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# Pregnancy Counselors' Perceptions of Disrupted Infant Adoptions

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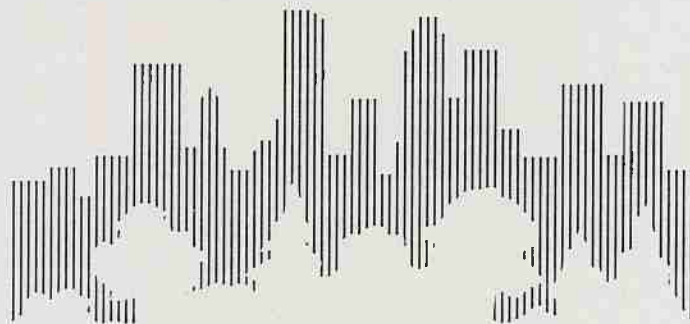
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**MASTER OF ARTS  
IN SOCIAL WORK THESIS**

**Michelle E.F. Mayo**

**Pregnancy Counselors' Perceptions  
of Disrupted Infant Adoptions**

**1998**

**MSW  
Thesis**

Thesis  
Mayo

**PREGNANCY COUNSELORS' PERCEPTIONS  
OF DISRUPTED INFANT ADOPTIONS**

**MICHELLE E.F. MAYO**

**Submitted in partial fulfillment of  
the requirement for the degree of  
Master of Social Work**

**AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA**

**1998**

MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

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Michelle Elizabeth Frost Mayo

has been approved by the Examining Committee for the thesis requirement  
for the Master of Social Work Degree.

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Pregnancy Counselors' Perceptions  
of Disrupted Infant Adoptions

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ABSTRACT

PREGNANCY COUNSELORS' PERCEPTIONS  
OF DISRUPTED INFANT ADOPTIONS

MICHELLE E. F. MAYO

OCTOBER 1, 1998

This exploratory study explores birth parents who changed their minds and removed their child from the adoptive home; what factors seemed influential in that decision; and what pregnancy counselors think could have prevented the disruption.

Eight pregnancy counselors participated in a semi-structured interview. The initial findings indicated that: (1) infant disruptions comprised a very small number of infant adoptive placements; (2) pregnancy counselors perceived that nothing could have been done to prevent the disruption, except mandatory foster care; and (3) the reasons that birth parents reverse their adoption decision are often complex and unforeseen.

Additional studies utilizing birth parents and varied methodologies are needed to better understand this understudied population of birth parents who reverse their adoption plan and remove their child from adoptive homes.

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## CHAPTER I

### INTRODUCTION

"Please don't take my baby away. My wife and I love her so very much and this decision to take her away has hurt us. This loss is like dealing with a death." (Excerpt from a note by an adoptive father to the birth parents).

This exploratory study examined pregnancy counselors' perceptions of disrupted infant adoptions in one Midwestern state. Using a semi-structured interview guide eight current or former pregnancy counselors shared from their experience, allowing the researcher to explore reasons for the disruptions and possible preventive strategies.

#### Adoption Disruptions

In recent years the media has reported tragic stories of birth parents who placed their baby with an adoptive family, but then changed their mind and took the child back. Vivid images such as Baby Richard clinging to his adoptive mother, crying while his birth father was taking him away, leave lasting impressions of the real pain experienced by adoptive parents and the child being removed from the adoptive home. When a baby is placed in an adoptive home, a new family is formed. This new family is ripped apart if the adoption decision is changed, even if the child has been in their home just a few days.

Birth parents are often portrayed as selfish people who do not really want what is in the best interest of their child. They are the recipients of anger and are held responsible for the reactions of the adoptive parents and the child. An outraged

public and grieving adoptive families ask, "Who are birth parents who change their adoption decision? Why do they change their mind when they know the pain they will cause? What right do they have to change their mind after they have placed the child with the new parents?"

To better understand birth parents and the dynamics involved in adoption disruptions a comprehensive literature review was conducted. Many articles on adoption were found that described women who choose adoption, reported adoption statistics, and discussed transracial adoptions. But noticeably absent was any literature about birth parents who place their child with an adoptive family, but change their decision before their parental rights are terminated. Thus, this study is a beginning step in understanding this complex and controversial aspect of adoption.

### Research Questions

This study seeks to gather information relating to the following research questions: What factors do pregnancy counselors think cause birth parents to reverse their adoption decision? What, if anything, could be done to prevent disruptions? What do the birth parents experience when they decide to remove their baby from the adoptive home they had selected?

The following chapter discusses available, relevant literature on infant adoptions.

## CHAPTER II

### LITERATURE REVIEW

A comprehensive literature review was conducted as part of this thesis.

Computer searches of the PsycLit and Social Work data bases for journal articles as well as library computer searches for books were performed. Key words utilized in the search were adoption, birth mother, birth father, adoption disruption, decision-making, grief, open adoption, and pregnancy counseling.

Included in this review are: an overview of the history of adoption in the United States; characteristics of birth mothers who place a child for adoption and who change their adoption decision; family and parental influence on the decision; attempts to predict the decision; and theories on decision-making.

#### History of Adoption in the United States

Pregnancies and births to adolescent and unmarried women have long been recognized as an important social issue in the United States (Cervera, 1993; Donnelly & Voydanoff, 1991; Dworkin, Harding, & Schreiber, 1993; Farber, 1991; Festinger, 1971; Kallen, Griffore, Popovich, & Powell, 1990; Kalmuss, Namerow, & Bauer, 1992; McLaughlin, Pearce, Manninen, & Wings, 1988; Resnick, Blum, Bose, Smith, & Toogood, 1990). Statistics over the years have estimated that there were 89,500 births to adolescents in 1940, 291,200 births in 1965 (Festinger, 1971), and more than 1 million births in 1992 (Kalmuss et al., 1992). It is important to note that these statistics include only adolescent women, aged 19 or younger. Clearly single

women of all ages become pregnant, making the total number of births to unmarried women higher than the published statistics (Chippindale-Baker & Foster, 1994).

Pregnancy, by nature, has a predetermined course. Usually if a woman does nothing upon learning she is pregnant she will deliver a baby in a matter of months. Thus, every woman facing an unplanned pregnancy knows that eventually her pregnancy will be noticeable. A decision must be made about whether to have the child and if so, how to provide for the child's needs.

As this society has changed so have the available and preferred options. In 1963 it is estimated that 40% of unmarried mothers placed their infants for adoption (Festinger, 1971; Sobol & Daly, 1992). Adoption was often selected because the social stigma of bearing a child out-of-wedlock was harsh and abortion was illegal.

By 1971 this figure had fallen to 14% and by 1982 only 7% of adolescent mothers placed their babies for adoption (Sobol & Daly, 1992). While the legalization of abortion is thought to have reduced the number of adoptions, most researchers agree that the social acceptance and government support of single parents has most significantly reduced the number of infant adoptions (Cervera, 1993; Resnick, 1984; Weinman, Robinson, Simmons, Schreiber, & Stafford, 1989).

By the 1990s about 50% of pregnant adolescents chose abortion while 50% carried to term (Donnelly & Voydanoff, 1991; Farber, 1991; McLaughlin et al., 1988). Of those who had their babies approximately 95-97% raised them and 3-5% placed for adoption (Farber, 1991; Sobol & Daly, 1992).

Despite these estimates there are few accurate data available to report the exact

number of birth mothers who have placed their babies for adoption. Few incentives have been provided for states to collect minimum adoption statistics (Sobol & Daly, 1992) and because of this it is impossible to draw a random sample of women who have made an adoption plan (Kalmuss et al., 1992). In addition, more than 50% of all infant adoptions completed in the United States are handled through independent adoption instead of an agency, which compounds the difficulty in gathering accurate adoption data (Hicks, 1993).

#### Why Study Adoption?

Single parenting, particularly by teens, has been heavily researched. The results report diminished educational, occupational and economic attainment combined with marital instability and subsequent births (Bachrach, 1986; Cervera, 1993; Donnelly & Voydanoff, 1991; Farber, 1991; Hanson, 1990; Kalmuss et al, 1992). In addition, Furstenberg (1990) reported that children reared by adolescent mothers were less skilled cognitively and socially than those who were not.

With these disadvantages teen mothers usually need significant help from local, state, and federal government programs (Herr, 1989). Festinger (1992) found that three out of five women who parented were receiving public assistance immediately after birth, compared to only 4% of those who place. This has often motivated tax payers and politicians to become educated about unintended pregnancies and to promote adoption whenever possible (Resnick et al., 1990).

#### Outcomes of Adoption

The long-term adjustment of women who relinquish parental rights and their

children they placed have been heavily studied with varied findings.

#### Positive Outcomes for Birth Mothers

On the positive side Kalmuss et al., (1992) reported that women who place for adoption do better on sociodemographic outcomes and Barth (1987) reported that women who place have educational outcomes that exceed those who parent. In terms of psychological well-being, McLaughlin et al., (1988) reported that women who place were indistinguishable from women who parent on measures of self-esteem, life satisfaction, satisfaction with family life and personal efficacy. A noted difference between the groups in this study was that women who placed were less satisfied with their decision than those who parented. Since the subjects in this study had decided to place or parent anywhere from 6 months to 7 years prior, more in-depth information is needed to draw conclusions from this finding.

#### Long-term Outcomes of Adoptees

The largest adoption study conducted to date involved 715 families randomly selected from agencies in four states (Benson, Sharma, & Roehlkepartain, 1994). These researchers wanted to know if adolescents that were adopted as infants are as psychologically healthy as their non-adopted peers. Results indicated that adoptees actually fared better than their non-adopted siblings on measures of self-esteem and identity.

On the negative side, some research has reported that adopted children have a lower sense of self-confidence, troubled relationships with others, and a sense that their adoptive parents were less supportive than their birth parents (Kallen et al.,

1990). However it must be noted that these studies utilized very small samples. In the retrospective studies it was unclear whether poor psychological functioning of participants was due to the adoption experience or whether it had preceded it (Kalmuss et al., 1992). Adoption research is quite challenging due to its confidential nature and generalizations must be made very cautiously.

### Research on Birth Mothers

It is known that women who place a child for adoption experience grief that needs to be resolved (Blanton & Deschner, 1990; Chiaradonne, 1983; Cushman, Kalmuss, & Namerow, 1993; De Simone, 1996; Watson, 1986). Unresolved grief may cause birth mothers to suffer severe prolonged negative consequences including a significant sense of loss, problems in marital relationships, fertility issues and parenting problems with subsequent children (McLaughlin et al., 1988). Further complicating the grief resolution process are this society's values which support single parenting more than adoption (Chiaradonna, 1983).

### Research on Birth Fathers

It is revealing and troubling to note that there is no similar research on birth fathers. When the birth father is ignored by professionals, researchers, adoptive parents, and even birth mothers, it is the child who suffers. The birth father contributed half of his child's health history, genetics, race, personality, and interests. This vital link cannot be ignored. In this age of more humane adoptions, the lack of birth father inclusion is inexcusable (Mason, 1995).

### Characteristics of Birth Mothers Who Choose Adoption

In-depth research on birth mothers has revealed that race has long been a key factor with white women consistently choosing adoption more often than other races (Chippindale-Bakker & Foster, 1994; Coccozzelli, 1989; Donnelly & Voydanoff, 1991; Dworkin et al., 1993; Farber, 1991; Festinger, 1971; Resnick, 1984; Weinman et al., 1989). Supporting this further, Bachrach et al., (1992) reported that the number of African American women who chose adoption from 1972 to 1988 remained at 1%, seemingly unchanged by the dramatic societal changes noted previously in this literature review. Social class was the strongest determinant according to an early study by Meyer, Jones & Borgatta (1956). Women from middle or upper class families tended to place while the lower class women tended to parent. Confirming that this is still an important issue Donnelly & Voydanoff (1991) reported that the higher a woman's economic status the more likely she is to place for adoption.

Correlating with socioeconomic status is the finding that women with more education or higher educational aspirations have a stronger likelihood of placement (Chippindale-Bakker & Foster, 1994; Coccozzelli, 1989; Resnick et al., 1990). Also, women who place for adoption are more religious (Donnelly & Voydanoff, 1991; Resnick et al., 1990).

The amount of openness in adoption has been studied with contrasting findings. Chippindale-Bakker & Foster (1994) found that women who have minimal contact with their child in the hospital, but still chose and met the adoptive parents usually placed. Interestingly, Cushman et al., (1993) stated that women who see their child after birth are more likely to place for adoption than those who do not see their



child in the hospital, regardless of whether they select the adoptive parents.

### Characteristics of Women Who Choose to Parent their Child

As expected women who choose to parent are often reported to have opposite characteristics of those who place. Those of African American heritage are less likely to consider adoption, and if they do it often happens informally within the family (Donnelly & Voydanoff, 1991). This same study reported that women who parent were more likely to have been born to single mothers themselves, to have at least one other child they are single parenting, and be receiving public assistance. Often her father is an unskilled worker (Cocozzelli, 1989), and she lives in an urban area (Resnick et al., 1990).

Donnelly & Voydanoff (1991) add to this grim picture by stating that women who parent have less education and are more likely to have left school. Unwed mothers who parent their child are reported to be more emotionally unstable than mothers who place their child for adoption (Resnick, 1984). It may seem that some women who decide to parent have the least to offer their child. However, Donnelly & Voydanoff (1991) pointed out that these mothers received more support from their family which helped them meet the needs of their child.

### Parental Influence in the Decision

While teens feel significant fear when telling their parents they are pregnant, once the pregnancy is known, they rely heavily on their parents for advice and guidance (Farber, 1991). This dynamic has motivated researchers to study adolescent decision-making and parental influence. Mothers of pregnant adolescents have greater

influence than friends or birth father especially if adoption is chosen (Donnelly & Voydanoff, 1991; Resnick, 1984; Rosen, 1980). Low, Moely & Willis (1989) reported that women who chose adoption were more likely to perceive their parents wanting adoption than those who decided to parent their child. An important point, however, is that the study assessed the perception of the parents' preference rather than the actual stated preference, leaving room for misperceptions.

Regarding women who decide to parent it is clear across racial and economic lines that family members and other important individuals exerted direct influence on the decision to keep the child (Farber, 1991).

#### Researcher's Attempts to Predict the Decision

As the previous information has demonstrated, the decision of pregnancy resolution is very complex and not easily explained (Farber, 1991). But in the climate of open adoption, where birth and adoptive parents meet during the pregnancy, there is increased emotional risk and thus an increased desire to predict the decision (Cocozzelli, 1989).

Several studies have been conducted to answer the question, "Is it possible to predict the decision?" and certain researchers have answered with a resounding "Yes!" Cocozzelli (1989) states that by examining 20 variables (such as socioeconomic status, future goals, aspects of family background) of a birth mother it was possible to correctly predict 77% of the outcomes.

Meyer, Jones & Borgatta (1956) propose that if agencies could more accurately predict the decisions of unmarried mothers, significant agency resources

would be saved. Today it is hoped instead that such research is utilized to help social workers understand their clients better, particularly when a birth mother from a culture that does not support adoption, decides to place her child.

#### Dynamics that Affect Decision-making

There is some information on the cognitive development of the birth mother impacting the decision-making process. For example, Donnelly & Voydanoff (1991) found that the inability to grasp the realities of raising a child was a significant factor in decision-making. Clearly this is an important skill in effective decision-making but most research to date has not placed decision-making, particularly crucial for adolescents, in the context of their growing cognitive awareness (Resnick, 1984). He suggests that a theoretical framework for adolescent decision-making which incorporates the growing abilities for abstract and hypothetical thinking is needed.

#### Characteristics of Birth Parents who Reverse their Adoption Plan

Available research on adoption and birth parents who change their adoption decision comprises a minute part of available knowledge. But what does exist supports the perception that decision reversals occur regularly. For example, Cervera (1993) states that 80% to 90% of adolescents who initially plan adoption change their mind and decide to parent by the time they deliver. Donnelly and Voydanoff (1991) also state how frequent adoption decisions are changed prior to delivery but neither study provides data to support those statements.

In a more comprehensive study Dworkin et al., (1993) found that nearly one third of those initially planning adoption for their babies, switched to parenting prior

to delivery. When analyzed further the only clear influence was the teen's perception of mother's preference and birth father's preference for adoption. Interestingly, mother's preference was the stronger predictor of the initial decision and birth father's preference was stronger for the consistency of the placement decision.

Weinman, Robinson, Simmons, Schreiber, & Stafford (1989) studied the 50% of participants who switched from their adoption plan to parenting after the birth of their child but before leaving the hospital. Race was found to be significant in that minority clients were less likely to plan adoption and if they did they were more apt to switch to parenting. Those who switched their decision tended to seek service in the middle of their pregnancy while those who followed through with placement usually came in during the last trimester. Another compelling finding was that switchers had the highest rate of low birth weight babies.

Weinman et al., (1989) reported that the treatment needs of women who switched their adoption decision were not met and then summarized their findings by commenting that they embodied the high-risk profiles of women who place or parent. This means that these women were more likely to have problems and less stability regardless of their decision about their child.

In the state of this study one organization gathers yearly data on the number of agency adoptions and disruptions. For 1997, 295 infant adoptions and 13 disruptions were reported. While the specific details of each case are not available, this reveals a 4% rate of disruptions for this particular state.

### Theories of Decision-Making

Two cognitive theories of decision-making are: 1) Ainslie, who developed the notion that behaviors are governed by perceived rewards and punishments, and 2) Fishbein, who states that behavior depends on the adolescent's attitude toward it, beliefs about what important others will think and motivation to comply with the important others (Worthington, 1987).

Piaget's theory of cognitive development is often used in understanding decision-making (Resnick et al., 1990). This theory found that cognitive ability develops through four stages. Adolescents fall into the last stage called formal operational which is characterized by an unpredictable mixture of concrete (focus on specific objects and events) thinking and formal (focus on abstract ideas) thinking. Stating that adolescent decision-making is influenced by individual developmental factors interacting with the social influences of family, peers, and other environmental variables, this integrates the sociological and psychological perspectives, which historically have been kept completely separate (Resnick et al., 1990).

### Summary

Resolution of an unplanned pregnancy is a complex and individual process as the literature cited in this review shows. The following chapter describes the methodology utilized for this researcher's study on disrupted infant adoptions.

## CHAPTER III

### METHODOLOGY

This chapter contains the research questions, rationale for the methodology, the population selection process, design, instrument, procedure, and data analysis. Also included in this chapter are the criteria utilized for protection of human subjects, conceptual definitions, operationalization, and study limitations.

#### Research Questions

The purpose of this study was to determine: 1) what pregnancy counselors perceive to be the reasons birth parents change their adoption plan and remove their child from the adoptive home; 2) what, if anything, pregnancy counselors think could have been done to avoid the disruption; and 3) what behaviors and emotions they observed the birth parents experience as they changed the adoption plan and decided to parent the child.

#### Rationale for Methodology

A qualitative methodology was used in this study to ascertain pregnancy counselors' perceptions regarding birth parents who reverse their adoption decision. Qualitative methods are useful when exploring an area, such as this one, that has not been studied before. Complexities and nuances in the information are gathered by these methods.

#### Rationale for Subject Selection

Pregnancy counselors were chosen as the sample because they have worked

with the birth parent(s) before the child's birth. During the counseling process they have usually discussed the birth parents' background(s) and the reasons for adoption. The pregnancy counselor is present at the hospital, monitoring the grief process of the birth parent(s) and often facilitating the discharge of the child to the adoptive couple. Being present at this critical time gives the pregnancy counselor insight into the unique experience of every birth parent and adoptive couple.

When birth parent(s) decide to change their decision, the pregnancy counselor is usually the person they call. Then, working with the adoption social worker, the pregnancy counselor facilitates the transfer of the child back to the birth parents. Again, their direct involvement at this difficult time gives them significant knowledge about disruptions.

#### Subject Selection Criteria

It was difficult to find an accurate count of the number of pregnancy counselors in the state of the study. There are approximately 9 adoption agencies in the state of this study and probably 20-30 social workers provide pregnancy counseling. Often in adoption agencies social work staff handle several responsibilities and pregnancy counseling may be just one piece. More significantly, if the researcher would have contacted the nine adoption agencies directly and gone through the approval process with each agency, it would have been quite cumbersome. Instead, because the researcher has worked as a pregnancy counselor she knew the names of most of the pregnancy counselors in the state. Following Augsburg's IRB recommendation only those people employed by agencies the researcher had not been

employed were allowed. She then contacted the Board of Social Work who agreed to release their addresses.

To be considered for this study the participants must be currently working as a pregnancy counselor as a part of their job responsibilities, or must have worked in that capacity for at least one year. Since this study was reflective of past occurrences it was felt that those who were not currently working in pregnancy counseling still have valuable information to offer.

As potential participants were contacted several gave names of additional past or present pregnancy counselors. In all, ten people were identified and contacted and eight agreed to participate in this study.

### Design

An exploratory design was utilized in this research due to the little data or knowledge available about disrupted infant adoptions. Research data were gathered from a non-random snowball sample and the researcher utilized a semi-structured interview guide to gather the data.

### Instrument

Qualitative studies are used to allow participants to express their experiences in their own words (Rubin & Babbie, 1997). The researcher works as an instrument gathering the information offered by subjects.

A semi-structured interview guide (Appendix D) was used in this study. Previous research, practice wisdom from several pregnancy counselors, and this researcher's knowledge were incorporated into the development of the interview



guide. It consisted of 7 open- and closed-ended questions, with prompts used to encourage participants to elaborate on open-ended questions.

The interview guide contained questions on the number of adoptive placements and disruptions each counselor had facilitated, their perception of the reasons the birth parents changed their adoption plan, and the experience of those birth parents who changed their decision. The interview guide was not pretested; however assistance from several experienced pregnancy counselors was sought and used in question development.

### Procedure

After this study was approved by the Augsburg College Institutional Review Board, the researcher sent a cover letter (Appendix A), a consent form (Appendix C), and a copy of the interview questions (Appendix D) to each potential participant. The cover letter introduced the research project and purpose of the study. The consent form contained background information, procedures to be used, length of time for participation, risks and benefits of participating in the study, assurance of confidentiality and voluntary nature of the study. There was also a statement noting that it was their right to withdraw from the study at any time, without consequences. The interview guide contained the open- and closed-ended questions to be used during the interview.

Participants were invited to call the researcher within two weeks of receiving the letter if they had questions and/or wanted to participate. Eight people responded and were interviewed one time for approximately 1-2 hours. One interview was

excluded from the data analysis because the person had not worked with a disrupted infant adoption as defined by this study.

The interviews were held at a convenient location for the subject, usually their office or home. Once the participant stated they had no further questions, the consent form and permission to audiotape the interview (Appendix C) was signed. Participants were told that only the researcher would have access to the audiotapes, and that the tapes would be destroyed by 8/1/98.

Each audiotaped interview was transcribed by a person hired by the researcher. This person was unrelated to the participants or Augsburg College and was instructed in confidentiality.

Once the researcher received the transcribed data, she reviewed it, looking for themes in the information. Then the data were summarized and organized by question. This information was then compared and contrasted to help identify common themes in the participants' answers. Frequencies of certain words was noted to develop themes as well .

#### Pilot Study

A pilot study was not conducted due to the small sample size. However, input from pregnancy counselors was used in developing the interview questions.

#### Ethical Protection

This study was approved by the Augsburg Institutional Review Board on April 19, 1998, prior to beginning the research. Each potential participant was mailed a letter (Appendix A) that explained their rights and the efforts used to ensure

confidentiality. They were informed that their participation was voluntary. The rights of participants were again reviewed just prior to the interview and the signing of the consent form.

All records of this study were kept private. Raw data and audiotapes were kept in a locked file in the researcher's home. At the conclusion of the study the raw data was destroyed and audiotapes were erased. References to clients were made without actual names or any other identifying information. To assist in identifying the participants each was assigned a number from P-1 to P-7.

### Conceptual Definitions

Key terms for this research are as follows:

Adoption: when parental rights and responsibilities are permanently transferred from the birth parents to the adoptive parents. In this study adoption was a voluntary decision and the birth parents selected the adoptive parents. All involved parties lived in the United States.

Adoptive parent(s), adoptive mother, adoptive father: parents who, for a variety of reasons, decide to build their family through adoption. In this study all of the adoptive families consisted of a married husband and wife and possibly another birth or adopted child.

Birth parent(s), birth mother, birth father, birth grandparents: the biological parents and grandparents of a child.

Foster care: families that are licensed by the state to provide temporary care for a child while a permanent plan is being made.

Legal-risk or fost/adopt placement: when the child is placed in the adoptive home prior to the legal termination of the birth parents' rights.

Open adoption: when the birth parents and adoptive parents meet and have the opportunity for ongoing contact with each other (Cushman, Kalmuss, & Namerow, 1993; Lindsay, 1997).

Parenter(s): birth parent(s) who decide to raise their child themselves.

Placer(s): birth parent(s) who make an adoption plan for their child.

Reclaim, disruption: when a child who has been placed with the adoptive family is removed.

Semi-open adoption: birth and adoptive parents may meet but do not exchange identifying information such as last names or addresses. Correspondence is handled by the agency or another designated facilitator.

Signing of Consents: legal papers that the birth parents sign agreeing with the adoption plan. After 10 working days (in the state of this study) these papers become legal and binding and cannot be revoked.

Termination of Parental Rights: a court hearing which ends the legal rights and responsibilities that birth parents have for a child.

To Parent: the decision for the birth parent(s) to raise the child themselves. This phrase is preferable to "keep the child".

To Place: to make an adoption plan for a child. This phrase is preferable to the phrase "give up for adoption".

## CHAPTER IV

### FINDINGS

This chapter describes the pregnancy counselors who participated in this study. Their summarized responses to the interview questions are presented along with emergent themes from data analysis.

#### Description of Participants

One African American and seven Caucasian women who were currently working as pregnancy counselors or who had held this position in the past 2 years participated in this study. All of them performed the job of pregnancy counselor at a private, non-profit agency with seven of the eight agencies being religiously affiliated. Infant adoptions were the most common on their caseload. One of the interviews was not included in the findings because the pregnancy counselor had not worked with a disruption that met the criteria as defined in this study.

The researcher did not specifically ask about academic background but each participant offered this information. Five of the participants had acquired a Master's Degree in social work or psychology; 2 had a Bachelor's degree in social work; and 1 person had a Doctoral degree in psychology. All were licensed as social workers at the LSW, LGSW, LISW or LICSW level or were Licensed Psychologists.

#### Summarized Responses to Interview Questions

##### Interview Question #1

"How long have you worked in adoption?"

The participants' summarized answers follow.

Table 1

## Interview Question 1

<u>Participant</u>	<u>Years Employed in Adoption</u>
P-1	5
P-2	18
P-3	4
P-4	3 and 1/2
P-5	38
P-6	2
P-7	over 10

Four out of the seven participants had worked as a pregnancy counselor for five years or less. The three others had extensive experience in adoption ranging from 10-38 years. Those who had worked this amount of time often had experience in different aspects of adoption including pregnancy counseling.

Interview Question #2

"During your work with birth parents, approximately how many adoptive placements did you work with? How many disruptions were you involved with?"

The participants' answers are summarized below.

<u>Participant</u>	<u>Number of Placements</u>	<u>Disruptions</u>
P-1	30-45	3
P-2	"too many to remember"	2
P-3	10	1

P-4	20	2
P-5	75	1
P-6	51	5
P-7	30-50	3

While 17 disruptions were mentioned, it is notable that each worker had been involved in only one, two, three, or at most, five disruptions. An interesting point is that the person with the most disruptions, five, had worked the least amount of time, two years.

### Interview Question #3

"For each of the above disruptions, describe the situation in a non-identifying manner."

Twelve of the situations began with the birth parent(s) selecting the adoptive family from profiles presented at an adoption agency and five began by connecting prior to coming to an agency. In 14 of the 17 cases, the birth and adoptive parents had met prior to the birth of the baby and all 17 had planned to exchange letters and pictures after the placement. Clearly these were adoptions that embraced some level of openness.

Five of the birth parents described in this study were adopted themselves. According to participant P-7, "The red flag for me initially was that she (birth mother) was adopted. I think that the birth and placing for adoption raise a lot of questions about their own adoption."

## Red Flags

As the participants described the disruptions, 13 of the cases contained what were called "red flags". These were issues of concern such as mental health issues in the birth parents, clients that resisted agency contact, and poor follow-through with appointments and necessary paperwork. Participant P-7 said, "She (birth mother) was saying, 'I want to place', but she could never make it to a signing. There were definitely what I call 'red flags' and we kept saying to the adoptive couple that we had some concerns." According to participants the concerns in these 13 cases were noted prior to placement but the involved parties decided to proceed anyway.

### Interview Question #4

"Why do you think the birth parent(s) changed their mind(s)? What factors seemed influential?"

## Grief

Four of the participants believed that the grief and loss associated with placing a baby for adoption was a key factor in changed decisions. Participant P-6 reported, "They (birth family) seemed very surprised that even though they thought adoption was the right thing, it was still so difficult." The birth parents and often their parents were surprised and overwhelmed by their emotions.

## The Birth Experience

The experience of giving birth was reported by 3 participants as a another important factor in disruptions. "It's the reality of the birth. No matter how much you talk about it, they (birth parents) never know how difficult that period in the



hospital will be. Once the baby is physically here, and they've gone through the birth, that for some people just raises questions. Things they were not open to while they were still pregnant," noted Participant P-7.

#### The Birth Father

The father of the child was a key factor in 4 of the disruptions. In 2 cases the participant assessed that the birth mother decided to parent the child to maintain relationship with the birth father. "Her (birth mother) mother's portrayal of the whole thing, and I think I agree, is that she did it to keep the boyfriend. I never saw signs of her attachment to the child," noted Participant P-1.

In 2 different cases the birth father would not allow the adoption to take place. In the state of this study birth fathers have the legal right to block an adoption from happening. Participant P-3 says, "The birth father revoked his signature after 5 days. The birth mom was kind of forced to parent."

#### Family Influence

In 5 of the disruptions the influence of family, particularly parents, was viewed as a factor. Participant P-7 described it as, "After placement, the birth mom had serious reservations and then both sets of parents offered support, so they were able to parent." In 3 of the 5 cases, prior to birth and placement the parents had been supportive of adoption, but when their children started to re-evaluate their decision their support made parenting a realistic option. The other 2 cases involved the birth mother's mother offering to raise the child and this was accepted by the birth mother.

#### Interview Question #5

"As you reflect back, can you think of anything that may have prevented the disruption(s)?"

Every participant believed that outside of mandatory foster care for the baby nothing could have prevented the disruption. It was clear that in each situation the pregnancy counselor had thoroughly analyzed the situation, looking for reasons or ways the painful disruption could have been avoided. Noted Participant P-2, "As a social worker you can't help but wonder if there was something I could have done differently. But I found that each situation was so different, that there just wasn't anything I could have done differently."

#### Foster Care

Mandatory foster care was mentioned by every participant as the only way to completely avoid disruptions. Participant P-6 felt this needed to be encouraged saying, "I'm a real advocate for using foster care for a time, for the birth parents to be sure about their decision. I just think that a day or two after birth, they aren't sure yet. The research on bonding right away is the worst thing that ever hit adoption. The adoptive couple doesn't rest easily until the two weeks are up anyway and that can't be good for a baby."

For the 6 other participants mandatory foster care was not considered as a positive solution. Participant P-5 said, "Because I saw the pain on the birth and adoptive parents' faces I initially felt that foster care was the solution. But that's protecting myself and not meeting the needs of the child, the birth or adoptive parents. If we choose to go into social work we need to be able to work with this."

Education of those involved in foster/adopt placements is crucial, but then each of them must make their own plan for each child." This approach seems to fit with the core social work value of self-determination.

It is important to note that of the 17 disruptions mentioned in this study, eight of them disrupted after the baby had been in the adoptive home one or two days; five ended around two weeks after placement; and four lasted more than two weeks before disrupting.

#### Interview Question #6

"Please describe the emotions and behavior you observed the birth parents experience as they changed their plan and decided to raise their child."

In 12 of the 17 disruptions the participants reported that the birth parent(s) felt guilty for changing their adoption decision. Said Participant P-2, "I can recall that the birth parents felt just very sorry about it. They had been so sure before that they were going to make an adoption plan. They felt very sorry for the adoptive family." Since the birth and adoptive parents had met and formed a relationship they really cared about each other and genuinely did not want to cause each other pain.

In the other five cases, the birth mother had emotional problems or the birth father had blocked the adoption, and the pregnancy counselors did not notice the same type of guilt. "I don't think the birth mom felt any guilt," commented Participant P-1, "but she had some psychological problems." Referring to a birth father who blocked an adoption, Participant P-3 noted, "I don't think the birth father ever understood the trauma he was causing the adoptive family. He never met them and

didn't know they were living, breathing people who were in love with this baby also."

#### Interview Question #7

"Is there anything else about adoption disruptions you would like to add?"

#### Stress on Social Workers

Every participant talked about how difficult disruptions are for the social workers involved and emphasized that they took a toll on them. "Disruptions were very devastating to me personally," said Participant P-2, "I still remember that when I had to go to the adoptive parents' home and pick up the baby it was one of the most traumatic things I have ever done. I can recall seeing the adoptive father, holding this little one. Seeing how he was handling her I just burst into tears." Participant P-4 shared, "When I got off the phone with the birth parents I just cried because I knew I had to tell the adoptive family they had changed their minds. It was awful because I had gotten close to the adoptive family too." As participants spoke of the disruptions, several became very emotional as they remembered the painful situations and we needed to wait a moment before continuing the interview.

#### How Pregnancy Counselors Cope

It was clear that the participants needed to resolve the intense feelings about the disruptions. Participant P-1 commented, "If she's (birth mother) going to go through life saying 'I made the wrong decision' and she could be a good parent, then maybe disruptions aren't always as bad." So by realizing that even though there was tremendous pain when a disruption occurs it doesn't mean that the birth parent(s) can not or should not parent their child.

Another helpful tool was remembering that everyone involved had chosen to be involved in the legal risk placement. The pregnancy counselors had done their best and now needed to let go. Participant P-2 pointed out, "It's important to really work on taking care of yourself through prayer and that kind of thing, to stay centered and realize that these people make their own choices." Each participant struggled with a sense of personal responsibility when the disruption happened. The benefits and risks were agreed to by everyone and when things do not work out one Participant P-1 conveyed, "I would hope that the adoptive parents would say, 'We know now what it felt like for you to consider placing this child. We wish you the best and we love him/her.'"

#### Summary of Emergent Themes

Adoption disruptions are a rare occurrence for this sample, with only seven to eight percent of placements ending in a disruption as shown in Table 2. At most they occurred five times out of 51 placements or ten percent, and the least was once out of 75 placements or one percent. Despite the relatively small number, these situations were very painful for everyone involved.

In general, the pregnancy counselors had concerns about the case prior to the birth parents changing their decision. There were a few cases mentioned, however, where the disruption took the pregnancy counselor by complete surprise.

Birth parents generally feel guilt when they remove their child from the adoptive family. It is not a decision they make lightly perhaps because they have selected the adoptive family and usually have a relationship with them.

Pregnancy counselors must work through their own grief and feelings of responsibility following a disruption. Participant P-2 noted, "It really helped to have my supervisor involved because he could see what was going on too and sense the pain."

The following chapter discusses the research results, provides recommendations and final conclusions.

## CHAPTER V

### DISCUSSION, RECOMMENDATIONS, CONCLUSIONS

This chapter contains a summary and discussion of the research results. Limitations, and the researcher's conclusions and recommendations regarding the information gathered in this study are offered along with implications for social work practice and recommendations for future research.

#### Overview of the Problem

Because pregnancies and births to adolescent and unmarried women have long been a focus of attention and research (Cervera, 1993; Donnelly & Voydanoff, 1991; Dworkin, Harding, & Schreiber, 1993), adoption and birth mothers have been heavily researched (Bachrach, 1986; Farber, 1991; Kalmuss et al., 1992). However, birth parents who reverse their adoption decision after placement have received little attention. The reality that birth parents can and do change their decision at that time is not acknowledged.

Available information on adoption decision-making estimates that 80-90% of adolescents who plan adoption change their mind (Cervera, 1993). This type of estimate, which is not supported by research, combined with the media portrayal of birth parents leads many to believe it happens in the majority of cases.

As noted in the literature review the state of this study reported about four percent of agency assisted, infant adoptions disrupted. The findings of this study seemed to coincide with the lower percentage of reclaims in that infant adoption disruptions comprise a small percentage of the cases considered in this study. This

finding did not surprise this researcher and actually was encouraging given the pain experienced when it does occur.

### Results of the Interviews

While 13 of the 17 disruptions in this study contained red flags, according to the participants, the birth parents described did not plan to change their mind. They took concrete action to have a family selected and followed through to the point of sending the baby home with them. Research question #3 of this study inquired how birth parents felt after a disruption. It was found that 12 of the 17 disruptions caused the birth parents significant feelings of guilt.

### Openness

Almost all of the situations in the study were open adoptions. In all 17 disruptions the birth parents had selected the adoptive parents. Fifteen of these cases the birth and adoptive parents met at least once. The two cases where there was no meeting it was the birth parents who did not want it. This may appear to link openness to changed decisions as suggested by Chippindale-Bakker & Foster (1994), except that most infant adoptions are this open and the vast majority of them are completed (Cushman et al., 1993). When the birth parent(s) go through the entire process of selecting, meeting, and developing a relationship with an adoptive family there is usually a strong commitment to the adoption plan.

### Solutions

It is understandable then why both birth and adoptive parents are strongly opposed to using foster care. This "solution" to disruptions is not considered the



answer by five of the seven participants. Social work embraces self-determination for clients and to limit options, even when there is risk ahead, is disempowering them. Also, as concluded by Benson et al., (1994) one of the strongest determinants of successful attachment in an adoptive home is how young the child was at the time of placement.

Thus, it is clear to me that pregnancy counselors must educate on the options, assess each situation, offer suggestions and recommendations, and then leave the final decision up to those whose lives will be dramatically impacted. As in all other social work settings, when loss occurs, we come along side the hurting and provide support and information.

#### Red Flags

It must be noted that birth parents who did change their mind usually had risk factors or red flags such as mental health concerns, and/or important family members who were opposed to the adoption. Often these clients were of minority heritage, raised by a single parent, and were receiving public assistance, characteristics found to describe women who decide before delivery to parent their child (Cocozzelli, 1989; Resnick et al., 1991). However, because the pregnancy counselors were reflecting back on the cases it is possible that some of the risk factors were not as obvious until afterward when reasons for the disruption were contemplated. On another cautious note, it is probable that birth parents with these types of issues do follow through on their adoption plan, which was not a focus of this study. It also is good social work practice to be aware of a client's particular situation but not allow

stereotypes to attempt to predict a client's behavior.

### Effects on Pregnancy Counselors

Pregnancy counselors are deeply affected when an adoptive placement is disrupted. The birth parents usually tell the pregnancy counselor and then request that she let the adoptive parents know that there has been a change of heart. Sometimes the pregnancy counselor is chosen to go to the adoptive home and pick up the baby. When the placement occurred the birth parents were sad and the adoptive parents were joyful, yet the plan was moving along as decided. When things change the adoptive parents feel anger, betrayal and often want to find something or someone to blame.

A key in resolving these intense emotions and experiences is the social worker realizing that the situation was never in her control. Participant P-7 stated, "I involved them (birth parents) in the process as much as they would be involved. They made some decisions not to be very involved at times. You can't make anyone do anything." Realizing that the placement was agreed to by all involved and that the change of plans must be honored and eventually accepted enabled workers to let go of feelings of responsibility for the adoptive parents' pain at losing their long-awaited child. "My belief is not to shame them (birth parents), that this is what their decision is. It's awful for the adoptive family, but this is what the process is. They had known that this could happen," commented participant P-6. This answers the second research question about preventing disruptions, in that all of the participants realized that they could have done nothing to prevent it.

### Strengths of the Study

The qualitative method was a strength in exploring this topic. Also because the participants were intimately involved in the decision-making process of the birth parents they contributed important knowledge of the dynamics involved in a disruption. Clearly this study has broken new ground in a previously unstudied area.

### Limitations

The following were limitations to the study:

1. Researcher bias may have altered the study. Interviewing involves the use of the researcher's personality and thus may affect the participants' responses. It was this researcher's bias that it is often difficult to predict the outcome in infant adoptions and this may have biased the study. Also, because the interview guide was constructed by the researcher, bias may have been built into the questions.

2. External validity of this study is limited because the results are not generalizable. The results are limited to 7 pregnancy counselors who worked in one midwestern state. The small sample size also limits generalizability because these practitioners may not be representative of the entire population of pregnancy counselors. No comparison group was used which again limits generalizability to groups similar to those in this study.

3. The significance of the study's results are limited by the instrument's reliability and validity. Outcome measures may not be valid due to the appropriateness of the interview guide. Several questions related to the number of placements and disruptions; when participants did not know the exact number they

guessed.

4. Due to the inexperience of the researcher several participants were not asked one of the questions.

5. The pregnancy counselors were talking about past cases and may not have remembered the data correctly.

### Recommendations

This study is the first step in understanding disrupted infant adoptions. Additional studies need to be performed to determine the actual number of disrupted infant adoptions. To simplify research each state needs to record data on the number and types of adoptions. Research is needed involving birth parents to examine the decision-making process immediately after the birth of the child to better understand the dynamics involved at that crucial time. Finally, since participants felt the need to resolve their own feelings around disruptions, coping methods should be further researched.

### Implications for Social Workers

Empowering clients to make decisions and then deal with the consequences is part of every social work job. Those who work in adoption are often key players in helping clients make decisions that dramatically and permanently affect themselves and their family. This reality calls for practice that is sensitive, compassionate and straight forward.

Pregnancy counselors are very involved in the adoption process. As this study has shown they are emotionally affected when the birth parents change their decision.

Social workers must be given permission to acknowledge that personal feelings are real and need to be expressed in appropriate settings.

In an answer to the first research question of this study, regarding why birth parents change their adoption plan after placement, this study reminds us that all human beings are complex. The reasons behind a changed adoption decision are complex. The goal of this study is to increase awareness of disrupted infant adoptions, not to develop a list of characteristics of birth parents who do change their mind. It is this researcher's opinion that there will always be birth parents who cannot, for various reasons, follow through with the adoption plan they had made. Often there are indicators, but sometimes there are not. This is part of working with human beings. It is also important to note that there are few irreversible decisions in life. However, placing a child for adoption is indeed permanent and birth parents have the right to carefully make the decision.

### Conclusion

This qualitative study with pregnancy counselors contributed to the social work knowledge base of disrupted infant adoptions. While disruptions comprise a small percentage of adoptions, each one is traumatic for adoptive parents, social workers and birth parents. Attempts to predict outcomes are difficult and not always accurate, and pregnancy counselors in this study do not feel there was anything they could have done to prevent the disruptions.

As social workers we cannot eliminate pain and risk for our clients. However, we can prepare them, walk with them, rejoice and grieve with them, ultimately

helping them find meaning in it all. And what a privilege that is.

## BIBLIOGRAPHY

- Bachrach, C.A. (1986). Adoption plans, adopted children, and adoptive mothers. Journal of Marriage and the Family, 48(2), 243-254.
- Barth, R.P. (1987). Adolescent mothers' beliefs about open adoption. Social Casework: The Journal of Contemporary Social Work, 68(6), 323-331.
- Benson, P.L., Sharma, A.R., & Roehlkepartain, E.C. (1994). Growing up adopted: a portrait of adolescents and their families. Minneapolis, MN: Search Institute.
- Blanton, T.L., & Deschner, J. (1990). Biological mothers' grief: the post adoptive experience in open versus confidential adoption. Child Welfare, 69(6), 525-535.
- Cervera, N.J. (1993). Decision making for pregnant adolescents: applying reasoned action theory to research and treatment. Families in Society: The Journal of Contemporary Human Services, 74(6), 355-365.
- Chiaradonna, W. (1982). A groupwork approach to post surrender treatment of unwed mothers. Social Work with Groups, 5(1), 47-68.
- Chippindale-Bakker, V., & Foster, L. (1994). Adoption in the 1990s: sociodemographic determinants of biological parents choosing adoption. Child Welfare, 35(4), 337-355.
- Cocozzelli, C. (1989). Predicting the decision of biological mothers to retain or relinquish their babies for adoption: implications for open placement. Child Welfare, 68(1), 33-44.

- Cushman, L.F., Kalmuss, D., & Namerow, P.B. (1993). Placing an infant for adoption: the experiences of young birthmothers. Social Work, 38(3), 264-272.
- DeSimone, M. (1996). Birth mother loss: contributing factors to unresolved grief. Clinical Social Work Journal, 24(1), 65-76.
- Donnelly, B.W., & Voydanoff, P. (1991). Factors associated with releasing for adoption among adolescent mothers. Family Relations, 40(4), 404-410.
- Dworkin, R.J., Harding, J.T., & Schreiber, N.B. (1993). Parenting or placing: decision making by pregnant teens. Youth and Society, 25(1), 75-92.
- Farber, N.B. (1991). The process of pregnancy resolution among adolescent mothers. Adolescence, 26(103), 697-716.
- Festinger, T. (1971). Unwed mothers and their decisions to keep or surrender their children. Child Welfare, L(5), 253-263.
- Furstenberg, R.A. (1990). Initial parenting attitudes of pregnant adolescents and a comparison with the decision about adoption. Adolescence, 15(99), 629-643.
- Herr, K.M. (1989). Adoption vs. parenting decisions among pregnant adolescents. Adolescence, 24(1), 795-799.
- Hicks, R.B. (1993). Adopting in America: how to adopt within one year. Sun City, CA: Wordslinger Press.
- Kallen, D.J., Griffore, R.J., Popovich, S., & Powell, V. (1990). Adolescent mothers and their mothers view adoption. Family Relations, 39(3), 311-316.
- Kalmuss, D., Namerow, P.B., & Bauer, U. (1992). The short-term consequences of



parenting versus adoption among young unmarried women. Journal of Marriage and the Family, 54(1), 80-90.

Low, J., Moely, B., & Willis, S. (1989). The effects of perceived parental preferences and vocational goals on adoption decisions: unmarried pregnant adolescents. Youth and Society, 20(3), 342-354.

Mason, M.M. (1995). Out of the shadows: birthfathers' stories. Edina, MN: O.J. Howard Publishing.

McLaughlin, S., Pearce, S., Manninen, C., & Wings, L. (1988). To parent or relinquish: consequences for adolescent mothers. Social Work, 33(3), 320-324.

Melina, L.R. & Roszia, S.K. (1993). The open adoption experience. New York, NY: HarperCollins Publishers, Inc.

Meyer, H., Jones, W., & Borgatta, E. (1956). The decision by unmarried mothers to keep or surrender their babies. Social Work, 1(2), 103-109.

Resnick, M.D. (1984). Studying adolescent mothers' decision making about adoption and parenting. Social Work, 29(1), 5-10.

Resnick, M.D., Blum, R.W., Bose, J., Smith, M., & Toogood, R. (1990). Characteristics of unmarried adolescent mothers: determinants of child rearing versus adoption. American Journal of Orthopsychiatry, 60(3), 577-584.

Rosen, R. (1980). Adolescent pregnancy decision making: are parents important? Adolescence, 15(1), 43-54.

Sobol, M.P., & Daly, K.J. (1992). The adoption alternative for pregnant adolescents: decision making, consequences, and policy implications. Journal of Social

Issues, 48(1), 143-161.

Watson, K.W. (1986). Birth families: living with the adoption decision. Public Welfare, 44(2), 5-10.

Weinman, M.L., Robinson, M., Simmons, J.T., Schreiber, N.B., & Stafford, B. (1989). Pregnant teens: differential pregnancy resolution and treatment implications. Child Welfare, 68(1), 45-55.

Worthington, E.L. (1987). Counseling for unplanned pregnancy and infertility. Waco, TX: Word Books.

## Appendix A

## Cover Letter

Date

IRB# 97-52-02

Name

Address

Dear Potential Participant,

I am a graduate student working toward a Master's in Social Work degree at Augsburg College in Minneapolis. For my thesis I am researching disrupted infant adoptions (adoptive placements where the birth parents change their decision and remove their child from the adoptive home prior to legal termination of their parental rights.)

You are invited to participate in this research study because you have worked with birthparents who choose adoption. If you decide to participate you would be interviewed by me for one hour at a location convenient for you. I have enclosed the interview questions you would be asked during the interview. I am interested in your perceptions about why birthparents sometimes change their adoption decision.

If you want to participate please call me by Tuesday April 22nd. You may reach me days at #646-4414x250 and evenings at #490-0238.

I have enclosed information about the study but feel free to call me with any questions you have.

Sincerely,

Michelle Frost

Enclosure: 2

Consent Form/ Descriptive Information  
Interview Guide

## Appendix B

## Follow-up Letter

Date

IRB# 97-52-02

Name

Address

Dear Potential Participant,

This is a follow-up letter to the previous information I sent to you. As you know, I am a graduate student at Augsburg College in Minneapolis. For my thesis I am researching "disrupted" infant adoptions (situations where birth parents change their decision and remove their child from the adoptive home prior to legal termination of their parental rights.)

I have been conducting interviews and wanted to remind you of my invitation for you to participate. The information gathered to date has been very interesting.

If you want to participate or have questions you want answered before you make that decision please call me by May 2nd. Your participation is voluntary. I can be reached at (w)646-4414x250 or (h)490-0238.

Thanks for considering this request!

Sincerely,

Michelle Frost

Enclosure: 2

Consent Form/ Descriptive Information  
Interview Guide

## Appendix C

**PREGNANCY COUNSELORS' PERCEPTIONS OF  
DISRUPTED INFANT ADOPTIONS****IRB APPROVAL #97-52-02****CONSENT FORM**

You are invited to be in a research study of "disrupted" infant adoptions. "Disrupted" adoption means that the child was placed with the adoptive family before the birthparents' parental rights were terminated. Then the birthparents changed their mind and removed the child from the adoptive home.

You were selected as a possible participant because you have worked with birthparents who choose adoption. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by me as part of my master's thesis at Augsburg College.

To find out if you fit the criteria for participating please answer the following question:

1) Have you worked in at least one situation where the birthparents placed their child with an adoptive family prior to legal termination of their rights, and then changed their minds and removed the child from the adoptive home?

If you answered yes to the above question you fit the criteria to participate in this study.

**BACKGROUND INFORMATION:**

The purpose of this study is to explore what factors you perceive impacted birthparents to change their adoption plan once the child was placed in the adoptive home. I also am studying how the change of the adoption plan affected the birthparents, and if you as a professional, have any thoughts as to what may have been done differently to prevent the "disruption" from happening.

**PROCEDURES:**

If you agree to be in this study I would ask you to participate in one interview which I would conduct at your home or another convenient location. I would ask you questions about the "disruption(s)" you have worked with and your perceptions of what happened. To protect the confidentiality of clients you must share only non-identifying information. The interview would be audiotaped and would last approximately one hour.

**RISKS AND BENEFITS OF BEING IN THE STUDY:**

There is little risk to participating in this study. There are no direct benefits to

participating. The indirect benefit will be increased understanding of "disruptions".

**CONFIDENTIALITY:**

The records of this study will be kept private. In any report I might publish I will not include any information that will make it possible to identify you or any of the clients. Research records and audiotapes will be kept in a locked file and as the principal investigator I will be the only person who has access to this file. Audiotapes, typed data, and these consent forms will be destroyed by 8-1-1998.

**VOLUNTARY NATURE OF THE STUDY:**

Your decision whether or not to participate will not affect your current or future relations with Augsburg College. If you decide to participate you are free to withdraw at any time without affecting that relationship.

**CONTACTS AND QUESTIONS:**

The researcher conducting this study is Michelle Frost. You may ask any questions you have now. If you have questions later you may contact me at work (612)646-4414 ext.250, home (612)490-0238, or you may call my advisor Maria Brown at (612)330-1771.

If you want to participate in this study please call me by Tuesday, April 22nd at (w) (612) 646-4414 ext.250 or (h) 490-0238 to set up an interview time.

You will be given a copy of this form to keep for your records.

**STATEMENT OF CONSENT:**

I have read the above information. I have asked any questions I have and have received answers. I consent to participate in this study.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of investigator \_\_\_\_\_ Date \_\_\_\_\_

I consent to be audiotaped.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Appendix D

**INTERVIEW GUIDE**

**PREGNANCY COUNSELORS' PERCEPTIONS  
OF DISRUPTED INFANT ADOPTIONS**

1. How long have you worked in adoption?
2. During your work with birth parents approximately how many adoptive placements did you work with? How many disruptions were you involved with?
3. For each of the above disruptions describe the situation in a non-identifying manner. (Probes: ages of birth parents, level of openness, number of counseling sessions, family involvement.)
4. Why do you think the birth parents changed their minds? What factors seemed influential?
5. As you reflect back can you think of anything that may have prevented the disruptions?
6. Please describe the emotions and behaviors you observed the birth parents experience as they changed their plan and decided to raise their child.
7. Is there anything else about adoption disruptions that you would like to add?

