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Openness in Adoption

From Secrecy and Stigma
to Knowledge and Connections

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OPENNESS IN ADOPTION:

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TO KNOWLEDGE AND CONNECTIONS

Practice Perspective

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EXECUTIVE SUMMARY

The institution of adoption has made significant strides in the last several decades, but elements of its clandestine, stigmatized past remain – and, as a consequence, so do many myths, misconceptions and inaccurate stereotypes. One stark example is that even though openness in adoption is fast becoming the norm within the United States (especially in the placement of infants), the very notion of "open adoption" – which entails varying levels of ongoing connections between adoptive families and their children's families of origin – is unfamiliar, misunderstood and even incomprehensible to much of our culture.

That is primarily because, as a result of adoption's secretive history, there is relatively little common knowledge about the people involved or the nature of their relationships. And the repercussions of that lack of knowledge are considerable, from negative attitudes about birthparents to lack of accurate information for those considering adoption. Understanding openness is critically important to informed decision-making for expectant parents exploring whether to place their children into new families, as well as for adults seeking to become adoptive mothers or fathers. All those individuals, of course, are also affected by the attitudes and beliefs of their relatives, significant others and the general public.

Not long ago in historical terms, nearly everything relating to adoption was hidden, with some parents not even telling their own children that they were adopted. Honesty within and about adoptive families has grown enormously over the last several decades, even as the composition of those families has changed – and continues to change – significantly.

For generations until the second half of the 20th Century, nearly all formal adoptions in our country consisted of white, married, infertile couples adopting babies born to white, single women. Today, most adoptions in the U.S. are of older children, many of whom are of color, and a growing percentage of whom do not share their new parents' race, ethnicity or nationality. Likewise, the profile of the women and men who are adopting has changed dramatically; today, they are people who are fertile, of color, single, older, gay, lesbian, cohabitating, and from a wide range of incomes and educational backgrounds (Vandivere, Malm, & Radel, 2009). One common denominator remains among the adults involved, however: They typically start out with limited information about adoption's current realities – and what they do know is gleaned primarily from the media, whose own understanding of the process and of the millions of people it affects is often less than complete or accurate (Evan B. Donaldson Adoption Institute, 1997).

While openness has become common practice in domestic adoptions in this country (Vandivere, et al., 2009), it is an alien concept for many seeking to adopt, as well as for their friends, families and others with whom they interact in their professional and personal lives. In fact, the first national survey on public attitudes related to adoption, published by the Adoption Institute in 1997, found considerable ambivalence in the general public toward even a moderate level of

openness; only 16 percent of respondents, for example, approved of birthmothers[1] in most adoptions occasionally sending cards or letters to adoptive families, with others saying it was okay in some (40%) or very few (23%) cases. According to the adoption professionals who responded to a new survey – described in this report – understanding of the realities of openness in adoptions today is an area in which considerable progress is needed.

Since the practice of openness took hold in the U.S. in the 1980s and 1990s, adoption professionals, researchers and the affected parties themselves have identified many benefits for birth families, adopted children and adoptive parents. Some challenges have been documented as well, including ones stemming from early misunderstandings or conflicting expectations. It is critically important for adoption professionals, as well as members of birth and adoptive families, to understand openness and the factors that are important for shaping effective open adoption relationships, not only in making decisions related to openness before child placement, but also in navigating open relationships over time.

This report is the first in a series the Institute plans to publish that will address the phenomenon of openness in domestic infant adoptions. It summarizes research knowledge on the topic and presents findings from a survey of 100 infant adoption programs in the U.S. regarding their practices around openness and the qualities that facilitate successful open adoption relationships. The institute is also in the final stages of preparing a related curriculum for pre-adoptive parents and expectant parents considering adoptive placement for their children.

Primary Findings

Adoptions exist along a continuum, from completely closed (sometimes called "confidential"), meaning there is no contact between the birth and adoptive families and usually little if any knowledge by their members about each other; to completely open (sometimes called "fully disclosed"), in which there is ongoing contact among those involved, including the child. "Mediated" adoptions fall between these two poles – that is, the adoption agency facilitates the periodic exchange of pictures and letters, but there typically is no direct contact among the affected parties and they do not receive identifying information about each other. In historical terms, absolute secrecy in adoption is a relatively recent practice; it began in the U.S. in the 1930s and grew out of the prevailing attitudes of the day, primarily the desire to protect adopted children from the stigma of illegitimacy. As that stigma gradually evaporated over the ensuing decades, the number of agencies offering open adoptions grew rapidly and, by 1999, close to 80 percent offered that option (Henney, McRoy, Ayers-Lopez, & Grotevant, 2003).

Today, research attests to the reality that most private adoptions of infants in this country involve some level of openness, and a recent survey – viewed as the first nationally representative study of adoptive families in the U.S. – found there is continuing contact between

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[1] The terms "birthmother" or "birthparents" are used consistently throughout this paper due to the fact that this is the term used most often in adoption literature and research; however, it is important to note that many persons in this role prefer other language, such as "first mother."

adopted children and their birth relatives in about two-thirds of families adopting privately (Vandivere, Malm & Radel, 2009). The greater practice of openness came about largely in response to growing recognition of the negative impact of secrecy and to the demands of birthparents (mainly mothers). Adoption professionals were frequently consulted by adopted persons seeking to gain access to birth relatives, typically in order to find answers to burning questions, and by birthparents wanting to know what had become of the children they created. As openness became more commonly practiced, researchers studied this phenomenon and found that the vast majority of those maintaining open relationships value the benefits that such contact brings, particularly for adopted persons – as children and as they grow up.

The Adoption Institute's review of available research on openness, as well as its new survey of 100 adoption agencies with infant adoption programs, produced the following key findings:

- The number of "closed" infant adoptions in the U.S. has shrunk to a tiny minority. Indeed, respondents said confidential adoptions constituted only 5 percent of their placements during the past two years, while 55 percent were fully disclosed and 40 percent were mediated. Ninety-five percent of the agencies said they now offer open adoptions.

- In the vast majority of infant adoptions, the adoptive and expectant parents considering adoption meet each other, and the expectant parents pick the new family for their baby.

- There is definite fluidity in openness levels, particularly during the first few years of an adoption, with studies showing that contact is subsequently established in some arrangements that did not start off as open, while relationships are sometimes curtailed or ended even though the initial plan had been for ongoing contact (Grotevant & McRoy, 1998; Crea & Barth, 2009).

- Most participants in open adoptions report positive experiences, and greater openness is associated with greater satisfaction with the adoption process (Grotevant & McRoy, 1998; Grotevant, Perry, & McRoy, 2005; Ge, et al., 2008). Furthermore, birthmothers who have ongoing contact with their children report less grief, regret and worry, as well as more peace of mind, than do those who do not have contact (Cushman, Kalmuss & Namerow, 1997; Henney, Ayers-Lopez, McRoy & Grotevant, 2007).

- The primary benefit of openness is access by adopted persons – as children and continuing later in life – to birth relatives, as well as to their own medical, genealogical and family histories. Adolescents with ongoing contact are more satisfied with the level of openness in their own adoptions than are those without such contact, and they identify the following benefits: coming to terms with the reasons for their adoption, physical touchstones to identify where personal traits came from, information that aids in identity formation, positive feelings toward birthmother, and others. Youth in open adoptions also have a better understanding of the meaning of adoption and more active communication about adoption with their adoptive parents (Berge, et al., 2006; Grotevant, et al., 2007; Wrobel, et al., 1996 & 1998).

- Adoptive parents as a group report positive experiences with open adoptions and high levels of comfort with contact. For them, greater openness is linked with reduced fear of and greater empathy toward birthparents, more open communication with their children about adoption, and other benefits in their relationships with their adopted children (Berry, et al., 1998; Grotevant & McRoy, 1998; Grotevant, Perry, & McRoy, 2005; Grotevant, et al., 1994; Siegel, 2008).

The Institute's survey of adoption agencies identified the following factors as important to achieving successful open adoption relationships:

1. **Shared understanding by birth and adoptive parents about what open adoption is and is not** (based on an ethical foundation of decision-making, a child-centered focus, clear expectations of respective roles, and an understanding of open adoption's benefits, challenges and complexities (for instance, that it does not erase loss).

2. **Foundational relationship qualities and values** (empathy, respect, honesty, trust and a commitment to maintaining the connection) are ideals for the parties in open relationships.

3. **Ability of all parties to exercise self-determination in choosing and shaping open relationships** (exercising self-determination in the original agreement, in setting boundaries, and adaptability as the relationship changes over time).

4. **Development by all parties of "collaborative" communication in planning for contact and in conveying needs** (comfort and honesty in communicating, planning for contact and availability of post-adoption services).

Recommendations

The professionals surveyed and interviewed for the Institute's study, which is the basis of this report, overwhelmingly indicated that most parents who come to them – those considering placing their babies for adoption and those who want to adopt – have many fears, concerns and misconceptions about openness and need considerable education, support and assistance in understanding their options and in developing arrangements that work best for them. They also described an array of barriers and challenges that parents can face as they seek to develop open adoption relationships. Our recommendations for addressing these needs include:

- **All parents involved (expectant ones considering adoption and pre-adoptive) should receive thorough counseling and training.** Their education should address the challenges and benefits of various levels of openness for everyone in the Extended Family of Adoption (that is, birth and adoptive relatives), as well as help in thinking through the implications of their choices, for now and into the future. All decision-making should be embedded in ethical practice that maximizes self-determination and full disclosure. Parents who feel pressured to choose a certain level of openness are less likely to feel satisfied or successful, so non-directive practices are critically important.

- **All parents who choose open adoption should receive training on the factors that are important to achieving successful relationships, including strategies for working through tensions and maintaining a child-centered focus.** The Adoption Institute is developing a curriculum to meet the need for this preparation, along with a trainer's guide and a PowerPoint presentation.

- **All parents should be offered post-adoption services in order to work through any challenges they encounter in relation to openness.** Most often, such services involve brief phone consultations or in-person counseling, but some agencies offer groups to support and assist members of both birth and adoptive families.

- **Additional research should be conducted to better understand the factors that promote successful open adoption relationships and ways in which practitioners can support them.** While research has confirmed that most parties in open adoptions are satisfied with their relationships, and has identified clear benefits for all involved, less is known about the evolution of these relationships and the types of strategies and services that are needed to assist families.

Conclusion

Many societal changes have resulted in complex arrangements in which children manage membership in multiple families, brought about through divorce and remarriage, assisted reproductive technologies, and foster care and adoption. Adoption scholars recognize that open adoption also has redefined the words "extended family," leading us to be more inclusive about the roles of adults connected to the child (Pertman, 2000; Wegar, 2006; Grotevant, 2007; Jones & Hackett, 2011). Research and practice illuminate the wide variety of ways in which open adoption can succeed, and underscore that it can benefit everyone involved.

Putting an end to secrecy in adoption does not erase the grief or loss embedded in the experience; it does, however, empower participants by providing them with information and access so that they can face and deal with facts instead of fantasies. Adoption-related laws, agency policies and clinical practices should support the autonomy, self-determination, truth-telling and family connections of adopted people and their birth and adoptive relatives. Greater education and training, along with ongoing research into how different kinds of open adoption journeys affect their participants, can help to guide and improve policy, practice – and lives.

PART I:
WHAT WE KNOW FROM RESEARCH

INTRODUCTION

> **Dear Abby:** I am an adoptive parent in an open adoption with our children's birth families … My children have two mothers and two fathers. My husband and I are the parents who are raising them, but that slip of paper signed by a judge does not erase their family of origin. It shouldn't. They have an adoptive family and a biological one and should be able to have a relationship with both.
>
> An adoptive mother in Illinois (A. Van Buren; 9/8/11)

The letter above illustrates a relatively new reality in adoption: embracing openness. In domestic infant placements, most adoption agencies today offer a child's birth and adoptive families the opportunity to participate in some kind of exchange of identifying information and contact with each other (Henney, McRoy, Ayers-Lopez and Grotevant, 2003; Sotiropoulos, 2008; Wrobel & Neil, 2009). The term "open adoption" typically is used to refer to adoptions in which the parties are known to each other and have some form of ongoing contact. Research and clinical experience have shown that they work well for most adopted persons, birthparents and adoptive parents in these relationships (Gross, 1993; Grotevant & McRoy, 1998; Berry, Dylla, Barth, & Needell, 1998; Siegel, 2003; Witherow, 2005). Nonetheless, many people continue to believe longstanding myths about the need for secrecy in adoption and are uncertain about the wisdom, workability and outcomes of openness (Brown, Ryan, Pushkal, 2007; Evan B. Donaldson Adoption Institute, 1997; Smith-McKeever, 2005).

The Adoption Institute plans to publish a series of reports on the phenomenon of openness in adoption. This first paper summarizes research knowledge on the topic and how it is viewed by adopted youth, adoptive parents and birthparents. It also presents findings from a survey of 100 infant adoption programs in the U.S. regarding their practices around openness and the qualities that facilitate successful open adoption relationships.

A Historical Perspective

Most adoptions throughout history have been open to varying degrees, and most have taken place informally within extended families. The legal process of adoption, in which the rights and responsibilities of one parent are officially terminated and transferred to another, is a phenomenon of modern Western countries. Secrecy was not a part of the original statutes passed across the U.S. between 1851 (Massachusetts) and 1929 (Carp, 1998). In fact, most states did not begin sealing adopted children's original birth certificates until the 1930s through 1950s; even then, these documents were initially closed only to the public, not to the affected parties. The practice of sealing original birth certificates to everyone became common only in the middle of the 20th Century. Indeed, some states did not do so until 1970-1990, and two (Kansas and Alaska) never sealed these documents. Mandating secrecy was a well-intended effort to protect children born out of wedlock from the stigma of being branded "illegitimate"

(Carp, 1998; Cahn & Singer, 1999). The U.S. Children's Bureau in 1941 approved the practice – which continues today – of creating new birth certificates on which the adoptive parents were listed as the birthparents, in part so the children could avoid the embarrassment of explaining why their parents' names differed from those on their original birth certificates (Samuels, 2001).

In that era, lawmakers and social workers created policies and procedures to prevent birth and adoptive family members from having any kind of contact with or identifying knowledge about each other. Many believed that a person had no need to know that she or he was adopted and no need for ongoing genetic or medical information; the commonly accepted view was that adopted persons could simply take on their adoptive parents' family history and heritage and be raised exactly as if they'd been born to the adults raising them. Differences between families formed by birth or by adoption were not acknowledged (Carp, 1998; Reitz & Watson, 1992).

Women who were pregnant and unmarried in the mid-20th Century often were pressured by their families, doctors, clergy and others to do the "right thing" for themselves and their children through adoption (Pertman, 2000; Freundlich, 2001; Fessler, 2006). It was believed at the time that this would enable them to put the relinquishment experience behind them, forget about the child, and "move on" with their lives as if they had experienced no significant loss. Secrecy was supposed to benefit birthparents, and they basically were not allowed to publicly express sorrow or regret regarding their decisions (Brodzinsky, 1990).

Prevailing thought was that cutting birthparents completely out of the child's life would empower adoptive parents in their parental role and help them bond more securely with their child, free of fear that birthparents would intrude in their lives. Adopted individuals who wanted information about their biological origins were often viewed as psychologically maladjusted, perhaps because of some failure on the adoptive parents' part. It was thought that adoptees, birthparents and adoptive parents would be psychologically harmed by contact with – or even identifying information about – each other (Carp, 1998; Rosenberg & Groze, 1997; Reitz & Watson, 1992).

Beginning in the 1970s, birthparents emerged from the shadows to declare that the secrecy designed to "protect" them had instead oppressed and hurt them. They explained that they had not asked for or needed secrecy; rather, absolute secrecy was imposed on them as a condition of adoption. Secrecy left many if not most of them frustrated, plagued with unanswered questions, and trying to deal with unresolved grief and loss (Sorosky, Baran, & Pannor, 1978; Schaefer, 1991). Awareness began to grow that laws, agency policies, and adoption practices requiring secrecy and the severing of contact were disempowering and had deleterious medical and emotional consequences. An extensive literature describing the ill effects of closed, confidential adoption emerged (Hollinger, Baran, Pannor, Appell, & Modell, 2004; Rosenberg & Groze, 1997; Berry, 1991; Hartman, 1991; Sachdev, 1989).

Adopted individuals, too, began to describe in detail the damaging effects that secrecy had on them. Some reported thinking there was something so terribly shameful about their origins (or about them) that it had to be kept hidden. Many adopted people described nagging, unanswered questions on a range of issues, from the reason for their adoption and their family history to whether they might unwittingly date a biological relative or die from a genetic condition. They felt an important piece of themselves was missing and expressed frustration

and powerlessness that they did not have the same rights as everyone else to access their own information – notably, their original birth certificates (Lifton, 1979; Sorosky, et al., 1978).

As they witnessed their children's pain, anger and frustration, many adoptive parents felt disempowered by their inability to answer reasonable questions that their sons and daughters asked about themselves and their origins. A growing number also wanted to meet their children's birthparents for numerous reasons – from gaining a better understanding of their children's backgrounds, to assuring the birthparents that their children were well and expressing gratitude for the gift of parenthood. Others wanted to connect their children to their first mothers, siblings and other relatives, simply thinking it was the right thing to do.

Starting in the late 1960s, the number of women placing their newborns for adoption began to decline sharply for three primary reasons: an easing of the stigma against unwed motherhood, the advent of legalized abortion and the growing access to contraception (Pertman, 2000; Collins, 2009). It became increasingly clear that most women did not want secrecy or a cutoff of information/contact when placing their children for adoption. Indeed, with fewer and fewer infants available, the forces of supply and demand provided expectant[2] parents considering adoption more of a say; they became increasingly involved in choosing who would adopt their children and what kind, if any, of ongoing contact the birth and adoptive families might have.

At the same time, agencies experienced growing numbers of adopted persons and birthparents returning to seek information. Some infant-placement agencies started offering expectant parents and prospective adoptive parents alternatives to absolute secrecy. They began to facilitate sending pictures of children to birthparents, letting expectant parents choose the adoptive parents, and arranging for birth and adoptive parents to meet without sharing identifying information. Following positive responses to these initial changes, more forms of openness emerged, including all the parents exchanging letters and pictures via the agency (sometimes called mediated adoption), all the parents meeting each other and sharing identifying information, and ongoing contact between the involved parties (open adoptions). Over time, the benefits of open adoption have become more apparent and, as a consequence, the number of such adoptions has steadily grown (Henney, et al., 2003).

In the 1980s a few articles appeared in professional journals decrying open adoption as a grave mistake (e.g., Kraft, Palombo, Mitchell, Woods, Schmidt & Tucker, 1986; Kraft, Palombo, Woods, Mitchell & Schmidt, 1985a, b). In response, studies were launched to track the experiences of open adoption's participants and learn from their experiences.

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[2] Pregnant women considering an adoptive placement for their unborn children are often referred to as "birthparents," but this term should not be used until after the women and men have legally relinquished their children. Therefore, we use the term "expectant" throughout this report to refer to such parents before the adoption takes place. We have not altered any wording in quotes from professionals, however.

THE RANGE OF OPENNESS
IN INFANT ADOPTIONS TODAY

Regardless of the extent of openness, all adoptive families face the challenge of addressing the dynamics of the adoptive kinship network throughout life (Grotevant, 2009; Grotevant & McRoy, 1998). Adoption joins children's relatives by birth and by adoption in fundamental ways, since all the affected individuals are to some extent "psychologically present" in each others' lives, regardless of whether they have actual contact with each other (Fravel, McRoy, & Grotevant, 2000). Furthermore, even when contact is not initially planned, the parties may later decide to seek a connection. Members of all family systems regulate the extent of closeness in their relationships; in adoptive kinship networks where contact is occurring, there is an ongoing process of negotiating its closeness, or "emotional distance regulation" (Grotevant, 2009, p. 295). In many ways, the birth family is present in the lives of adoptive families and vice versa even when adoptions are not structurally open. In addition, the extent to which adoption issues are addressed openly and honestly is regulated within adoptive and birth families.

DEFINING STRUCTURAL AND COMMUNICATIVE
ADOPTION OPENNESS

When adopted children or teens seek information about their histories, or when they struggle with feelings related to their adoptions, it is paramount that they feel able to talk freely with their parents and that they feel heard and understood. Communicative openness (defined as free expression and discussion) within adoptive families is a key factor in their positive adjustment, no matter what level of structural openness (level of contact between birth and adoptive families) is occurring. Brodzinsky found that communicative openness in addressing adoption issues was a stronger predictor of children's positive adjustment than was structural openness (Brodzinsky, 2006). Adopted children experiencing more open adoption communication reported higher self-esteem, and their parents rated them lower in behavioral problems. Among adopted adolescents, those who perceived greater communicative openness in their families reported more trust for their parents, fewer feelings of alienation and better overall family functioning (Kohler, Grotevant, & McRoy, 2002). A study of adopted teens in Israel (about 60% adopted before 6 months of age) found that greater communicative openness about adoption was associated with higher self-concept and fewer symptoms of maladjustment (Levy-Shiff, 2001). Also, a longitudinal study of both internationally and domestically adopted teens and their parents found a significant association between communicative openness and children's feelings about their adoptive status and self-esteem (Hawkins, et al., 2007).

Two other studies did not find a significant association between communicative openness and child behavior problems; the first focused predominately on children adopted from foster care in England (Neil, 2009) and the second utilized data from the Minnesota-Texas longitudinal study of families adopting infants (Grotevant, Rueter, Von Korff, & Gonzalez, 2011). Although Grotevant and colleagues did not find that the level of contact or of communicative openness predicted the level of adopted teens' externalizing behavior problems, however, they did find that family satisfaction with level of contact predicted fewer externalizing behavior problems.

Research related to communication about adoption also indicates that parents often underestimate the difficulty their children have in talking about adoption, as well as the reality that the level of communicative openness can vary between a child and each parent as well as across different adopted children in the same family (Beckett, et al., 2008; Hawkins, et al., 2007; Wrobel, Kohler, Grotevant, & McRoy, 1998).

Just as adoptions differ in their levels of communicative openness, they also vary on their structural openness – the extent to which birth and adoptive families know each other and interact. The term "open adoption" refers to a type of structural openness. Several factors make it difficult to draw definitive conclusions from research on open adoption. First, the term itself does not have just one formal, widely accepted definition; indeed, colloquially, it is used to describe a variety of contact arrangements, from pictures-once-a-year situations to relationships in which birth relatives regularly spend holidays with the adoptive family. Different researchers also sometimes use the term differently, making it difficult to draw conclusions across studies.

A common point of divergence among professionals and affected families comes down to this: Some people consider an adoption to be truly open only when the child is included in contact with members of the biological family, and others believe an adoption is open when the adoptive and birthparents know each other, regardless of whether the child knows about the relationship or has contact. Also, while some assert that in order for an adoption to be considered open there must be face-to-face contact after the adoption is finalized, others consider an adoption open even when there was only one brief face-to-face encounter around the time of the birth, or when the parties have exchanged identifying information but have never met (Siegel, 1993).

Grotevant and McRoy's (1998) extensive longitudinal research describes openness as existing along a continuum, with *confidential* adoptions (no identifying information is shared and there is no contact between the parties) at one end, *mediated* adoptions (only non-identifying information is shared and letters/pictures may be exchanged through an agency) in the middle, and *fully disclosed* adoptions (with direct communication, participation of the child and full exchange of identifying information) at the other end.

A single label cannot be ascribed to many, if not most, adoptions because they typically shift their places along the openness continuum over time. An adoption may move, for example, from mediated to fully disclosed. The latter adoptions also vary in whether ongoing contact is planned, who participates in the contact and for how long; for both mediated and fully disclosed adoptions, contact may be frequent for a period and then perhaps become sporadic or stop altogether – and then start again. Since the type, frequency and participants in any one open adoption typically change over time, any effort to categorize the level or type of openness only captures a snapshot at one point, not the nature of the overall experience. The diverse conceptual frameworks used in various studies shape the kinds of research questions asked and conclusions drawn. This reality, like the different definitions of open adoption, also makes it a challenge to draw a singular, definitive picture of open adoption or its outcomes.

Because scholars often use different definitions and conceptual frameworks to shape their questions, a research-based understanding of open adoption has emerged slowly over decades of study, as the published research literature has grown and the children of the first open

adoptions have reached adulthood. Some studies explore the open adoption experience from the birthparents' perspective, while others gather data from adoptive parents, adopted youth or adults, adoption professionals or the general public. Some examine the adoptive parent/child relationship, while others explore the impact on all members of the adoption triad. Moreover, some studies focus only on one type of adoption, typically of infants, while others mix infant and foster care populations, again making it difficult to generalize findings.

HOW MANY INFANT ADOPTIONS ARE OPEN?

One consequence of all the variables discussed above is that even the most basic question – how many adoptions are "open" – is difficult to answer. What we know for certain is that openness in all adoptions, especially in those of infants in the U.S, has increased markedly over the past several decades. A longitudinal study of adoption agency practices at three time periods (1987-89, 1993 and 1999) analyzed types of adoption in approximately 30 agencies in 15 states and found a progressive trend toward more openness in infant adoptions (Henney, et al., 2003). Mediated adoptions were the predominant type in 1999; however, the percentage of agencies offering fully disclosed adoption as an option grew from 36% in 1987-89 to 79% in 1999. Workers identified demand from birthmothers as the primary factor leading to this increase. There is evidence that infant adoptions facilitated by independent facilitators, primarily attorneys, are even more likely to involve contact between birth and adoptive families than are agency adoptions (Berry, et al., 1998).

The largest national study in the field to date, the National Survey of Adoptive Parents conducted in 2007-2008, involved telephone surveys with the parents of 2,089 adopted children; over two-thirds (68%) of the parents in private domestic adoptions reported post-adoption contact between children and their birth family members[3] (Vandivere, Malm, & Radel, 2009).

The Early Growth and Development Study examined the openness level in 323 infant adoptions six to nine months after placement. The level was rated by both birth and adoptive parents on a 7-point scale, with levels 5 to 7 reflecting open adoptions with varying levels of contact. Approximately 62 percent of adoptive fathers, 64 percent of adoptive mothers, 71 percent of birthmothers and 57 percent of birthfathers reported that their adoptions were open to very open (Ge, Natsuaki, Martin, Leve, Neiderhiser, Shaw, Villareal, Scaramella, Reid, & Reiss, 2008).

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[3] In this study, post-adoption contact is defined as any contact between the child and birth family members since the adoption, so does not necessarily mean that the contact has continued until the time of the study.

OUTCOMES OF OPENNESS: WHAT WE KNOW FROM RESEARCH

The growing body of research paints a positive picture of how well open adoptions of various forms tend to work for their participants (Gross, 1993; Grotevant, 2000; Siegel, 2003). Grotevant and McRoy (1998) have conducted the most comprehensive research on the subject through their longitudinal study, the Minnesota-Texas Adoption Research Project (MTARP).[4] Their study of infant adoptions, which has followed 190 adoptive families and 169 birthmothers with varying levels of openness for two decades, has substantiated that the fears of early opponents have not been borne out – i.e, the children and parents with direct contact have fared at least as well as those in closed adoptions, and better on some measures.

Published literature reviews have reached similar conclusions; that is, like any relationships, which vary greatly and may involve discomforts and challenges, most people in open adoptions thrive and react well to their arrangements, particularly when they are built upon mutual respect, empathy and a child-centered motivation (Gross, 1993; Grotevant, 2000; Wolfgram, 2008).

Impact on Adopted Children

The primary benefit of open adoptions is the access children have to birth relatives and, thus, to their own histories. They can get a first-hand understanding of the reasons leading to their birthparents' decisions about them, and have a direct way to find other answers, ranging from medical and genealogical information to personal questions as simple (and important) as "Who do I look like?" or "Do I have other brothers or sisters?"

As adopted children grow up and form their identities, they typically confront many questions related to genetic background and birth family. When there is no way for them to find answers, they must manage ongoing uncertainty. Research indicates that adopted individuals vary greatly in their curiosity about or interest in adoption – a continuum with one end representing low salience, where individuals show little or no desire to explore aspects of adoption, to very high salience at the other end, where they are so preoccupied with adoption that it consumes a great deal of psychological and emotional energy (Grotevant, Dunbar, Kohler, & Esau, 2007).

When I was a child, probably the thing that consumed my childhood the most, I guess, like what I thought about a lot was being adopted. (18-year old girl)

This quote illustrates the high salience end of the continuum. This teen in Grotevant and colleagues' study (2007) went on to say that it would be better to find out that her birthparents were bad or had died than to continue with no information – "just to have that sense of closure."

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[4] The MTARP study began in 1987 with 190 adoptive families who adopted infants through agencies across the U.S. and whose children were ages 4-12 at that time. It is the only study that has followed up with members of both birth and adoptive families with in-depth interviews of participants across a period of many years.

Most studies of adopted people have found that a minority express little or no interest in their adoptions, while adoption is moderately to very important for two-thirds or more (Powell & Afifi, 2005; McGinnis, Smith, Ryan, & Howard, 2009; Kohler, et al., 2002). As a part of the Minnesota-Texas Adoption Project, 152 adolescents, adopted as infants, were interviewed about their satisfaction with the level of openness in their adoptions (Berge, Mendenhall, Wrobel, Grotevant, & McRoy, 2006). This is the only study that could be found in which adopted youth were interviewed directly. The 77 adolescents who had contact with their birthparents were more satisfied with the level of openness than were teens who did not have such contact, and almost all of those in open adoptions who were dissatisfied with their level of contact wanted it to be more frequent with their birthmothers or to meet with other members of their family of origin. Teens in open adoptions described a range of benefits, including:

➢ **Coming to terms with the reasons for adoption**: *In ... fifth grade, this one girl was like, 'I feel so sorry for you because your parents gave you up,' and I'm just like, 'you know it's not like that. I've met my birthmother and know the whole story, and she loves me and still does'. … If I hadn't met Karen I wouldn't have been able to answer that question and it would have probably screwed me up and made me feel less of a person or something* (Berge, et al, 2006, p. 1024).

➢ **Physical touchstones to identify where traits came from:** *It's hard when everybody … looks a lot alike, and I don't look anything like them. And you know, they say 'so and so looks like so and so' and it's really hard. When I see pictures of my birthmother or visit, I see the similarities and can say I look more like her* (Berge, et al., 2006, p.1023).

➢ **Information that aided in identity formation**: *I think that I am who I am because, not just because of, you know, my family who raised me, or … because of the two people that made me. I think it's a combination of all that. Being able to know all of them has really helped me to just become who I am* (Grotevant, et al., 2007, p. 79).

Another female adolescent stated, *I feel like, more like complete, I guess, because I know everything about myself now* (Berge, et al., 2006, p.1024).

➢ **Positive feelings towards birthmother: …** *she's really supportive, really nice ... it's really nice having an open adoption because you can just interact with her and like, know what she's like, instead of wondering throughout your life how your birthmom's like and everything. And I know her personality and so it's good* (Berge, et al., 2006, p.1023).

➢ **An additional supportive adult relationship:** When asked how he felt about his birthmother, a male adolescent shared, *Mainly a friend, I guess. I mean she doesn't have like a parental role, because I already have that. She's mainly just another person who loves me* (Berge, et al., 2006, p.1022).

Other teens reported: *The support that comes from having another strong relationship in my life is irreplaceable* (adolescent female). And from another teen girl: *It is nice to have another person looking out for you and caring about what happens to you* (Berge, et al., 2006, pp. 1022-1023).

Other findings from this study related to the benefits of openness for children include a better understanding of the meaning and implications of being adopted, as well as more active communication about adoption with their parents (Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrick, 1996; Wrobel, et al., 1998; Von Korff & Grotevant, 2011).

The body of research on adoption openness generally has not found that children's level of behavioral or socio-emotional adjustment varies by level of openness. For example, the California Long-Range Adoption Study (CLAS) examined 764 adoptions (by non-foster parents) in relation to openness and found no significant differences in child adjustment between those in open and confidential adoptions (Berry, et al., 1998). The MTARP study found, however, that higher degrees of collaboration in the adoptive kinship network were associated with better adjustment during middle childhood (Grotevant, Ross, Marchel, & McRoy, 1999) and that adolescents in open adoptions reported a somewhat lower level of externalizing problems than did those in confidential adoptions (Von Korff, Grotevant, & McRoy, 2006).

Impact on Birthparents

Little is known about how many fully disclosed adoptions involve contact with both birthparents. It appears that typically, but not always, contact is between the adoptive family and the birthmother. In the MTARP study of adolescents, only 15 percent of all adolescents interviewed (30% of those in fully disclosed adoptions) had contact with birthfathers (Mendenhall, Berge, Wrobel, Grotevant, & McRoy, 2004; Grotevant & McRoy, 1998). In a more recent study on openness (Ge, et al., 2008), data were obtained from birthfathers in 35 percent of the 323 adoptions studied, and 57 percent of them perceived their adoptions to be open; Therefore, about 20 percent of these adoptions overall involved ongoing contact with birthfathers. For the birthfathers in this study, greater openness was associated with greater satisfaction with the adoption process and with better post-adoption adjustment; greater openness was positively associated with better post-placement adjustment for birthmothers as well.

Ongoing grief reactions are common challenges for birthmothers in adoption. The MTARP, which gathered data from first mothers, not fathers, found that the women in fully disclosed adoptions had significantly better grief resolution than did those in confidential adoptions (Christian, McRoy, Grotevant, & Bryant, 1997; Henney, Ayers-Lopez, McRoy, & Grotevant, 2007). The study found that 12-20 years after their children were adopted, most birthmothers continued to express at least some feelings of grief and loss, but these tended to be less intense for those in fully disclosed adoptions than for those in confidential adoptions.

Other research has demonstrated that birthmothers having contact report less grief, regret and worry, and more relief and peace of mind than do those without contact (Cushman, Kalmuss, & Namerow, 1997). In addition, birthmothers who have the opportunity to personally shape the form of their children's adoptions have a greater sense of self-efficacy and more positive adjustment following the placement (Sobol, Daly, & Kelloway, 2000). Caring birthparents who establish and maintain a relationship with their children after adoption can gain a sense of contributing to their well-being and of being a supportive resource to them.

Two longitudinal studies of open adoption relationships, both of which have large samples and follow birth and adoptive family members over time, found that birthmothers in open adoptions have more positive outcomes than do those without direct contact; they are more satisfied with their birthmother role and report greater satisfaction with the adoption process and better post-adoption adjustment (McRoy, Grotevant, Ayers-Lopez, Henney, 2007; Ge, et al., 2008).

Impact on Adoptive Parents

Most adoptive parents in open adoptions report positive experiences*.* As with birthparents, adoptive parents as a group report positive experiences with open adoptions, and openness is associated with greater satisfaction with the process (Grotevant, & McRoy, 1998; Ge, et al., 2008). Generally, adoptive parents in open adoptions report high levels of comfort with contact (73% in the CLAS study). In Siegel's longitudinal research (1993; 2003; 2008), the adoptive parents were comfortable with the open adoptions of their children; in fact, at Wave 2 of data collection, no parents expressed regret about their contact arrangements or worry about how their children were affected. In Wave 2 of the MTARP study, almost all (94%) of the adoptive mothers of adolescents with contact were satisfied with their openness arrangements (Grotevant, Perry, & McRoy, 2005). Those whose children participated in the contact, and who felt more control over the contacts, were the most comfortable. It appears agency pressure, subtle or direct, may reduce satisfaction. Parents who felt they would not have been able to adopt if they'd said "no" to open adoption, or who chose openness primarily because the agency persuaded them, were less likely to be satisfied with their level of contact (Berry, et al., 1998).

Openness is linked to greater feelings of entitlement and reduced fears of birthparents. Adoptive mothers' and fathers' sense of permanency in the parent-child relationship was highest in fully disclosed adoptions, although the differences were only statistically significant for fathers (Grotevant & McRoy, 1998). That is, parents in fully disclosed adoptions felt a greater sense of entitlement to parent and less fear of losing their children to their birthparents. Also, Berry (1991) found that frequent contact with the birth family reduced adoptive parents' competitive attitudes towards them and eased fears that the birthparents might try to "take back" the child.

Adoptive parents in open adoptions report greater empathy and more positive attitudes about their children's birthparents. Another benefit of openness is adoptive parents' greater empathy toward and more positive perceptions of birthparents. A study (Baumann, 1999) of adoptive fathers' attitudes about birthfathers across levels of openness found that when the two men had met, the adoptive father was most likely to have a positive attitude toward the birthfather; indeed, even knowing he was a part of the adoption process was a positive influence on his perception of the birthfather. When his only source of information about the birthfather was the birthmother, his attitude was more likely to be negative. A more recent study found that openness favorably influenced adoptive parents' perceptions of the birthparents (Hollenstein, Leve, Scaramella, Milfort, & Neiderhiser, 2003). Likewise, the MTARP found that adoptive parents in fully disclosed adoptions had higher degrees of empathy toward their children's birthmothers, as well as more empathy with their children about adoption, and talked more openly about adoption with them than did counterparts with other levels of openness (Grotevant, McRoy, Elde, & Fravel, 1994). A study in England (Neil, 2000) reported similar findings.

Adoptive parents in open adoptions are generally satisfied with the level of contact and perceive benefits for their relationships with their children. At Wave 2 of data collection of the MTARP, almost all (94%) adoptive mothers whose adolescents had contact with their birth families were satisfied with the level of openness (Grotevant, et al., 2005). Siegel's (2003) findings corroborate those from the MTARP study; adoptive parents of infants, children and teens were pleased with whatever kind of openness their children had. The only dissatisfaction expressed was a wish, in some cases, for more consistent or more frequent contact. A few adoptive parents reported that it upset the child when the birthmother said she was coming to visit and then did not show up. However, the parents saw this not as a disadvantage of openness, but as a fact of life to be dealt with. They said they preferred realities over fantasies.

Siegel's longitudinal study (1993, 2003, 2008) found adoptive parents feel more comfortable with openness and less anxious about the potential for unintended consequences of contact as time goes on. Those in open adoption have reported feeling that openness enables them to understand their children better, answer their questions, and respond to their feelings about adoption. In fact, several studies have documented that adoptive parents in open adoptions have a higher level of communicative openness around adoption in the parent-child relationship than do those without direct contact (Brodzinsky, 2006; Neil, 2009; Grotevant, et al., 2011).

In short, a comprehensive review of the emerging body of published research indicates that open adoption is a beneficial and satisfying option for the large majority of families who choose this option. Based on decades of research findings and clinical experience, guidelines to enhance the workability of open adoption relationships have emerged. After a brief review of research related to factors promoting positive outcomes in open adoptions, findings from a study by the Adoption Institute will be used in this report to identify primary principles for developing positive open adoption relationships.

Research on Factors Linked with Positive Outcomes in Open Adoptions

In a recent review of research on adoption openness, Wolfgram (2008) discussed the factors that are linked with positive outcomes, such as participants' satisfaction and comfort with the relationship – findings that are reported in Part II of this report, in discussion of the Institute's survey of adoption professionals and their perceptions of factors that are critical to the success of open adoption relationships. One question that was not addressed in Wolfgram's review is this: In what proportion of adoptions planned to be "open" is contact maintained over time? There are two longitudinal adoption studies with sizeable samples that report on changes in the level of openness in the families studied.

The California Long Range Adoption Study surveyed families adopting from public and private agencies and independently in 1988-89 (mean adoption age was 7 months); data were subsequently collected approximately two, four, eight and 14 years after adoption, beginning with responses from adoptive parents in over 1,200 families in Wave 1 and with some attrition at each successive point. About half of these families adopted independently and the remainder adopted through agencies, with more-frequent use of public than private ones. At placement, 53

percent of families planned to have some form of contact in the future – 38 percent in agency adoptions and 69 percent in independent adoptions.

At Wave 1 of data collection, two years after adoption, a greater percentage engaged in post-placement contact than was originally planned – 40 percent of agency adoptions and 78 percent of independent ones. At four years after adoption, these researchers examined openness for non-foster parent adoptions, finding that of the respondents who had adopted infants, 71.5 percent had initially chosen open adoptions and four years later, 57.5 percent were currently open, indicating that 20 percent of those in open adoptions had ceased contact. For those maintaining contact, the average number of contacts over a two-year period was three by mail, three by phone and one in-person. In over 80 percent, the adoptive parents expected that their children would have ongoing contact with their birthparents (Berry, 1991; Berry, et al., 1998).

A recent article from the California study reported on openness at Waves 3 and 4 – eight and 14 years after adoption (Crea & Barth, 2009). In examining the 378 families for whom data were available at all four times, they found that the number having contact at each Wave was: 59 percent, 46 percent, 60 percent and 39 percent, indicating a decline between Waves 1 and 2, then an upswing, followed by a subsequent decline. (This analysis combined independent, public agency and private agency adoptions.) At 14 years after adoption, when youth were on average 16.8 years old, there was a mean of six in-person contacts per year, with additional communications by phone or mail. Across the data periods, contact was most common in adoptions arranged independently and least common in public agency adoptions.

The MTARP study began in 1987 with 190 adoptive families who had adopted infants through private agencies across the U.S. and whose children were ages 4-12 at that time. It is the only study that has followed up with members of both birth and adoptive families through in-depth interviews across many years. The researchers reported that almost two-thirds of the families with fully disclosed adoptions at Wave 1 (on average, 7.8 years after placement) did not begin that way, with 51 percent planned as mediated and 15 percent as confidential (Grotevant & McRoy, 1998). At Wave 2 (1996-2000), when the adopted youth were on average 15.7 years old, data were gathered from 177 of the original families. While there was considerable fluidity in openness prior to Wave 1, at Wave 2 most families (72%) maintained the same openness level as they had at Wave 1. At Wave 2, 15 percent of families had increased and 14 percent had decreased their levels of openness. Only 13 percent of families with fully disclosed adoptions at Wave 1 stopped contact by Wave 2 (Grotevant, McRoy, & Ayers-Lopez, 2004).

Both of the above studies indicate significant fluidity in openness levels during the first few years following adoption. Also in both studies, between 13-20 percent of families in open adoptions ceased contact between Waves 1 and 2 of data collection, which were four years apart in the California study and almost eight years apart in the MTARP study. It is important to recognize that the California study contained public agency adoptions and older child adoptions through various auspices, so its findings did not examine infant adoptions separately and therefore cannot be generalized to those adoptions.

PART II:
THE ADOPTION INSTITUTE'S SURVEY

In order to gain more information on the continuum of openness in agency-based, domestic infant adoptions – and to learn how adoption professionals believe parents can be best prepared to make decisions about openness and to have positive open adoption relationships – the Adoption Institute conducted a survey of agencies with infant adoption programs in 2008, and follow-up interviews regarding recommended practices were conducted with 21 adoption professionals in 2009-2010. The sample for our survey was derived from agencies listed in the Child Welfare Information Gateway's National Adoption Directory as having infant programs.

One of the survey's goals was to explore practitioners' perceptions of statutes that enforce post-adoption contact agreements, so the 13 states with such laws regarding infant adoptions were matched with 13 states without them. (To the extent possible a state in the same geographic region and of similar size was selected as a match for each state with a statute enforcing post-adoption contact agreements in infant adoptions). Some of the agencies in the directory had closed their infant adoption programs, and therefore were omitted from the sample. We also were unable to get any contact information for others. In all, the Institute was able to send electronic or paper invitations to 208 agencies, asking them to complete an online survey or to return the survey through mail or fax. Altogether, 100 private agencies with domestic infant adoption programs responded, for a return rate of 48 percent, a good response for web surveys.[5] These agencies were from states across the country: 37 from the Northeast, 23 from the Midwest, 19 from the West/Northwest, 12 from the Southwest and 9 from the Southeast.

THE RANGE OF OPENNESS
OCCURRING IN RESPONDING AGENCIES

Agencies were asked approximately how many infant adoptions they had facilitated over the previous two years; all but three responded. Some agencies (18.6%) had facilitated fewer than 10 adoptions over the two-year period; 30.9 percent reported 10-20; 22.7 percent reported 21-50; and the remaining 27.8 percent reported 51 or more. Only 5 percent of the respondents reported that they did not facilitate open adoptions (fully disclosed with a plan for ongoing contact), while 29 percent reported that they did not facilitate confidential adoptions. The agencies collectively facilitated 4,440 adoptions over the two-year period and estimated the percentage that fell into four categories of openness. Their responses were:

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[5] A meta-analysis of 39 studies comparing web and mail survey response rates reports a mean response rate of 34 percent for web surveys (Shih & Fan, 2008).

Level of Openness	Percent
Confidential	5%
Mediated	40%
Fully disclosed; no plan for ongoing contact	9%
Fully-disclosed with ongoing contact plan	46%

These responses indicate that over half of the infant adoptions facilitated by these agencies are fully disclosed, meaning the parties know each other's identities. Other research indicates that for independent adoptions, the percentage of infant placements with full disclosure is even higher (Berry, et al., 1998). It also is likely that over time, some adoptions that are not open initially will become so later, as was the case in the MTARP study (Grotevant & McRoy, 1998). All these findings support the conclusion that the majority of infant adoptions today are open.

Adoption professionals were asked to rank the importance of various factors in determining the level of openness of the adoptions they facilitated. By far, the factor selected as most important was the preference of birthparents (88% ranked this as the most important in a list of six factors). The preference of adoptive parents was the next most important factor in determining the level of openness, followed by the mental health and emotional maturity of birthparents, and then geographic considerations such as how far apart they lived. The preference of the agency was ranked among the top three factors by only 20 percent of respondents. When asked to identify other important factors, respondents reported: the preferences of birthparents' extended family members, the extent of the training received by adoptive parents on openness, birthparents' capacities to remain engaged after child-placement, possible safety issues if birthparents had a history of dangerous behaviors, and the adoptive parents' emotional maturity.

In the vast majority of infant adoptions, the adoptive and expectant parents considering adoption meet each other. Only one agency out of 100 reported that it did not facilitate such meetings for any families; over 90% reported that the parties met in the majority of cases. For the remaining agencies, the breakdown of the proportion of adoptions that involved pre-adoptive and expectant parents meeting each other were: 78-100 percent met (69%); 51-75 percent met (22%); 26-50 percent met (5%); and 1-25 percent met (4%).

Expectant parents considering adoption choose the adoptive family in the vast majority of infant adoptions. The overwhelming majority of programs – 93 percent – reported that between 76-100 percent of birthparents chose the adoptive families for their children; two agencies reported that in their programs, expectant parents never chose the adoptive parents.

The proportion of agencies offering open adoptions has continued to grow over the past decade. Henney and colleagues' (2003) survey of 30 adoption agencies indicated an increase of agencies offering fully disclosed adoptions from 36 percent in 1987 to 79 percent in 1999. For the 100 agencies responding to the Institute's survey, 95 percent offered open adoptions as an option for families. This is indicative of a continuing trend toward increased openness over the past two decades reaching to almost all infant adoption programs.

WHAT MAKES OPEN ADOPTIONS WORK WELL?

As noted earlier, adoptions vary in their levels of openness, from confidential (closed), to mediated, to fully disclosed with ongoing contact (open). As expectant and pre-adoptive parents explore the type of adoption arrangement they want, they need to learn about the various options and make decisions about what they prefer and, at best, embrace. In this section, we discuss factors important to the success of open adoption relationships, which are understood as those in which identifying information has been shared between parents and ongoing contact is planned, whether that involves letters, phone calls, e-mails or visits.

Numerous adoption experts have described the conditions that are important to the success of open adoption relationships[6], and researchers also have documented empirically the significance of some of these criteria. The Institute's survey and 21 follow-up interviews explored professional perspectives on factors that are most vital to strong open adoption relationships. Through a qualitative analysis of open-ended responses from the surveys, as well as the interviews, we identified four primary factors:

1. a shared understanding of what open adoption is and is not;

2. foundational relationship qualities, such as honesty and respect;

3. self-determination in choosing and shaping open relationships; and

4. collaborative communication in planning for contact and conveying needs and feelings.

Throughout the following discussion of these factors, responses from the interviews and surveys are highlighted in italics.

1. Shared Understanding of What Open Adoption Is and Is Not

Expectant and pre-adoptive parents typically know very little about the adoption process or its variations when they begin their journeys; furthermore, their understanding of openness is often permeated with myths and fears, which may be intensified by their emotional vulnerability. As Melina and Roszia (1993) recognize, confusion about open adoption can be reinforced by negative associations with the term "open," which may erroneously imply that there are no barriers or rules, as in "open marriage" or an "open meeting." The first requirement for an effective relationship is that the parties have a shared understanding of what open adoption is and is not. This requisite understanding, as well as the embracing of foundational values such as empathy, honesty and trust, is established through thorough education and preparation of both expectant and pre-adoptive parents.

Most survey respondents reported using several methods to educate adoptive parents: direct training on openness (88%), addressing the issue in counseling (79%) and required or recommended readings (74%). Typically, with expectant parents considering adoption,

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[6] For example, see seminal texts by Lois Melina & Sharon Roszia (1993) and James Gritter (1997).

preparation on openness was provided through individual counseling (93%) and less often through readings (54%) or training (24%). Professionals underscored the importance of focused preparation in order to move beyond fear to a genuine appreciation of the benefits of openness for all parties, reporting:

➢ *The key to open adoption is educate, educate, educate … so when people are making decisions about how open, they are making educated decisions about what will work for them.*

➢ *Education is the most important step. Most families enter into adoption believing most if not all the myths that surround open adoption (the child is confused, birthparents will want the child back, etc.) Through the education process families can learn what openness is, why it is important for the entire adoption triad, the importance of good boundaries, the importance of their child's birth history, [and] how birthparents can be a part of their child's life as well as their [the adoptive parents'] own.*

➢ *Most families when they start with domestic adoption are not ready to embrace the notion of openness. Our agency spends a lot of time and energy educating about openness and other adoption issues. After this process, they end up wanting more than they ever thought they would.*

Ethical Foundation of Adoption Decision-Making. Adoptions that are not built on sound, ethical practice[7] are likely to encounter complications down the road, particularly if expectant parents were not supported in exploring their options, were not provided with quality counseling, or were misled or pressured into a decision by their significant others, adoption practitioners or pre-adoptive parents.

Choices available to parents in shaping adoption impact them and their children, not only in the short-term but for the rest of their lives.

Expectant parents generally do not know what rights they have in the adoption process or the implications of their choices for themselves and other involved parties, both now and in the future. For example, expectant parents considering adoption for their babies almost always can choose the adoptive family. Exercising this choice has long-term implications for all involved – the child will have the security of knowing that her birthparent(s) picked the people to raise her; the adoptive parents may have a greater sense of entitlement knowing the birthparent(s) selected them; and the birthparent(s) can have a greater sense of self-determination and comfort with the family who raises their child. Research indicates that birthmothers who choose their children's new families have better outcomes after the adoption than those who do not. For example, in a longitudinal study of 592 pregnant women under 21 (46% made an adoption

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[7] Professional ethics in adoption emphasize that quality counseling is provided, that clients are fully informed of their rights, that the client's best interest is paramount (which requires guarding against conflicts of interest), that client self-determination is maximized, and that procedures for informed consent and full disclosure are followed.

plan), those who chose the adoptive family (69%) reported lower levels of grief, regret, worry and sadness, and higher levels of relief and peace, than those who did not make this choice, and those having ongoing contact also were doing better than those without it (Cushman, et al., 1997). It is clear that educating all parties about the choices available to them – and about the short- and long-term implications of these choices – is critically important.

Some respondents described the importance of placing decisions about openness within the broader context of ethical adoption practice, involving non-coercion, informing all parties of their alternatives and rights, and enhancing their self-determination:

➢ *Open adoption is a great way to do adoption, but adoption is full of loss and grief. So if there's a way they [pregnant women] can parent, we want to help them do so. That should be standard practice. Infertile couples are not our [first] client, women making decisions about their babies are.*

➢ *Openness is not a carrot to hook birthmothers. We are a pregnancy support agency first and foremost. If they want to parent, we will help them.*

➢ *We make sure all parties are fully informed of their choices and their rights.*

Clearly, a cornerstone of positive open adoption relationships is sound, ethical practice with both expectant parents and pre-adoptive parents throughout the adoption process.[8]

Child-Centered Focus. A central component in effective open adoptions is that the parties focus primarily on the children's best interests, rather than on the adults' preferences. Birth and adoptive parents need to accept the principles that adopted individuals have a right to access information about themselves, and that maintaining connection between their new and original families is chiefly for their benefit. In an in-depth study of 11 open relationships involving child welfare adoptions, Logan and Smith (2005) identified a mutual concern for the child's well-being as one of the key factors differentiating the nine relationships that worked well from the two that did not. Also, Grotevant and colleagues' study of collaboration (proactive cooperation between adoptive parents and birthmother) within the adoption kinship network found that a child-centered focus was critical to success.

"The needs and fears of the adults took precedence over the consideration of children's interests" in those rated low on collaboration; whereas in those at the highest level of collaboration *"adults were committed to making the relationships work, because they viewed that as being in their child's best interest in the long run".*

*(*Grotevant, Ross, Marchel, & McRoy, 1999, pp. 241-242*)*

When all parents understand that open adoption's principal beneficiary is meant to be the adoptee, a shared focus on the child's best interests can guide them in the process of

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[8] For more discussion of ethical considerations in open adoption practice, see Reamer and Siegel (2007) and Mason (2007).

developing open adoption relationships. Parents must recognize that the child's needs may be different from their own and are likely to change over time. Hence, each open adoption plan needs to include mechanisms for the participants to renegotiate the specifics of their arrangements as their lives evolve.

It is this commitment to the child's best interest that can sustain both adoptive and birth parents in maintaining connections, even when challenges arise. Professionals interviewed for this study described how they address this principle in preparing parents:

➢ *Adoptive parents need to understand that their first priority is the child. The child will not be any less their child if he knows his birth mom. We talk about what adopted children need. They need their history and one of the better ways of doing that is having some sort of openness. It helps the child with identity issues, and children thrive by having information. It's good for kids to understand that their birthparent maintained active interest in them … they didn't abandon them and never look back, but wanted ongoing knowledge of how they were doing in life.*

➢ *Training includes hearing from children who have grown up in open adoptions. Helping adoptive parents keep the needs of their child in the front of their minds… Helping them understand how important it is for children to have the ability to check out their fantasies directly with birthparents … having medical information available for emergencies.*

➢ *Helping them see the benefits for the adoptee. To see the mental and emotional energy used as they seek to learn about their identity and the relief they experience by having access to ongoing contact or information … how it frees them to pursue other tasks in life without being stuck in the past or fantasy.*

➢ *The key is what is in the child's best interest – recognizing that as the child gets older, everyone needs to keep in mind what the child wants and gearing the relationship to this.*

Birthparents need to know that whatever they do, they will always be important to the child that they created. They can be a 'ghost' figure or a personal resource, and they need help in deciding which one they want to be.
Patricia Dorner, quoted in Duxbury, 2007, p. 86

While the child-centered focus often is stressed in educating pre-adoptive parents about openness, it also is important in preparing birthparents. Brenda Romanchik (1999, p. 16), a birthmother and an adoption professional, emphasizes this principle in her guidebook, *Being a Birthparent,* stating:

"We need to remember that open adoption exists to benefit our children … your involvement, every card, every visit, every phone call is a way of saying, 'I love you even though I could not raise you. You are a wanted part of my life, even though I am not able to be your parent.' "

Understanding the Benefits of Openness and Moving Beyond Fear

➢ _With adoptive parents, there's tremendous fear of openness. All of them say at first that they don't want openness. As we talk more about it, they become more comfortable with it. It's the fear of relationship with an unknown person … like an arranged marriage. Once you meet them, get to know them, it becomes more matter of fact._

It is very important that both pre-adoptive and expectant parents make decisions based on real information, rather than on the myths and fears that they typically have going into the process. Professionals described common concerns of pre-adoptive parents:

➢ _If they (birthparents) know who we are, where we are, they will come and take our child away._

➢ _If the birthparent sees the kid is cute and doing well, they will want him back._

➢ _Adoptive parents are working so hard to make that child theirs, they're afraid of diluting the relationship by allowing the birthparent to be around._

➢ _[They fear] the birthparent will be a pest and intrude on their opportunity to parent._

➢ _They worry it will be confusing to the child, if they know other parents … will we still be the parents?_

➢ _Not wanting to undermine their role as parent of the child … that's what adoptive parents tend to fear most._

Another worker stated, "Everyone is afraid of everyone … birthparents are afraid of adoptive parents too!" Birthparents may fear that seeing their child will be too painful and keep them from moving forward with their lives. They also fear that the adoptive parents will not honor their agreement and will end the contact, or that their child will have negative feelings toward them when they grow up.

Adoption professionals reported that hearing from birth and adoptive parents, as well as from adopted individuals themselves, about their own experiences was the most powerful way to help parties move beyond fear to a more realistic understanding of openness, and many agencies incorporated such experiences into their training programs:

➢ _We have a seminar for adopting families – birth moms with different levels of openness share their adoption story. Adoptive families share as well._

➢ _We almost always have a couple of triads or a birthmother panel in training so that they can hear their stories from people who are living it – it's a more compelling and successful way to educate adoptive parents about openness._

➢ _Hearing from adoptees who have contact with their birthparents._

➢ _We make available families who have agreed to be contacted as buddies to other families contemplating openness or just getting started with it._

In addition to training and counseling focused on openness, research has found that face-to-face contact between birth and adoptive family members increases their levels of comfort and satisfaction with post-placement contact (Berry, 1993; Gross, 1993). Such face-to-face contact also helps to enhance adoptive parents' relationships with their children and, pointedly, has not been found to undermine their parent-child relationship or their attachment to their child; rather, it has helped them to develop a close attachment and feel confident and secure in their role as adoptive parents (Belbas, 1987; Berry, et al., 1998; Grotevant & McRoy, 1998; Siegel, 1993; Fratter, 1996; Logan & Smith, 1999; Sykes, 2000; Neil, 2003).

Understanding that Openness Does Not Erase Loss. Openness in adoption can offer benefits to all parties, but it does not provide a magic wand to heal all wounds. As described by Melina and Roszia (1993):

> *The birth parents still lose their role as the child's day-to-day parents, with all the joy that role entails. Adoptees still lose the opportunity to grow up in their families of origin and may still feel insecure or rejected. Adoptive parents still lose their fantasy biologic child and the chance to be genetically connected to the child they rear. But these losses are not as extreme as they are in confidential adoptions* (p. 10).

Research has investigated loss in relation to levels of openness, primarily for birthmothers. As discussed earlier, studies have found that birthmothers in open adoptions have better grief resolution than those in confidential adoptions (Cushman, et al, 1997; Grotevant & McRoy, 1998; Henney, et al., 2007). The latter study followed up on 127 women 12-20 years after placement; it found that 72 percent reported some current feelings of grief and loss related to their relinquishments, with 13 percent experiencing a high degree of grief. Although those with fully disclosed adoptions had the lowest global grief scores and those in confidential adoptions had the highest, there was a range of grief feelings among those at all levels of openness.

The Importance of Role Clarity: Open Adoption is Not Co-Parenting. When both the birthparents and adoptive parents are clear about their respective roles in the child's life, open adoption relationships are more likely to work out well. Gritter's (2000) book *Lifegivers* discusses three fundamental dimensions of being a parent – giving life, sustaining life and affirming life. In adoption, birthparents give life, adoptive parents provide the day-to-day caregiving that sustains life, and both may play affirming roles for the child through ongoing, unconditional acceptance and unwavering interest.

In describing the importance of role clarity, adoption professionals reported:

➢ *It is important for birthparents to understand the difference between foster care and adoption. It is important for them to accept that they are no longer 'parents' in the sense that they make decisions for the child. I tend to use the analogy of a favorite aunt or uncle as the closest relationship that most people understand as a parallel. A birthparent has a special relationship, but does not have the right to make decisions, just the right to love the child.*

> *The adoptive parent needs to know that the birthparent is an ally with them – their interest is one of knowing what really is happening with the child, a keen interest but not wanting to undermine their role as parent of the child.*

Research has substantiated that openness increases, rather than decreases, adoptive parents' sense of entitlement to parent the child, and openness also decreases their fear of birthparents (Berry, 1991; Grotevant, et al., 1994; Grotevant & McRoy, 1998; Neil, 2000). Another factor that contributes to successful open adoptions is a high level of permission to parent, conveyed by birth family members to the adoptive family (Logan & Smith, 2005) – in other words, birthparents and members of their family involved with the child recognize and convey their understanding that the adoptive parents are the legal and psychological parents.

2. Foundational Relationship Qualities and Values

Trust, empathy, respect, honesty, good will, flexibility and a commitment to maintaining the connection are specific qualities that underpin successful open adoption relationships. As one professional put it: "*Workers need to create trust, empathy and understanding. Openness follows naturally once you have that.*"

Empathy, Respect, Honesty and Trust. Adoption professionals reported the importance of a number of relationship qualities in developing effective open adoption relationships: empathy, respect, trust, good will, honesty and genuineness, flexibility and a collaborative spirit.

> *The most important thing is they need to have compassion for the other … Treat them with respect. We need adoptive families who have compassion to see the challenges this woman has faced in her life. If the agreement is not going well, it's usually because one side is not feeling the other side is showing respect.*

> *Success comes from empathy with the other party. It's really important [for pre-adoptive parents] to understand things from her point of view. We work on being less afraid and helping them to develop a relationship with the birthmom.*

> *It needs to be a genuine relationship … just be who they are. A birthmom should not feel that she has to be someone else to get visits … that's when the relationship breaks down, when it's not genuine.*

> *Accepting people for who they are – for the good of the child, a relationship is better than no relationship. This individual is significant to your child and you should treat them with respect, acceptance and empathy.*

The critical role of empathy in successful contact in the adoption kinship network, particularly adoptive parents having empathy for their children and their children's birthparents, has been documented repeatedly in research (Belbas, 1987; Sykes, 2000; Grotevant & McRoy, 1998; Neil, 2000, 2003). Neil (2000) identified empathy as the most important factor in promoting successful contact, and has continued over the past decade to investigate aspects of empathy in open adoption relationships. She found that adoptive parents with a high capacity to take the

perspective of others were more likely to view contact positively and to maintain contact over time (Neil, 2003). She described the most desirable type of empathy that parents can have for their adopted children – "comprehensive empathy" – as an understanding of their need to know about their background, the reasons for their adoption, and their loss and other feelings stemming from a sense of connection to birth relatives. The Minnesota-Texas Adoption Project found that adoptive parents in fully disclosed adoptions showed significantly greater empathy for their children and their birthparents and had more communication with their children about adoption than did those with less openness (Grotevant, et al., 1994; Grotevant & McRoy, 1998).

In interviews, adoption professionals emphasized the importance of empathy over all other relationship qualities, particularly empathy of adoptive parents for birthparents. They reported that developing such empathy requires overcoming fears and stereotypes:

➢ *We try to demystify who a birthparent is – show them that birthparents are real people with real feelings and emotions. Adoptive parents need to have empathy for birthparents and see them as valuable to the child and the child's story.*

➢ *Adoptive parents have the weirdest ideas about who birthparents are – they're just us in a different situation. I ask them, 'How would you want to be treated if you placed your child for adoption? If you woke up with a bad dream and wanted to know your kid was okay?*

➢ *The best thing for them is meeting birthmothers. Their image of what a birthmother is is a different species of person, not a next-door neighbor. Personal stories and contact are the best way of changing this.*

Professionals also reported focusing their preparation of parents on building empathy for what it is like to be an adopted child:

➢ *We try to help pre-adoptive parents visualize in their life what it would be like to not have knowledge of their roots. We have them read the book, Twenty Things Adopted Kids Wish their Adoptive Parents Knew.*

➢ *They need to hear from adopted persons and what it has been like for them living in a closed adoption – the types of questions they have about who their birthparents are and why they placed them for adoption.*

In facilitating empathy among expectant parents considering adoption, professionals reported helping them to understand the impact of struggling with infertility for adoptive parents and the losses that they have experienced. They also provide education about common issues that adopted children may face, and the contribution they can make in their children's lives.

Commitment to Maintaining the Connection. In successful open adoptions, birth and adoptive parents remain dedicated to maintaining a connection with each other, even though contact may decrease or change form at times. In her educational materials for birthparents, Romanchik (1999) emphasizes that they need to assess, up front, what commitments they can make and, once they have agreed to contact, they have a responsibility to their children to follow through even if it is sometimes painful or uncomfortable. In his book *The Spirit of Open*

Adoption (1997), Gritter describes this agreement between birth and adoptive parents as a sacred covenant and states, "The quality of an adoption will depend on the integrity the participants bring to their commitments" (p. 37). Adoption professionals described the importance of this commitment:

➢ *We talk to them about it being a sacred promise and don't do it if you plan not to follow through.*

➢ *It is important that families have a commitment to openness that will withstand the onslaught of negative opinions that they may face in the public forum … to provide whatever they have promised.*

➢ *They need to understand that it is a relationship and it will change and that's okay. But they need to honor their commitments.*

Honesty and integrity are basic values that are key to maintaining commitments, including being honest with oneself and being willing and able to assert one's needs respectfully. The impact of reneging on an open adoption agreement can be immensely harmful to those involved. It is unusual for an adoptive parent to purposely enter into such an agreement with no intention to uphold it, as in the example recounted by one adoption professional:

➢ *We've only gotten hoodwinked once. It was very hurtful and harmful to the birth family. The adoptive family just lied through the whole process – they had no intention of openness.*

Some adoptive parents, however, withdraw from contact months or years later. Several birthmothers e-mailed the Adoption Institute after an earlier publication – Safeguarding the Rights and Well-Being of Birthparents in the Adoption Process (Smith, 2006) – and described the impact of the severing of their relationships with their children's adoptive families. Two of them wrote:

➢ *I gave my daughter up for adoption 8 years ago, and the adoptive parents moved, and I have heard nothing from them in over 5 years. My life fell apart as soon as all connections were cut. My emotional state has changed, and now that I cannot have any more children of my own, I am a wreck.*

➢ *I gave my little girl up for adoption 5 years ago…They promised me that I would have contact with my daughter and that they wanted her to know everything about me. I found their phone number on the internet and called because I had heard nothing. She didn't seem too thrilled that I had gotten the number but she did talk to me for a bit. I tried calling again but the number was changed so I decided to write them, but the letter was sent back. They promised that I would be able to see my daughter but I still haven't gotten to see her. If I would have known that I wouldn't get contact, I would have never gave her up.*

Research has found that birthmothers who had a contact plan that was cut off had the poorest adjustment and grief resolution when compared to birthmothers with other levels of openness (Grotevant & McRoy, 1998). In effective open adoption relationships, barriers and challenges are confronted and a resolution is sought – not ending but changing the relationship. This may

mean that in-person contacts become less frequent or change to e-mails and letters for a time, but some connection is maintained between adoptive and birth families.

Our survey asked adoption professionals to rank, from most to least common, the concerns expressed to them related to ongoing contact after adoption. Forty-five percent rated "birthparent loses interest in maintaining contact" as the Number One concern reported to them, and 31 percent ranked "adoptive parent loses interest in maintaining contact" as Number One. These responses do not suggest that reneging on promised contact happens often, however, since over half of the professionals responding to this question (53%) reported that they rarely (one or two a year) were contacted with a concern related to open adoption relationships.

A California study (Berry, et al.,1998) found that adoptive parents were most likely to report a change in contact as being initiated by the birthparent (49%) or by mutual agreement (39%), rather than by the adoptive parents (11%). Grotevant & McRoy (1998), however, found that birthmothers and adoptive parents tended to have differing accounts about who initiated cessation of contact and why; for example, adoptive parents often reported the decision was mutual when birthparents perceived it as the adoptive parents' decision.

The maintenance of open adoptions can be complex, and the parties' degrees of interest in contact inevitably vary at different points; however, a strong commitment to maintaining a connection for the child's benefit is critically important to effective open relationships. One professional described how she counseled adoptive parents in this regard:

➢ *The biggest problem I hear is adoptive parents complaining that the birthmother doesn't want to keep in touch and disappears. I explain that people grieve in different ways … she may need time to do that, but maybe in a few years she may come back. I tell them to let her know the door is open if she wants it later. Send her a letter, tell her 'We wish you well, we understand you need time; if you change your mind, we'd be happy to hear from you.'*

3. Self-Determination in Choosing and Shaping Open Relationships

Client self-determination is enhanced – and informed decisions can best be made – when professionals avoid interfering in the clients' lives in controlling ways, provide a full range of choices and relevant information, and confirm that the clients understand the choices and information. Respecting client autonomy and self-determination requires that professionals who educate parents not pressure them. Pre-placement education goes awry when potential parents are pushed to make commitments beyond their comfort zones, or when the expectant or pre-adoptive parents are not fully honest with themselves or each other about their needs and wants. Respondents in our survey described finding a balance in facilitating decision-making:

➢ *We ask adoptive families to be willing to be educated, to keep an open mind, and to never agree to anything they can't fully honor. We hear other horror stories of people who will say anything to get the placement. This is unacceptable. We ask that people not go outside their*

comfort zone but be aware that their comfort zone could expand. Being open to a range of options creates opportunities for children.

➢ *Open adoption is a continuum, not just open or closed … it's a continuum of relationship too. We help them sort out what fits for them and to understand that decisions being made affect their child.*

➢ *We explain that there is a spectrum of many possible arrangements – it's two families coming together and figuring out what works for them. We try to help them agree on a minimum level of contact and recognize it may grow from there.*

Research indicates that parents' ability to exercise self-determination in the adoption process and in shaping open relationships is important to achieving positive outcomes. For example, a longitudinal study of 764 adoptive families in California found the degree of openness decreased among those who chose openness under pressure from agencies (Berry, et al., 1998). Also, several studies have found adoptive parents' comfort with and willingness to maintain contact is associated with their perceptions of having some control in regulating the contact (Berry, 1991; Grotevant, et al., 1994; Grotevant & McRoy, 1998; Sykes, 2000).

For birthparents – as reported earlier – the ability and opportunity to exercise self-determination in making an adoption plan, choosing the adoptive family, meeting the family and having ongoing contact have been associated with positive adjustment and lower rates of grief and regret; however, research has not explored their sense of control in shaping ongoing contact, as has been done in relation to adoptive parents. Several adoption professionals reported that, at times, a sense of shame interferes with expectant parents' ability to express their needs and explore openness in adoption planning:

➢ *Birthparents have an extra layer of shame and guilt and society sending them the message that they are 'undeserving' of open adoption. They need help in overcoming that and understanding how openness can truly benefit their child and their own feelings of grief and loss.*

➢ *Sometimes birthparents don't feel entitled to request anything from pre-adoptive parents. We have to help them give themselves permission to ask for something – they don't feel they deserve it. One birthmother never budged from not wanting to be involved. Less than a year later, she was saying, 'I wish I would've listened to you … I really would like to see a picture and know he's okay.'*

Ability to Set Boundaries in the Relationship. All relationships have both implicit and explicit rules and boundaries, and open adoption relationships are no different. Professionals reported that it was important to prepare all parties to understand that they will need to convey their own feelings and needs; to set boundaries they are comfortable with; and, if issues arise, to be able to sit down together and work them out (sometimes with the assistance of professionals). The research findings discussed above related to adoptive parents' perceptions of control in the relationship involve the ability to set boundaries and regulate the nature and frequency of contacts – but adoptive parents must respect the boundaries set by expectant/birthparents as

well. For example, an expectant mother may not feel comfortable with the pre-adoptive parents being present in the delivery room or being visited in the hospital by other members of the prospective adoptive family.

Professionals differ in the extent to which they seek to clarify the structure of contacts prior to adoptive placement, or leave this to the parties to develop on their own. Many respondents described facilitating the first meeting between expectant and pre-adoptive parents and facilitating discussion of the level of openness that parties desired after placement. One example described this as particularly important for their first year or so:

> *Helping both parties set realistic expectations for future contact – we have found one of the most useful tools in creating a successful open adoption is a very structured agreement for the first year or two. If all parties know exactly when phone calls or visits will be scheduled and who will make arrangements for visits, it greatly assists the parties to be able to concentrate on developing a relationship without feeling anxiety about who is supposed to make the next contact or when that should take place. It helps lessen feelings of betrayal if expectations [not negotiated] are not met.*

Crea and Barth's (2009) study of 469 families (primarily infant adoptions) at 14 years after adoption examined the nature of contacts occurring in those who had maintained openness. Whereas 59 percent reported contact in Wave 1, 39 percent had such contact by Wave 4. It was most common that adoptive and birthparents were relatively equal in initiating contact. When this was not the case, an equal percentage reported that contact was usually initiated by the adoptive parents or by the birthparents. These findings would support the conclusion that in open adoption relationships sustained for over a decade, there is some reciprocity between adoptive and birth parents in maintaining contact.

Adaptability as Relationships Evolve. Research on openness concludes that it is dynamic and ever-evolving and that no single type of open adoption arrangement is best for everyone (Grotevant, 2000; Siegel, 2003; Crea & Barth, 2009). It is important for those in open relationships to expect to renegotiate agreements over time, always focusing on the child's needs as paramount. Grotevant and colleagues (1994) found satisfaction with contact was based on mutual negotiation of its type and frequency, with higher degrees of collaboration associated with better adjustment in the child (Grotevant, et al., 1999). Berry (1993) also found planning for contact was important for maintaining a relationship over time. Respondents described the evolving nature of this relationship and the importance of clarifying expectations:

> *They start as strangers and may develop a friendship. Like any extended family, some relationships are great, easy and some are less so.*

> *Relationships will ebb and flow. All need to understand that openness changes over time. There may be more contact in the beginning, and then they go on with their lives. They'll want to stay in touch but not like in the beginning.*

> *It's important that you honor the relationship as it develops … allow it to flow and change and grow.*

> *It's important to be aware that it can change. Every adoption is different – it's a lifelong journey. It may look one way at the start and change over time. Be open to change, flexible. The bottom line is to ask yourself what would be in the best interest of my child.*

In addition to respecting each other's needs, setting boundaries and maintaining flexibility in planning for contacts, maintaining effective communication is another essential factor for exercising self-determination in open adoption relationships.

4. Collaborative Communication and Conveying Needs and Feelings

> *Their honest level of comfort in communicating openly is the single most important factor.*

> *Honest, open communication is important. Put things on the table instead of holding on to stuff. Adoptive parents who are gracious, generous, and hospitable in the first few months to a year is an important ingredient for success. These are generally people who recognize that the child can't have too many loving people involved in their lives.*

According to professionals, expectant and prospective adoptive parents need to thoroughly explore their feelings and needs related to openness before they communicate these with each other or enter into an agreement. Pre-adoptive parents also need to communicate with each other as well, as they explore their own expectations, concerns and feelings about open adoption. Typically during the last trimester of the pregnancy, workers seek to facilitate a meeting between expectant parents and prospective adoptive parents; at that time, the parties can communicate their own preferences and expectations related to openness and thereby build rapport and trust.

> *We try to facilitate communication between the birthmother and prospective adoptive parent about what it is they want. We may have to coach the birthmother to not be afraid to talk about what it is she wants. We talk about their expectations so that they have a clear understanding of each other's.*

> *The important thing is to be honest [in communicating]. I see the worker's role as helping the adoptive couple and birthparent communicate clearly what their desires are, so there's no misunderstanding.*

When expectant and pre-adoptive parents have fundamentally different hopes and expectations for their open adoption relationship, these should be addressed directly so that the two parties can decide whether they should proceed with each other or seek a more comfortable match. This, of course, can be a challenge when prospective adoptive parents are yearning for a child and expectant parents are close to a delivery date. The professional's role in this process is to support all parties' honest explorations of themselves and open discussion of the "fit" between them. What should be pointedly avoided is a situation in which the pre-adoptive parents say almost anything to ensure the placement, while the pregnant woman feels pressured to proceed because of the timing.

**Planning for Contact.** Research has found that planning is an important factor in predicting comfort and satisfaction with ongoing contact (Berry, 1993; Grotevant, et al., 1994; Logan & Smith, 1999; Logan, 2010). A worker preparing the parties for contact and working with them to develop a written agreement also have been cited as beneficial by some scholars (Etter, 1993; Logan & Smith, 1999; Logan, 2010). (The second paper in this series on openness will address issues surrounding written contact agreements and state statutes that make these enforceable.)

Our survey asked how often in open arrangements written post-adoption contact agreements were developed. The majority of respondents (52%) reported that 76-100 percent of their open adoptions involved written agreements, and 29 percent reported that fewer than 25 percent involved written agreements, with the remaining 18% falling between these high and low levels. Three-fourths of those who developed such agreements used a standard format that was adapted to the participants' circumstances. This adaptation is critically important, as research and sound practice recognize every situation is different, and no one arrangement fits all. In addition to being tailored to the unique participants, each agreement should also specify how the parties will communicate as their needs change and they seek to adjust their relationships over time. Professionals varied in their manner of negotiating a written agreement, with some describing this process as more informal and others having very formalized procedures:

➢ *Generally they are unwritten, verbally agreed to and fluid as the years pass.*

➢ *We do write out our agreements, as a casenote that both parties have access to. They are not required to sign anything. It is for their knowledge only.*

➢ *Prior to the birth of the child the birthparents, pre-adoptive parents, and social workers sit down and talk about future openness. The birthparents share what they desire and the pre-adoptive parents share their desires. The social workers are there to guide the conversation and write a rough draft. After the birth of the child and before the birthparents' rights are terminated, everyone comes back together and the actual Cooperative Agreement is written.*

➢ *For the written agreement we use a legal template. The birthparents have their own counselor, and the adoptive parents have a counselor. They are prepared for a meeting that is facilitated by a third worker in an independent mediator role. The focus is on the first couple of years, with a clause to revisit in 2 years.*

While it may be important and helpful for birth and adoptive parents to write a post-adoption contact agreement, it is the spirit of open adoption and not the piece of paper that ultimately fosters a successful relationship. The process of negotiating a specific agreement can be useful in illuminating and processing discrepant expectations, so they can be clarified and worked through before the child is placed with the adoptive family.

As open adoption relationships evolve over time, the parties' ability to communicate in a constructive, collaborative manner is critically important. Grotevant and McRoy (1998) identified an unimpeded flow of communication between parties as facilitating contact between them. Another important factor identified by professionals for maintaining effective communication in the relationship involves clarifying expectations and not making assumptions about the motives

underlying behaviors. For example – without additional evidence – when an adoptive parent says to a birthparent that next week is not a good time for us, the birthparent should not assume that this is a distancing strategy, or when a birthmother does not call for several months, an adoptive parent should not assume she is not interested in hearing about or having contact with her child. One professional described the importance of clarifying expectations and assumptions and being accepting of each other's feelings:

➢ *Expectations are important. A birthmom may be grieving after placement and may pull away. Adoptive parents may feel angry and not that welcoming when she is ready to come back. A birthfather may not be responsive at first. Two years later, he wants to see his child. Adoptive parents may feel angry – you didn't care back then! It is important to be accepting of people for who they are.*

Availability of Post-adoption Services*.* Post-adoption services should be available to assist adoptive and birth family members in developing and renegotiating their openness arrangements over time (Maynard, 2005). Most birth and adoptive parents are able to manage changes in their relationship without professionals' interventions and support; some, however, benefit significantly from the guidance of properly informed, skilled counselors or mediators who understand open adoption issues. Adoption agencies need to employ clinicians who have the knowledge and skills to facilitate and mediate post-adoption issues in open adoptions. Many professionals responding to our study reported the need for such services:

➢ *We tell them we are here after the adoption. If there are issues, we can sit down with everybody and work them out.*

➢ *We make a lifelong commitment to the child and triad. We are available at any point if the birthparents or adoptive parents want to talk about a challenge or a snag they've hit.*

BARRIERS & CHALLENGES
IN OPEN ADOPTION RELATIONSHIPS

Inevitably, conflicts and tensions emerge from time to time in all relationships – among friends or co-workers, and within all families and extended families. And that includes extended families formed through adoption. Researches indicates such discomforts, rather than undermining relationships, have the potential to strengthen them as participants weather turbulent waters and achieve a new equilibrium with each other (Siegel, 2008; Duxbury, 2007).

The parties in an open adoption may sometimes disappoint each other, too. A birthmother who deliberately placed her child into a two-parent family may have strong feelings when the adoptive parents divorce. It also can be very hard on a birthparent to perceive that an adoptive parent behaves insensitively with the child or faces serious issues such as addiction or mental health challenges. An adoptive parent whose child shows behavioral or learning problems may feel anger toward a birthmother who used drugs, consumed alcohol or did not get proper medical care during pregnancy. In successful open adoption relationships, nonjudgmental empathy helps the parties manage disappointment, anger and other emotions, and helps to

navigate turbulence. A birthparent can extend a compassionate hand to an adoptive parent who is struggling. An adoptive parent can help a child see that a birthparent's challenging behaviors are signs of distress, not necessarily flawed character (Neil, 2003).

A part of the preparation process in an open adoption is helping them to anticipate their feelings toward others and the kinds of issues and situations that might arise after adoption. A UK study of the preparation of 61 families who were seeking to adopt children with special needs found that this was an area that received insufficient attention (Logan, 2010).

Differing Desires about Frequency or Nature of Contact

Professionals reported barriers that can challenge the stability of an open relationship, including one party wanting more frequent contact than the other, not following through or withdrawing from communications altogether. They reported:

➢ *Sometimes they expect they will establish this relationship and nothing will change. Life events happen. The adoptive parents in the first 5 years may be excited to do contact – they have the time. Then they have an 8-year old in little league and are canceling contacts. It's the same with birthparents. Now she is age 24 and involved in a new relationship. Families need to know about how to change the relationship and not end it.*

➢ *Sometimes a birthmother who was in high school at the time disappears during her college years.*

➢ *When they had an agreement and one party changes mid-stream is the most devastating problem. They need support. We will call the other party and do liaison work.*

It is often the case that birthparents need contact (perhaps letters, pictures, phone calls, visits) early in the placement, even as adoptive parents want space to cocoon with their new child. Both parties may require support from social workers in understanding and balancing conflicting needs. Professionals reported other circumstances causing tensions early on in the developing open relationship:

➢ *When they have many contacts during the pregnancy (phone calls, doctor visits, home visits, e-mails, etc.) and then decrease their communication after placement. This can be very disconcerting to the birthparents as they typically interpret this decrease as rejection. I encourage that adoptive families who want to communicate during pregnancy keep the level of communication they intend to have once the baby is placed.*

It is also common for birthparents to drift away from contact as the child ages. So, as children develop a greater desire for information from and connection with birthparents, they may becomes less available. Birthmothers may marry and have other children, for instance, and sometimes their husbands (who also need to be educated about the value of open adoption) object to ongoing contact.

Boundary Issues

Another challenge to the relationship is when one party behaves in a way that violates negotiated or assumed boundaries, or just feels very uncomfortable with the other. Examples include: a birthparent showing up hours late for a scheduled visit or giving the child a very expensive or inappropriate gift; or an adoptive mother trying to act like a parent to the birthmother. When an uncomfortable situation occurs, it is important for the parties to discuss it and seek an acceptable solution.

> *We had a situation where the birthmom was putting the baby and family's pictures on myspace, which is not a protected website. It made the family very uncomfortable. They spoke with the birthmom and she understood.*

Professionals should also educate the parties about boundaries in an open adoption and work with them early on to explore their expectations and clarify their roles. They need to reassure the parties that they will "*provide ongoing support during and after placement and be available if they need to re-establish boundaries or facilitate follow up meetings if there are any issues.*"

Another boundary issue described by professionals related to one party unburdening or leaning too much on the other:

> *Making sure that birthparents have a strong support system after the adoption is important. There is so much grief and loss that is experienced, and we really try to make sure they have the necessary means to process those outside of the adoptive family relationship, because in our experience we've seen that if the birthparents are leaning on them to bring support, it will place a strain on the contact and ultimately turn from being a child-centered relationship to and adoptive or birthparent-centered relationship.*

In a small number of cases, a birthparent may have substance abuse problems or a mental illness that is uncontrolled. One professional advised suggesting "careful openness" in these situations, with mediated communications or other safeguards to ensure that in-person contacts take place in a controlled manner. If an adoptive or birthparent does something that causes a breakdown in trust in the relationship, boundaries need to be renegotiated and trust must be rebuilt. One professional describes this situation:

> *The most difficult situations are when there has been a threat to the trust, as when a birthmother relapses with a drug issue. It is understandable that adoptive parents would be concerned and want to protect the child. Then our role is to help the parent rebuild that trust. This requires frank discussion and understanding to prevent a pulling back.*

Difficulty Accepting the Realities of Adoption

Professionals reported that when adults were struggling with their own issues related to the adoption, it often created tension in open adoption relationships. For some adoptive parents, ongoing struggles with their feelings related to infertility created resistance to including birthparents in their family circle, as workers reported below:

➢ *Couples that have entitlement or unresolved infertility issues tend to be far less open.*

➢ *Assisting families in identifying and addressing infertility issues during the preparation process is crucial.*

In their study of collaboration in the adoption kinship network, Grotevant and colleagues (1999) rated families on their levels of collaboration, finding that for those with low ratings, the needs and fears of the adults overshadowed the children's interests. They described an example of a family in which the adoptive father reported that sharing information about the child with the birthmother "reminded him that his child was adopted: 'We have great difficulty remembering that' " (p. 241).

Adoptive parents who struggle in accepting that adoption is different than biological family formation may engage in a variety of behaviors that are not helpful to themselves or their children. One professional provided this example:

➢ *Sometimes in open relationships, the adoptive parents have not told the child that this lady who comes by every now and again is their birthmom. We see a lot of families stuck, who can't tell the child, even when they have told the child that he or she is adopted.*

Birthparents also can struggle with accepting the reality of their loss or, sometimes, later regret their decisions. Professionals reported that such situations can create tension in the open adoption relationship as well.

Experiences of the Child

In open adoption, a child may encounter periodic situations that result in negative or ambivalent feelings, such as when his birthmother has a subsequent child whom she chooses to parent, or when she marries and moves farther away. In these situations, birth and adoptive parents need to give the child emotional support and validate his feelings.

A common discomfort that may arise in open adoption occurs when one child has more contact with his/her birth family than does a sibling who also was adopted. The imbalance can exacerbate a child's sense of loss, rejection, resentment or envy. It is often helpful for the involved birthparents to provide attention to all the adopted children in the family, thereby easing some of the pain for the child whose birthparents are less involved. It is not in a child's best interest, however, to deprive her of access to birth family because a disparity exists for a sibling.

The Minnesota-Texas study (Berge, et al., 2006) examined the nature of adopted adolescents' experiences with a sibling's birth family, and found that the youth looked forward to such contact. In 8 of the 29 sibling pairs studied, one teen was in a confidential adoption and the sibling had birth family contact. Those in confidential adoptions valued contact with their siblings' birth families and desired contact with their own, especially with birth siblings. For most, the different contact status did not cause significant conflict or jealousy.

Parents must be prepared to expect some variability in the adopted child's interest and investment in contact with birth relatives across time. It is not unusual for an adopted child to pass through phases when she or he wants to downplay adoption and is not that interested in contact with birthparents. During these phases, the adoptive parents can be the ones to sustain the extended family connection, with or without the child's knowledge or participation, so that access is still there when the child regains interest.

Many societal changes have resulted in complex arrangements in which children manage membership in multiple families, brought about through divorce and remarriage, reproductive technologies, and foster care and adoption. Adoption scholars recognize that open adoption also has redefined the words "extended family," forcing us to be more inclusive about the roles of adults connected to the child (Pertman, 2000; Wegar, 2006; Grotevant, 2007; Jones & Hackett, 2011). Research and practice illuminate the seemingly endless array of ways in which open adoption can succeed, and underscore that it can benefit everyone involved.

Putting an end to secrecy in adoption does not erase the losses embedded in the experience; it does, however, empower participants by providing them with information and access so they can face and cope with facts instead of fantasies. Adoption laws, agency policies and clinical practice in adoption should support the autonomy, self-determination, truth-telling and family connections of adopted people and their birth and adoptive families. Ongoing research into how different kinds of open adoption journeys affect their participants can help to guide – and improve – policy and practice.

CONCLUSIONS & RECOMMENDATIONS

A review of the research on openness in infant adoptions indicates that participants in some arrangements planned as "fully disclosed" do not continue contact, while others that began as closed later establish communications; why contacts cease in open adoptions has not been well-established in research, however. Studies also indicate that an overwhelming majority of adoptive parents, birthparents and teens who are currently involved in open adoption arrangements are satisfied with their level of openness and want to maintain the relationships, even if there are occasional tensions or challenges to work through (Berge, et al., 2006; McRoy, et al, 2007; Grotevant, et al., 2005; Siegel, 2003, 2008). The benefits of openness for all parties involved have been well established in research, particularly as they relate to adopted children (Berge, et al., 2006; Grotevant, et al., 1999).

The professionals surveyed and interviewed for the Adoption Institute's study overwhelmingly indicated that most expectant and pre-adoptive parents who come to them have many fears and misconceptions about openness – and therefore need considerable education, support and other help to understand their options and develop arrangements that work best for them and their children. Professionals also described an array of barriers and challenges that may be encountered as parents develop open-adoption relationships. Based on their responses and on our review and analysis of existing research, we offer the following recommendations:

- **Both expectant parents considering adoption and pre-adoptive parents should receive thorough counseling and training on the range of options related to openness, including the challenges and benefits of various levels of openness for all members of the Extended Family of Adoption. They should also receive assistance in thinking through the implications of their choices, not only in the present but for the future.** All decision-making related to adoption options must be embedded in ethical adoption practice to maximize self-determination and full disclosure. Parents who are pressured to choose a certain level of openness are less likely to be satisfied or successful, so non-coercive practices are critically important. Expectant and pre-adoptive parents alike may be acting out of fear, avoidance, misconceptions or other issues. Gentle, empathic support and reflection can enable them to honestly consider their options and their implications for themselves and their children.

- **Expectant and pre-adoptive parents who want an open adoption should receive training on the factors that are important for developing a successful relationship and on strategies for working through tensions and maintaining a child-centered focus.** In order to meet this need, the Adoption Institute is developing a curriculum for preparatory training, which will include a trainer's guide and a PowerPoint.

- **All of the parents involved should be offered post-adoption services in order to work through any challenges they encounter in relation to openness.** Most often, such services involve brief phone consultation or in-person counseling, but some agencies offer groups to support and assist both birth and adoptive families.

- **Additional research should be conducted to enhance understanding of the factors that promote successful open adoption relationships and the ways practitioners can support them.** Researchers need to further investigate participants' perspectives on challenges they may encounter and how to resolve them. Finally, there is a dearth of knowledge about openness in adoptions from foster care and from other countries, so more research is needed in those areas.

REFERENCES

Baumann, C. (1999). Adoptive fathers and birthfathers: A study of attitudes. *Child and Adolescent Social Work Journal*, *16* (5), 373-391.

Beckett, C., Hawkins, A., Castle, J., Groothues, C., Sonuga-Barke, E., Colvert, E., Kreppner, J., Stevens, S., & Rutter, M. (2008). The experience of adoption II: The association between communicative openness and self esteem in adoption. *Adoption & Fostering, 32*, 29-39.

Belbas, N. F. (1987). Staying in touch: Empathy in open adoptions. *Smith College Studies in Social Work, 57*, 184-198.

Berge, J. M., Green, K. M., Grotevant, H. D., McRoy, R. G. (2006). Adolescent sibling narratives regarding contact in adoption, *Adoption Quarterly, 9* (2/3), 81-103.

Berge, J. M., Mendenhall, T. J., Wrobel, G. M., Grotevant, H. D., & McRoy, R. G. (2006). Adolescents' feelings about openness in adoption: Implications for adoption agencies. *Child Welfare,* 85, 1011-1039.

Berry, M. (1991). The practice of open adoption: Findings from a study of 1396 adoptive families. *Children and Youth Services Review*, *13* (5-6), 379-395.

Berry, M. (1993). Adoptive parents' perceptions of and comfort with open adoption. *Child Welfare, 72,* 231-253.

Berry, M., Dylla, D. J. C., Barth, R. P., & Needell, B. (1998). The role of open adoption in the adjustment of adopted children and their families. *Children and Youth Services Review*, *20* (1-2), 151-171.

Brodzinsky, A. B. (1990). Surrendering an infant for adoption: The birth mother experience. In D. M. Brodzinsky & M.D. Schechter (Eds.), *The psychology of adoption* (pp. 295-315). New York: Oxford University Press.

Brodzinsky, D. (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption Quarterly, 9* (4), 1-18.

Brown, D., Ryan, S., Pushkal, J. (2007). Initial validation of the Open Adoption Scale: Measuring the influence of adoption myths on attitudes toward open adoption. A*doption Quarterly*. *10* (3-4): 179-196.

Cahn, N., & Singer, J. (1999). Adoption, identity, and the Constitution: The case for opening closed records. *University of Pennsylvania Journal of Constitutional Law, 2(*1), 150-194*.*

Carp, E. W. (1998). *Family matters: Secrecy and disclosure in the history of adoptions.* Cambridge: Harvard University Press.

Christian, C. L., McRoy, R. G., Grotevant, H. D., & Bryant, C. M. (1997). Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions. *Adoption Quarterly, 1*, 35-58.

Collins, G. (2009). *When everything changed: The amazing journey of American women from 1960 to the present.* New York: Little, Brown and Co.

Crea, T. M., & Barth, R. P. (2009). Patterns and predictors of adoption openness and contact: 14 years postadoption. *Family Relations, 58* (5), 607-620.

Cushman, L.F., Kalmuss, D., Namerow, P. B. (1997). Openness in adoption: Experiences and social psychological outcomes among birth mothers. *Marriage and Family Review*, *2* (1), 7-18.

Duxbury, M. (2007). *Making room in our hearts: Keeping family ties through open adoption.* New York: Routledge/Taylor.

Etter, J. (1993). Levels of cooperation and satisfaction in 56 open adoptions. *Child Welfare,* 72(3), 257-267.

Evan B. Donaldson Adoption Institute. (1997). Benchmark Adoption Survey: Report on the Findings. Princeton Survey Research Associates. New York: EBDAI. May be accessed at: http://www.adoptioninstitute.org/survey/Benchmark_Survey_1997.pdf.

Fessler, A. (2006). *The girls who went away: The hidden history of women who surrendered children for adoption in the decades before Roe v. Wade.* New York: Penguin Press.

Fratter, J. (1996). *Adoption with contact: Implications for policy and practice.* London: British Agency for Adoption & Fostering.

Fravel, D.L., McRoy, R.G., & Grotevant, H.D. (2000). Birthmother perceptions of the psychologically present adopted child: Adoption openness and boundary ambiguity. *Family Relations, 49* (4),425-433.

Freundlich, M. (2001). *Adoption and ethics: The impact of adoption on members of the triad.* Washington, DC: Child Welfare League of America & Evan B. Donaldson Adoption Institute.

Ge, X., Natsuaki, M. N., Martin, D. M., Leve, L. D., Neiderhiser, J. M., Shaw, D. S., Villareal, G., Scaramella, L., Reid, J. B., & Reiss, D. (2008). Bridging the divide: Openness in adoption and postadoption psychosocial adjustment among birth and adoptive parents. *Journal of Family Psychology, 22* (3), 529-540.

Gritter, J. L. (1997). *The spirit of open adoption.* Washington, DC: Child Welfare League of America.

Gritter, J. L. (2000). *Lifegivers: Framing the birthparent experience in open adoption.* Washington, DC: CWLA Press.

Gross, H. E. (1993). Open adoption: A research-based literature review and new data. *Child Welfare, 77* (3), 269-84.

Grotevant, H. D. (2000). Openness in adoption: Research with the adoption kinship network. *Adoption Quarterly, 4*(1), 45-66.

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Grotevant, H. D. (2007). Openness in adoption: Re-thinking "family" in the US, In M.C. Inhorn (Ed.), *Reproductive disruptions: Gender, technology, and biopolitics in the new millennium* (pp. 122-143), New York: Berghahn Books.

Grotevant, H. D. (2009). Emotional distance regulation over the life course in adoptive kinship networks, In G.M. Wrobel & E. Neil (Eds.), *International advances in adoption research for practice* (pp. 295-316). London: Wiley-Blackwell.

Grotevant, H. D., Dunbar, N., Kohler, J. K., & Esau, A. L. (2007). Adoptive identity: How contexts within and beyond the family shape developmental pathways. In R.A. Javier, A. L. Baden, R.A. Biafora, & A. Comacho-Gingerich (Eds.), *Handbook of adoption*. Thousand Oaks, CA: Sage.

Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family connections*. London: Sage Publications.

Grotevant, H. D., McRoy, R. G., & Ayers-Lopez, S. (2004). Contact after adoption: Outcomes for infant placements in the USA, In E. Neil 7 D. Howe (eds.), *Contact in adoption and permanent foster care: Research, theory and practice* (pp. 7-24), London: British Association for Adoption & Fostering.

Grotevant, H. D., McRoy, R. G., Elde, C. L. & Fravel, D. L. (1994). Adoptive family system dynamics: Variations by level of openness in the adoption. *Family Process*, *33*, 125-146.

Grotevant, H.D., Perry, Y. V., & McRoy, R. G. (2005). Openness in adoption: Outcomes for adolescents within their adoptive kinship networks. In D. M. Brodzinsky & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice* (pp. 167-186). Westport, CT: Praeger.

Grotevant, H.D., Ross, N.M., Marchell, M.A., & McRoy, R.G. (1999). Adaptive behavior in adopted children: Predictors from early risk, collaboration in relationships within the adoptive kinship network, and openness arrangements. *Journal of Adolescent Research, 14*, 231–247.

Grotevant, H. D., Rueter, M., Von Korff, L., & Gonzalez, C. (2011). Post-adoption contact, adoption communicative openness, and satisfaction with contact as predictors of externalizing behavior in adolescence and emerging adulthood. *Journal of Child Psychology and Psychiatry,*

Hartman, A. (1991). Every clinical social worker is in post-adoption practice. *Journal of Independent Social Work, 3* (4), 149-163.

Hawkins, A., Beckett, C., Rutter, M., Castle, J., Colvert, E., Groothues, C., Kreppner, J., Stevens, S., & Sonuga-Barke, E. (2007). Communicative openness about adoption and interest in contact in a sample of domestic and intercountry adolescent adoptees. *Adoption Quarterly, 10* (3-4), 131-156.

Henney, S. M., McRoy, R. G., Ayers-Lopez, S. Grotevant, H.D. (2003). The impact of openness on adoption agency practices: A longitudinal perspective. *Adoption Quarterly*, 6(3): 31-51.

Henney, S. M., Ayers-Lopez, S., McRoy, R. G., & Grotevant, H. D. (2007). Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness. *Journal of Social and Personal Relationships, 24* (6), 875-889.

Hollenstein,, T., Leve, L. D., Scaramella, L., Milfort, R., & Neiderhiser, J. M. (2003). Openness in adoption, knowledge of birthparent information, and adoptive family adjustment. *Adoption Quarterly, 7* (1), 43-52.

Hollinger, J. H., Baran, A; Pannor, R.; Appell, A. R. Modell, J. S. (2004). Adoption with continuing contact. In Naomi R.Cahn & Joan Heifetz Hollinger (Eds.) (2004). *Families by law: An adoption reader.* NY: U.S. Children's Bureau and Child Welfare League of America.

Jones, C., & Hackett, S. (2011). Redefining family relationships following adoption: Adoptive parents' perspectives on the changing nature of kinship between adoptees and birth relatives. *British Journal of Social Work* (advance online publication).

Kohler, J.K., Grotevant, H.D., & McRoy, R.G**.** (2002). Adopted adolescents' preoccupation with adoption: Impact of adoptive family dynamics. *Journal of Marriage and the Family*, 64, 93-104.

Kraft, A.D., Palombo, J., Mitchell, D. L., Woods, P.K., Schmidt, A. W., & Tucker, N. G. (1985). Some theoretical considerations on confidential adoptions: Part III. The adopted child. Child and Adolescent Social Work Journal. 2, 139-153.

Kraft, A. D., Palombo, J., Mitchell, D. L., Woods, P. K., Schmidt, A. W., & Tucker, N. G. (1986). Some theoretical considerations on confidential adoptions: Part IV-Countertransference. *Child and Adolescent Social Work Journal. 3*, 3-14.

Kraft, A. D.,Palombo, J., Woods, P. K., Mitchell, D., & Schmidt, A. W. (1985a). Some theoretical considerations on confidential adoptions: Part I. The birth mother. *Child and Adolescent Social Work Journal, 2,* 13-21.

Kraft, A. D., Palombo, J., Woods, P. K., Mitchell, D. & Schmidt, A. W. (1985b). Some theoretical considerations on confidential adoptions: Part II. The adoptive parent. *Child and Adolescent Social Work Journal, 2,* 69-82.

Levy-Shiff, R. (2001).Psychological adjustment of adoptees in adulthood: Family environment and adoption-related correlates. *International Journal of Behavioral Development, 25* (2), 97-104.

Lifton, B. J. (1979). *Lost and found:The adoption experience.* New York: Dial Press.

Logan, J. (2010). Preparation and planning for face-to-face contact after adoption: The experience of adoptive parents in a UK study. *Child & Family Social Work*, *15*, 315-324.

Logan, J., & Smith, C. (1999). Adoption and direct post-adoption contact. *Adoption & Fostering, 23* (4), 58-59.

Logan, J., & Smith, C. (2005). Face-to-face contact post-adoption: Views from the triangles. *British Journal of Social Work, 35* (1), 3-35.

Mason, M.M. (2007). Top ten ethical considerations in open adoption practice. May be accessed at: http://www.americanadoptioncongress.org/open_mason_article.php

Maynard, J. (2005). Permanency mediation: A path to open adoption for children in out-of-home care. *Child Welfare: Journal of Policy, Practice, and Program.* Vol. 84 (4): 507-526.

McGinnis, H., Smith, S. L., Ryan, S. D., & Howard, J. A. (2009). Beyond culture camp: Promoting health identity formation in adoption. New York: Evan B. Donaldson Adoption Institute.

McRoy, R. G.; Grotevant, H. D., Ayers-Lopez, S. & Henney, S. (2007). Open adoptions: Longitudinal outcomes for the adoption triad. In Rafael A. Javier; Amanda L. Baden, Frank A. Biafora, Alina Camacho-Gingerich. *Handbook of adoption: Implications for researchers, practitioners, and families.* Thousand Oaks, CA: Sage.

Melina, L. R. & Roszia, S. K. (1993). *The open adoption experience*. New York: Harper Collins.

Mendenhall, T. J., Berge, J. M. Wrobel, G. M., Grotevant, H.D. & McRoy, R. G. (2004). Adolescents' satisfaction with contact in adoption. *Child and Adolescent Social Work Journal*, *21* (2): 175-190.

Neil, E. (2000). *Contact with birth relatives after adoption:A study of young, recently placed children.* Unpublished doctoral dissertation, University of East Anglia, Norwich, England.

Neil, E. (2003). Understanding other people's perspectives: Tasks for adopters in open adoption. *Adoption Quarterly*, *6*(3): 3-30.

Neil, E. (2009). Post-adoption contact and openness in adoptive parents' minds: Consequences for children's development. *British Journal of Social Work, 39* (1), 5-23.

Pertman, A. (2000). *Adoption nation: How the adoption revolution is transforming America.* New York: Basic Books.

Powell, K. & Afifi, T. (2005). Uncertainty management and adoptees' ambiguous loss of their birthparents. *Journal of Social & Personal Relationships, 22* (1), 129-151.

Reamer, F., & Siegel, D. (2007). Ethical issues in open adoption: Implications for practice. *Families in Society: The Journal of Contemporary Social Services, 88* (1), 11-18.

Reitz, M. & Watson, K. (1992). *Adoption and the family system: Strategies for treatment*. NY: Guilford.

Romanchik, B. (1999). Being a birthparent: Finding our place, an open adoption pocket guide book. Royal Oak, MI: Insight Open Adoption Resources & Support. May be ordered at: http://www.openadoptioninsight.org/html/books.html#pocket

Rosenberg, K. F. & Groze, V. (1997). The impact of secrecy and denial in adoption: Practice and treatment issues. *Families in Society*, *78,* 522-530.

Sachdev, P. *Unlocking the adoption files.* Lexington, MA: Lexington Books.

Samuels, E. (2001). The strange history of adult adoptee access to original birth records. *Adoption Quarterly*, *5* (2), 63-74.

Schaefer, C. (1991). *The other mother: A true story.* New York: Soho Press, Inc.

Shih, T, & Fan, X. (2008). Comparing response rates from web and mail surveys: A meta-analysis. *Field Methods, 20* (3), 249-271.

Siegel, D. H. (2008). Open adoption and adolescence. *Families in Society, 89* (3), 366-374.

Siegel, D.H. (2003). Open adoption of infants: Adoptive parents' feelings seven years later. *Social Work*, *48* (3), 409-410. (Publisher printed a corrected Table 1 in the October 2003 issue, *48* (4), 503.

Siegel, D.H. (1993). Open adoption of infants: Adoptive parents' perceptions of advantages and disadvantages. *Social Work,* 38 (1),15-25.

Smith-McKeever, C. (2005). Factors influencing African American adoptive parents' attitudes toward open adoption. *Journal of Ethnic and Cultural Diversity in Social Work: Innovation in Theory, Research and Practice, 14* (3-4), 63-79.

Smith, S.L. (2006). Safeguarding the rights and well-being of birthparents in the adoption process. New York: Evan B. Donaldson Adoption Institute.

Sobol, M. P., Daly, K. J., Kelloway, E. K. (2000). Paths to the facilitation of open adoption. *Family Relations*, *49*(4), 419-424.

Sorosky, A., Baran, A., & Pannor, R. (1978, rev. 1984). *The adoption triangle.* New York: Doubleday.

Sotiropoulos, K. (2008). Open adoption and the politics of transnational feminist human rights. *Radical History Review*. Issue 101, 179-190.

Sykes, M. (2000). Adoption with contact: A study of adoptive parents and the impact of continuing contact with families of origin. *Adoption and Fostering, 24* (2), 20-33.

Van Buren, A. (Sept. 11, 2011). Identity issues serious matter for adoptees. *Amarillo Globe News.* Retrieved from: http://amarillo.com/lifestyle/advice/2011-09-07/identity-issues-serious-matter-adoptees#.Tmf9HnN92FU

Vandivere, S., Malm, K., & Radel, L. (2009). *Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents*. U.S. Department of Health and Human Services. Retrieved November 23, 2009 from:
http://aspe.hhs.gov/hsp/09/NSAP/chartbook/index.pdf

Von Korff, L., Grotevant, H.D., & McRoy, R.G. (2006). Openness arrangements and psychological adjustment in adolescent adoptees. *Journal of Family Psychology, 20,* 531-534.

Von Korff, L., & Grotevant, H.D. (2011). Contact in adoption and adoptive identity formation: The mediating role of family conversation. *Journal of Family Psychology, 25* (3), 393-401.

Wegar, K. (2006). *Adoptive families in a diverse society.* New Brunswick, NJ: Rutgers University Press.

Witherow, T. S. (2005). Open adoption: Is it in the best interests of the child? *Dissertation Abstracts International, 65* (7), 2785-A-2786-A.

Wolfgram, S. M. (2008). Openness in adoption: What we know so far – A critical review of the literature. *Social Work, 53* (2), 133-142.

Wrobel, G. M. Ayers-Lopez, S., Grotevant, H. D. McRoy, R. G., & Friedrick, M. (1996). Openness in adoption and the level of child participation. *Child Development*, 67(5), 2358-2374.

Wrobel, G.M., Kohler, J. K., Grotevant, H.D., & McRoy, R. (1998). Factors related to patterns of information exchange between adoptive parents and children in mediated adoptions. *Journal of Applied Developmental Psychology, 19* (4), 641-657.

Wrobel, G. M. & Neil, E. (2009). International advances in adoption research for practice. Oxford: Wiley-Blackwell.