ABSTRACT

A wealth of research has established that adopted youth are at greater risk for impaired mental health than their non-adopted peers, given the host of early life stressors that many experience. However, the specific trajectories of risk and resilience into adulthood remain unclear. The present study examines longitudinal trajectories of mental health in 52 adolescents and young adults adopted from foster care. We investigated the contribution of two major pre-adaptive risk factors, abuse/neglect and age of placement, to childhood trajectories of behavior problems. We also utilized these risk factors and behavioral trajectories to predict current outcomes of mental health. Children exposed to abuse/neglect exhibited higher levels of internalizing problems, but not externalizing problems, into adolescence/youth/young adulthood. Older age at adoption relates to mental health difficulties, especially if adopted after age 48. Trajectories of mental health into adolescence/young adulthood remain unclear.

INTRODUCTION

• In 2014, 50,000+ youth adopted from foster care1
• Adopted children show better outcomes than youth who remain in foster care2
• However, as a group, adoptees show higher rates of psychopathology than non-adopted peers3 4
• Early maltreatment common cause of removal from home → later psychopathology6 7
• Older age at adoption → mental health difficulties, especially if adopted after age 48
• Trajectories of mental health into adolescence/young adulthood remain unclear

METHODS AND MATERIALS

Participants:
• 52 youth (29 males, M age=19.2); 43% history of abuse/neglect, 44% adopted after age 4
• 45 primary parents (73% female, 75% heterosexual, 68% married/cohabitating)

Procedure:
• Families recruited through DCFS seminars for prospective adoptive parents
• Original study: 82 children, 6 yearly visits beginning 2 years pre-placement (M age = 3.9)
• Follow-up study: online survey sent to parents and children when youth reached adolescence/YA

Measures:
• Pre-placement variables:
  • Abuse/neglect, age of placement (from court reports and DCFS records)
  • Child Behavior Checklist13: parent-report T1-6 of internalizing and externalizing behaviors
• Follow-up variables:
  • BASE: 7 mental health symptomology (3 items: anxiety, anger, depression; child report)
  • Psychiatric diagnoses, medications, hospitalization; suicide & runaway attempts (parent report)
  • Substance use (parent/child report)

RESULTS

Childhood Trajectories of Mental Health

• Mixed linear model did not predict change in internalizing symptoms over time (Beta=-.41, t(625.5) = -.71, ns) but did significantly predict change in externalizing symptoms over time (Beta=-1.01, t(625.5) = -2.02, p < .05)

DISCUSSION/CONCLUSIONS

• Abused/neglected youth show no heightened externalizing problems by adolescence/YA
• Abused/neglected youth have consistently higher internalizing symptoms (anxiety, PTSD, depression) in childhood & in adolescence/YA
• Both internalizing & externalizing behavior problems in childhood predict substance use in adolescence/YA
• Childhood internalizing problems partially explain link between abuse/neglect & later high marijuana use
• Targeting internalizing problems in childhood may prevent later problematic marijuana use
• Childhood internalizing/externalizing problems predict other mental health outcomes not related to abuse/neglect or age of placement. Possible risk factors include genetic susceptibility, psychosocial substrate exposure, other pre-placement risk factors
• In adolescence/YA, non-abused children do not show psychiatric or substance abuse problems
• Effects of later age of placement largely disappear by adolescence/YA for children in adoptive homes