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# *Adoption and Foster Care*

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## Family Paradigms and Older-Child Adoption: A Proposal for Matching Parents' Strengths to Children's Needs

Margaret Ward\*

*Although adoption professionals emphasize the importance of matching parents and child for successful adoption, they have few tools at their disposal. Constantine's theory of family paradigms may provide a suitable framework. Four family paradigms—closed, random, open, and synchronous—differ in their emphasis on continuity or change, and on the family or the individual member. Each type has its particular strengths and most probable forms of disablement. These paradigms are then applied to the issue of matching family characteristics and strengths to the needs of older children. The paper then outlines research to test the model.*

Adopting an older child precipitates a time of challenge for the new family. Unlike the baby born into a family or adopted soon after birth, even a few months of family living introduce a child to distinctive patterns of family interaction. Parents are called on to integrate the child with his or her "ghost-shadow families" (Koehne, 1990, p. 283) into their existing family system and to assume a healthy parental role with a partly grown child for whom they have as yet only tenuous parental feelings. They have no shared history of gratification to help tide them over the difficult transition, and may in fact question their entitlement to be a parent to this child (Katz, 1986; Ward, 1981).

In spite of the most educated guesses, it is often impossible to foretell just how the existing family will react to the introduction of a new child. There are many surprises, both in the heroic strengths of quite ordinary people and their unsuspected snag points and weaknesses. Furthermore, each child has been shaped by experiences in previous families. Even the most skilled adoption worker cannot completely understand how a child has been influenced by his or her history. At times adoption workers must feel, along with the billiard sharp in Gilbert and Sullivan's *Mikado* (Gilbert & Sullivan, undated, p. 384), that they are playing

On a cloth untrue,  
With a twisted cue  
And elliptical billiard balls!

The adoptive family system is the irregular cloth on which the game is played; the child may be as unpredictable as an elliptical ball; and the worker may be cued by inexact skills and personal biases. Too often the process may appear to be a gamble, with successful outcome due to chance rather than good planning in matching child and family.

### Success in Adoption and the Role of Matching

Adoption success has been defined in two major ways—in terms of stability and of relationship quality. Stability of placement is the more readily measured and is commonly used in adoption outcome research. This has been defined as finalization of the adoption (e.g., Groze, 1996; Rosenthal & Groze, 1992; Westhues & Cohen, 1990) or, less commonly, as survival of the adoption until the child's emancipation (e.g., Smith & Howard,

1991). Adoptive parent-child relations are more difficult to measure. Parental satisfaction, for example, appears related to both expectations of and perceptions of change in the child's behavior, all subjective factors (Groze, 1996). Placement stability and relational issues are, of course, intertwined. As parents receive validation of their parenting through shared interests, improved child behavior, and/or growth in attachment, the placement becomes more durable (Ward, 1981).

Research on adoption disruption has identified overlapping agency, child, and family contributors to placement instability. Agencies with fragmented services, such as different workers for different aspects of the adoption process, and inadequate post-placement services may fail to detect problems or to support new families (Barth & Berry, 1988; Partridge, Hornby, & McDonald, 1986; Valentine, Conway, & Randolph, 1988; Westhues & Cohen, 1991). Children who are older when they enter care, who have experienced frequent moves and delays in placement, who were abused, and who have emotional and behavioral problems are less likely to have stable adoptions (Smith & Howard, 1991; Valentine, Conway, & Randolph, 1988). Parents who are not equally committed to the placement, who have inflexible family roles, and have unrealistic expectations for the adoption are more likely to disrupt the adoption (Bourguignon, 1989; Partridge et al., 1986; Westhues & Cohen, 1991).

"Matching" has a central role in child placement (Barth & Berry, 1988). Matching refers to the fitting of parents' strengths to the needs of children awaiting placement. The concept of matching is akin to goodness-of-fit in biological parent-child relationships; if a child's basic temperament matches parental expectations and family style, then a warm reciprocal relationship develops more readily (Chess & Thomas, 1987). In adoption, however, the situation is more complex, especially for children with special needs. Depending on jurisdiction, these can include older children, with varying age cut-offs; the physically, mental-

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\*Address correspondence to Margaret Ward, Ph.D., CFLE, 22 Victoria Street, Etobicoke ON, M8V 1M6 Canada

*Key Words:* adoption, family matching, older-child, paradigm

(*Family Relations*, 1997, 46, 257-262)

ly, and emotionally challenged, sibling groups; and children of racial minorities. Clearly, children with such varied characteristics call for parents with quite different strengths, and they challenge family weaknesses in quite different ways. When a good match occurs, the new parents are more likely to feel validated in their parenting. Disruptions are more prevalent when there has been a mismatch between parents and child (Barth & Berry, 1988; Valentine et al., 1988)

Mismatches may occur in a variety of ways. There may be a misfit because parents' expectations are violated. Such expectations may include the belief that the new child will readily form attachments to the adoptive parents or that a stable and loving home will lead to improvement in the child's behavior. Previously unrecorded characteristics of the child may also precipitate disruption (Barth & Berry, 1988; Partridge et al., 1986). In one case, for instance, a couple who saw a child as fitting into their close-knit extended family asked the agency to remove the ten-year-old boy placed with them after he sexually touched two nieces. The agency had no prior reports of such behavior. A more subtle form of mismatch may occur during the "stretching" of adoptive applicants during the adoption preparation period. This occurs as potential parents adjust their expectations to the reality of the kinds of children available for adoption. In addition, adoption workers sometimes attempt to stretch prospective parents to "match" children on their caseloads and are abetted by applicants' yearning for parenthood (Valentine et al., 1988). The further parents are stretched, the more likely the adoption is to be disrupted (Barth & Berry, 1988). Yet stretching can be successful. One couple, for instance, initially hoping to find an infant became happy parents of a sibling group of three, aged from five to nine. The problem for adoption practice is to provide useful guidelines for identifying the strengths and potential weaknesses of different types of families. Such guidelines would ideally suggest potentially happy pairings as well as indicate directions in which parents might be successfully stretched.

### Family Systems and Assessment in Adoption

There are two key areas of assessment in adoption—child and family. The child's characteristics and needs can be assessed in two ways—by developing a complete history (Unger, Dwarshuis, & Johnson, 1977), including a placement genogram (McMillen & Groze, 1994), and by using child behavior inventories (Barth & Berry, 1988, Valdez & McNamara, 1994). There has been less work focusing on the family, although the majority of reasons given for adoption disruption involve the adoptive family rather than the child (Westhues & Cohen, 1991).

To understand what happens in new adoptive families it is important to focus on the family system itself—on the "cloth untrue." From a systems point of view, a family is made up of its members and the relationships among them. These relationships have been gradually built up one interaction at a time (Montgomery & Fewer, 1988). Families develop their characteristic ways of celebrating, disagreeing, and showing concern and affection, played out in daily routines and periodic ritual high points. It is these patterns and the significance that family members find in them that give each family its individuality and sense of identity. Thus, there are many ways that a healthy family can meet members' needs.

Most work to date has focused on the crisis precipitated in the family system through adding a new child and on supporting the

new family system (e.g., Katz, 1986; Reitz & Watson, 1992). Relatively little has been done, however, to relate family type to adoption success. Three follow-up studies have used a systems framework to study successful (i.e., finalized) adoptions (Deimer, Wilson, & Unger, 1988; Groze, 1996; Rosenthal & Groze, 1992). All projects used the Family Adaptability and Cohesion Evaluation Scales, Version 3 (FACES III), developed by Olson and his colleagues (Olson, 1989). According to Olson's Circumplex Model, on which FACES III is based, families are classified along the two dimensions of adaptability and cohesion. The former ranges from chaotic, through intermediate types of flexible and structured, to rigid, the latter from disengaged, through separated and connected, to enmeshed. Families without severe problems are presumed to have relatively balanced scores in the middle range, those with problems are at either extreme of one or both dimensions. Some families functioning at the extremes may be healthy, however, so long as there is consensus among family members.

Deimer, Wilson, and Unger (1988) studied 56 families who adopted special-needs children in Delaware between 1979 and 1986. Rosenthal and Groze's (1992) much larger study looked at 799 intact special-needs adoptive families from Illinois, Kansas, and Oklahoma who adopted prior to 1988. Groze (1996) followed 71 Iowa families for four years. Deimer and her colleagues (1988) found that successful adopters tended to fall into a middle range when evaluated on FACES III. In the other two studies, many adoptive families also were mid-range. Those with adolescents tended to be more cohesive than normative families. In addition, Groze (1996) found that, over four years, adoptive families with adolescents still scored relatively high, although they tended over time to approach the norm on the cohesion scale.

While these findings are suggestive, they cannot be used as a guide to matching in older-child adoptions. First, the studies do not distinguish among the various types of children with special needs, thus, the findings may not be specific to older children. These needs can be quite diverse. Second, the families were studied following placement. Scores on FACES III change in response to life-course events such as the addition of a family member (Olson, 1989). Indeed, Groze's (1996) longitudinal study documented shifts following finalization. Third, the successful adoptive families have gone through an application and screening procedure during a particular time period. Thus, they may reflect both a cohort bias and worker bias. Adoption professionals, for example, tend to assume that only open systems are functional (e.g., Cohen, 1984; Reitz & Watson, 1992). Relying solely on the middle range of families may eliminate some who could successfully parent a difficult child and may include others who should never try. A further difficulty with using the Circumplex Model as a basis for matching is that it does not adequately differentiate styles of healthy family functioning. Although the Circumplex Model distinguishes among sixteen family types, it does not clearly specify strengths and weaknesses, even of the four mid-range ones that are presumed to be healthiest. Other family system models (e.g., Beavers, 1981) also fail to identify both strengths and weaknesses of healthy families.

An exception is Constantine's (1986, 1993) theory of family paradigms. This provides a useful conceptual framework for understanding the strengths and weaknesses of different family types. Constantine also suggests intervention techniques appropriate to the various family styles. Building on earlier work by Kantor and Lehr (1975), Constantine has identified four basic family paradigms (closed, random, open, and synchronous), each

comprised of three parts—family image, family structure, and family behavior. The paradigms differ in their emphasis on continuity as opposed to change, and in their focus on the family as a whole or on the individual (Constantine, 1986, Imig, 1993). In contrast to both the Beavers and Olson models, each of Constantine's types has both enabled and disabled forms. Enabled families of all varieties tend to resemble each other to a degree because they all manage, in their own ways, to meet the needs of individual members and to ensure the continued existence of the family system. They also all adapt to changing circumstances, some more rapidly than others. When families become disabled, they tend to exaggerate their typical characteristics to such an extreme that these eventually become barriers to effective problem solving (Constantine, 1986).

If Constantine's formulations are valid, then one can make the following predictions: (1) families will handle the transition to adoptive parenthood in a manner consistent with their paradigm; (2) depending on their type, families will be able to parent some children well, while adding other kinds will produce a disastrous mix; to some degree, at least, the "match" should be predictable from the family's paradigm, (3) families will respond to post-placement supports in a manner consistent with their paradigms. In the following discussion, each family type, as well as intermediate or mixed styles, will be considered in relation to adoptive placement.

### Family Paradigms and Adoption

*Closed families.* Closed families are often regarded as "traditional." They have a recognized hierarchy with a clear leader in decision-making, who may be either the mother or father. Although the family takes priority over the individual, it meets members' needs by providing stability, structure, and a sense of belonging. Parenting is based on authority. When such a family works well, rules and limits are clear, consistent, and gradually revised to reflect the child's growing autonomy. Because closed families have low tolerance for dissent and opposition (e.g., during adolescence), parents may try to control behavior by keeping family rules rigidly in place, or even by tightening them. Thus, in its disabled form, a closed family becomes rigid, over-involved in its members, and is often like a jail (Constantine, 1986).

A new child will find life in a closed family both structured and orderly. Adoption literature suggests some types of children who can benefit from such a family. In their study of special-needs adoptive families, Rosenthal and Groze (1992) suggest that children who have been parentalized and who have had structure in their biological families will benefit from a family where there is clear leadership based on authority. Parental children can fit into new families only when they learn to rely on an adult to fill dependency needs. In addition, they need some means of maintaining a sense of competence once they surrender their power (Minuchin, Montalvo, Guernsey, Rosman, & Schumer, 1967). Because of the hierarchical structure in closed families, parents are unlikely to allow children to assume inappropriate levels of authority. Children whose biological families provided little structure and have known inconsistency may also benefit. Some emotionally disturbed children do well psychologically in families with sufficient structure to deal with behavioral management (Rosenthal & Groze, 1992). Closed families may also be appropriate for some sibling groups. Because of the number of children involved, adoptions of large sibling groups demand a degree of executive ability in the parents in order to avoid family chaos

(Ward, 1987). Indeed, large families in general appear to function better when parents provide the firm guidelines and rules characteristic of closed families (Bossard, 1975).

The potential weak points of closed families are their relatively low tolerance for opposition and their often traditional division of responsibility. Closed families also may have problems dealing with adolescent rebellion and with sexually active children. While a child requiring extreme amounts of care may provide no challenge to parents' control, he or she may pose a major risk to such a family. If only one parent is responsible for day-to-day care of children, she (usually) may suffer burnout unless there is an excellent support and relief system in place.

In providing post-adoption support, it is important to recognize the hierarchical structure of the family. If the family leader feels undermined or does not agree with suggestions for handling a child's behavior or integrating him or her into the family, then the recommendations will either be ignored or provoke resentment at the worker's lack of perception. Often the leader prefers the adoption worker or therapist to act as a coach or expert whose knowledge and wisdom can be trusted (Constantine, 1986).

*Random families.* In contrast to closed families, random ones emphasize the individual over the group, that is, the family helps each member meet his or her own personal needs and goals. Rather than being hierarchical, a random family is more likely to be permissive and egalitarian and to encourage individual and independent solutions to problems. Such families, when they work well, confirm children's creativity and individuality. They also manage to provide enough structure to meet children's dependency needs and to be a safe harbor for adolescents. Two major difficulties encountered in disabled random families are, first, failure to provide boundaries or sufficient structure, and second, lack of staying power and consequent weariness of parenthood. As a result, interaction tends to become chaotic and family members tend to be under-involved. Adolescent rebellion in random families may take the form of seeking structure, for example, through joining the military or religious cults (Constantine, 1986).

Since random families place a premium on self-fulfillment, it is important that the primary caregiver, at least, sees parenthood as highly desirable for his or her own development. It is also important that some aspect of the child makes each partner feel good about being a parent—whether it is appearance, skills, or personality. Such families seek novelty and could well value the "different" child, either in terms of age, race, or some other characteristic.

Children joining a random family will be encouraged to develop their individual potential and to take responsibility for themselves. Such a family might be ideal for a motivated adolescent: the youngster's growing independence will probably pose relatively little threat to the parents and the limited period of dependency is unlikely to outlast their staying power. There are risks for a random couple in some adoptions. They may not find a child with serious physical or behavioral problems rewarding enough personally. In addition, they may be unable to provide the structure needed by such a child.

In working with random couples, the adoption professional needs to remember that independent solutions to problems are often acceptable. In one case, using an explicit marriage contract with regard to child care addressed fears about the erosion of personal freedom. Random families also tend to respond well to play and techniques based on play-like therapeutic games, expressive

techniques, and role-playing. Thus, techniques like talking to the "empty chair," family sculpting, and interactive drawing may also be effective (Constantine, 1986).

*Open families.* A third type, the open family, values mutuality and emphasizes both the individual and the group. Decision-making is consensual and encourages input by all family members; there is a premium on information-sharing and cooperation. In contrast to random families, open ones are marked by high levels of verbal communication as they negotiate limits and work out rules and expectations together. At their best, open families provide the individual with a sense of mastery and efficacy. When open families become disabled, however, they are likely to become so tied up in process that they cannot achieve consensus. Since family members place a premium on emotional closeness, they may demand intense family involvement, even from adolescents (Constantine, 1986). According to Rosenblatt (1994), open families can be as coercive as closed ones. If their interaction "involves active co-construction of reality, an open communication situation gives family members the opportunity to collaborate in reducing their freedom to perceive, think, and feel in uniquely individual ways" (p. 162). When a child attempts to separate or when a spouse is emotionally involved in meeting the needs of a new child, one or both parents may feel abandoned or otherwise stressed because their own emotional needs are not met (Procacini & Kiefaber, 1983).

The high emphasis open families place on closeness and family-based activities can help compensate for children's earlier deficiencies in nurturing, as long as this closeness is encouraged rather than demanded (Rosenthal & Groze, 1992). Since these families excel in clear communication and collaborative problem-solving, they will encourage their children to express themselves. They could enjoy a highly articulate, even argumentative child. The child's feelings would be acknowledged and a sense of self-efficacy fostered in the process of "hassling" things through (Constantine, 1987). On the negative side, such families are vulnerable to a manipulative child who might use negotiations to gain control of family process and decision-making, because of the high investment parents have in closure as well as their high tolerance for ambiguity (Constantine & Israel, 1985). If an open family adopts a sibling group, a parentalized sibling may be able to maintain his or her control because the boundaries between parents and children may not be as clearly drawn in an open versus a closed family. In addition, if they have a child who acts out regularly, they may have difficulty arriving at a consensus on how to handle the behavior. An open family may not be best for a child who needs "to feel the walls" (Constantine, 1987, p. 357).

Adoption professionals often enjoy working with open families because they find them eager to import new ideas and to process everything verbally. As a result of their verbally-based style, they are receptive to techniques of assertive communication, active listening, I-messages, and the "win-win" ideal. Often they will practice these techniques again and again until they become proficient in their use. They are usually open to the caseworker as a person and respond well to personal anecdotes and self-disclosure (Constantine, 1986).

*Synchronous families.* The guiding principle of synchronous families, the fourth type identified by Constantine, is a sense of harmonious identification among members, based on shared values. Instead of openly stating expectations, individuals communicate them implicitly. Thus, nonverbal communication is extremely important, and successful family members can become very

skilled in reading subtle signals (Constantine & Israel, 1985). In his discussion of conflict styles, Gottman (1993) calls such families "avoiders." For them, talking things out is a limited process:

Once each person has stated his or her case, they tend to see the discussion as close to an end. They feel that the common ground and values they share overwhelm these differences and make them unimportant and easy to accept. (p. 11)

In enabled synchronous families, children experience routine and order, and develop a sense of security and belonging. Since, however, parental expectations are communicated implicitly rather than openly and directly, it is difficult for an individual who cannot read the nonverbal signals to feel like a member of the family. It also may be difficult for adolescents to define themselves in the absence of a clearly articulated family image. In disabled synchronous families, energy needed for developmental tasks is invested instead in reducing tensions or in keeping up a facade of family peace and tranquillity. Ultimately, such families may lose a sense of intimacy as they engage in less and less interaction (Constantine, 1987; Constantine & Israel, 1985).

Synchronous families value a harmony among members. In maintaining this peace, much of their communication tends to be non-verbal. Sometimes this communication is not apparent to outsiders, since it involves being somehow on the same wavelength. Although such families can provide children with a sense of security and belonging, there are particular risks for adoptees, especially older children with too much "history." Unless members are able to make their family culture explicit and initiate the new child into it, he or she may always remain an outsider. Family enculturation may be made more difficult through a synchronous family's lack of attention to process. Even when induction occurs, the family's non-verbal signals may be difficult to master. The importance of learning an implicit communication style might make problematic the placement of an older child, especially one with ADHD or other difficulty with reading subtle nonverbal signals. In addition, synchronous families will probably have extreme difficulty dealing with an angry, oppositional child. Nevertheless, synchronicity need not be a barrier to adoption. As long as the child joins the family at an early age, such families may well be able to handle the care demanded by disabilities.

Synchronous families often can be rather frustrating for the active, engaging, expressive caseworker whose approach is at odds with the family's basic style of interaction. He or she may feel stymied and deadened by their need to maintain their peaceful facade and their lack of responsiveness to verbal forms of intervention. Even when a great deal of change can be observed, family members tend to deny that it has occurred. Because of their desire for tranquillity, synchronous families may not come for help until they have such serious difficulties that they can no longer ignore them. Thus, problems may suddenly explode in what was apparently a successful and rather unexceptional placement. Synchronous couples tend to respond well to a crisis orientation (i.e., a definition of their problem as only temporary) and to strategic techniques (e.g., prescribing the symptom and the use of paradox), although they may not complete their "homework" (Constantine, 1986).

*Intermediate and Misaligned Family Styles.* There may be incongruity between family image, structure, and behavior. Such a misalignment does not necessarily signal family disablement. It does, however, require extra energy to sustain the mismatched

levels. For example, pseudo-open families are open at the level of image, but actually operate in a random or closed fashion. They tend to have more limited negotiation resources than open families. When a family system with such incongruities is in danger of becoming disabled (for example, when stressed by a difficult adoption) the extra energy required to maintain day-to-day interaction may make the difference between coping with or succumbing to the stress (Constantine, 1986). Previously aligned family systems may become misaligned as a result of stress, such as that following adoptive placement (Imig, 1994)

There are further difficulties when husband and wife prefer different styles. Some families evolve compromise systems set on the border between two regimes, where the original values and structures are submerged in a new synthesis. Where such merging fails to occur, two or more paradigms continue to compete with each other. The basic conflict often is expressed in superficial but pervasive tensions or chronic fights that are never really resolved (Constantine, 1986). Couples with conflicting styles may be particularly vulnerable to a child's divide-and-conquer tactics. Like families with mismatched image and process, maintaining a system where partners value different paradigms imposes costs in terms of energy expenditure and, thus, reduces their ability to manage other stressors (Constantine, 1986)

*Case example A random family.* Like other random families, Bert Staples and Kate Gilson valued personal fulfillment and autonomy. They lived over a hundred miles from the city where Bert was a partner in a small chain of specialty stores. As a result, he spent part of each week in the city. Kate worked out of their home organizing tours, some of which she herself led. Since they enjoyed different activities, they often took separate vacations. Two years after their marriage, when they were in their twenties, they adopted a twelve-year-old boy from Vietnam. Bert believed that having another child would give a clearer purpose to his life. Kate did not feel the same urgency about having children and did not appear to need motherhood for her sense of self-fulfillment. She stated, however, that the best times in their marriage came when they were working together on a project. Adoption, she felt, would be a long-term project. They adopted a sibling pair aged five and six, whose picture and description particularly appealed to Bert. Kate was concerned about the demands they would pose for care, especially since Bert was away from home part of the week. Indeed, the marriage was so stressed for a time that Kate considered leaving. Because she saw the problem as being hers, Kate elected to see a therapist on an individual basis. The adoption worker helped the couple to work out plans for parent relief so that Kate could attend to her children, her marriage, and her business without feeling trapped. Eventually she began to find satisfaction in her developing relationship with the children and the adoption was finalized. In this case, danger signals were present even before placement. The adoption worker's sensitivity to potential difficulties and to the couple's style resulted in interventions appropriate to a random family and thus helped preserve the placement.

## **Family Paradigms in Adoption Research and Practice**

### *Research*

The largest gap in knowledge regarding matching in adoption concerns the assessment of families. Although the use of

family paradigm concepts is theoretically appealing and offers benefits for adoption practice, there are several problems. Foremost is the difficulty in identifying family types. Constantine (1993) visualizes family styles as falling inside a three-dimensional tetrahedron. The four primary paradigms represent polar points in a continuum of possible models. Most families represent intermediate types, whose strengths and weaknesses are a blend, usually tending more toward one style than another. Thus, adoption workers need to be cautious about placing families into rigid paradigmatic boxes.

In the last few years, pencil and paper instruments based on Constantine's theory have been developed: the Family Paradigm Assessment Scale (FPAS, formerly the Family Regime Assessment Scale), and the Parenting Assessment Scale (Imig, 1994, 1995, in press; Imig & Phillips, 1992). The FPAS has been administered to over 1,000 individuals. In their full forms, both scales indicate the basic family style (closed, random, open, synchronous), player part behaviors, system resources and goals, system perceptions (self/other, real/ideal), and system misalignment and strain. Through the aid of a computer, family styles can be located in the paradigmatic tetrahedron. The FPAS provides a relatively precise depiction of the family system at the time of assessment and suggests structural strains (Imig, 1994, in press). The scales can be used in two ways—for survey research (e.g., to develop population norms) and ideographically. The latter provides a depiction of how families function, family by family (Imig & Phillips, 1992). Information derived from individual families can both form a cumulative research data base and provide a launching pad for therapy or other counselling.

Neither the FPAS nor the Parenting Assessment Scale have been used so far in adoption studies. The scales lend themselves to two complementary strategies in adoption research, each of which can be tested for their practical usefulness. The first is a survey approach. Using the FPAS, families can be assessed prior to placement. Placement would occur in the normal way. Follow-up would include data on the type of child placed with the family and outcome (finalization or disruption). Research of this nature could provide information on the extent the FPAS predicted the success or failure of particular kinds of placements. The second approach involves the ideographic use of the FPAS and, possibly, the Parenting Assessment Scale. A subsample from the survey study could be assessed in detail, indicating the family "flavor" of the particular regime and possible misalignments and strains. Then, following placement, the FPAS could be administered again to detect paradigmatic changes and where in the family system strains have occurred as a result of the adoption. At this point, the Parenting Assessment Scale could provide a basis for discussion of child management strategies used by the family and possible directions for change compatible with the family style. Data from the ideographic study could be manipulated by computer or used qualitatively. Other instruments could, of course, be included in both research approaches. One that seems obvious is FACES III. This has been used extensively in family research, including adoption outcome, as has already been indicated. Constantine (1986) himself has related his paradigms to the four central mid-range types of the Circumplex Model. Thus, its inclusion would provide a link both to a large body of normative data and to other adoption research.

Constantine's theory of family paradigms is theoretically meaningful in relating family type to matching adoptive child and family and to adoption outcome. Nevertheless, the theory

cannot yet be used confidently as a basis for either research or practice. While efforts have been made to operationalize the model through development of the FPAS and Parent Assessment Scale, issues of reliability and validity need to be further addressed. In addition, more work (both cross-sectional and longitudinal) is required to further refine both constructs and measures and to establish their utility in assessing families in general, and adoptive families in particular.

*Adoption practice.* The research program outlined above will, it is hoped, provide considerable insight into the relationship between family style and matching and outcome in adoption. A constant difficulty occurs, however, in translating any research findings into a form readily usable by practitioners. This is true for the FPAS and Parenting Assessment Scale, which demand computer analysis to extract detailed family information. Until these measures are tested for validity and reliability in adoption practice, however, there is danger in relying on them or on the paradigms underlying these scales to provide a solid basis for matching or for post-placement support. It is possible, nevertheless, to use the paradigms and the related scales as a springboard for discussion and therapy without detailed analysis; for example, concerning each parent's perception of actual family operation and how he or she wishes the family could be, that is, the degree of alignment between the family's actual behavior and its ideal.

In addition, awareness of Constantine's paradigms may alert adoption practitioners to the strengths and weaknesses of family styles during the entire matching process, including the stretching of applicants and the provision of post-placement support. Ultimately, if Constantine's paradigms are proven valid, their use in adoption practice will reduce some of the uncertainties in adoptive placement, and thus strengthen new families.

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Margaret Ward, Ph.D., CFLE, retired Professor, Cambrian College, Sudbury, Ontario, is working on the impact of adoption on adoptive families and applications of chaos/complexity theory in family dynamics.

Received 8-23-96  
 Revised & Resubmitted 3-3-97  
 Accepted 4-16-97