-being of first/birth parents.

- Institute a best practice guideline that mandates that work with expectant parents and prospective adoptive parents should be performed by separate adoption professionals. Dual roles within agencies that encompass work with expectant/birth parents and adoptive parents may lead to bias and over-identification with one group at the expense of the other.

- Institute a best practice guideline that allows expectant parents to attend at least one session with adoption professionals prior to the completion of intake paperwork, needs assessments, service contracts, or releases of information. Instituting this small change will create an environment that is lower in stakes for vulnerable expectant parents and reduce the likelihood that adoption professionals influence an expectant parent’s decision regarding their pregnancy before they have carefully weighed and considered their options.
REFERENCES


Appendix I: First/Birth Mother Interview Schedule

- Please tell me about the day you found out about the pregnancy.
- Thinking more broadly back on that time, how would you describe your life situation in general at the time you found you were pregnant?
- Whom did you tell about the pregnancy? When was this?
- Going back to when you first found out about pregnancy—before you received any opinion or advice from anyone regarding any future decision for your child—what were your immediate thoughts regarding your choices/options?
- When did you first consider the idea of placing your child for adoption?
- When you made the decision to look into placing your child, what feelings did you have about this decision?
- Can you tell me about your experience with reaching out to find out more about adoption?
- Understanding that there may have been a number of circumstances that led to your decision to relinquish, who/what would you consider to be the primary deciding factor in relinquishing your child for an adoption?
- Do you believe you made a well-informed decision?
- In what ways has your life changed since relinquishing your child?
- If you could go back and make a different choice, would you?
- Thinking about your experience, what advice do you have for adoption professionals who are counseling expectant parents?
- What advice, if any, do you have for expectant parents who are considering adoption?
- Is there anything that I have not mentioned that you think is important for us to know or understand about the decision-making experience?
Appendix II: Adoption Professional Interview Schedule

- How long have you worked with expectant and/or birth parents?
- What is your preferred term for women and men who are experiencing a crisis pregnancy? For example, do you prefer to use expectant parents, birth parents, natural parents, first parents, etc.?
- Can you tell me about your work with expectant and/or birth parents?
- What is your general approach with clients when you first meet them?
- What do you consider to be a “good” outcome of your work with expectant parents?
- What protocols, if any, do you have in place to ensure that parents are fully informed about your agency and what they are “signing up for” when they first seek you out?
  - Do you think the protocols are adequate to protect the interests of parents who seek your services?
- When working with expectant parents who are considering placing their child for adoption, what information (written or verbal) do you address with them?
- When you first meet with your clients, what do you consider to be the most important things for them to know? Why?
- When you first meet with your clients, what do you consider to be the most important things for you to know about them? Why?
- As part of your role, do you provide counseling services to women (and men) who are considering placing a child for adoption?
- How prepared do you feel you are to work with this population?
- What trainings or information might be helpful to you in your work with parents who are considering placing a child for adoption?
- What challenges or barriers, if any, do you encounter that impact your ability to provide quality services to expectant parents? (Note: For example, state regulations, influence of family members, agency protocols, etc.)
- In your opinion, do you think that protocols/process that you have in place for discussing options with your clients is comprehensive?
- Is there anything that I have not mentioned that you think is important for us to know or understand about working with expectant parents?