

Adoption and Attachment **By Dave Ziegler**

The Adoption Courtship Model

Out of necessity, Jasper Mountain Center (JMC) staff have attempted to isolate why some adoptions worked during the first five years of our program and why most didn't. The result of two years of considering this question has been the development and implementation of an adoption model for children who

- are emotionally disturbed;
- are hard to place; and/or
- have single or multiple adoptive failures

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

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

The model has three phases:

1. *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 JMC staff to learn what to expect from the initial meeting. The child is also prepared 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, then the family members as individuals, and finally in the home environment.
2. *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 counseling. 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.
3. *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 adoption. The second is a commitment to relationships with the child, and the child to the family. The final commitment is to family for life. The last commitment is the final step in a successful adoption of special-needs children, not the first step as in regular adoptions. This commitment must be made to a person, not a concept. This is important for these children because the reality of how difficult adoption is with disturbed children must 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 family, with specific counseling on the issues that will come up. Along with adoption classes, it is valuable to have the prospective parents meet with the adoption worker or counselor who will work with 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 on, it is then important for the family to meet with the adoption worker(s) and the counselor 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 is in, the more concerns there are about their readiness).

The initial meeting of child and family. Again the suggestion is for the worker(s) and counselor to be actively involved. Often for this population, meeting the parents alone before children are involved 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 counselor 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).

Process. Start with meetings in counseling 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.) A technique here 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. Start with afternoon visits away from the family home. Go to daylong visits and then an overnight visit, again away from the family home. This is to equalize the playing field. 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 used to 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.

Counseling. The initial meetings and discussions should take place in the counselor’s office. After each visit there should be a 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. Counseling continues to be frequent but not necessarily occurring each time. Involve foster care providers 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 and get down to everyday life. The goal of this phase is to make it clear what this adoptive combination will really be like.

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. Whatever 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) life 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 relationship? In the case of attachment-disordered children, this must be reviewed carefully to have realistic expectations. It is clearly time to begin putting out on the table the issue of life-long commitment. Again, the commitment must be to people, not 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. If things are going smoothly, why upset the apple cart? 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. Our culture does this for most important events.

A Final Thought

Adoptions can work with special-needs children, but the work is never 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.