From Proving Perfection to Seeking Support:
The Lived Experiences of Adoptive Parents in Alberta
De l'image de perfection à la recherche de soutien :
les expériences vécues de parents adoptifs en Alberta

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ABSTRACT

The purpose of this phenomenological study on the lived experiences of 14 adoptive parents in Alberta is to gain deeper insights into how parents (a) experience the process of adoption, and (b) seek support and receive support services. The intent is also to increase understanding and determine if any changes to current practices are needed. This study uncovers how some adoptive parents experience the process as traumatic, while others feel unsupported. The need to substantiate oneself as a perfect parent to get approved for adoption, and then request support for adoption after placement, can be both isolating and challenging for parents. Recommendations on adoption processes are discussed, as well as implications for the field of counselling.

RÉSUMÉ

Cette étude phénoménologique portant sur le vécu de 14 parents adoptifs de l'Alberta vise à fournir des connaissances plus approfondies sur la façon dont les parents (a) vivent l'expérience de la démarche d'adoption et (b) recherchent du soutien et reçoivent des services d'aide. L'objectif est également de mieux comprendre et de déterminer s'il y a lieu d'apporter des changements aux pratiques actuelles. L'étude révèle que certains parents adoptifs perçoivent la démarche comme étant traumatisante, tandis que d'autres se sentent peu appuyés. Les parents indiquent deux facteurs qui peuvent à la fois les isoler et leur causer des difficultés : l'obligation de démontrer que l'on est un parent parfait afin d'obtenir l'approbation pour l'adoption, puis le fait de demander de l'aide pour l'adoption après le placement, L'article présente une discussion de recommandations sur la démarche d'adoption, ainsi que des implications dans le domaine du counseling.

The study used a phenomenological process to gain deeper insights into how parents experience the adoption process and support services to increase awareness and determine if changes to practices and procedures can improve counselling and support services. The findings of this study situate the discussion of the lived experiences of adoptive parents within the framework of best practices that can be used by service providers, including counselling practitioners, to improve the quality and relevance of their services. By focusing on the lived experiences of 14 adoptive parents (including 5 couples), the findings acknowledge that some

adoptive parents experience the adoption process as significantly stressful, starting from the approval process, with many reporting feeling unsupported throughout the experience. The paradox of substantiating oneself as a *perfect parent* to get approved for adoption, and then requesting support for adoption after placement, can cause fear and become isolating and challenging for parents.

<div align="center">REVIEW OF THE LITERATURE</div>

This section examines the challenges faced by adoptive parents as well as therapeutic approaches and counsellor competencies for those working with adoptive families. Services available to the broader public inadequately meet the unique support needs of adoptive parents, and these needs require intervention (McKay & Ross, 2011). Not meeting the needs of adoptive parents can have profoundly negative consequences on children and can result in adoption breakdown (Liao & Testa, 2016). Adoptive parents in one study noted the adoption process, including the approval, matching, and placement process, created stress and uncertainty, summarized by researchers as "hanging in limbo" (Foli, Hebdon, Lim, & South, 2017, p. 488). The pre-placement process, which often includes managing loss from infertility, failed placements, or unexpected barriers in the system (including legal and financial burdens), created difficulties unique to adoption (Foli et al., 2017). Canadian parents noted they felt the need to be perfect, which acted as a barrier to accessing support (McKay & Ross, 2010; Ryan, Nelson, & Siebert, 2009; Weistra & Luke, 2017). After placement, adoptive parents stated they are often fearful of approaching social services or the adoption agency for assistance (Dhami, Mandel, & Sothmann, 2007). Some parents worry that they will be seen as the problem and that there will be negative consequences in admitting to challenges and seeking support (Ryan et al., 2009). Adopters in a study in Ontario noted concerns that their child would be taken away from them for minor faults in their parenting (McKay & Ross, 2010).

Adoptive parents have reported feeling isolated due to a lack of adoptive parent peers and support groups, feeling older than average first-time parents, and feeling non-adoptive families would not understand their needs (McKay & Ross, 2010; Weistra & Luke, 2017). Some adoptive parents have also experienced discord in their relationships with their extended families, as differences in parenting approaches and others' inability to understand the needs of adopted children created conflict (Tasker & Wood, 2016). Adoptive parents noted the challenges of managing their child's behaviour in public because traumatized children can behave in ways that are socially unacceptable for their age (Foli et al., 2017).

A meta-analysis of studies that examined adaptation to adoptive parenthood noted a gap in research related to examining the demands of parenting adopted children (such as behavioural challenges) and supports (such as social or specialized support), which are issues found to increase stress on adoptive parents (McKay, Ross, & Goldberg, 2010). Loss, neglect, and abuse experienced by children can make it difficult to create an attachment to new caregivers (Kerr & Cossar,

2014). The loss of birth parents, from consensual adoption or because of abuse and/or neglect, can be internalized as rejection and/or abandonment (Mahmood & Visser, 2015).

Adoptive parents are often unprepared to face the challenges of parenting children who struggle to form attachments, which can lead to feelings of failure, increasing the risk of them becoming distant and less responsive to the needs of their child(ren) (Carnes-Holt & Bratton, 2014). Children placed for adoption over the age of 24 months were more likely to display attention difficulties, conduct problems, anxiety, depression, and attachment-related challenges than those adopted before six months (Shorey, Nath, & Carter, 2013). Children placed for adoption over the age of four displayed significantly higher levels of externalizing behaviours (such as oppositional defiant disorder and attention-deficit hyperactivity disorder), and levels of these behaviours appeared to match levels of parental stress (Nadeem et al., 2017). Adoptive parents were often shocked by the behaviours of older children placed for adoption, particularly when part of a sibling group, and these challenges endured for much longer than anticipated (Tasker & Wood, 2016). Special needs were not always disclosed to adoptive parents, leading to parents being unprepared for managing these challenges (Foli, South, & Lim, 2012).

Children need to be assessed thoroughly before placement, with all information passed to prospective adopters so supports can be planned (Grotevant & McDermott, 2014). These supports can avert adoption breakdown and the resulting mental health challenges faced by vulnerable children (Barth, Lee, Wildfire, & Guo, 2006; Hansen, 2007; Kamarck, Hansen, Wilson, & Katz, 2012). Evidence shows that stable placements, such as adoption or guardianship, together with effective intervention provide children in public care with better psychosocial outcomes, lower substance abuse problems, and lower levels of internalized and externalized behaviours (Healey & Fisher, 2011; Rolock & White, 2017). Research suggests that services provided post-placement reduce adoption disruptions, ease transitions, and mitigate later challenges faced by adoptive families (Houston & Kramer, 2008; Ryan et al., 2009). Canadian parents who adopted older children and/or children who had experienced abuse were more likely than parents who adopted infants to feel that post-adoption support was inadequate (Dhami et al., 2007). Post-placement adoption breakdown occurs more often in placements involving older children with early histories of abuse and neglect, and in instances of inadequate support services and social support (White, 2016). Breakdown occurs in 10–25% of adoptions (Children's Bureau, 2012; Houston & Kramer, 2008), and increases by 15% when a child has a disability and 6% with each year a child ages before placement (Ryan et al., 2009).

Canadian adoptive parents asked for support soon after placement, often after the onset of challenging behaviour and/or a traumatic incident (Dhami et al., 2007), and when their child(ren) displayed behaviours not developmentally expected (Lancaster, Ovrebo, & Zuckerman, 2017). However, many adoptive parents are reluctant to access support because of a fear of stigmatization and a

lack of general understanding from many professionals, including counselling practitioners, about issues unique to adoption (Schweiger & O'Brien, 2005). Counselling is one of the top three services sought by adoptive parents, along with support groups and financial support (Hartinger-Saunders, Trouteaud, & Johnson, 2015). Parents who adopt children from permanent care in Alberta, for example, are entitled to the Supports for Permanency program that includes 10 counselling sessions per year, financial support, and respite care (Government of Alberta, 2017). This is not the case for those in Alberta that adopt privately or internationally.

Counsellors tend to employ behavioural interventions first, but their use is not well supported by research for adopted children (Kinsey & Schlösser, 2013; Lancaster et al., 2017). According to some counsellors working in the field (Lancaster et al., 2017) behavioural approaches appear to create additional challenges for relationship formation between child and parent.

Other counselling approaches include relational approaches, which are well supported by research for this group (Kinsey & Schlösser, 2013). In one study, specialist child-parent relationship therapy, including play, resulted in increased parental empathy and a reduction in child behavioural problems (Carnes-Holt & Bratton, 2014). Relational interventions are grounded in attachment theory and include: theraplay (Booth & Jenberg, 2010; Hong, 2014; Weir et al., 2013); dyadic developmental psychotherapy (DDP) (Hughes, 2017); filial family therapy (VanFleet, 2015); and, trust-based relational intervention (TBRI) (Purvis, Cross, Dansereau, & Parris, 2013).

Counsellors and other professionals working in this area need to be aware of the special needs of this population and the attachment-based approaches that have been demonstrated to be effective. Applying techniques used with non-adoptive families will not adequately address the challenges faced by adoptive families (McKay & Ross, 2011). In summary, the support needs of adoptive families are unique, require specialized training and knowledge, and can be very expensive. All of these can act as barriers to the provision of effective and responsive support.

THE RESEARCH QUESTION

This study aims to answer the following question, "What is the lived experience of individuals in becoming adoptive parents and accessing support services in Alberta?"

METHOD

This qualitative research project employed a phenomenological methodology grounded in the work of Edmund Husserl (1859-1938) to garner the lived experiences of adoptive parents in Alberta and their experience, if any, of accessing and receiving support services for adoption. Phenomenology was deemed an ap-

propriate methodology for this study because it is useful for exploring the lived experiences of individuals and their perceptions of those experiences, and it is valuable for the development of practice and policy procedures (Wilson, 2015).

Sampling and Participants

Purposeful sampling was used to access our 14 participants. We engaged three community-based organizations in Alberta as locations to advertise our call for participants[1] and posted our recruitment poster on Facebook, which was shared 67 times. Interested participants contacted the primary author directly and the organizations played no formal role in the direct recruitment of participants. The natural phenomenon of snowball sampling occurred in the sampling process in this study.

As with all forms of qualitative research, participants represent the heart of the research findings (Denzin & Lincoln, 2013; Roughley & Alderson, 2012). Fourteen individuals (which included 5 couples) chose to participate in this study. All were self-referred and met the following inclusion criteria: they were over the age of 18, currently living in Alberta, and they have had a child or children placed with them for adoption in Alberta. As participants in this study were deemed members of vulnerable populations, we assigned each participant a pseudonym. The 14 participants made up nine family units and were between the ages of 32 and 72 (*M age* = 55*)*. All participants identified as White. Seven of the 9 families live in larger cities in Alberta, and 2 families live in rural locations in Alberta. Two of the 9 families also had birth children. Seven of the family units were heterosexual couples married to the partner that they adopted with, and 2 participants were divorced. Four of the family units adopted through private agencies, and 5 through the provincial government. Eight family units were considered "stranger adoption,"[2] while 1 family was considered "kinship adoption."[3] Five of the family units adopted in the 2010s, 1 family adopted in the 2000s, 2 families adopted in the 1990s, and 1 family in the 1980s. Five of the families interviewed stated that their child(ren) were diagnosed with additional support needs. Six of the families currently have or have had contact with the birth families.

Data Collection

Data were collected using the phenomenological interview (Bevan, 2014; Guerrero-Castañeda, Menezes, & Ojeda-Vargas, 2017). The semi-structured nature of the qualitative interview creates opportunities for researchers to delve deeper into the lived experiences of participants (Creswell & Creswell, 2018; Josselson, 2013; King & Horrocks, 2010). Appendix A outlines the interview questions. The interviews were facilitated by the primary researcher with participants in person, either in the participants' home or by telephone. All interviews were audio recorded using a digital recorder. Each participant provided informed consent. Each interview consisted of a semi-structured interview protocol. Each interview lasted between 60 and 150 minutes. Our Institutional Review Board approved this study.

Data Analysis

The interviews in this study were digitally recorded and transcribed verbatim by two research assistants.[4] The first author reviewed the verbatim transcripts by listening to the digital recordings and following the transcript to ensure accuracy. Participants were invited to review their transcripts before the analysis process to ensure the interview clearly articulated their lived experience. Once the transcripts were confirmed to be verbatim accounts of the interviews, the data analysis process commenced. The transcripts were analyzed by the method of *horizontalization*, which involves finding statements that reflect the phenomenon, and then *themes* (reflecting the essence of the phenomenon) were formed from *clustering* these statements (Creswell & Poth, 2018). The essence is drawn from looking at the phenomenon from different perspectives to determine which elements are essential to creating the phenomenon: elements without which the phenomenon would not exist (Wertz et al., 2011). The process results in a *textual description* that summarizes significant statements, themes, and essences of the phenomenon (Creswell, 2013). The second and third authors were engaged in critical discussions and exploration of the central themes with the first author throughout the data analysis process.

Trustworthiness

When conducting qualitative research, researchers need to acknowledge the strengths and limitations of their methodological approach and results. Trustworthiness calls into question the overall credibility of the research findings through the implementation of strategies used to ensure rigour and credibility (Cope, 2014; Morse, 2015). The following strategies were used to add to the overall trustworthiness of this study: prolonged engagement, peer debriefing, member checks (by sending verbatim transcripts shortly after interviews with each participant to allow any reflections on the interviews to be shared with researchers), investigator triangulation (by having researchers review transcripts and summarize outcomes independently), and audit trails (by keeping a spreadsheet to monitor steps taken to ensure trustworthiness, such as sending transcripts and receiving confirmation of receipt of transcripts by participants; Guba & Lincoln, 1989). To minimize the impact of bias on the experiences of participants, the primary and secondary authors engaged in bracketing (Creswell & Poth, 2018), also known as phenomenological reflection (van Manen, 2007).

RESULTS

In this section of the article, we will introduce and discuss six themes, each with subthemes that resulted from the data analysis process: (a) choosing adoption, (b) experiencing the adoption process as traumatic, (c) systemic trauma and surveillance, (d) barriers to additional resources, (e) feeling "othered," and (f) counsellor knowledge and competency. Each will be discussed in turn.

Choosing Adoption

Many participants spoke about their decision to become an adoptive parent. Nine of the participants were unable to have biological children for different reasons. Participants described various reasons for adopting: for some, this was their route to parenthood, while for others it related to providing a child with a home. Participants were open about fertility challenges that brought them to choosing adoption to build their families. Half of the participants discussed a sense of loss and disenfranchised grief relating to their infertility, while the other half were less emphatic about the need for biological parenthood. In this study, 5 families adopted from the public system and 4 from the private system. The public system places children in the care of adoptive families when it has been determined that these children cannot be returned to their birth parents, while private agencies arrange for the placement of children voluntarily placed for adoption by birth parents.

Experiencing the Adoption Process as Traumatic

The process of becoming an adoptive parent was experienced as traumatic by most of the participants. This perception originated from various experiences, including feelings of a lack of control in the early stages of adoption, concerns over being good enough to be chosen and marketing yourself as a suitable parent, the process of selecting the type of child that you are willing to parent, and the process of being chosen.

Lack of control and loss of agency in the early stages of adoption. A common theme was that of feelings of anxiety around the process of waiting, the sense of limbo, the belief that things could change in an instant, and the concern over a lack of agency in decision making, particularly for those adopting from the public system.

> [Children's Services] had to come to the house every month … [We were told] we can't have a mobile in her crib. She can't sleep with anything soft. We weren't allowed to tell anybody about her … From the beginning, we're not sure what the rules are, what the line is, we just go along with it because we're scared of them [the social workers] and what they can do if they really wanted to. (Peter, age 33)

The marketing of self. Adoptive parents noted the challenges of "marketing" themselves to birth parents or social services as a parent, and the trials involved. How do you present yourself to birth parents? One adoptive parent noted that while she worked in marketing, she did not know how to market herself in this new context. What are the consequences of revealing your true self to decision makers? Some parents felt penalized for being honest during the home study about personal issues such as a history of depression or anxiety.

> We got red flagged when we first applied to fostering because I have a history of depression … I never saw it as a weakness, so I never had a problem talking about it. (Angela, age 42)

The process of expectations: The ideal child. Most of the adoptive parents spoke about feeling uncomfortable with identifying the kind of child they would like to adopt and setting limitations on the types of challenges that they would consider. Parents were concerned about being judged, and many judged themselves. They were told by assessors to be honest but were worried about the implications of doing so. One parent noted that although they would have been willing to accept specific challenges, it was difficult to know what that meant until it was experienced.

> Anything you say no to you temporarily [makes you] feel like a monster. There are children with these issues, and how could you turn your back on them? At the same time, you owe it to yourself to be honest … (Jacob, age 43)

Choosing a child, being chosen, and becoming a family. All the adoptive parents spoke about the process of finding out a child had been matched with them and deciding if it was the right match. Participants described the myriad of feelings that accompanied these moments. "It was crazy, and amazing and humbling and wonderful, and terrifying" (Jennifer, age 41).

Systemic Trauma and Surveillance

Participants spent a great deal of time discussing the early stages of adoptive parenthood. Many experienced the process of placement, particularly in private adoption, as traumatic. A dominant theme was the feeling that one had to be perfect as an adoptive parent, that the bar was higher somehow when compared to biological parenting, and that everyone was watching and judging, including social services, other professionals, and the birth family.

The need for perfection as a parent. A clear theme was the feeling that to be an adoptive parent, one had to be perfect. One had to present oneself as perfect for social workers during the approval process, and for some, to birth families in private adoption. In kinship adoption, 1 participant noted what appeared to be very different standards for them and the birth mother to meet. People felt judged about all aspects of their lives.

> During the home study: One of the workers said, "We can't take your job into consideration because you're not working in your field" (as a result of the poor economy). That my university education and everything that I've worked for (an honest job) means nothing. (Peter, age 33).

Placement process as traumatic. The joyous moment of becoming a parent for adoptive parents comes at the same time, and harrowing moment, of the birth parents losing their child. This was explicitly experienced as traumatic by 6 of the 14 participants in this study who felt conflicted, distressed, and/or disturbed at the time of placement, with some feeling that they were poorly supported and isolated.

> You want to go in there and see your baby; you want to pick her up and run away. But to see her there with her birth Mom, and your heart's breaking,

because she's crying … I was really unimpressed; we felt like they really, really rushed the birth mother out of the hospital, almost to the point of bullying her out of the hospital … Nobody was checking in on us unless they had information to give us or were telling us about a thing we had to pay for … We felt cut-off, isolated, and I went into survival mode. (Jacob, age 43)

Surveillance. A major theme from participants in the study revolved around the feeling that one was always being watched, that Children's Services could show up whenever they wanted, and that parents were widely judged by social workers, health professionals, and even the birth family.

To basically feel like you're under the microscope all the time… they were in control because basically what we were told was that if anything comes back on a bad report, you could lose the child. (Michael, age 72).

Barriers to Additional Resources

Adoptive parents experienced feeling the need to present themselves as "perfect" during the approval process, which later impacted their capacity and desire to seek support. This created discomfort, with some adoptive parents noting that when they did ask for help, they were chastised in some way as a result. Most adopters emphasized the importance of support from other adoptive parents and described the challenges they faced in accessing support.

Paradox: Proving capacity during approval, and later asking for help. Many parents expressed a real feeling of vulnerability post placement and a desire for support, but a concern about accessing support, particularly from the adoption agency. Asking for assistance from the agency that you recently had to prove yourself to be a competent parent was challenging at best.

So there were a lot of challenges in the first year [of placement] … and I would go to the Employee Family Assistance Program through my employer as I felt safe with her, and social services didn't know. People are just really struggling, and they don't know where to go, and they don't want to ask social services for help. (Angela, age 42)

Adoption triad: Adoptive parent(s) as vulnerable. Parents spoke of their experience of vulnerability as adoptive parents. Many felt they had little agency over their lives during this process. There was also a common theme of genuine fear that the children could be taken away for minor concerns or major life events beyond the control of the adopter.

Peter is medicated for some anxiety. It's like the lowest dose possible. He started experiencing symptoms [a few years ago], so this was before our child was even born. We went to the doctor, got medication, no problem, totally under control. Never had any issues. Then they [their social worker] told him to get off the medication. (Susanne, age 32)

The experience of an adoption placement breakdown left Sally and Allan feeling very vulnerable, isolated, and alone.

When the adoption broke down, we withdrew from the world basically for four years. It was horrible, we felt like we had been attacked left right and centre, we felt like we had been under scrutiny and judged so much, that I just couldn't handle it, not even a little bit anymore. And we stepped back, and we didn't have anybody to our house, we didn't go out and do things. It was devastating. (Sally, age 51)

Fear of consequence: Additional supports as potential threats. Parents with a negative experience with the placing agency spoke about mistrust of later seeking support from that agency. Parents that asked for help during challenging moments with high needs and traumatized children noted that this was later used against them, for example, when they wanted to be placed with additional children or during other permanency decisions.

There is support for permanency program, and they offer support and that sort of stuff. But I wouldn't want to touch them with a 10-foot pole … I don't know that I would trust that I would have support that wouldn't mimic our experience that we've had already with them. (Susanne, age 32)

Barriers to support. Parents spoke of barriers to essential supports to assist in the unique needs of adoptive parents. Systemic obstacles, feeling overwhelmed and having no time to access support, and the desire for adoption specialist support (not readily available) were noted as barriers. Specialist resources were not known or available to all participants.

There's a lady that did a couple of counselling sessions with our family before the adoption breakdown and one or two after, and that was it. We needed more sessions with her than what they were able to give us. Our calls for support just kept falling on deaf ears … And because we weren't getting any support whatsoever to begin with, it was like "we can't do this, there's no way. (Sally, age 51, and Allan, age 55)

Adoptive parents: The gift of peer reciprocity. Many participants noted the importance of support from other adoptive parents (peers), including from online sources. Peers were seen as a safe, experienced, and non-judgemental group from which to access support. It was noted that adoptive parenthood could lead to isolation from the supports many biological mothers gain from pre-natal classes. Adoptive parents are sometimes older when they become parents for various reasons including potentially years of infertility, and often their peers are at different stages of parenthood. Many adopters spoke of the desire to share their experiences with other families, by receiving as well as providing support to other adoptive parents. One participant even noted that participating in this study was helpful to her: "You've given me a real gift my normalizing my experience" (Deanna, age 49).

I would go to other adoptive parents before anybody else … because of the trust issues, I firmly believe that. I don't trust social workers at all, as soon as I hear

there's a social worker involved, it scares me off. I was nervous about talking to you even; then it's like no, this needs to get out. People need to know—there needs to be more supports in place so yes, we need to talk. (Sally, age 51)

Feeling "Othered"

A prominent theme in this study was adoptive parents feeling "othered." To feel *othered* is to feel excluded from the dominant social group (Mountz, 2009; Strong & Zeman, 2007). Adoptive parents noted that both internal and external perceptions of adoptive families are different than those of biological families. One of the major areas of difference was the engagement of the birth family.

Biological parenthood revered. Five participants noted a feeling or statements from family members and friends that biological parenthood was somehow superior to adoptive parenthood. The way people spoke differently about adopted children and biological children was upsetting.

Some of the mothers feel that because you didn't go through [childbirth], you can't relate in the same way. It's a backhand to you. (Adele, age 68)

Adoption as other: Inside/outside perceptions. Participants noted moments when they felt othered by their adoption experience. One participant was told that she could "give him back" (Lia), which she found extremely hurtful. Another noted how she felt that her son was frequently othered, and she wished for him to be able to "fit in."

He has ADHD. He was also so different from the other boys. He's gay, and they're not.… I just wanted him to be average … but it was very apparent that he had a hard time settling into the routine at school. (Lia, age 55)

Parental expectations: Different rules for an adopted child. Some participants expressed that they felt that they treated their adoptive children differently than their birth children, or differently than they would have treated their birth children.

I felt like Jim sometimes had trouble disciplining the kids because they were adopted. He felt in some ways, he held back, because he felt sorry for them or he felt like he couldn't be too tough on them. Whereas he thought, I was too tough on them, my one daughter in particular. (Carole, age 69)

The placement of the birth family. Birth family holds a prominent space in the lives of the participants. Some adoptive parents welcomed visits and saw the birth family as a version of their own extended family, while others had a more challenging relationship with the birth family. It brought up complicated feelings in participants, ranging from guilt, resentment, and anxiety to gratitude, joy, and connection.

The visits break my heart, and she's good to her, the birth mother is very good to her. And good to me. The agency calls and says, "Hey —[Birth Mother] is having a lot of trouble, and it's really difficult for her … and she wants to have

more visits." And I said, "You don't seem to understand what the visits do to me." We go along in our life; we have this lovely little family, adoption doesn't matter—who cares, she's adopted—whatever … but I'm not the birth mother; she will one day yell at me, "you're not my real mother." (Deanna, age 49)

I'm so glad he (birth father) finally met her … when she turned 18, he sent this beautiful necklace and a card in the mail for her and … we were very happy that he had finally closed that loop. (Carole, age 69)

Counsellor Knowledge and Competency

Although participants spoke of things that did not work well, and some expressed strong feelings of anger and disappointment with their adoption story, many also spoke of helpful counsellors and therapists that were very supportive during their journey. It was important for participants to have their story heard, and for many, this was because they wanted to participate in a process that might improve things for other adoptive families and provide insights that could be useful for counsellors working with adoptive parents.

Needs of adoptive parents. Many adoptive parents noted feeling vulnerable and in need of support in the period just after placement. Adjusting to parenthood and the sudden changes in work, often with very little warning (some noted getting the call at work in the afternoon that they had been matched, and then not returning either ever, or for an extended period), were challenging to cope with. For some, these challenges led to anxiety and depression.

You can still get postpartum, because I was kind of depressed at first, one day I'm at work then all of a sudden it's like I got this colicky baby, and my husband goes off to work, and I'm standing at the front window holding him, and all the cars in the neighbourhood are gone. (Adele, age 68)

Several participants spoke about the challenges of adoption on their relationships and the importance of keeping their partner relationship healthy, and some used respite to support this and their mental health. Also, learning about how the child is impacting the parent and the impact this has on their relationship with the child was noted as an essential part of therapy for one mother.

The adoptive process as trauma. Some participants noted that they experienced the adoption process, particularly their encounters with government or adoption agencies, as traumatic. One couple was told that if they got pregnant, they were at risk of losing the child placed in their care for adoption. Others noted more positive experiences. Some felt that these agencies limited their rights and that they were judged harshly. Many participants were keen to get these agencies out of their lives, to increase personal agency and control over their lives, and some spoke of needing external support because the involvement of the agency caused them distress. Apart from interactions with agencies, parenting children with exceptional needs was also experienced as challenging, and sometimes these experiences were unexpected or greater than anticipated.

Somebody will think that all they need is love … And there's a lot of unexpected, and I don't think I was totally prepared for things I've experienced. (Kathleen, age 48)

Parent as therapist: Counsellor as coach. One finding that came out of this study was the importance of seeing the parents as the therapeutic agent who needs coaching and support because parenting children, particularity children who have experienced trauma and attachment challenges, can be challenging. Counsellors can help adoptive parents make sense of the child's behaviour and encourage parents to work on developing a strong attachment.

The therapy became me getting therapy and bringing the therapy home to work with her … I became the therapist … It's not important for her to attach to a therapist, it's important to attach with me. It worked out really quite well. (Angela, age 42)

Viewing the family as a product of multiple systems. Adoptive families are not only the products of their family systems, but they are impacted by the social policy system and the family system of the birth family. This happens in various ways. Some families struggle with the challenges and behaviours resulting from early trauma in the birth family or adverse prenatal environments. The impact of the trauma in the birth families is present in various ways in the adoptive family. Others are directly impacted by sometimes maintaining sometimes complex relationships with birth families. Counsellors need to use caution when working with adoptive families and be aware that multiple and complex systems impact the family.

And she (adopted daughter) doesn't want to be anything like her birth mother and … she's so like her birth mother. It's unbelievable … how she laughs, how she smiles, how she talks … how she makes decisions. (Jim, age 70)

We were just days away from signing the papers and it being finalized and if we had the support in place, and they were listening to us, I think it would've had a very different outcome. (Allan, age 55)

I think the hardest part has been that he does have some significant behaviour challenges … and he can get quite aggressive with me, and sometimes with the animals … That was really hard for me, and especially my older son … I wasn't expecting that. (Kathleen, age 48)

DISCUSSION

Previous research documents many of the themes identified in this study, but some are novel. Findings consistent with previous research include that adopters feel they need to be perfect (McKay & Ross, 2010; Wilson, Katz, & Geen, 2005), which later acts as a barrier to accessing post-adoption support (Dhami et al., 2007; Ryan et al., 2009). Consistent with other studies, participants in this study noted

concerns that admitting challenges in the relationship and seeking support could be held against adoptive parents, and many expressed a fear that children could be taken away from them for minor faults (McKay & Ross, 2010; Ryan et al., 2009). Peer support was identified as an essential source of assistance to families in this study. In previous research, peers were shown to provide a valuable and trusted source of information and sharing of experience, unique to adoption, which is not gained from engagement with professionals (Foli et al., 2017; McKay & Ross, 2010; Tasker & Wood, 2016).

One of the findings of this study that expanded and strengthened previous findings is that adoption can be a traumatic experience for adoptive parents. Some adoptive parents experience the process of adoption and their engagement with the agencies as traumatic. Previous literature notes, and this study confirms, that adoptive parental stress often results from the impact of infertility, children's behaviour resulting from early trauma (Kerr & Cossar, 2014; McKay et al., 2010), and the uncertainty of the adoption process (Foli et al., 2017; Kerr & Cossar, 2014). Also, some of the participants in this study felt deeply upset and unfairly treated by the system.

Feeling othered was another common theme. Some participants felt that family members and friends perceived adoptive parenthood as less valuable than biological parenthood. Adoptive parents shared the pain of having their children treated differently by family members. Participants explored the different challenges and joys of adoptive parenthood, and most argued that valuable support comes from others who truly understand their experience: other adoptive parents.

A significant finding is the noted impact of multiple systems on adoptive families. Counsellors underestimating this complexity can lead to adoptive parents feeling blamed and misunderstood by professionals. Adoptive parents spoke of the impact of contact with the birth family, of managing behaviours resulting from early life trauma, of experiencing the system as traumatic, and of having various barriers, including systemic obstacles, to accessing appropriate and helpful supports. The family seen in the counselling room is a small representation of those that influence that system.

Adoptive parents faced multiple barriers when they were looking for support. Some obstacles resulted from the incongruence of presenting oneself as an ideal parent and later struggling and asking for assistance, despite the unique and challenging nature of the problems exhibited by the children. Another barrier was a concern that asking for help might result in negative consequences. Also, many adoptive parents are unaware of specialized supports available. Lastly, participants spoke of feeling too overwhelmed with managing daily struggles to access support for themselves.

Limitations

Although every effort was made to bracket prior beliefs and knowledge about adoption, it was not possible to fully *unknow* what is already known (Creswell, 2013). However, numerous efforts were taken to consider the stories from the per-

spective of the participants in this study. These efforts included practices discussed in the trustworthiness section of this article, as well as through reflective journaling, co-researcher discussions, and peer debriefing. As one of the co-researchers in this study is not an adoptive parent, s/he played a role in asking significant questions in moments where the other co-researchers felt that their worldviews might be of potential bias.

This study investigates the experiences of adoptive parents in one province, from both private and public agencies, with distinct support provisions, by individuals from a vast array of backgrounds. The sample size was not large enough to assume the experience of participants will reflect the majority of adoptive parents' experiences in Alberta. Differences in the culture of both the adopting family and the children's family of origin may impact this experience, and participants in this study all identified as White Canadians who identify as heterosexual.

Therefore, it will not be useful in this study to make broad assumptions that can be applied widely across systems, provinces, and countries. Instead, this study provides a helpful look into the experience of local families to help counsellors inform their practice with adoptive families and understand some potential issues that clients may be dealing with as adoptive parents. It also advises policymakers on policy areas that might benefit from a review or a more in-depth investigation.

Fundamental Next Steps in Researching the Experiences of Adoptive Parents

It would be helpful to expand this study across Canada to understand the implications of different provincial policies on the experiences of adoptive parents. One area to examine is how the approval process can be changed to address issues noted by participants, including the need to present oneself as perfect and the fear surrounding having children removed or being penalized when perfection is not achieved. Developing a series of guidelines that address the concerns of adoptive parents, encourages support seeking, and normalizes challenges experienced by families post-placement could be tested with prospective adopters and the experiences of those adoptive parents could be compared with those presented here. What impact would this have before, during and after placement, and on support-seeking behaviours?

Also, this study and others found that adoptive parents value peer support. Creating a peer-based support model and examining the impact of this on adoptive families would be beneficial. One question that needs exploration is: Would a formalized or informal system be more effective at meeting the support needs of adoptive parents?

Conclusions and Recommendations

While many of the findings support prior research in this topic area from other parts of Canada and the United States, new themes also emerged. The most significant new finding was the paradoxical impact of the adoption approval and

placement process on the support-seeking behaviours of adoptive parents post placement. Many adoptive parents experience the adoption process as significantly stressful. The paradox of needing to prove oneself as a perfect parent to get approved for adoption, and then request assistance for adoption after placement, can be challenging for parents and create an aversion to seeking support. As with previous studies, adoptive parents reported a fear that their adoptive children could be taken away from them for minor incidents, and many lived in a state of anxiety and perceived surveillance. Challenges faced by adoptive parents need to be normalized before placement, as does the possibility that they will need additional support for adoption after placement, given that some adoptive parents reported feeling isolation and shame about their feelings relating to their adoption experience.

Recommendations for counsellors and other professionals working with adoptive parents follow. When possible, normalize the challenges faced by adopters post-placement before placement, and at other times during the counselling relationship. Support parents in setting up support systems before placement. Adopters should be given the names of agencies, peer support groups, and professionals that work in this area, how to contact them, and depending on the kind of placement, such as in cases of higher needs adoption, make appointments before placement as a preventative measure. Normalize the need to seek help. Celebrate reaching out.

Try to diminish the negative implications of feelings of otherness by accepting and normalizing adoptive parents' experiences. Some of the participants indicated that our conversation was cathartic and that the interview helped them make sense of their experiences. There is tremendous pressure for adoptive parents to appear perfect. Make space for "good enough parenting" (Taylor & Taylor, 2010). Encourage peer support through existing networks (including online and in-person supports). Consider more experienced adoptive parents to act as mentors to newer adopters (McKay & Ross, 2010; Ryan et al., 2009).

As per the Canadian Psychological Association's *Code of Ethics* (2017), advocate for clients when their rights appear to be being infringed by agencies or when those relationships are causing challenges for the families. Participants in this study who felt that they were treated poorly by their agency celebrated the support they received from third-party counsellors to help them navigate their feelings about what was happening to them and problem solve some of these challenges. Ensure that the family in the treatment room is viewed as a product of multiple systems (e.g., their family of origin, the child's family of origin, the social system, previous foster families) and treat accordingly.

Finally, when working with this population, we recommend that you seek appropriate training and supervision in an attachment-based therapeutic approach to treating children in adoptive families who have experienced trauma (see literature review). Ensure that counselling work supports developing and deepening the child's attachment with adoptive parents. This often results in the therapist taking on the role of a therapeutic coach to the parent, as experienced by some of the participants in this research.

Notes

1 Permission was provided by each organization to post the recruitment notice.
2 Stranger adoption refers to the adoption of a child in which the adopters had no prior relationship.
3 Kinship adoption refers to adopting a child with whom the adopters had a prior significant relationship (such as a family member or close friend).
4 Research assistants signed an Institutional Review Board research assistant confidentiality document.

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Appendix: Questions During Interview

1. Tell me about your overall experience of adopting?
2. What does being an adoptive parent mean to you?
3. Tell me about your process of accessing adoption-related support at the time of placement, if at all? If you did not obtain help, why not?
4. Tell me about your experiences of receiving support services, if any?
5. Describe the impact, if any, on you (the adopter(s)) of receiving these services?
6. Describe the impact, if any, on the family as a whole of receiving these services?
7. Based on your experience, what should counsellors and other professionals who work with adoptive parents know?
8. Were there any questions I missed that I should have asked? If so, what am I missing?

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