ADOPTION

Emily Whitgob & Kaitlyn Phuong Le
Development & Behavioral Pediatrics
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Anna

4.5 yr old girl adopted at 2.5 yrs old from China, presenting for evaluation of emotional delays, inattention, and behaviors concerning for autism spectrum disorder.

HPI:
• Unknown birth hx
• Left for adoption at a hospital in China at one week of age. She remained in the hospital for ongoing care for 1.5 months. Anna was cared for by a foster family until her adoption to the U.S. She had exposure to Mandarin and a different Chinese dialect.
• Since her adoption, parents noticed limited expressive speech skills, regardless of language. She was able to say “bye bye” and “thank you” at 2.5 yo. She now communicates in full sentences.
• She was enrolled in a Montessori school which has a teacher who is able to communicate with her in Mandarin and in a Chinese dialect.

*NB: Name, age, and some details of presentation changed
Anna

HPI continued...

- At school, she likes to follow routines and has systematic processes for engaging in activities.
- She is fine with bathing but cries while showering or having water poured over her head.
- Developmentally, she was potty-trained before her adoption, she first used two word-combinations at 33 months, she had imaginary play at 33 months. She is able to identify letters and colors but is unable to write her name or other words.
- Hearing screen at 4 years of age but inadequate assessment given cooperation difficulties.
Anna
Social History

- In school, she enjoys playing with other children, makes good eye contact, and names “Jessica” as one of her best friends.
- Lives at home with Mom, Dad, and 8 yo brother. Parents report they have a good bond with their son and feels he is smart with a photographic memory. They try not to compare Anna to their son, but notice they are frequently frustrated by her lack of communication and have less attachment to her.
- Anna demonstrates indiscriminate affection; she hugs her parents and brother as much as she hugs strangers with the same affection.
- Parents are sad that she does not approach them for hugs, and stressed that she does not communicate when she is hungry or cold.
Themes from Anna’s Case

- Parental expectations
- Attachment
- Developmental understanding of adoption
- Potential disability
- International adoption
Adoption Numbers

- 2% U.S. population are adopted
- 24% adopted by relatives
- 120,000 children adopted annually in the U.S.
- <10% International Adoption
  - In the past decade, international adoptions have doubled to 20,000 annually
  - 33% of internationally adopted children are male
- 40% of adopted children are of a different race, culture, or ethnicity than their adoptive family
- Adopted children are less likely to live in a household with below-poverty incomes (12% vs 18%); however, 46% of children from foster care live in household with incomes less than two times the poverty threshold.
- 69% live with two married parents, similar to general population

**Clinical Pearl:** Adopted pts are more likely to have experienced health issues than are children in the general population. Ex. Asthma 19% vs 13%
About half lived with their birth families at some time prior to their adoption.

Preadoption life has great implications for later development.

**Fun Fact:** Steve Jobs, Bill Clinton, Nelson Mandela, Eleanor Roosevelt, and Faith Hill are adopted.
The ethnic distribution of adopted children is different from that of children in the general population.

Children adopted privately from the United States are most likely to be white (50%).
Transition and Adaptation to Adoption

Child’s Adaptation:

- Among adopted children who were in foster homes, there is:
  - A loyalty conflict
  - Sense of abandonment and insecurity
  - Threatened future attachments
  - Fear of returning to the care of a biological parent who is not able to provide appropriate care
- Previous abuse and neglect can distort an adopted child’s internal working model of what a caregiver is like and create the expectation that substitute parents will be like the abusive/negligent parent.
  - Caretakers as undependable and themselves as undeserving and of little value.
  - Impedes nurturing attachment

**Clinical Pearl:** Foster children who are eager to return to the care of a biological parent may be trying to master their anxiety by overstating their joy.
Transition and Adaptation to Adoption

Parents’ Adaptation:

- Infertility and inability to conceive may cause sense of isolation.
- In working with adoption agencies, being evaluated, and waiting, parents may feel helpless.
- Once child is identified, parents may be excited, worried for the child, overwhelmed by finances and continue to feel judged as social service professionals evaluate them and their homes.
- Once the child is welcomed, adoptive parents report more feelings of joy in contrast with birth mothers’ feeling of being drained and tied down.
- Some parents may have persistent fear of child’s “bad heredity,” leading to negative expectations and a self-fulfilling prophecy.
- Ongoing fear and uncertainty that child birth mother may change her mind.
- After obtaining the legal birth certificate, parents describe a sense of relief.
Attachment

- A very difficult domain for catch-up
- Attachment continues to develop beyond the first year with adoptive parent.

**Clinical Pearl:** Children who are adopted may not follow the traditional timeline of attachment acquisition.
Attachment

- Classic Bowlsby and later Waters framework works when children begin to attach at birth: Development determines timing for attachment.
  - Pre-attachment
  - Attachment-in-the-making
  - Clear-cut attachment
- For children who are adopted it is important to look at role of time as separate from development.
  - Differences in attachment behavior system and mental model of attachment
    - Do prior models need to be undone?
  - Pre-adooption care influences shared history with adoptive parent
    - Stress-trauma continuum
Attachment

• What factors affect it?
  • Number of preadoption placements
  • Child stress level
  • Birth parent-sanctioned attachment

• What to do?
  • Holding techniques
  • Video feedback sessions

I may look comfy, but I'm actually Krazy Glued to her back.
Developmental Understanding of Adoption

- <3 yo, most adopted children do not understand there is a difference between their family and families in which children are reared by their biological parents.
Developmental Understanding of Adoption

- ≥3 yo, children may believe they magically cause all things that have happened to them.
- Children may feel responsible for the loss of their first family.
Developmental Understanding of Adoption

- By 5 yo, children realize that most of their peers are not adopted.
Developmental Understanding of Adoption

- 7-11yo, adopted children ask questions about their birth family and history which may be viewed by adoptive parents as potential rejection.
  - Children realize that in gaining an adoptive family, they lost a biological family.
  - Children may wonder about what life would have been like if they were not adopted and fantasize about biological parents being “perfect.”
  - Children may have poor self-esteem as they may wonder what flaw resulted in their biological parents to select adoption.
Developmental Understanding of Adoption

- Adolescents may become angry over differences between their own life and society’s norm of an intact family.
  - Teens may continue to fantasize about their “perfect” biological family and may try to identify with their perceived biological families more.
  - Teens may take on activities that played a part in the biological parents’ decision to make an adoption plan, such as substance abuse.
  - Searching for a biological family is a sign of healthy emotional growth in the search for an identity.
Disability & Adoption

- Cognitive delays... and Recovery after severe deprivation

**TABLE 1** Disability Status of Adopted Children Aged 5 to 15: 2000 US Census

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Internationally Adopted</th>
<th>US Native Adopted</th>
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<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>95% CI</td>
</tr>
<tr>
<td>Total</td>
<td>82,220 (100.0)</td>
<td></td>
</tr>
<tr>
<td>No disabilities</td>
<td>72,565 (88.3)</td>
<td>87.61–88.99</td>
</tr>
<tr>
<td>Has at least 1 disability</td>
<td>9,655 (11.7)</td>
<td>11.01–12.39</td>
</tr>
<tr>
<td>Has &gt;1 disability</td>
<td>1,845 (2.2)</td>
<td>1.89–2.51</td>
</tr>
<tr>
<td>Sensory disability</td>
<td>1,665 (2.0)</td>
<td>1.70–2.30</td>
</tr>
<tr>
<td>Self-care disability</td>
<td>1,115 (1.4)</td>
<td>1.15–1.65</td>
</tr>
<tr>
<td>Mental disability</td>
<td>7,965 (9.7)</td>
<td>9.07–10.33</td>
</tr>
<tr>
<td>Physical disability</td>
<td>1,590 (1.9)</td>
<td>1.61–2.19</td>
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</tbody>
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Categories for type of disability and having at least 1 or >1 disability are not mutually exclusive. Mental disability refers to difficulty learning, remembering, or concentrating. Data were weighted. CI indicates confidence interval.
# Special-Needs Adoptions: medical, developmental, demographic

### Motivations for Considering Adoption

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>I want a playmate for my birth child.</td>
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<tr>
<td>2.</td>
<td>A child would fill up my emptiness.</td>
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<tr>
<td>3.</td>
<td>I am well off, so I could give many things to an adopted child.</td>
</tr>
<tr>
<td>4.</td>
<td>All these children really need is love.</td>
</tr>
<tr>
<td>5.</td>
<td>I just love kids and want to add one more to our family.</td>
</tr>
<tr>
<td>6.</td>
<td>I just want to cry when I think of those poor children who do not have a family. I’ll just take one in.</td>
</tr>
<tr>
<td>7.</td>
<td>My religion tells me to reach out to those less fortunate.</td>
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<tr>
<td>8.</td>
<td>Our marriage is shaky, and a child will bring us back together.</td>
</tr>
<tr>
<td>9.</td>
<td>Since we can’t have birth children, I guess we might as well adopt.</td>
</tr>
<tr>
<td>10.</td>
<td>There’s no difference anyway. Adoptive parenting and birth parenting are the same.</td>
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<tr>
<td>11.</td>
<td>I know I have a lot to learn about parenting these children but I want to begin.</td>
</tr>
<tr>
<td>12.</td>
<td>I want to adopt but my spouse is unsure.</td>
</tr>
</tbody>
</table>
### Special-Needs Adoptions: medical, developmental, demographic

<table>
<thead>
<tr>
<th>Things to Consider When Reviewing Your Motivations:</th>
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<tbody>
<tr>
<td>• Adoption is a lifelong experience, not a one-time event.</td>
<td>• Adoption support before, during, and after placement is a crucial element of adoption success.</td>
</tr>
<tr>
<td>• Adoption is not about pretending the child was born to you, but about celebrating adoption as an equally valid way to build a family.</td>
<td>• Advocacy is the act of maximizing all types of resources to be accessed that can help you become a better parent and advocate and to cope with parenting challenges.</td>
</tr>
<tr>
<td>• Adoption is a distinct form of family building which includes the same challenges as parenting children born to you as well as added challenges and joys unique to adoption.</td>
<td>• There are skills to learn, tools to develop, and resources to be accessed that can help you become a better parent and advocate and to cope with parenting challenges.</td>
</tr>
<tr>
<td>• Parenting is NOT a do-it yourself project.</td>
<td>• Reaching out for information and support does not need to be painful, nor does it mean you are an inadequate parent.</td>
</tr>
<tr>
<td></td>
<td>• Your peers are often the best sources of information and support.</td>
</tr>
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</table>
International Adoptions

- In 2011 Top 3 Adopting Countries and States:

<table>
<thead>
<tr>
<th>Country</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>China</td>
<td>California</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Texas</td>
</tr>
<tr>
<td>Russia</td>
<td>New York</td>
</tr>
</tbody>
</table>

- Among Internationally adopted children, more than twice as many were born in China as in any other individual country (33%)
- History may be significant for malnutrition, neglect, deprivation, infectious disease, prenatal exposures

**Clinical pearl: The most useful test of eye alignment is the cover-uncover test to screen for strabismus and weaker eyes.**
International Adoption

Language differences

• Parents of school-aged children should arrange for a translator to be available for at least several weeks after the child arrives home.
  • However, children may perceive a person speaking their first language as a sign they are going to return to their birth country.
• Young children acquire language skills most appropriately when working with an adult.
• Grief suggests the child has had at least one interpersonal relationship.
• Children with a history of institutional care learn to meet their own needs, and entertain and comfort themselves at an early age.
• Parents may find it easiest to think of adopted child as a “psychologic newborn in an older child’s body.”
  • Rocking a school-aged child
  • Playing peek-a-boo with a kindergartener.
International Adoption

Nutrition

- Most internationally adopted children are malnourished. As many as 68% are 2 standard deviations from the mean. Children adapt by eating large volumes quickly or hoarding.
- Allow children to have access to food. The child needs to learn to regulate his or her own intake.
- Oral-motor coordination
- Orphanages may feed infants with propped bottles while lying supine. Large holes cut in the nipples accommodate porridge flow out of bottles. Children adapt by gulping quickly to keep from choking.

Bathing

- Showering in orphanages may involve a fast functional hosing off with hot or cold water.
International Adoption

Sleeping
• “Cry it out” techniques are counterproductive for newly adopted children who do not yet trust that their parents are going to be there.

Autistic-like behaviors
• Institutionalized infants may be devoid of toys, stimulation, or movement and may have limited human interaction. Children come up with ways to amuse themselves.
• Self-soothing behaviors may include rocking, hand play, head banging
Lessons from Anna’s Case

- Attachment cannot be rushed
- Individual needs of adopted children
- The term “special needs” adoption
- International adoption increasing, unique features
- Pre-adooption counseling
References: