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## **BIRTHMOTHERS: SERVICES PROVIDED POST-ADOPTION**

Amber Mullenax

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BIRTHMOTHERS: SERVICES PROVIDED  
POST-ADOPTION

by

AMBER MULLENAX

Presented to the Faculty of the Honors College of  
The University of Texas at Arlington in Partial Fulfillment  
of the Requirements  
for the Degree of

HONORS BACHELOR OF SOCIAL WORK

THE UNIVERSITY OF TEXAS AT ARLINGTON

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March 9, 2019

## ABSTRACT

### BIRTHMOTHERS: SERVICES PROVIDED

### POST-ADOPTION

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The University of Texas at Arlington, 2019

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Birthmothers can experience long-term issues long after placing their child for adoption including mental health issues, separation grief, sadness, anger, depression, suicidality, and anxiety. The lack of services post-adoption could be detrimental to their overall health. The objective of this study was to learn what adoption agencies provided to birthmothers post-adoption, and to learn if the services provided are meeting best-practice recommendations. The desired sample consists of a population of fifty adoption agencies in the Dallas-Forth Worth metroplex. The sampling frame used to construct the population consisted of “adoption agencies” and “Dallas-Fort Worth” keywords. A survey was used that provided the adoption agency with some multiple choice and open-ended questions concerning services being offered to birthmothers post-adoption. Data were collected through website searches, phone interviews, and e-mails. The findings from this research

study illuminate what is being offered to birthmothers post-adoption by adoption agencies regarding their mental health.

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## CHAPTER 1

### PROBLEM STATEMENT

#### 1.1 Birthmothers' Unmet Mental Health Needs

Birthmothers can experience long-term issues after placing their children for adoption including mental health issues, separation grief, sadness, anger, depression, suicidal ideation, and anxiety. Foli, South, Lim, and Jarnecke (2016) stated “approximately 10% - 15% of birth mothers and birth fathers experience postpartum depression” (p. 293). Research has suggested “birthmothers may grieve the loss of their child for a long period of time through many stages of life” (Ayer-Lopez, Henney, McRoy, Hanna, & Grotevant, 2008, p. 551). The hardships of being a birthmother can have a long-term effect on them years after placement. Aloi mentions how adoption is a life-long consequence that birthmothers face. There is an overwhelming amount of grief that can be encountered by birthmothers when deciding to place her children for adoption. It is considered heart-wrenching, and they are reminded of the significant losses throughout their children’s lives (2009). Some of these significant losses include birthdays, anniversary dates, holidays, and special occasions that the birthmother will not get to experience with her child.

The services that are being offered by adoptions agencies after placement may be lacking. Research has shown that birthmothers feel grief and loss, long after placement. Krahn and Sullivan found in their research study that some birthmothers went through stages of grief, while other birthmothers referred to it as “emotionally challenging” (2015). Research has also shown how other countries demonstrate the importance of

providing “independent support” to birth parents throughout the adoption process and after placement (Memarnia, Nolte, Norris, & Harborne, 2015). If adoptions agencies only offer services within the first year after placement, birthmothers are forced to handle their mental health without much support. Memarnia et al. also noted that the National Minimum Standards for adoption also recognize the importance of birth parents being entitled to services that recognize the life-long repercussions of adoption (2015).

### *1.1.1 Social Workers’ Role in Meeting Birthmothers’ Mental Health Needs*

Meeting birthmothers’ mental health needs is concerning for the social work profession for several reasons. First, social workers follow ethical principles that are based on their core values. Two of the most important core values are that of service and social justice. These go hand-in-hand within the social work profession because their primary goal is to help those who are in need and address the social problems that arise with social injustice (National Association of Social Workers [NASW], 2018). Furthermore, social workers follow a set of ethical standards that are provided to them in the NASW Code of Ethics. One of these ethical responsibilities is their commitment to clients. As social workers, one must put the well-being of their clients as of utmost importance. Mental health is a major issue in the United States. “Approximately 1 in 5 adults in the United States—43.8 million, or 18.5%—experiences mental in a given year” (National Alliance on Mental Illness [NAMI], 2019). Social workers have an obligation not only to their clients, but also to the society around them. When mental health is not treated, it can have a lasting impact on the individual, their families, and the society in which they live (NASW, 2018).

## CHAPTER 2

### CURRENT KNOWLEDGE OF THE PROBLEM

#### 2.1 Birthmothers' Mental Health

The adoption process can be a very difficult time for the birthmother. Research has suggested that placing a child for adoption can be one of the most heart-wrenching decisions a birthmother can make and one of the most significant losses that she will ever face (Aloi, 2009). Research studies have described child relinquishment as a major life stressor causing life-long emotional and interpersonal effects (Brodzinsky & Smith, 2014; Madden, Ryan, Aguiniga, Killian, and Romanchik, 2018). Furthermore, studies have found that birthmothers experience mixed feelings of loss, anger, shame, guilt, humiliation, and grief, with grief being labeled as the most influential experience by birthmothers (Neil, 2006; Logan, 1996). Two things that are important for birthmothers to heal properly post-adoption are experiencing successful grief and social support. It has been suggested by research that the goal of “successful grief resolution” includes the person reaching a point where they are neither “depressed nor angry about his fate” (Aloi, 2009, p. 29).

##### *2.1.1 Grief*

Christian, McRoy, Grotevant, and Bryant (1997) define grief as “a range of feelings, behaviors, and thoughts” (p. 38) that is likely to transpire in response to a loss. It has been said throughout much research that birthmothers are told to “get over it,” and to “move on” after placing their child for adoption (Christian, et al., 1997). Furthermore, some believe that because their child did not pass away, they should not feel the need to grieve

the loss of their child because they chose to place their child for adoption (Aloi, 2009; Simone, 1996). Aloi's (2009) research also suggests that in order for birthmothers to reach healing, they must experience the five stages of grief: "denial, anger, bargaining, depression, and acceptance" (p. 29). Cossar and Neil (2010) mention in their study that the complicated feelings of grief result in reactions of "anger, loss, guilt and low self-esteem," (p. 1369) which intensify over time. Logan (1996) noticed in her study that birthmothers often felt mental distress much later in their life and at any time post-adoption these factors could arise causing birthmothers to experience mental distress. It is also noted in her study that over one-third of birthmothers had been referred to psychiatric treatment with over half of them receiving treatment continuously for five years or more (Logan, 1996).

Furthermore, when birthmothers are not able to experience the five stages of grief, they are more likely to experience disenfranchised grief. Brodzinsky and Smith (2014) define disenfranchised grief as "grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 167). Research also suggests that when birthmothers do not receive the proper support after placing a child for adoption, they are more likely to experience disenfranchised grief due to not being able to grieve properly (Brodzinsky & Smith, 2014).

## 2.2 Help for Birthmothers' Mental Health

Simone illustrates through their study that higher levels of grief were directly related to a lack of social support (1996). Due to this, it is especially important for birthmothers to have a social support system in place post-adoption. It is important for adoption agencies to implement programming focusing on the importance of social support for birthmothers. Furthermore, it is important for birthmothers to have a social support

system in place to help them with the different emotions they will feel post-adoption (Simone, 1996).

In addition to having a social support system, it is important for birthmothers to have further treatment as it pertains to their mental and emotional needs post-adoption. Counseling and therapy are beneficial for birthmothers to receive support relating to the adoption process. Research has suggested how important it is for birthmothers to receive support as it pertains to adoption (Simone, 1996).

### *2.2.1 Role of Agencies in Birthmothers' Mental Health*

Adoption agencies can play a major role in birthmothers' mental health. If agencies offered services while the mother was going through the adoption process, it might help her to be better able to handle the situations that will arise once the process has been completed and relinquishment has been established. Post-adoption services could help birthmothers with their emotional and mental state after placing their infant for adoption. If they are not able to offer services within their agency, it is important for them to offer these services by providing the birthmother with a referral on where to go to receive adequate treatment as it pertains to the adoption process (Minimum Standards for Child Placing Agencies, p. 251, 2018).

Additionally, it is important for adoption agencies to offer birthmothers the choice of open adoption. Studies have shown that open adoption can be beneficial for the birthmother both with handling their grief and guilt, as well as it offers them a positive supportive environment with the adoptive parents and the child (Henney, Ayers-Lopez, McRoy, & Grotevant, 2007).

### *2.2.2 Adoption Agencies and Practice Suggestions*

Research suggests that many authors realize the importance of counseling for birthmothers both before and after adoption (Wiley & Baden, 2005). Furthermore, it is important for mental health professionals to have an in-depth understanding of the complexities of adoption and the grief responses that birthmothers experience post-adoption (Simone, 1996; Neil, 2013). Additionally, these health professionals should show support that focuses on helping birthmothers find ways to live with the mental distress and offer coping mechanisms to get through the difficult days (Neil, 2013).

One researcher in particular suggested that counselors are in an excellent position to help with the adoption process for birthmothers. Janus proposed the term “adoption-sensitive counseling” (p. 267), which could be counseling specified for birthmothers once the adoption process is complete (1997). Additionally, Simone illustrates the importance for mental health professionals to have a comprehensive understanding regarding the difficulties surrounding the adoption process and the grief response that birthmothers experience post-adoption (1996).

Additionally, Brodzinsky and Smith (2014) suggest that educational systems for those who are supportive of birthmothers could be beneficial in helping their support system understand the adoption process better. It could be beneficial for adoption agencies to offer free training to current support systems for birthmothers in order to help them be able to be a better positive support system. With social support being critical to birthmothers, it is important to ensure that those who are considered support be understanding of what she is going through both mentally and emotionally (Brodzinsky & Smith, 2014).



Furthermore, Aloï (2009) suggested that psychiatric nurse specialists working in hospitals should educate their nurses and other staff members to help them enhance and create an awareness of birthmothers' experiences regarding the adoption process. Their research also mentioned how important it is for nurses to be aware of the birthmothers' feelings and experiences regarding her adoption process, so that they are better equipped to handle the situation when it arises.

Lastly, it is also important for birthmothers to have an adoption plan in place to help them have a say in what happens in their adoption stories. Research has suggested that birthmothers had less unresolved grief if they were satisfied with their contact preparations, regardless of the level of contact obtained (Grotevant, McRoy, Wrobel, & Ayers-Lopez, 2013). This suggests that if birthmothers have more of a say in the post-adoption process, they will be more likely to have a positive experience once the adoption is complete (Grotevant et al., 2013).

### 2.3 Gaps in the Knowledge

Research studies have discussed the gaps in knowledge relating to services offered to birthmothers both before and after the adoption process. Coleman and Garratt (2016) mention that birthmothers are historically far less researched than others in the "adoption triad" (p.140). Additionally, Cushman, Kalmuss, and Namerow mention how little information there is regarding "pre and post adoption procedures" (p. 265) that help define the adoption process for birthmothers (1993). Furthermore, most research suggests the needs for services post-adoption, but what seems to be unknown is how long services should be offered post-adoption by adoption agencies. With that being said, there is little

known about what agencies offer in the Dallas-Fort Worth metroplex concerning birthmothers' mental health services post-adoption (Cushman, et al., 1993).

### *2.3.1 Factors Relating to Lack of Research Regarding Birthmothers*

Several studies mention how research pertaining to the birthmother is the least of the adoption triangle (e.g., Brodzinsky & Smith, 2014; Wiley & Baden, 2005). Aloï's (2009) article mentions how birthmothers' experiences have been unacknowledged and unheard of by those in the healthcare system as well as in society, even though the results are "life-long and profound" (p. 27). Until recently, birthmothers received little support post-adoption due to many factors including the stigmas relating to women becoming pregnant out of wedlock, the secrecy concerning the adoption process, the legal aspects surrounding the process, the lack of support from birthmothers family and friends, and the guilt and shame that birthmothers experience after placing a child for adoption (Simone, 1996). It is important for researchers to understand the mental distress that factors in with placing a child for adoption, and how important this research is to ensure birthmothers receive adequate mental health care. Thus, the purpose of this study was to identify what services are being offered by the adoption agency and how long these services are provided to the birthmother post-adoption.

## CHAPTER 3

### METHODS

The purpose of this study was to identify what services are being offered by the adoption agency and how long these services are provided to the birthmother post-adoption.

The research questions are as follows:

- A. What services are offered?
- B. How long are the services being offered to birthmothers by adoption agencies in the Dallas-Fort Worth area post-adoption in order to meet their mental health concerns?
- C. Are there differences in how long the services are provided as it pertains to for profit agencies as compared to non-profit agencies?

This study was a descriptive quantitative study to explore the types of services offered by adoption agencies concerning birthmothers and their mental health.

#### 3.1 Protection of Human Subjects

This research is not considered human subjects research as per consultation with the University of Texas at Arlington Institutional Review Board (IRB) (Appendix A). The reason why it is not considered human subjects research is because the information being obtained for the survey is public knowledge. There is no need for consent to obtain public knowledge. There is also no need to protect public knowledge information like there would be for participants in a study. Additionally, the population—agencies providing adoption services—is not considered vulnerable by IRB regulations. Lastly, social work mandated

reporting would not come into play pertaining to this research study because the information being provided is not considered confidential. The information being provided is public knowledge as it pertains to the services offered to birthmothers during their adoption process with the adoption agency chosen.

Ethical concerns regarding the data collection could be an issue if the researcher does not maintain confidentiality throughout the study. In order to maintain confidentiality, the researcher will keep all information in a password-protected file. Furthermore, the researcher will not use any agency names when providing tables regarding the data analysis. Additionally, another ethical concern regarding data collection could be researcher bias. In order to prevent researcher bias, the researcher will use a script that will help to ask the questions to the agencies who participate in the study.

### *3.1.1 Recruitment and Sampling*

The population that this study aimed to generalize to was adoption agencies located in Texas. The sampling frame that was used concerning this research study included adoption agencies located in the counties that make up the Dallas-Fort Worth metroplex (N = 50). There were a total of fifty agencies contacted in this study. The sampling frame (Appendix B) was created by searching for different adoption agencies in the area using the Google search engine. There were different keywords used while researching adoption agencies in the Dallas-Fort Worth metroplex. These key words included: adoption agencies and Dallas-Fort Worth as well as the different counties within the Dallas-Fort Worth metroplex: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, and Wise counties.

The sampling strategy for this study was census. While contacting agencies, the researcher informed the employee of how the information would not be linked to the agency itself in the report. The researcher also used a script (Appendix C) to ensure that the staff person was informed of the purpose and to ensure that every agency was treated in the same manner. Furthermore, there were no incentives for participating in this study that reduced the possibility of coercion.

### *3.1.2 Data Collection*

For this research study, there were multiple ways in which the researcher planned to obtain the information. The first planned method was doing an online search of the adoption agencies that have websites available concerning their services. If the information was not located on their website, the next step was to call the adoption agency to see if someone would be able to provide the information through a phone interview. If a phone interview was inconvenient, the last method used was to provide a small survey to the adoption agency via e-mail to obtain the information needed for the research study.

### *3.1.3 Measurements*

The variables that were measured in this study were services offered to birthmothers post-adoption. The variables included the length of services, the types of services offered, and the eligibility qualifications to receive the services.

The variables were measured through a survey (Appendix D) that included a combination of open-ended questions and multiple-choice questions. The answer choices were measured through both nominal level responses and ordinal level responses. This survey was designed by the researcher to answer specific questions concerning services offered by adoption agencies.

### *3.1.4 Data Analysis*

Once the data were collected, the researcher used the literature to create a checklist (Appendix E) on what services should be offered for birthmothers concerning their mental health. The researcher also created a table to show the different services provided by the agencies that participated in the study. The researcher compared the literature-derived checklist to the table provided.

### 3.2 Rigor of the Research

Census method makes this study better because it reduces selection bias. However, sampling error can occur if there is a low participation rate within the study, which this study did sustain. Due to the sampling frame being relatively small, there was an issue with low participation.

Internal Validity Threats. Several internal validity threats were present in this study including:

- Selection and Non-response Bias: Using the random sampling method was an effort to reduce selection and non-response bias. However, there was a low participation rate so this threat remained.
- Instrumentation Bias: Using the script to help encourage adoption agencies to participate in this study reduced instrumentation bias.
- Measurement Bias and Measurement Error: There could have been concerns with measurement bias and error because the researcher created the survey. In order to try to prevent measurement bias and measurement error, the researcher consulted with two PhD faculty members in the School of Social Work at the University of Texas in Arlington to ensure that the survey would be effective.

- Sampling Error: As it pertains to this study, there could be issues concerning sampling error. There were a total of five non-profit agencies compared to a total of three for-profit agencies. With that being said, there were more non-profits than there were for-profits as it pertains to this study. This could potentially result in sampling error.

External Validity Threats. External validity threats present included:

- Sample Generalizability: The concerns with this study regarding sample generalizability would be if the agencies were generalized to the Dallas Fort Worth metroplex. Furthermore, with the sample being chosen randomly, there could be issues with the sample not being representative of the entire Dallas-Fort Worth metroplex. There are a total of thirteen counties locating with the Dallas-Fort Worth metroplex.
- Cross Population: The issues with this study pertaining to cross population are whether or not the agencies generalize to all of Texas. While this study was to represent adoption agencies in Texas, it will not exemplify agencies located throughout the United States. This would be due to the adoption laws being different from state to state.

### *3.2.1. Researcher Bias*

Another major concern regarding this study would be researcher bias. Research has suggested that there is a perceived notion of how society views birthmothers and their decision to place a child for adoption. In research, the researcher must not form personal opinions based on the research they are conducting. He or she must keep a clear mind in order to keep their research study bias-free. As a birthmother myself, this topic is near and

dear to my heart. Due to the closeness of this topic, my faculty mentor helped keep the balance between personal feelings and keeping a clear mind to keep the research bias-free.



## CHAPTER 4

### RESULTS

This study was conducted to see what services were offered by adoption agencies to birthmothers post-adoption and if those services coincide with the suggestions made through research and minimum standards as mandated by Texas Health and Human Services. This study consisted of fifty agencies that were chosen to complete the survey provided. Out of the fifty agencies, eight agencies agreed to complete it. Before contacting agencies, the researcher first searched the agency's website to see if there was any information pertaining to the services offered to birthmothers post-adoption. When that task was unsuccessful in finding the information needed, the researcher then contacted agencies via phone call. If someone had the time to complete it immediately, it would be completed over the phone. If the person did not have the time, the researcher emailed the survey to be completed at a later time. The information below shows the results from the eight agencies that completed the survey.

#### 4.1 For Profit vs. Non-Profit

Out of the eight agencies that completed the survey, five of the agencies were non-profit organizations and three of the agencies were for-profit organizations.

#### 4.2 Educated Professionals on Adoption Process

Eight out of eight agencies stated that the services offered, whether within the agency or referred outside of the agency, were offered by individuals, businesses, etc. that were educated on the adoption process.

### 4.3 Counseling & Therapy

Out of the eight agencies surveyed, all of them offered counseling to birthmothers post-adoption. The difference among the organizations was how long the services were provided. Five providers offered counseling for a lifetime, while two offered counseling for up to 6 months, and one offered it for 6 weeks. The agency that offered it for 6 weeks also mentioned that they work with a contract counselor that the birthmother can see post-adoption free-of-charge. Out of the eight providers that offered the counseling, three of them mentioned how counseling is offered throughout pregnancy as well. One stated that unlimited counseling was offered throughout pregnancy, while another stated that the birthmother could receive five sessions of their choice – before or after birth – free of charge. As it pertains to therapy, six out of the eight organizations offered therapy post-adoption. One of the providers offered therapy monthly, while the other six did not specify how often therapy was offered. Out of the eight surveyed, five of them offered these services within their office, while three of them referred the services outside of the provider. Furthermore, of the five that offered their services within the agency, four also referred certain services outside of the business depending on the needs of the birthmother and the services provided at the organization.

Table 4.1: Length of Services Offered

Length of Services	A1	A2	A3	A4	A5	A6	A7	A8
6 months or less			X	X	X			
> than 6 months – 1 year								
> than 1 year – 2 years								
> than 2 years – 3 years								
> than 3 years or longer								
Lifetime	X	X				X	X	X

#### 4.4 Group Therapy

Five of the eight providers surveyed offered some form of group therapy to birthmothers post-adoption. Out of the five that offered group therapy, one explained that group therapy is offered monthly. Three out of the five refer group therapy outside the office.

#### 4.5 Support Groups

Out of everyone who completed the survey, two providers offered support groups to birthmothers. One offered these support groups several times a year, while the other did not disclose any information as to how often they offer support groups.

#### 4.6 Other Services Offered

Four providers offered information relating to the other services offered through the organization. One offered counseling over the phone to assess immediate needs of the birthmother. Another has the director or birthmother social workers meet with birthmothers on a regular basis to help more if needed. The third provider mentioned how they have ongoing contact with the birthmother. The fourth one stated that they offer counseling to the extended family and/or father of baby if needed.

Table 4.2: Post-Adoption Services Offered from Agencies

Services	A1	A2	A3	A4	A5	A6	A7	A8
Counseling & Therapy	X	X	X	X	X	X	X	X
Group Therapy		X		X	X	X	X	X
Support Groups								X
Phone Counseling							X	
Ongoing Contact	X	X						
Extended Family Counseling						X		

#### 4.7 Qualifications of the Birthmother

Eight out of eight agencies surveyed stated that all birthmothers qualify for services regardless of finances. One agency explained that there could be red flags as to whether or not the birthmother is truly interested in adoption, but that all birthmothers qualify for services.

#### 4.8 Crisis Intervention

All of the providers surveyed were asked how their organization handles birthmothers who are experiencing suicidal ideation. Out of eight, two discussed having the birthmother immediately evaluated to understand the severity of the situation. One of the two mentioned that they would also make a safety plan with the birthmother and would ensure that she could make her follow-up appointments, including taking her to the appointments themselves. The other agency mentioned that they would discuss the issues with her OB doctor if she gives them the consent to speak with the doctor. The agency clarified that the doctor would make final decisions on how to handle the situation and the agency could offer referrals after those decisions are made. Out of the eight agencies, one mentioned that they would take immediate action to ensure her safety and stabilization. The services they would offer to help her with included hospitalization, counseling, and medication management. Another mentioned how they would encourage the birthmother to discuss these issues with their medical doctor to help decide whether medication is needed. If medication is needed, it was mentioned that therapy would be encouraged to go along with the medication. It was also mentioned how they would help the birthmother with the medication if they were “legally” allowed to help, but if they were not, they would offer her resources to help with the costs of her medications. Another mentioned that

counseling would be offered throughout pregnancy. If the suicide ideation were post-adoption, the provider would help the birthmother throughout the process. Two offices mentioned how it was not something experienced, but that the agency would refer them to a therapist, or would get them checked in with an inpatient clinic to help stabilize them. Out of eight surveyed, one mentioned how suicidal ideation is a rare occurrence.

All of the organizations surveyed were asked how they would handle a birthmother who is experiencing mental distress post-adoption. Four of them stated that they would offer counseling to the birthmother. One of those four mentioned how the counseling would focus on grief and loss. Another mentioned that they would do counseling to assess the situation to see how the birthmother is doing mentally and emotionally, and would refer her to a psychiatrist if further treatment were needed. Another who would offer counseling mentioned that the office would get in contact with the adoptive family if the birthmother were okay with the communication. The organization would help the adoptive family and the birthmother decide how much would be beneficial for the birthmother. Furthermore, it was also stated how they could potentially pay for therapy sessions if needed. The final provider out of the four who would offer counseling stated that their office would refer the birthmother to a therapist that was local to where she lived, and would pay the fees for her counseling services. Out of the eight agencies surveyed, one stated that the birthmother would be taken to an emergency room depending on the urgency. The provider would also find out if the birthmother were still seeing her OB doctor. If she were, it was mentioned that her doctor would make the referral for specific services. Another stated that they try their best to prep the birthmother as much as possible before the adoption. A social worker was hired that had her own personal experience as a birthmother, so she knows the

experience well and is open and honest with the birthmothers regarding the adoption process. Two of the providers stated that they continue to offer emotional support and connect the birthmother to others in similar positions. It was also mentioned that they would encourage continuous counseling/therapy if the birthmother were open to it.

#### 4.9 Potential Unlimited Resources

The organizations finished the surveys with the question “if your agency had unlimited resources, would you add anything or change anything?” One provider mentioned that they would offer ongoing and never-ending community education to help eliminate the shame and secretiveness that some birthmothers experience. They also mentioned how the education would hopefully change the perceptions that people have concerning adoptions, as well as information on modern adoption. Another stated how they wish that the office could help with their basic needs as well as their therapy needs. Instead of offering five sessions of counseling, it would be nice to offer ten sessions instead. The organization also mentioned that even with unlimited resources, state laws have to be followed at all times. Two of the eight agencies mentioned how it would be beneficial to offer ongoing therapy to any birthparent that needed it regardless of the length of time after placement. One provider stated that the services they offer are already unlimited, so they would not change anything. They also mentioned that they wish they could work with expectant moms who are planning to place or parent. It was also mentioned that they would love to support the costs for mental health and counseling services for birthmothers post-adoption. Another mentioned how unlimited resources could allow them to help birthmothers financially for a longer period of time. The last provider stated that it would

be helpful to cover the costs of counseling for all adoption related issues – birthmothers, adoptees, and adoptive parents – benefiting the entire adoption triad.

## CHAPTER 5

### DISCUSSION

After completing the surveys for this research project, it is clear to see that the mental health needs of the birthmothers are of importance to the adoption agencies. It would be beneficial to understand why some agencies offer lifetime services as opposed to other agencies. It would also be beneficial to conduct more research to understand the differences in the lengths of services provided by the agency since it did not seem to matter whether the agency was for-profit or non-profit.

Wiley and Baden's study mentions how approximately "1 million to 5 million Americans are adopted" (p. 14) leading to an interpretation that up to 10 million people are birth parents in the United States (2005). Social workers have an ethical duty to help birthmothers with their mental distress post-adoption. They must follow the ethical principles presented to them by the National Association of Social Work (NASW). There is an ethical obligation to provide services to those who are in need, and to address social problems pertaining to these needs being addressed (2018). It is important to provide services to birthmothers when they are in need, especially as it pertains to their health. Furthermore, the importance of dignity and worth of a person must be understood by the professional. It is imperative that social workers understand the needs of birthmothers, and to help birthmothers change and address their needs (2018).

In addition to the ethical principles of the NASW, adoption social workers also play a major role in the adoption process with the birthmother. They are provided to the



birthmother by the adoption agency to help her cope with the issues relating to the adoption process.

Lastly, the NASW values the importance of human relationships. When birthmothers do not receive the proper services post-adoption, it can cause them to experience mental distress (2018). That mental distress can lead to issues with their family, friends, and future relationships. It could also be crucial if they have other children residing in their home. If they are not able to handle the stresses of the adoption and the emotions that arise afterwards, they may not be able to fully handle the responsibilities within the home – the most important being parenting.

#### Limitations

One of the major strengths concerning this study was the fact that the data were easily obtainable. With the sample frame only consisting of fifty adoption agencies, within the Dallas-Fort Worth area, the study was relatively simple to complete. Although the sample frame being smaller could be considered one of the strengths, it can also be considered a weakness concerning the generalizability of the data. While this research was intended to represent the state of Texas, the study itself does not represent every area of Texas due to the small sample size.

#### 5.1 Recommendations

One recommendation would be to conduct a similar study in which birthmothers would be surveyed to understand what services they would have liked to receive post-adoption, as compared to what services were actually offered post-adoption. The results could then be compared to that of the Minimum Standards for Child Placing Agencies to see if state regulations are being followed. Another recommendation offered by Simone

(1996) would be to offer support to birthmothers from previous birthmothers who have already experienced the adoption process. This kind of support could give them firsthand knowledge as to how the adoption process works and what to expect after the adoption has been completed (Simone, 1996). This could be beneficial for birthmothers who are trying to cope with their grief and loss.

## 5.2 Conclusion

It is important for adoption agencies to understand the significance of mental health as it pertains to the birthmothers that these agencies work with. Understanding what can be experienced post-adoption is beneficial for adoption agencies in order for them to better assist birthmothers. This study will hopefully give a better insight to what research suggests regarding the services provided by adoption agencies as well as an actual representation of what is being offered in the Dallas-Fort Worth area.

APPENDIX A  
IRB APPROVAL E-MAIL

OFFICE OF RESEARCH ADMINISTRATION REGULATORY SERVICES

November 15, 2018

Amber Mullenax<sup>[L]</sup><sub>[SEP]</sub>

Dr. Regina Praetorius<sup>[L]</sup><sub>[SEP]</sub>

School of Social Work<sup>[L]</sup><sub>[SEP]</sub>

The University of Texas at Arlington

IRB Submission Inquiry & Project Determination of Non-HSR

Good morning Ms. Mullenax,

Thank you for contacting the UT Arlington Office of Research Administration; Regulatory Services in August 2018 regarding a study to be conducted titled, "Birth Mothers After Placement." The description of procedures provided to the IRB Office included a list of interview questions that the research team intended to ask adoption agency staff from multiple adoption agencies.

Upon reviewing the procedures involved with the study, it appears they would not meet the definition of, "research with human subjects" as defined by the Office for Human Research Protections (OHRP) and would therefore not be subject to review or approval by the Institutional Review Board (IRB) at UT Arlington. OHRP defines research as:

- "A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." A human subject in research is defined as, "A living individual *about whom* an investigator conducting research obtains data through intervention or interaction with the individual, or identifiable private information."

From the list of interview questions provided as part of your IRB submission, it appears that the interview questions meet the above definition. Therefore, this project is not subject to review or approval from the UTA IRB, and you do not need to submit a protocol to our office at this time.

Please note that although IRB review is not required for this study, it is your responsibility to abide by the UT Arlington Standards of Conduct and the ethical standards within your field for all projects and activities, even when IRB review is not required.

I have included the link for decision charts provided from OHRP from which this determination is made for your reference below. If the procedures that have been outlined and provided to our office change such that IRB approval might be necessary or you have any questions regarding this determination, please do not hesitate to contact us at

RegulatoryServices@uta.edu .



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Thank You,

Alyson Stearns

REGULATORY SERVICES SERVICES

The University of Texas at Arlington, Center for Innovation<sup>[SEP]</sup> 202 E. Border Street,  
Ste. 201, Arlington, Texas 76010, Box#19188<sup>[SEP]</sup> (T) 817-272-3723 (F) 817-272-5808  
(E) regulatoryservices@uta.edu (W) www.uta.edu/rs

A handwritten signature in black ink, appearing to be 'Alyson Stearns'.

OFFICE OF RESEARCH ADMINISTRATION REGULATORY SERVICES

Regulatory Services Manager Office of Research Administration; Regulatory Services

OHRP reference: <http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>

APPENDIX B  
SAMPLING FRAME

## Collin County:

### *Allen*

Chosen Child Adoption Services  
101 W McDermott Dr. & 515 W. Main St. Allen  
214.383.3551

### *Plano*

Foster and Adoptive Parents of Collin County (FAPCC)  
P.O. Box 941493 Plano 75094-1493  
<http://fapcc.org/page-1101601>

## Dallas County:

### *Dallas*

Catholic Charities of Dallas  
1421 Mockingbird Lane Dallas, Texas

Hope International – spoke with Kathy on 2/25/19  
5944 Luther Lane Suite 875 Dallas 75225  
214.672.9399

Cradle of Hope – spoke with Kathy on 2/25/19  
5944 Luther Lane Suite 875 Dallas 75225  
214.747.4500

Lifetree Adoption Agency  
Dallas  
972.491.3333 (24 hour support)  
214.516.3566 (text)  
[info@LifetreeAdoption.com](mailto:info@LifetreeAdoption.com)

Hope Cottage Pregnancy and Adoption Center  
609 Texas Street Dallas 75204  
214.526.8721  
1.800.944.4460  
[hopecottageinfo@gmail.org](mailto:hopecottageinfo@gmail.org)

Children & Family Institute Inc.  
5787 S. Hampton Rd. Suite 360 Dallas  
214.337.9979

Buckner Foster Care & Adoption  
5200 S. Buckner Blvd. Dallas  
214.319.3426

Buckner Children & Family Services  
5200 S. Buckner Blvd. Dallas  
214.328.3141

Legacy Adoption Services  
701 Commerce St. Suite 110 Dallas  
817.899.5000

Hope Cottage Inc.  
609 Texas St. Dallas  
214.821.3430

Adoption Advisory Inc.  
3607 Fairmount St. Dallas  
214.520.0004

Hope Cottage Pregnancy & Adoption Center  
4209 McKinney Ave. Dallas  
214.526.8721

White Rose Women's Center  
4313 N. Central Expressway Dallas  
214.821.6292

St. Joseph's Helpers of Dallas  
4313 N. Central Expressway  
214.824.5942

Faith Works  
8801 N. Hampton Rd. Dallas  
972.861.5190

Open Hearts Children & Family Services  
1111 W. Mockingbird Lane Dallas  
469.730.3284

*DeSoto:*

Assuring Love Child Placement Agency  
1636 N. Hampton Rd. DeSoto  
972.228.2222



Antelope Valley Child Youth  
516 Deer Creek Dr. DeSoto  
972.227.3500

*Duncanville:*

Chosen Heritage  
650 Big Stone Gap Rd. Duncanville  
972.296.5111

Amazing Grace Child & Family Services  
402 W. Wheatland Rd. Suite 120 Duncanville  
972.709.7527

*Lancaster:*

Antelope Valley Child Youth & Family Services  
2930 E. Pepperidge Dr. Lancaster  
972.227.3500

**Denton County:**

*Denton:*

Texas Family Initiative  
405 S. Elm St. Denton  
940.442.5294

Inspired to Care  
301 Dallas Dr. / 909 N. Loop 288 Suite 102 Denton  
940.383.3000

*Frisco*

Greyhound Adoption League – TX  
20057 Fiddlers Green Rd. Frisco  
972.931.0391

*Little Elm*

Texas Adoption Assistance Little Elm  
972.897.7579

## Ellis County:

### *Red Oak*

Optimum Children's Services  
104 Sierra Grande St. Red Oak 75154  
972.617.9500

### *Waxahachie*

Texas Baptist Home/ A Heart for Family – Texas Baptist Home  
629 Farley Street Waxahachie 75165  
972.937.1321  
[www.tbhc.org](http://www.tbhc.org)

Methodist Children's Home/ Presbyterian Children's Home & Services  
300 Brookside Rd. Waxahachie 75165  
469.548.3400

## Parker County:

### *Springtown*

Sponsor Adoptions Incorporated  
105 Bronco Ln. Springtown 76082  
817.394.5031

## Rockwall County:

### *Wylie*

Homebound Child Placing Agency  
108 S. Jackson Ave. Wylie  
972.442.5300

## Tarrant County:

### *Arlington:*

Covenant Kids  
320 Westway Pl. Suite 530 Arlington  
866.516.9100

Children & Family Institute  
101 E. Randol Mills Rd. Suite 101 Arlington  
817.795.1155

Alliance for Children  
1320 W. Abram St. Suite 100 Arlington  
817.795.9992

A-Trinity Inc.  
320 Westway Pl. Ste. 521 Arlington  
817.467.4704

Therapeutic Family Life  
1112 E. Copeland Rd. Arlington  
817.265.0148

*Ft. Worth:*

Catholic Charities  
249 W. Thornhill Drive. Forth Worth  
817.534.0814

Gladney Center for Adoption  
6300 John Ryan Dr. Forth Worth  
817.922.6000

Advantage Adoptions Incorporated  
6304 Winifred Dr. Fort Worth, TX

City Square Trac  
4532 Altamesa Blvd Fort Worth  
817.882.9162

American World Adoption  
1409 Pepperidge Ln. Fort Worth  
800.429.3369

*Grand Prairie:*

Guardian Family Services  
2305 Oak Lane. Suite 209 Grand Prairie  
972.264.6551

Perfection Children Services  
804 Dalworth St. Grand Prairie  
972.642.5588

Azleway Inc.  
1201 W. Carrier Parkway Suite 101 Grand Prairie  
972.206.2885

*Keller:*

Legacy Adoptions & Surrogate  
Cindy St. Keller 76248  
817.562.4863 or 817.562.5765

*Mansfield:*

A Baby to Love  
1315 Brookfield Lane Mansfield 76063  
817.477.4347  
[www.ababytoloveadoption.com](http://www.ababytoloveadoption.com)

*North Richland Hills:*

Legacy Adoption Agency  
7952 Davis Blvd. Suite 101 North Richland Hills  
817.784.7552  
<https://legacyas.com/>

*Southlake:*

American Adoptions of Texas  
700 N. Carroll Ave. Southlake  
817.251.2071

Texas Christian Adoptions  
1500 Corporate Circle Suite # 11 Southlake  
817.491.2367

APPENDIX C  
SCRIPT FOR INITIAL CONTACT

Hello, my name is Amber Mullenax. I am a social work student at the University of Texas in Arlington. I am an Honors College student who is conducting a research study concerning birthmothers' mental health post-adoption. I have a quick survey regarding what adoption agencies offer birthmothers post-adoption. Would your agency be interested in completing this quick survey to help with my study? Your agency's information will not be provided in the study... just the answers regarding the services.

If YES: Great! Is now a good time to complete the survey, or would you prefer that I send it via email?

If NOT: That is okay! Thank you so much for listening. I appreciate your time! Have a wonderful day!

APPENDIX D

SURVEY

Name of agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Website: \_\_\_\_\_

1. Is your agency for profit or non-profit? Please specify.

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Unknown: \_\_\_\_\_

Decline to Answer: \_\_\_\_\_

2. What kinds of services are offered for birthmothers post-adoption? (check all that apply) Please specify the number of sessions offered to the birthmother.

Counseling: \_\_\_\_\_

Therapy: \_\_\_\_\_

Group Therapy: \_\_\_\_\_

Other: (please specify) \_\_\_\_\_

Unknown: \_\_\_\_\_

Decline to Answer: \_\_\_\_\_

3. Are these services provided within the agency, or does the agency refer the birthmother elsewhere?

Within the agency: \_\_\_\_\_

Referral outside of the agency: \_\_\_\_\_

Unknown: \_\_\_\_\_



Decline to Answer: \_\_\_\_\_

4. Are the services provided offered by individuals, businesses, etc. that are educated on the adoption process?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

5. How long do you offer services for birthmothers post-adoption? (check all that apply)

6 months or less: \_\_\_\_\_

Greater than 6 months to 1 year: \_\_\_\_\_

Greater than 1 year to 2 years: \_\_\_\_\_

Greater than 2 years to 3 years: \_\_\_\_\_

Greater than 3 years or longer: \_\_\_\_\_

Unknown: \_\_\_\_\_

Decline to Answer: \_\_\_\_\_

6. Do all birthmothers qualify or do they have to meet a certain criteria?

Yes, all birthmothers qualify: \_\_\_\_\_

No, they have to meet certain criteria: \_\_\_\_\_

Unknown: \_\_\_\_\_

Decline to Answer: \_\_\_\_\_

7. If birthmothers have to qualify to receive services, what criteria must be met?

8. How does your agency handle birthmothers who are experiencing suicidal ideation?

9. How does your agency handle birthmothers who are experiencing mental distress post-adoption?

10. If your agency had unlimited resources, would you add anything or change anything?

*Thank you so much for your time!*

APPENDIX E  
LITERATURE-DERIVED CHECKLIST

- Counseling & Therapy
- Group Therapy
- Support Groups
- Phone Counseling (as needed)
- Ongoing Contact
- Counseling to extended families and birthfather if needed

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## BIOGRAPHICAL INFORMATION

Amber Mullenax began her college journey at Navarro College, where she received her Associate of Science degree. Once she graduated, she transferred to The University of Texas at Arlington (UTA) to pursue a degree in social work. She has been a student at UTA since August 2017. Amber has a passion in adoption social work with a special emphasis on birthmothers and their healthcare needs. In May 2019, Amber will graduate with her Honors Bachelor of Social Work, *summa cum laude*. She has been accepted into the University of Texas at Arlington School of Social Work Master's Program to work towards her Master of Social Work in Children and Families. After graduate school, Amber will take the LMSW licensing exam to become licensed and will practice adoption social work. Amber's ten-year goal is to continue her education to become a counselor in order to offer low-cost counseling to birthmothers post-adoption.