

Adoption Courtship Model

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[Taken from *Achieving Success with Impossible Children*, (Ziegler, 2005)]

I work with the hard-to-place, and the exceedingly hard-to-place children. Adoption can come into the picture when a child cannot grow up in the biological family, often for very unfortunate reasons. Although adoption organizations report success in 9 out of 10 times, many of the adoptions I work with are the one out of ten group that do disrupt. In fact, in the first five years of my adoption work with children, who were adopted coming out of our residential treatment program, a full 64% of the adoptions of our children disrupted when placed by the State adoption program. In response to this serious problem, we developed a new way to approach adoptions that we called the Adoption Courtship Model. This model was initially printed in the book Handbook for Treatment of Attachment-Trauma Problems in Children (James, 1994). It can be found in another article on the Adoption Courtship Model.

I want to stress that good programs are similar to good interventions, they must be designed around the particular needs or issues in the situation. The model that will be described is a program designed for very difficult children. There are components that might not work as well, or perhaps work at all, in the average adoption. As adoption agencies face the task of finding homes for the challenging children in the system of care, I believe that our experience may be of use in many of these situations.

As we implemented this model, we began to have successful adoptions for the first time. This was back in the 1980s. It would be years later before I was to face another major problem for both the child and the family related to the aftermath of disrupted adoptions. After developing the adoption courtship model, over the next ten years were spent working to place children coming out of our program into homes that were fully informed, prepared and ready to take on the challenges that came along with each child.

After initial resistance to handing over some of the control of the process, the state adoption agency allowed us to follow our process due to the severity of the past problems with our children. With this new approach, we experienced immediate success and had no disruptions for the first five years. We continue to this day to find success with a model that was based on the family and the child mutually progressing through three levels of commitment: from committing to spending time together, to a commitment to developing a relationship, and, finally, to a commitment to a relationship for life. We found that when children felt a real choice in the matter, as

well as taking the process one step at a time, our success rates with the most difficult children went from 36% success to 84% long-term success with the same population of children.

In our program, we have had some success preventing adoption disruptions as well as the dynamic called Post-Traumatic Adoption (described in the companion article Post-Traumatic Adoption). We have used this model over many years that takes into consideration these points: the children are very difficult, the family will need full information, the parents will need considerable coaching, and everyone will need support to overcome the hurdles involved. The model does not fit every situation. It has been used primarily with children over age six. Obviously the model would need to be modified for either very young children or children with significant developmental delays. However, after many years of successfully placing very difficult children in adoptive homes, I would still recommend consideration of the components of this model.

Out of necessity, our staff have attempted to isolate why some adoptions worked during the first five years of our program and why most did not. The result of two years of considering this question resulted in the development and implementation of an adoption model for children who:

- Are emotionally disturbed,
- Are difficult to place, and/or
- Have had single or multiple adoptive failures.

The operating principles for our Adoption Courtship Model are the following:

1. Standard adoptive procedures are insufficient for special-needs children and their prospective families.
2. The odds are often against a successful adoption with these children without preparation, training, and professional support.
3. The child and the family must be prepared for the *reality of this adoptive relationship*.
4. The adoption commitment must be made by **both** the child and the family, and can only be made based on the actual experience of a relationship, not on information or interest.

The model has three phases:

- *Phase I.* The child is prepared for the adoption by understanding his or her role in making it work or not work. The child's considerable power in the situation is made clear. The family goes through the regular certification steps and is selected by the adoption committee. The family meets with the caseworker and our staff to learn what to expect from the initial meeting with the child. The child also undergoes preparation for this meeting. The two sides meet with the caseworker and family therapist. The child begins to build trust by getting to know the family as a unit in neutral settings, then gets to know the family members as individuals, and finally gets to know the family unit in the home environment.
- *Phase II.* This is where the reality must begin to come in. Both sides have an image of what they are doing and who they are doing it with, but it must become very clear and very real. This phase is characterized by extended visits and family coaching. The process starts with a focus on the strengths and positive attributes of both sides, moves to the faults and flaws of both sides, and finally underscores the realities of the combination of strengths and weaknesses of the adoption.
- *Phase III.* There are three necessary commitments for the adoption to work. The initial commitment on the part of both child and family is a commitment of interest, time and effort in regard to the potential adoption. The second is a commitment to relationships-- the family with the child, and the child with the family. The final commitment is to be a family for life. The last commitment is the final step in a successful adoption of special-needs children, not the first step as is normally practiced. The commitment for life must be made to a person, not to a concept. The commitment to the reality of how difficult the adoption is with this disturbed child must clearly be stronger than the commitment to the adoption as a concept.

Suggestions and Techniques

Phase I

Preparation. Phase I starts long before the family and the child meet. One of the keys here is preparation. There is an important question to ask before the specific adoption work begins: "Has everyone received some preparation for the adoption?" Too often the family receives more preparation than the child. Preparing the child for an adoptive placement should ideally begin a year prior to meeting a family, and should include specific counseling on the issues that will surface. Along with adoption classes, it is valuable to have the prospective parents meet with the adoption worker or counselor

who will work through the transition process to prepare the family for the probable struggles that are ahead.

Initial meeting. After the adoption committee gives its blessing to a match, and the Adoption Courtship Model is decided upon, it is then important for the family to meet with the adoption worker(s) and the family coach who will provide the transition counseling and discuss the model, the process, and the goals. Keep in mind that most adoptive families are in a mild to huge rush to have the child. A rushed courtship is almost always problematic! Gain the family's agreement and commitment to the process or don't use this model (in general, the bigger the rush the family members are in, the more concerns there are about their readiness).

The initial meeting of child and family. The suggestion here is for the worker(s) and counselor to be actively involved. Often meeting the parents alone before children are included is less complex and overwhelming for the adoptive child. There should be informal time between the child and the parents, as well as the worker and family coach outlining what will be happening over the next few months and why. Keep the meeting from being stuffy or too formal. Make it clear that the goal is to see if in the long run this is a good match for everyone concerned. All sides will have a voice (empower the child to influence his or her future and you will have a much better response because children needing an adoptive placement react to not having any control).

Process. Start with meetings in a counseling environment to get to know each other. Have the whole family come the second time. Use techniques to rapidly point out the different personalities in the family (who is the clown, who is grumpy in the morning, etc.) One technique is to have the members of the family write on a sheet of paper the things they like and dislike about the family member to their left and right. The counselor reads the items and has the family guess whom it was written about, be sure to make it fun. Start with afternoon visits away from the family home. Go to day-long visits, and then an overnight visit, again away from the family home. The individuals get to know each other in a neutral setting to equalize the playing field, otherwise the child is in the family's environment and must do most of the adjusting. In the family home, only the adoptive child is unfamiliar with the environment. In a park, restaurant, or motel at the beach, the focus is on the relationships, not on getting familiar with the family's turf. The adoptive child should have a chance to get to know all family members at least a little, both individually and together, before going to the family home. This is very different than typical adoptions.

Counseling. The initial meetings and discussions should take place in the counselor's office. After each visit there should be a counseling session. The counselor plays the role of bringing the family and child together and facilitating the process so both sides know that the situation is organized and under control.

Phase II

Counseling/coaching. Counseling continues to be frequent but not necessarily occurring each time. Involve individuals who know the child well to help make the child's strengths and weaknesses clear.

Process. GET REAL! Arrange extended visits, primarily in the home environment. Get away from special events like getting ice cream or going to the zoo, get down to everyday life. The goal of this phase is to make it clear what this adoptive combination will really be like for everyone.

Techniques. Stress the strengths and weaknesses of the match, the family, and the child. It may be difficult or embarrassing, but it is time to air everyone's strong points as well as dirty laundry. Use techniques like having everyone answer such questions as "When I get really angry, I ...," "I show sadness by ...," "When I am grumpy, the best way to deal with me is ...," etc. Role-play some of this. Have children act like Mom in the morning before coffee. How do the parents fight with each other? Have the adoptive child act out some of his less impressive qualities, such as being rude, disrespectful or hurtful. If the child is unwilling, the counselor role play the child. Once again this is best done when it is real and it is fun. Whatever behavior family members will see later should be talked about, even acted out, now.

Phase III

Process. Now that everyone has met and should know a lot about one another, the emphasis shifts to commitments. There are three levels of commitment: (1) time and effort, (2) relationship, and (3) lifelong commitment. Commitment 1 should have long since been made and operationalized. It will be important to review and evaluate how everyone has handled this commitment because it will be an indicator of the next two. How interested is everyone in a commitment to an ongoing relationship? In the case of children with serious attachment problems, the relationships must be reviewed carefully to result in realistic expectations. It is clearly time to begin putting out on the table the issue of lifelong commitment. Again, the commitment must be to people, not just to the concept of adoption.

Counseling. Here is where the skill of the counselor is most needed. There is much complexity in commitments. There may be resistance on everyone's part to addressing this. Everyone may be thinking, "If things are going smoothly, why upset the apple cart?" This can often come from adoption workers if one is involved. No one really wants the final analysis to be halting the adoption because it is not overall a good match, but this may be the case. The counselor must be firm and willing to be the bad guy. The capacity of the child to commit himself may be problematic, and the parents may have better intentions than abilities.

Ritual. If the adoption gets a green light, then some have found a formal recognition of the adoptive commitment an important step. Consider having a ceremony. Invite friends and throw a party, at times we have included a judge in judicial robes to confer the adoption as being official. Our culture has a ritual of some kind for most important events.

A Final Thought

Adoptions can work with special-needs children, but the work is never fully completed (yet when is any parent's job done?). Despite an excellent placement for both the child and the family, the work has only begun. The transition into the home will set an all-important tone, but don't fool yourself that the job will get easier. Our experience is that new struggles come up with each physical and developmental stage of the child. But that just makes adoption like life – a new challenge around every corner!