Disclosing the Secrets of My Crystal Ball

Predicting the Future for an Adopted Child
Should You Really Have Choices?

Birth parents have choices

– Choose the parent (genes) for their child.
– Choose when to become pregnant.
– Choose behaviors that reduce the risk of adverse outcomes.
  » Abstaining from substance abuse or alcohol use
  » Employing strategies to promote a healthy pregnancy
    – Eating a good diet
    – Taking prenatal vitamins
    – Prenatal care
    – Delivering in a facility prepared for emergencies
  » Promoting health and wellness during the first years of life.
    – Newborn care
    – Provide a nurturing environment
Adoptive parents have somewhat different choices.

Choose the parent (genes) of the child.
- Maternal and paternal family medical and mental health history

Choose when to become pregnant.
- Choose when to adopt.

Choose behaviors that reduce the risk of adverse outcomes.
- Abstaining from substance abuse or alcohol use
  - History of alcohol and/or street drug use.
- Employing strategies to promote a healthy pregnancy
  - Maternal medical complications
  - Birth weight
  - Neonatal course
- Promoting health and wellness during the first years of life.
  - Growth and developmental milestones
  - History of serious illnesses
  - Caregiving environment
Goal

Match the Needs of the Child with the Resources and Capabilities of the Family
What’s a Good Outcome?

Reality = Expectations
What Questions Should You Ask??

- What are my expectations for the adoption?
- What are my child’s potential capabilities?
- What am I able and prepared to do to make expectations and reality congruent?
What are my expectations for the adoption?

- Why are you adopting?
- What are the expectations of your spouse/partner and others who are close to you.
- What are your expectations of the process.
  - Choice of mode of adoption
  - Decision making style
  - Meeting your child

First—know yourself
Self-Awareness

Why are you adopting?
- Parenting?
- Caretaking?
- Companionship?
- Sister or Brother for Child in Family?
- Enrich or Save the Marriage?
- Humanitarian Gesture?
- Replacement Child?
- Social Endorsement?

Benefits accrues to all parties but should favor the child.
Expectations of Others

– Spouse/Partner Parenting Style
  » Who is the primary caregiver?
    – Is the primary caregiver a full partner in this adoption?
  » Discipline/Flexibility

– Relatives
  » Conditional or unconditional acceptance?
Why have you chosen a particular mode of adoption? (intercountry, foster care or private)

- Age
- Race/Ancestry/Religion
- Duration of the process
- Concerns about the Birth Parents
  - Fear of birth parent(s) returning for the child.
  - Uncertainty about contact with birth parent(s)
- Concern about or desire for “Special Needs”
Know How You Make Decisions

- Acknowledge different decision making styles.
- Impulsive?
  - Picture
- Obsessive?
  - Never enough information
- Unengaged?
  - Let God or fate decide?
- Willing to make a leap of faith?
- All decision makers on the same page!!
Expectations about Meeting and Getting to Know your Child

- Unlikely to be as envisioned.
  - Tired and stressed
- Ambivalent attachment
- Feeling rejected
- Role conflict
Assessing a Child’s Potential Outcome from Afar

What are risk factors for less favorable outcomes

Expectations ≠ Reality
Does Choice of Country Matter??

Political Map of the World
Pre-adooption Evaluation

- Absence of information
  - Early referral
- Institutional delays
- Subjective information
- Minimal objective data
Video

- Primarily showcases motor skills
  - Limited information for young infants
  - Very limited emotional or behavioral information

- Too short

- Poor quality

- Information is very dependent on the child’s status and the environment at the time of the taping.

- Made to compel, not to inform
“Would you recommend international adoption as a way to build a family?”

- Recommend Without Reservation: 75%
- Recommend With Some Reservations: 23%
- Would Not Recommend: 2%

n = 2267
Evidence-Based Risk Factors Available in Pre-Adoption Records

- Diagnosis of a medical problems.
- Duration of social deprivation in early life (care environment and age at adoption)
- Poor brain growth (head circumference)
- Potential alcohol exposure (history and facial features)
- Low birth weight (< 2,500 grams)
“How have your child’s medical and or behavioral problems affected your family?”
% of Families Struggling to Adjust
(p<.01 vs. Unaffected Children for all Diagnoses)
“Based on the information given to you about your child at referral, medical/behavioral problems are:”

**Parental Expectations**

- Fewer than Expected: 5%
- Same as Expected: 16%
- Somewhat More: 39%
- Many More: 40%

**Parental Expectations**

- Fewer than Expected: 5%
- Same as Expected: 16%
- Somewhat More: 39%
- Many More: 40%

P < .001

**Significant Behavioral Problems**

- No Significant Behavioral Problems: 29%
- Fewer than Expected: 12%
- Same as Expected: 3%
- Somewhat More: 56%
- Many More: 3%

**No Significant Behavioral Problems**

- No Significant Behavioral Problems: 29%
- Fewer than Expected: 12%
- Same as Expected: 3%
- Somewhat More: 56%
- Many More: 3%
“Currently, how would you characterize your emotional attachment to your child?”

**Significant Behavioral Problems**
- 58% Strong
- 17% Very Strong
- 15% Adequate
- 7% Weak
- 3% Very Weak

**P < .001**

**No Significant Behavioral Problems**
- 91%

Legend:
- Very Weak
- Weak
- Adequate
- Strong
- Very Strong
“Would you recommend international adoption as a way to build a family?”

Significant Behavioral Problems

Recommend Without Reservation: 61%
Recommend With Some Reservations: 33%
Would Not Recommend: 6%

No Significant Behavioral Problems

Recommend Without Reservation: 79%
Recommend With Some Reservations: 20%
Would Not Recommend: 1%

P < .001
Evidence-Based Risk Factors Available in Pre-Adoption Records

- Diagnosis of a medical problems.
- Duration of social deprivation in early life (care environment and age at adoption)
- Poor brain growth (head circumference)
- Potential alcohol exposure (history and facial features)
- Low birth weight (< 2,500 grams)
Evidence-Based Risk Factors Available in Pre-Adoption Records: Methodological Problems

Different study populations
Different environments
Different instruments and data analysis techniques
Group vs. individual outcomes
Effect of the post-adoption environment
Bayley Scales of Infant Development
(at baseline)
# Overall Prevalence of Psychiatric Disorders

<table>
<thead>
<tr>
<th></th>
<th>IG=48</th>
<th>FCG=57</th>
<th>NIG=43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any psychiatric disorder</td>
<td>60.4%</td>
<td>39.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Emotional disorder</td>
<td>41.7%</td>
<td>19.6%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Behavioral disorder</td>
<td>31.3%</td>
<td>25.0%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>
Duration of Social Deprivation in Early Life and Associated Problems

- Social deprivation limited to the first 4-6 months of life is associated with few long-term effects other than perhaps social/ or emotional issues.
- 6-18 months—parent-rated behavior problems, security of attachment
- 12 months—catch-up growth
- 15 months—expressive and receptive language
- 18 months—parent-reported executive functioning
- 24 months—IQ, security of attachment

“the earlier the better”
Brain Growth
Occipital Frontal Circumference (OFC)

Measurement
- Hard to overmeasure, easy to undermeasure
- Head Shapecraniosynostosis

Does OFC reflect brain size/growth?
- Accurately reflects brain weight, protein content and cell number through the period of maximal growth.
- Inaccurate in cases of hydrocephalus, increase in subdural space, scalp edema or thickened skull bones, e.g. rickets.
Does OFC Correlate with Cognitive Outcome?

Full-term infants with consistently low OFCs from birth to 7 years of age.

(n = 28,820)

Specific pathology 94% VS. 25%

DOLK 1991
Head Growth in Institutionalized Russian Children (n=199) 
(Mean and 95% CI)
Progression to Microcephaly in Institutionalized “Low Risk” Russian Children (n=154)
Head Size at Placement and Cognitive Outcome

Baseline OFC 12% of variance in IQ at 4.5 years of age.

Mean = -2.38
95% CI = -2.7 to -2.07

-3.39 to -2.78

-0.79 to -1.14

2.09 to 1.25

Baseline OFC 12% of variance in IQ at 4.5 years of age.

GCI Normal
GCI < 80
Full IQ Normal
Full IQ < 70
ALCOHOL USE DURING PREGNANCY
Reported Alcohol/Drug Exposure in IAP

- Yes: 6%
- Suspect: 11%
- No: 83%
How is FASD Diagnosed?

4-Digit Diagnostic Code

- Growth deficiency (height or weight ≤ 10th percentile). (institutional care)
- A unique cluster of minor facial anomalies (small eyes, smooth philtrum, thin upper lip).
- Central nervous system damage (structural, neurological, and/or functional impairment).
- History of prenatal alcohol exposure.
How is FASD Diagnosed?
4-Digit Diagnostic Code

- Growth deficiency (height or weight ≤ 10th percentile). (institutional care)
- A unique cluster of minor facial anomalies (small eyes, smooth philtrum, thin upper lip).
- Central nervous system damage (structural, neurological, and/or functional impairment).
- History of prenatal alcohol exposure.
QuickTime™ and a TIFF (Uncompressed) decompressor are needed to see this picture.
Protective Factors

- A diagnosis before 6 years of age
- Living in a stable, nurturing home
- Not being a victim of violence
- Having received developmental disabilities services
- Having a diagnosis of FAS rather than FAE
- Lower than 70 IQ
30 mo post-adoption: IQ

- No significant difference was seen in IQ and both groups scored within the normal range.
30 mo post-adoption: Cognitive, Verbal

The HRF group had lower scores for verbal working memory (p<0.05)

Transform, store, and retrieve verbal information in short-term memory
30 mo post-adoption: Cognitive, Nonverbal

The HRF group had lower scores for nonverbal fluid reasoning (p<0.02)

This measures a child’s ability to solve novel problems without dependence on academic or cultural information.
Growth in Institutionalized LBW Infants

Z-scores

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Weight</th>
<th>OFC</th>
<th>Wt/Ht</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
Catch-Up Growth in Institutionalized LBW Infants in Foster Care

Z-scores

Height  Weight  OFC  Wt/Ht

LBW  NBW

* p < .05
Low Birth Weight
< 2,500 grams

- Cerebral palsy
- Vision < 20/200
- Hearing problem
- Subnormal IQ
- Asthma
- Learning disabilities
- Poor social adaptation.

*Likelihood of problems goes up as birth weight goes down
*Risk factors are probably additive
Dealing with the Worst Case Scenario:

- Career
- Life Style
- Finances
- Marriage
- Other Children
- Health Care
- Physical Limitations
Risk Factors for Disruption

- Older at the time of adoption.
- Alcohol exposed
- Severe abuse (particularly sexual abuse)

Seek Expert Help Early!!
Does Professional Review Improve the Outcome of International Adoption?

Children between 18 and 60 Months at Arrival

- Struggling
- Negative Recommendation
- Incorrect Expectations
- Behavior Problems

Children between 18 and 60 Months at Arrival

- ADD/ADHD 26% to 14%
- Attachment 12% to 5%
- Learning 24% to 13%

Unreviewed
(33.8±12.9 mo, n=190)

Reviewed
(32.1±12.2 mo, n=170)

*p < .05

\(p < .05\)
Does the Future Look Bright?
– http://www.med.umn.edu/peds/iac
– (612) 624-1164