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## **Disclosing the Secrets of My Crystal Ball: Predicting the Future for an Adopted Child**

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# Disclosing the Secrets of My Crystal Ball



*Predicting the Future  
for an Adopted Child*

# Should You Really Have Choices?

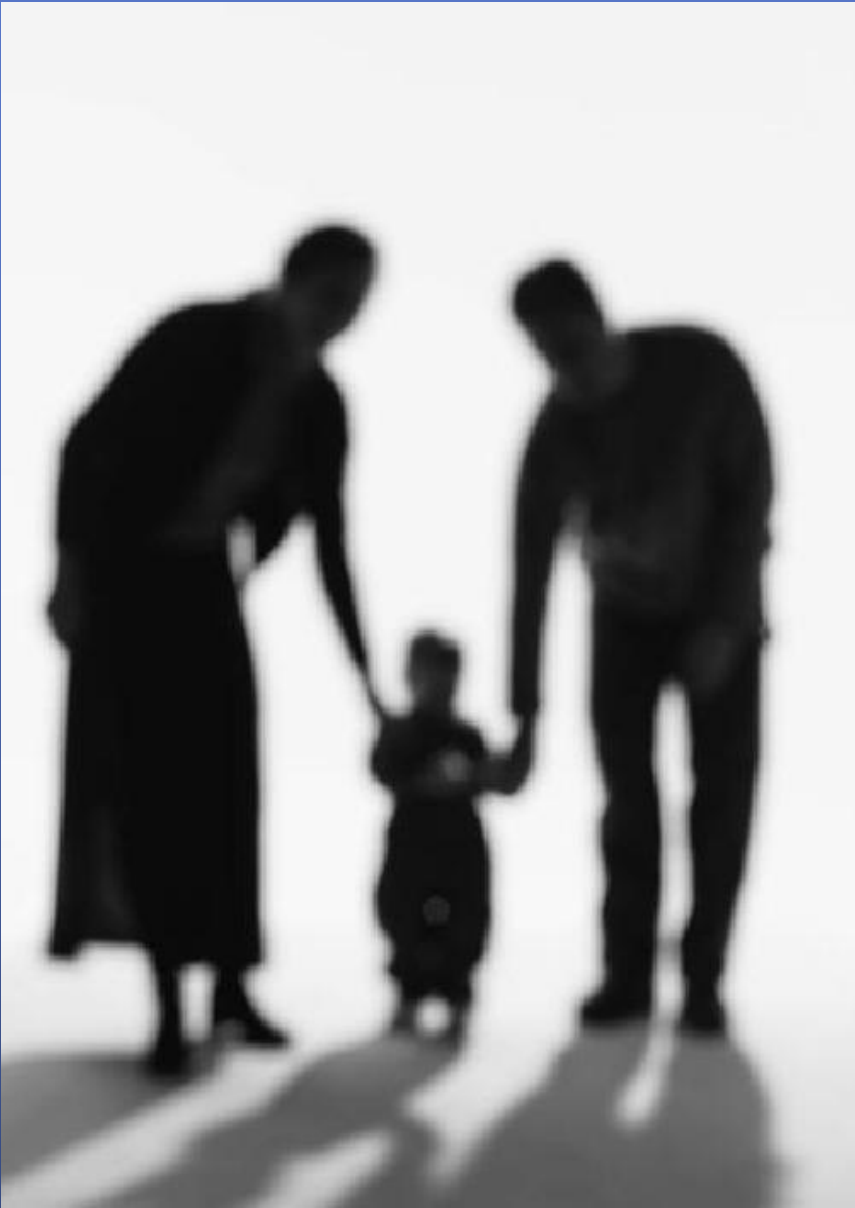
## – Birth parents have choices

- 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
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# Goal

**Match the Needs of  
the Child with the  
Resources and  
Capabilities of the  
Family**



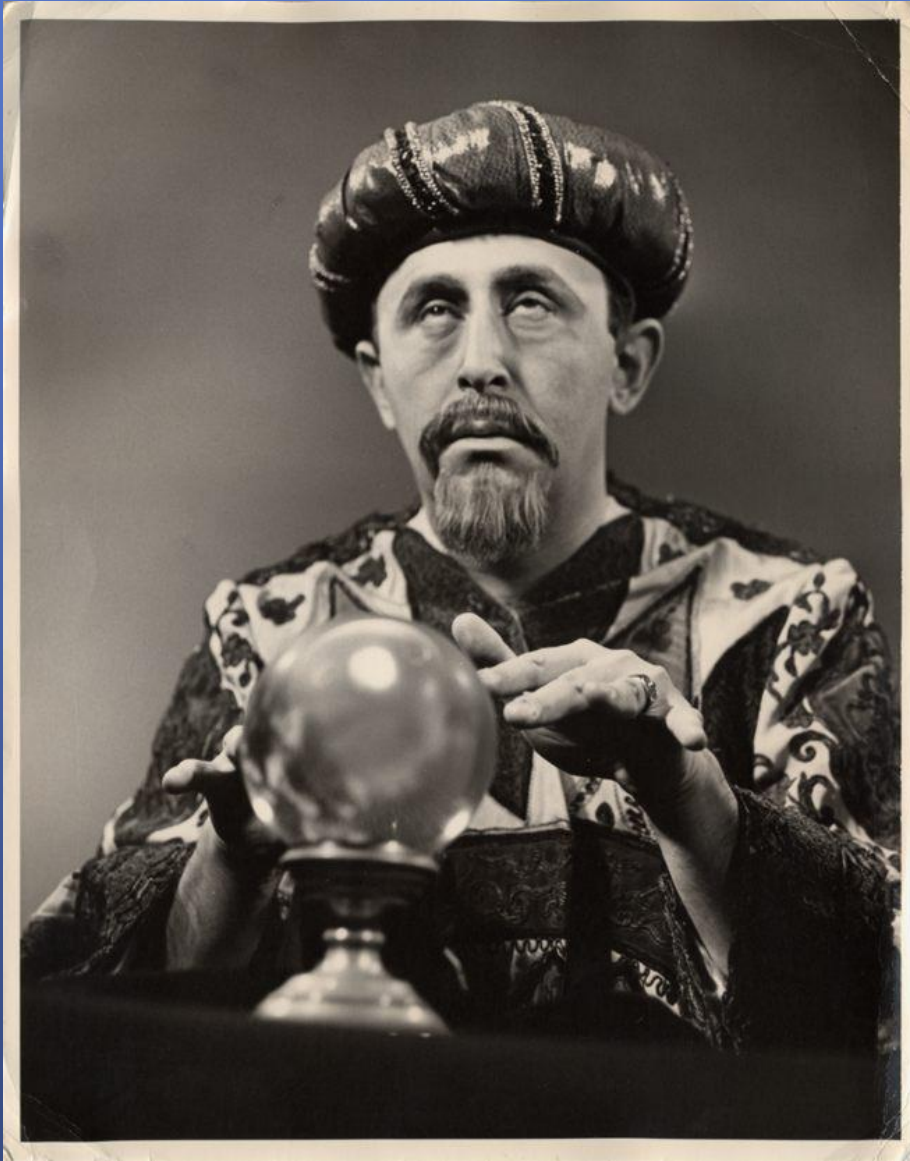
# What's a Good Outcome?

Reality = Expectations

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## 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?



First—know yourself

## 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

# 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.**

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# 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”
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# 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!!**

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# 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

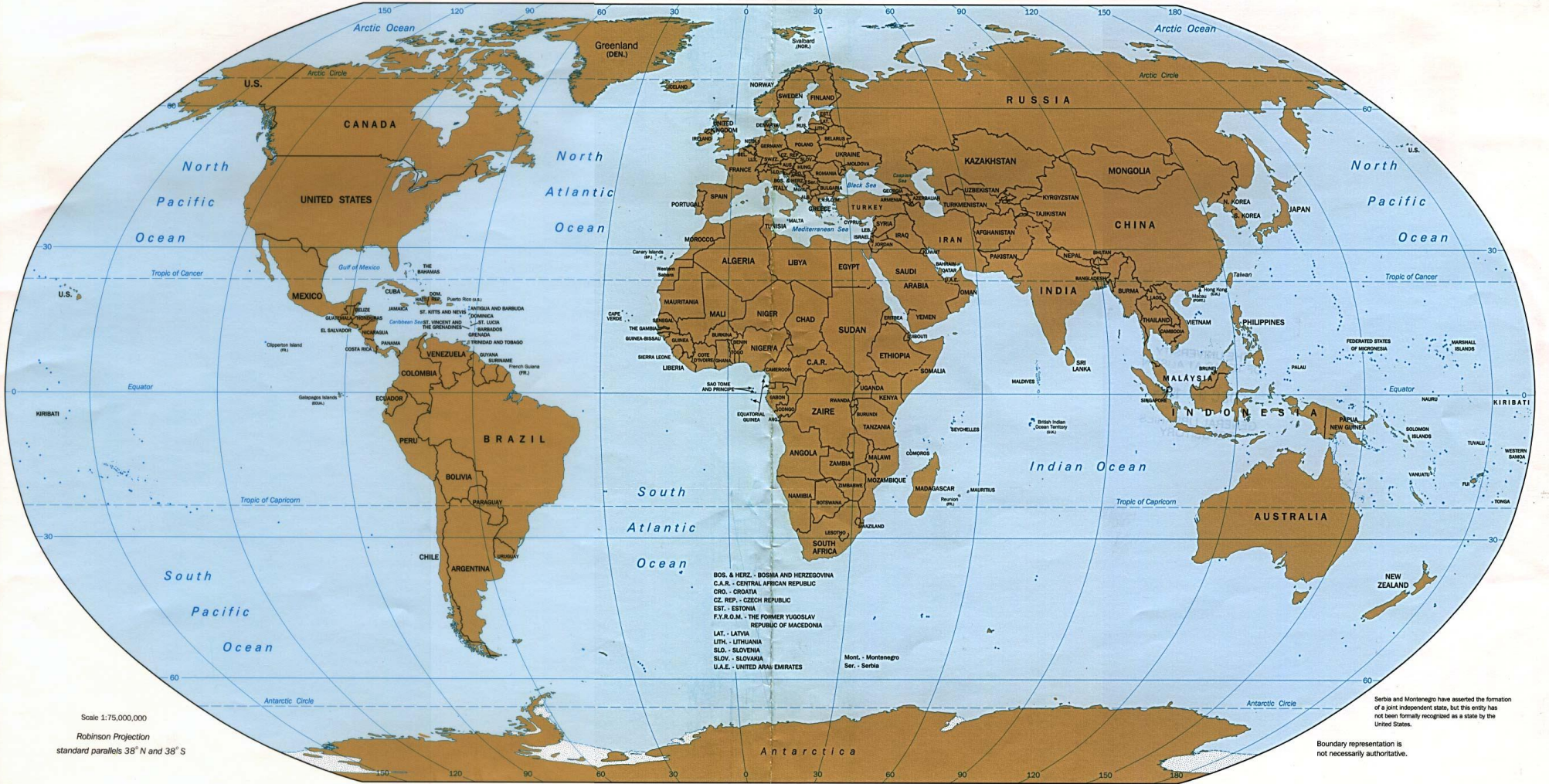
What are risk factors for less  
favorable outcomes

Expectations  $\neq$  Reality



# Does Choice of Country Matter??

Political Map of the World



# Pre-adoption Evaluation

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

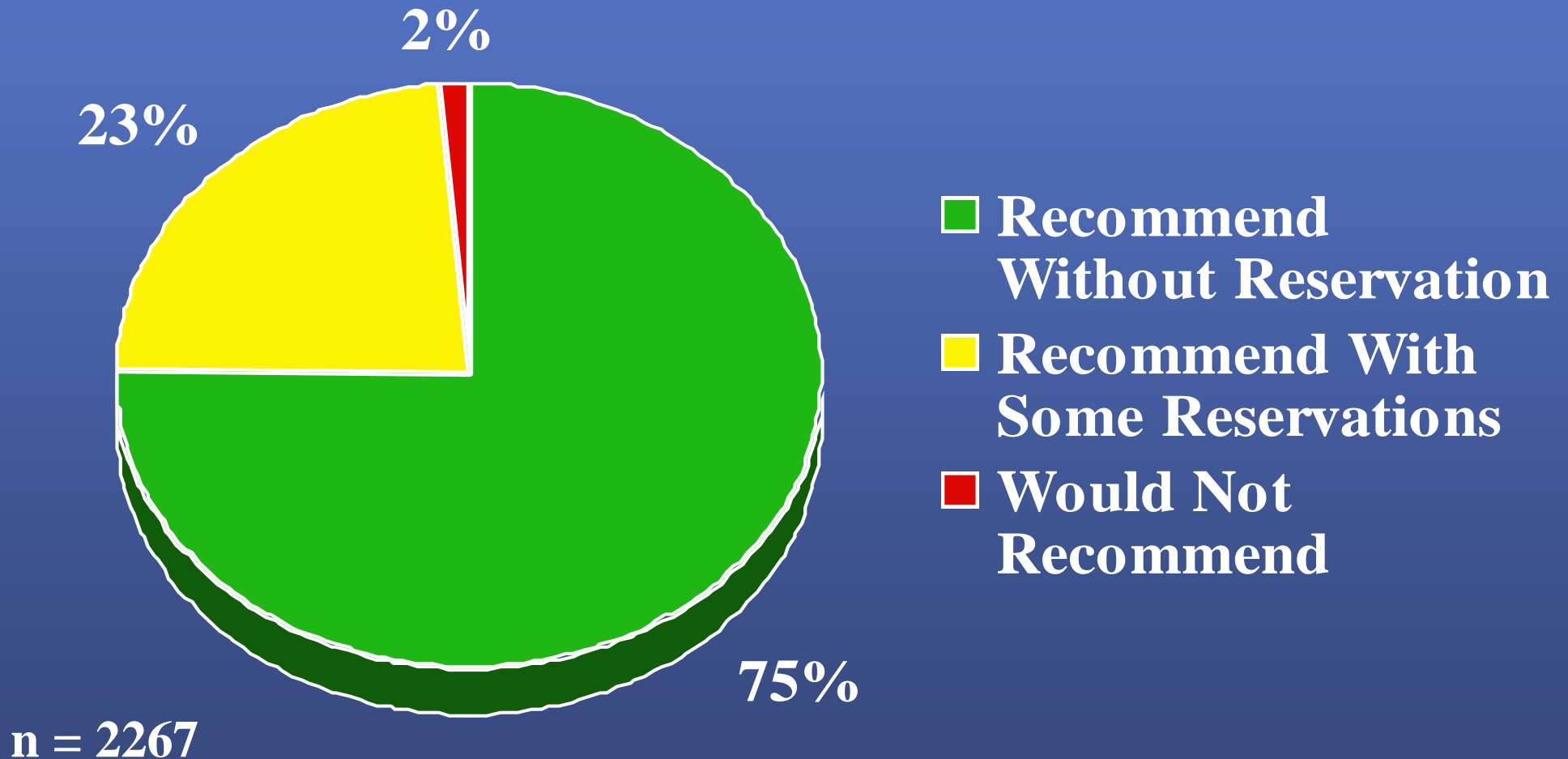


# Video

- 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**



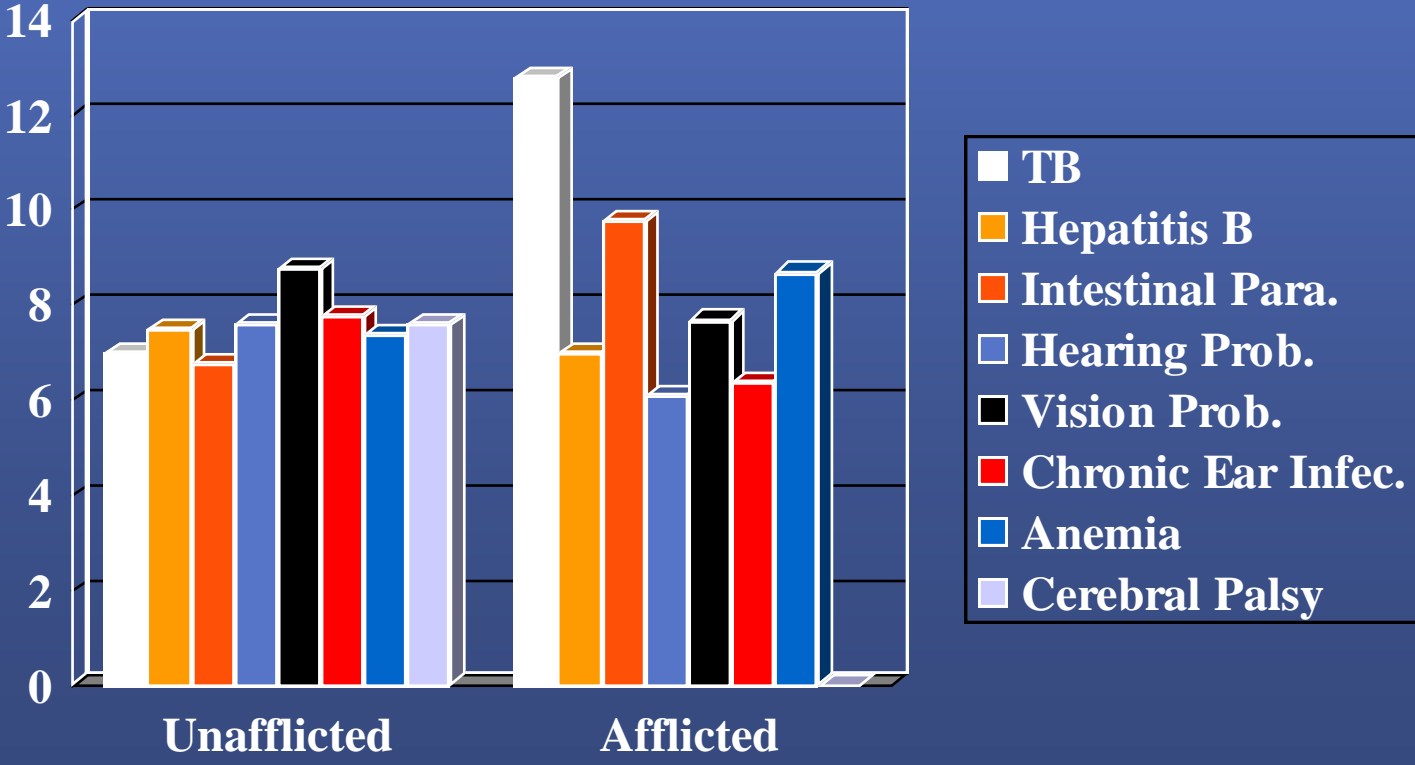
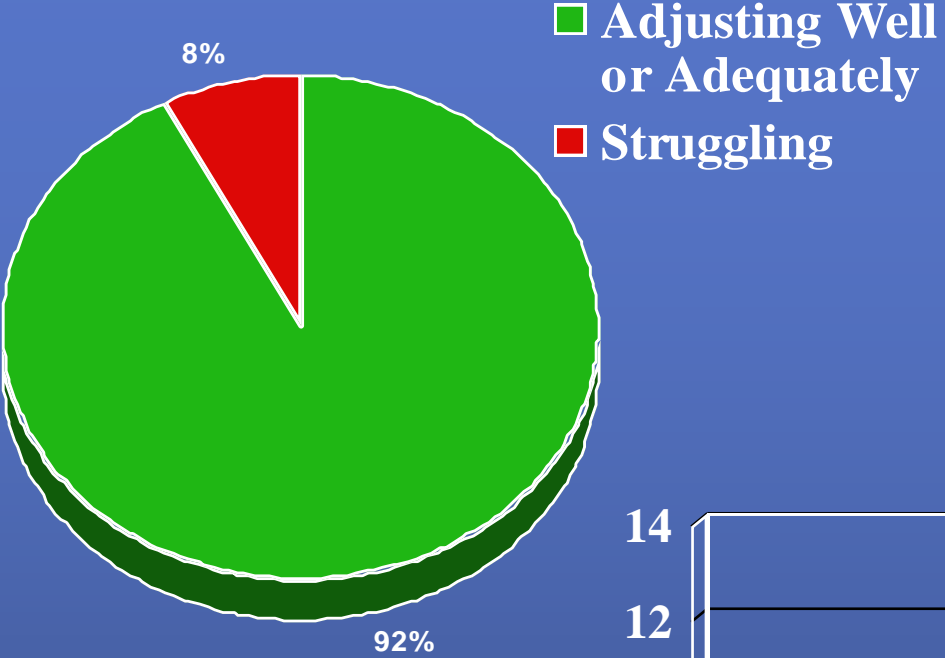
*“Would you recommend international adoption as a way to build a family?”*



# Evidence-Based Risk Factors Available in Pre-Adoption Records

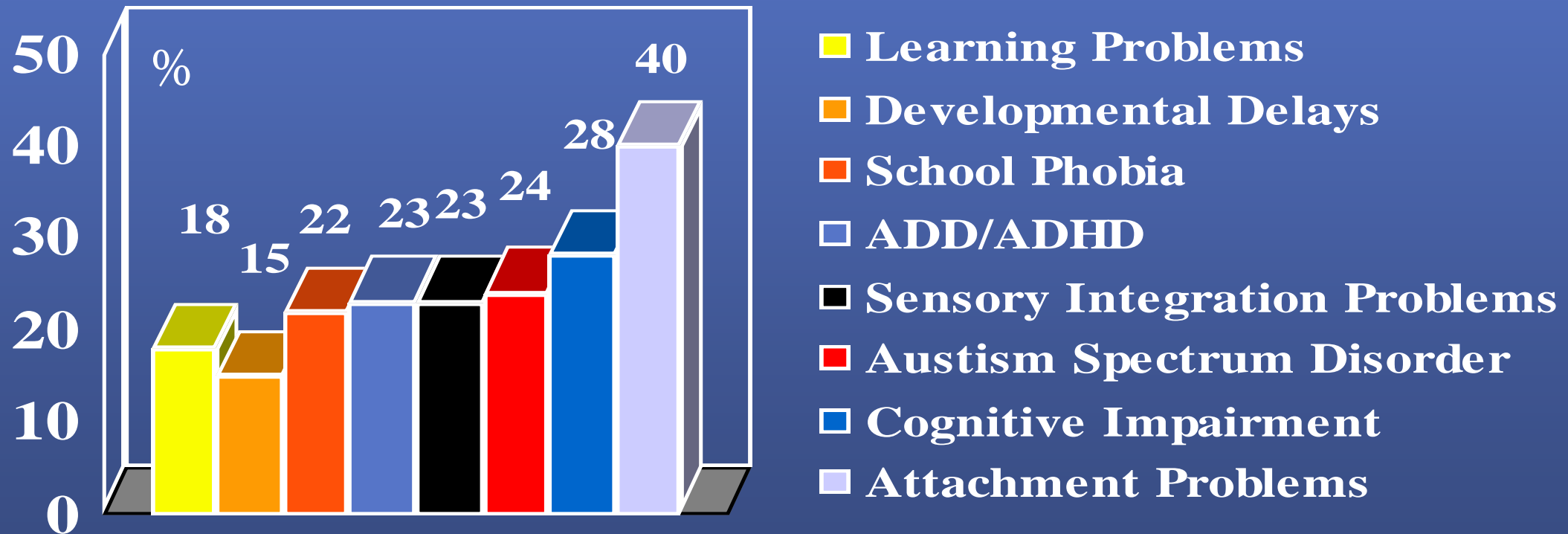
- **Diagnosis of a medical problems.**
  - **Duration of social deprivation in early life (care environment and age at adoption)**
  - **Poor brain growth (head circumference)**
  - **Potential alcohol exposure (history and facial features)**
  - **Low birth weight (< 2,500 grams)**
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*“How have your child’s medical and or behavioral problems affected your family?”*



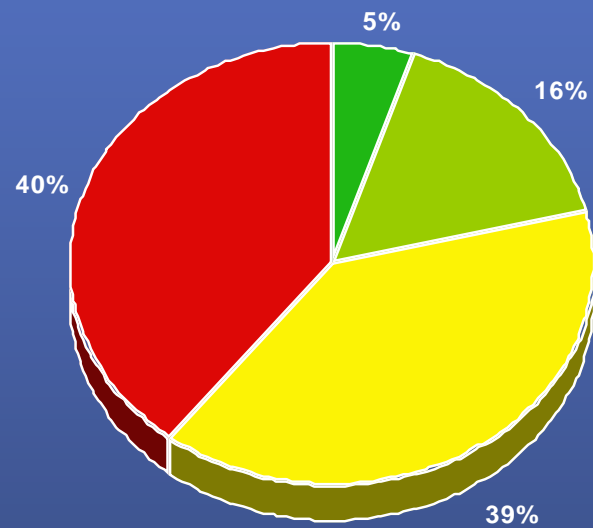
# % of Families Struggling to Adjust

( $p < .01$  vs. Unaffected Children for all Diagnoses)



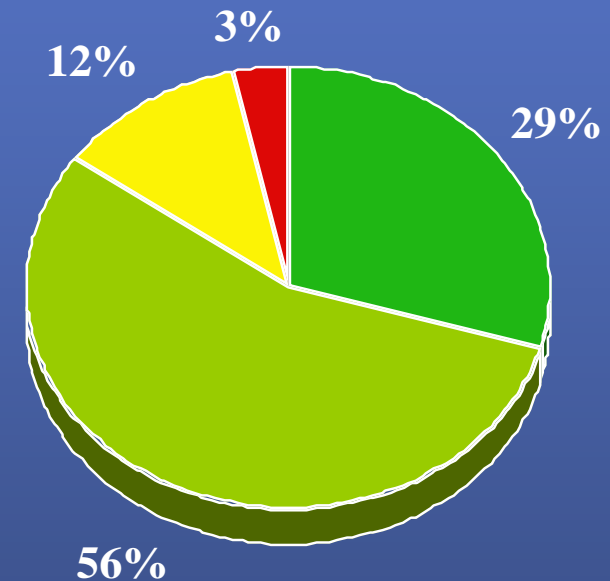
*“Based on the information given to you about your child at referral, medical/behavioral problems are:”*

## Parental Expectations



$P < .001$

**Significant  
Behavioral Problems**

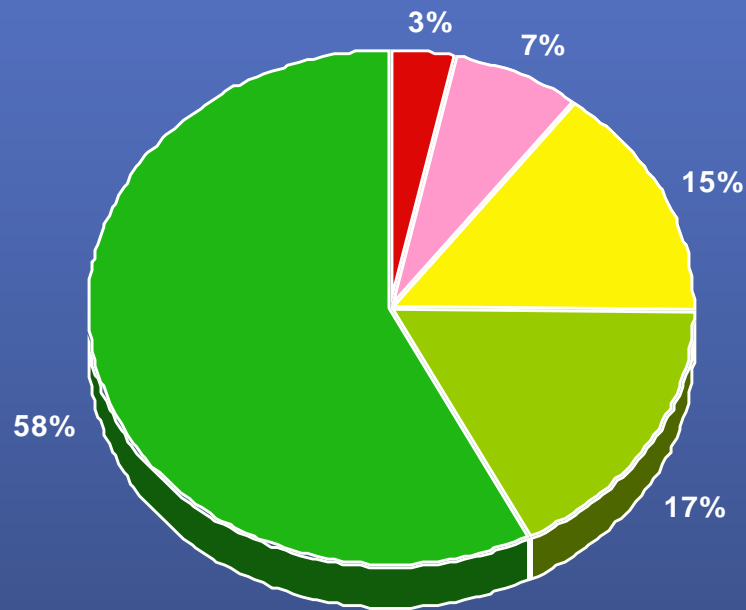


**No Significant  
Behavioral Problems**

- Fewer than Expected
- Same as Expected
- Somewhat More
- Many More



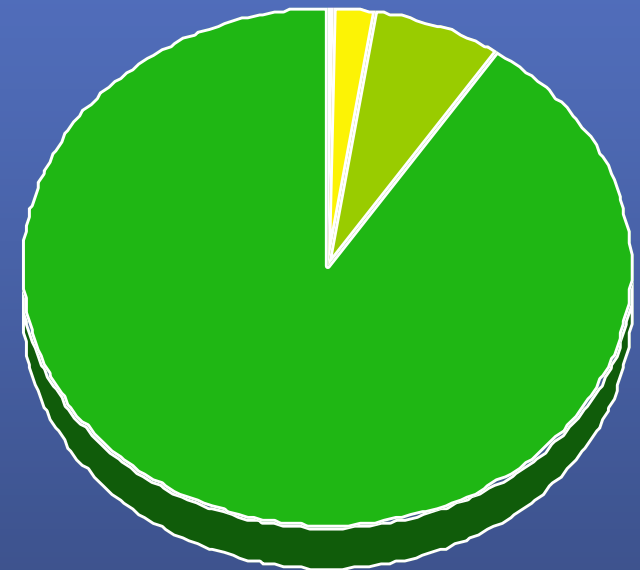
*“Currently, how would you characterize your emotional attachment to your child?”*



$P < .001$

**Significant  
Behavioral Problems**

0% 0% 2% 7%



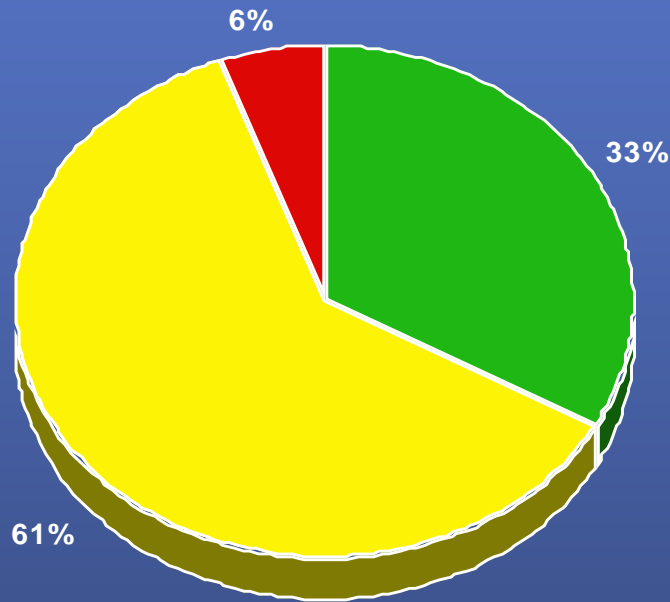
91%

**No Significant  
Behavioral Problems**

- Very Weak
- Weak
- Adequate
- Strong
- Very Strong

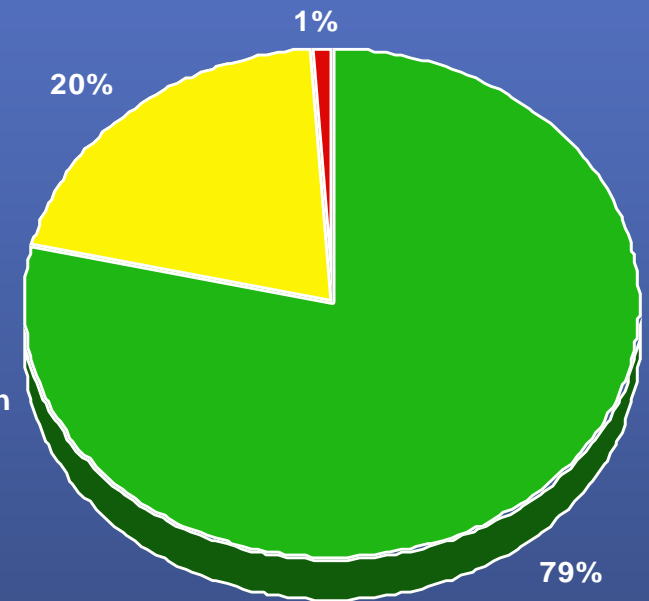


*“Would you recommend international adoption as a way to build a family?”*



$P < .001$

**Significant  
Behavioral Problems**



**No Significant  
Behavioral Problems**

- Recommend Without Reservation
- Recommend With Some Reservations
- Would Not Recommend



# Evidence-Based Risk Factors Available in Pre-Adoption Records

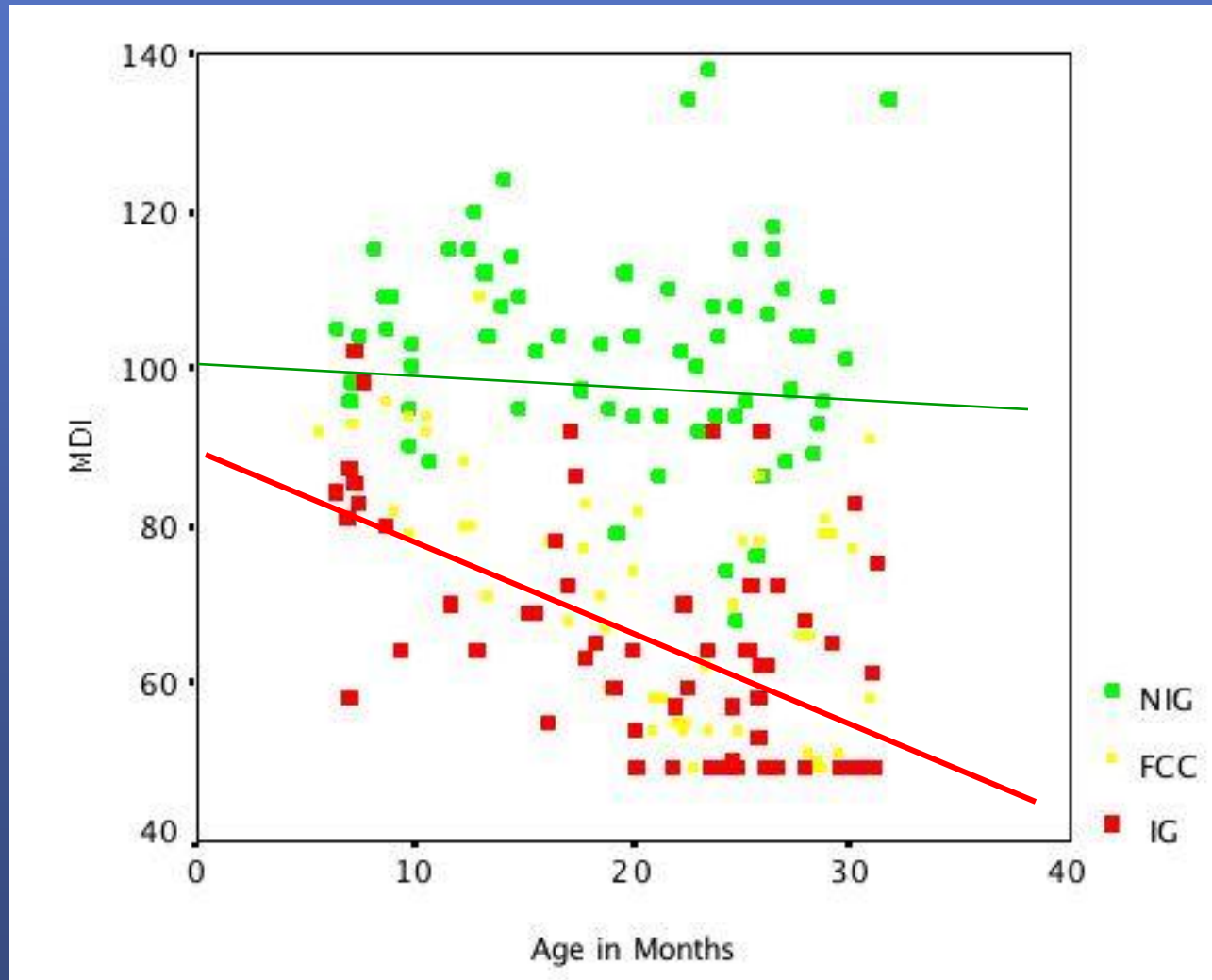
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# Evidence-Based Risk Factors Available in Pre-Adoption Records: Methodological Problems



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



# Overall Prevalence of Psychiatric Disorders

	<b>IG=48</b>	<b>FCG=57</b>	<b>NIG=43</b>
<b>Any psychiatric disorder</b>	<b>60.4%</b>	<b>39.3%</b>	<b>18.6%</b>
<b>Emotional disorder</b>	<b>41.7%</b>	<b>19.6%</b>	<b>11.6%</b>
<b>Behavioral disorder</b>	<b>31.3%</b>	<b>25.0%</b>	<b>9.3%</b>



# Duration of Social Deprivation in Early Life and Associated Problems



“the earlier the better”

- 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

# Brain Growth

## Occipital Frontal Circumference (OFC)

### Measurement

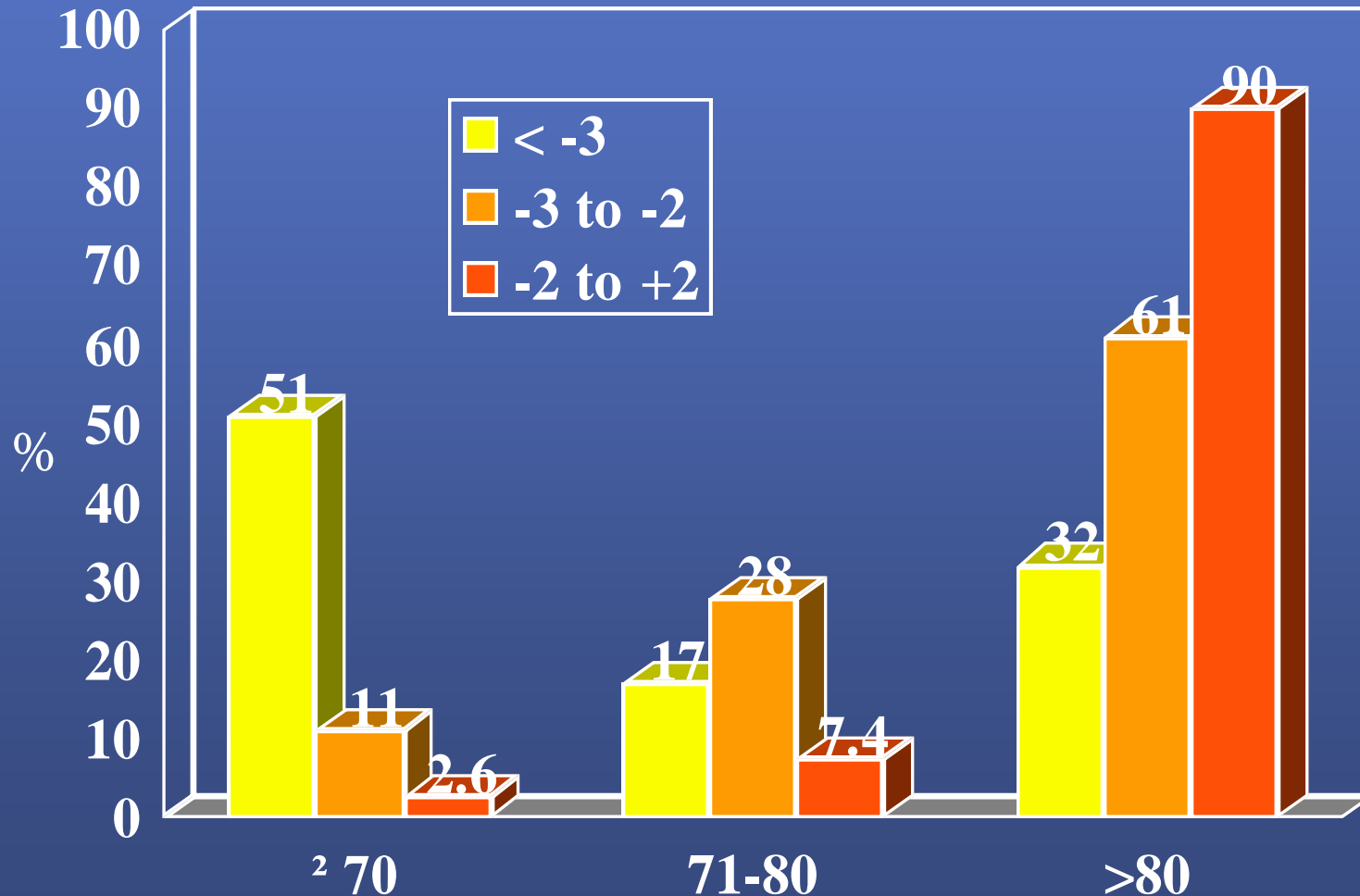
- Hard to overmeasure, easy to undermeasure
- Head Shape-  
craniosynostosis



### 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.

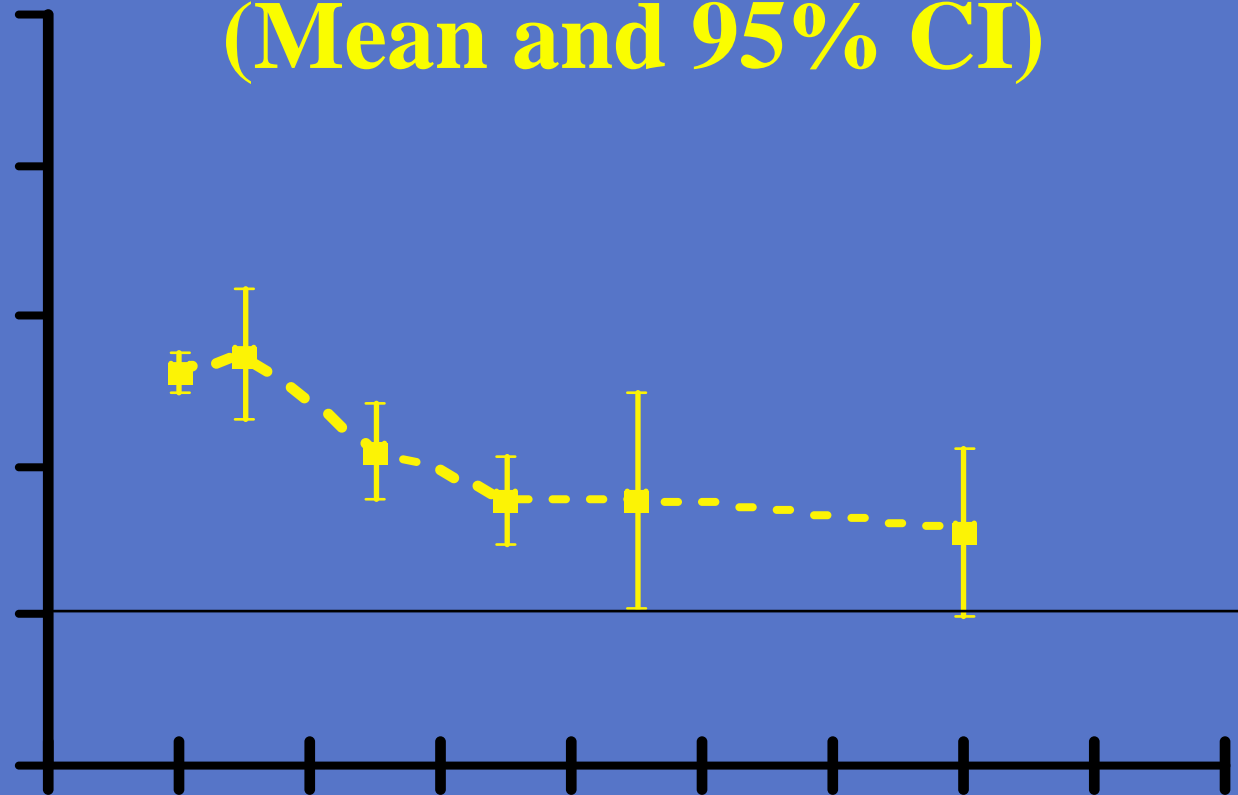
( $n=28,820$ )

Specific pathology  
94% VS. 25%

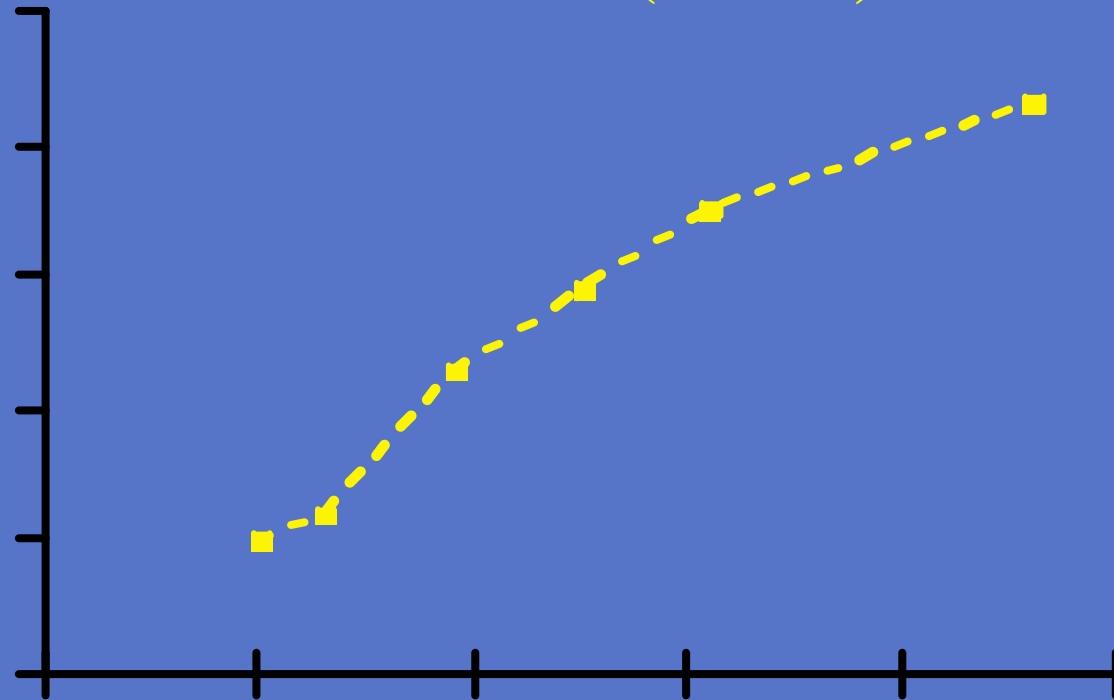


# Head Growth in Institutionalized Russian Children (n=199)

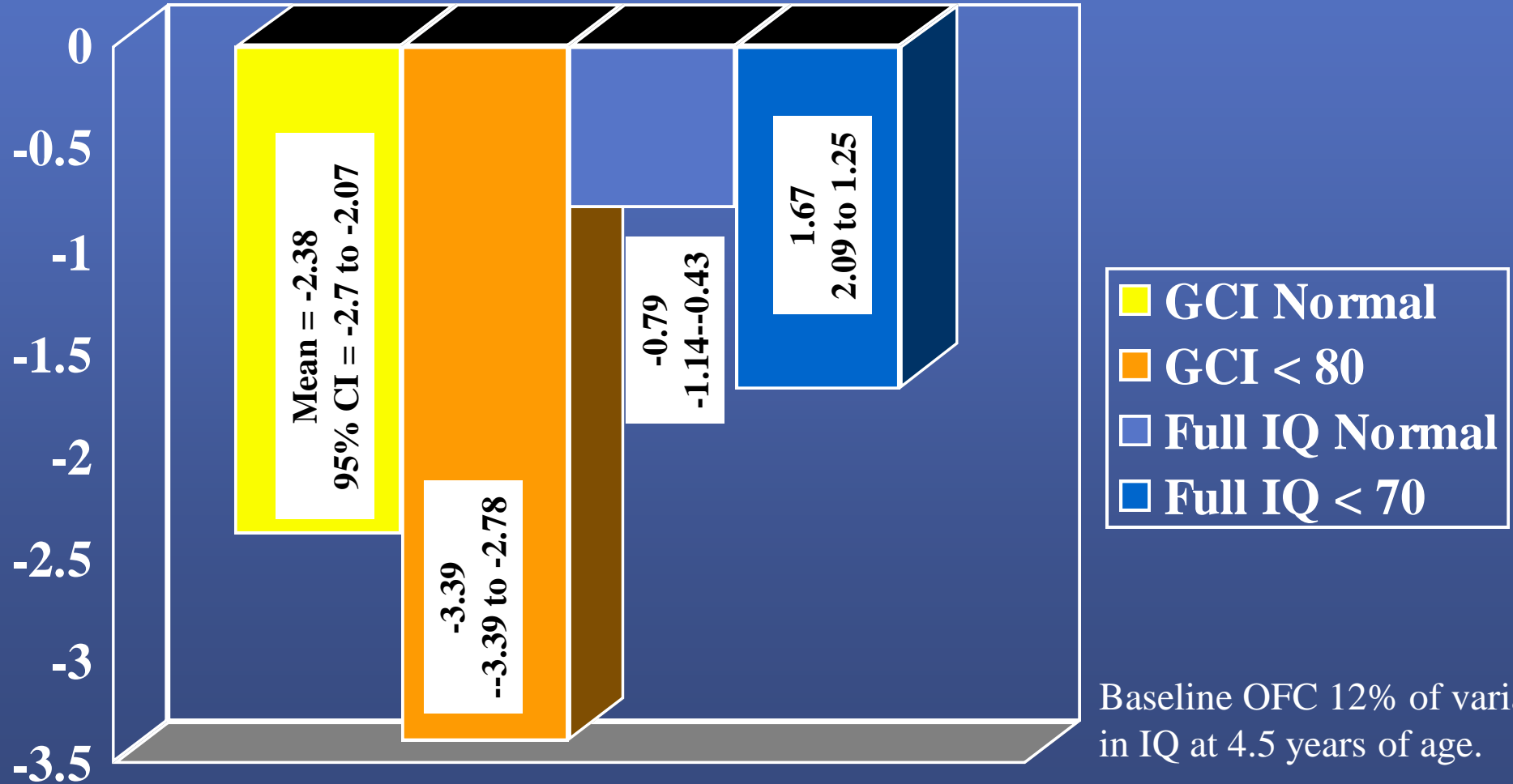
(Mean and 95% CI)



# Progression to Microcephaly in Institutionalized “Low Risk” Russian Children (n=154)



# Head Size at Placement and Cognitive Outcome

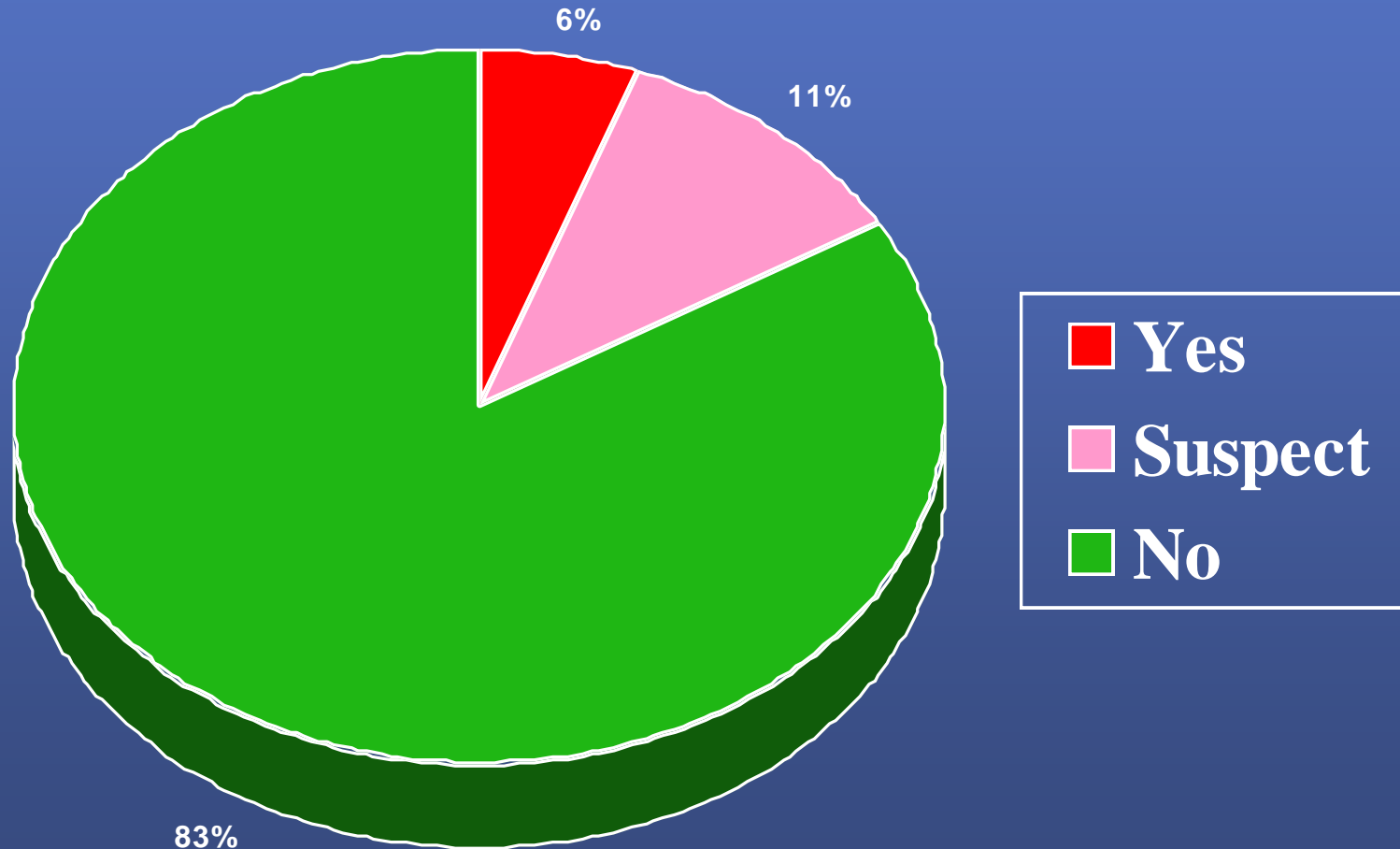




**ALCOHOL  
USE DURING  
PREGNANCY**



# Reported Alcohol/Drug Exposure in IAP



# How is FASD Diagnosed?

## 4-Digit Diagnostic Code

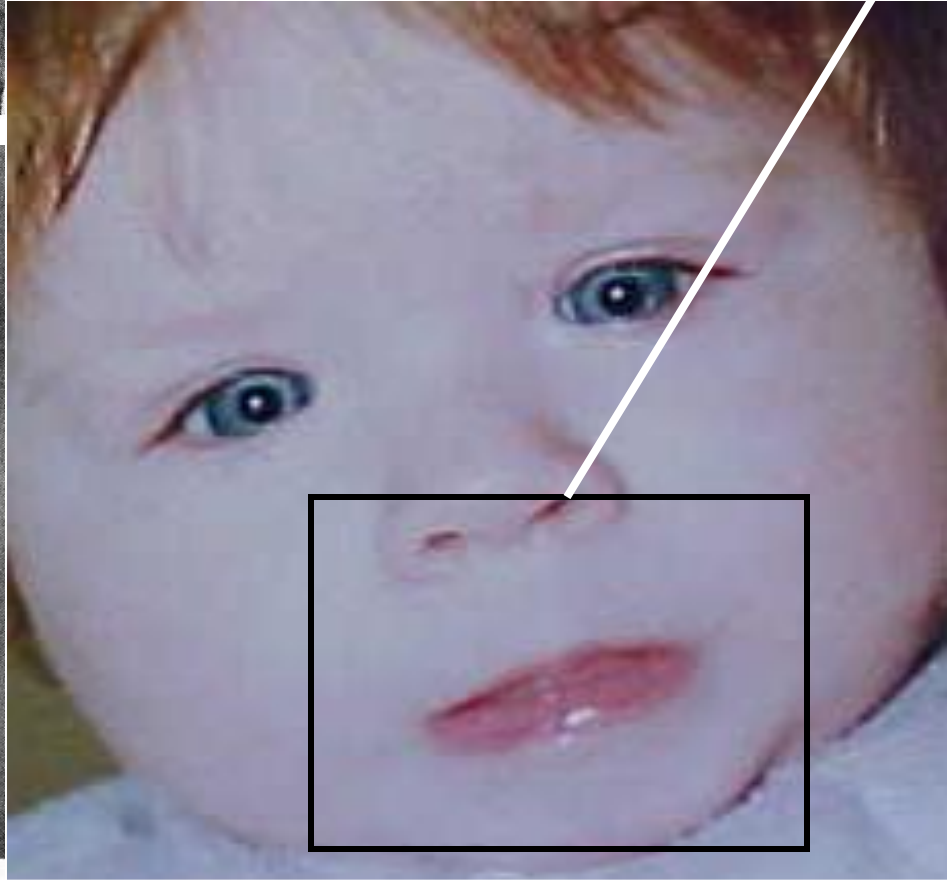
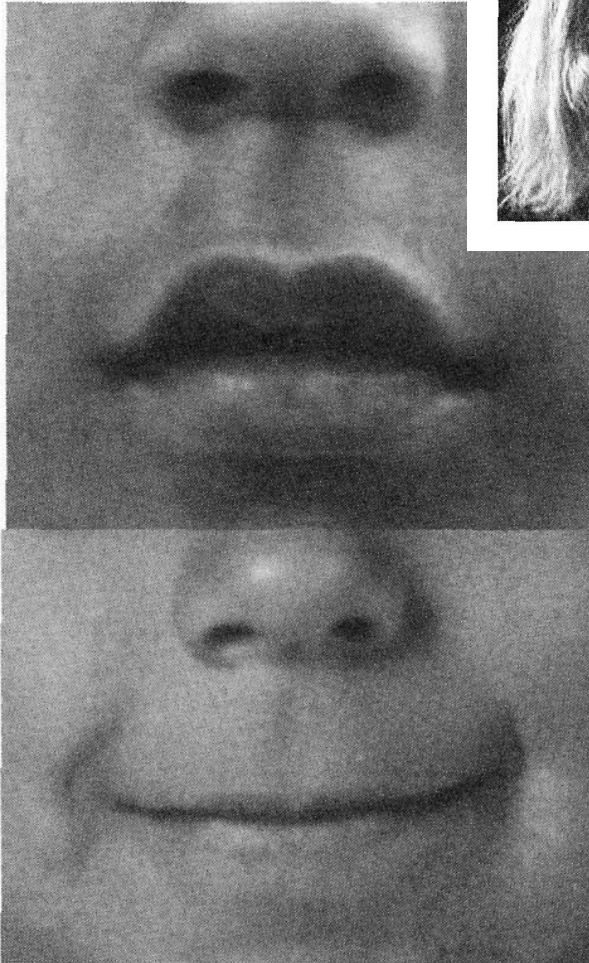
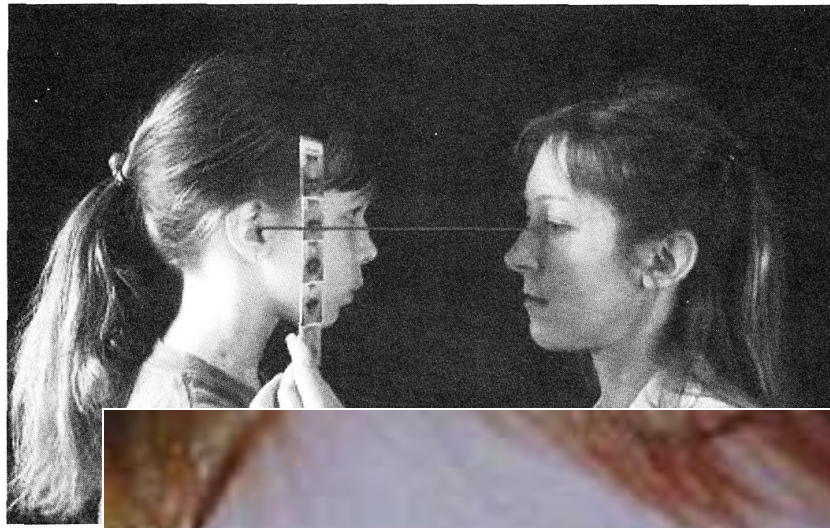
- Growth deficiency (height or weight  $\leq$  10th percentile). (institutional care)
  - A unique cluster of minor facial anomalies (small eyes, smooth philtrum, thin upper lip).
  - Central nervous system damage (structural, neurological, and/or functional impairment).
  - History of prenatal alcohol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

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  - History of prenatal alcohol exposure.
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# Facial Features



QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.

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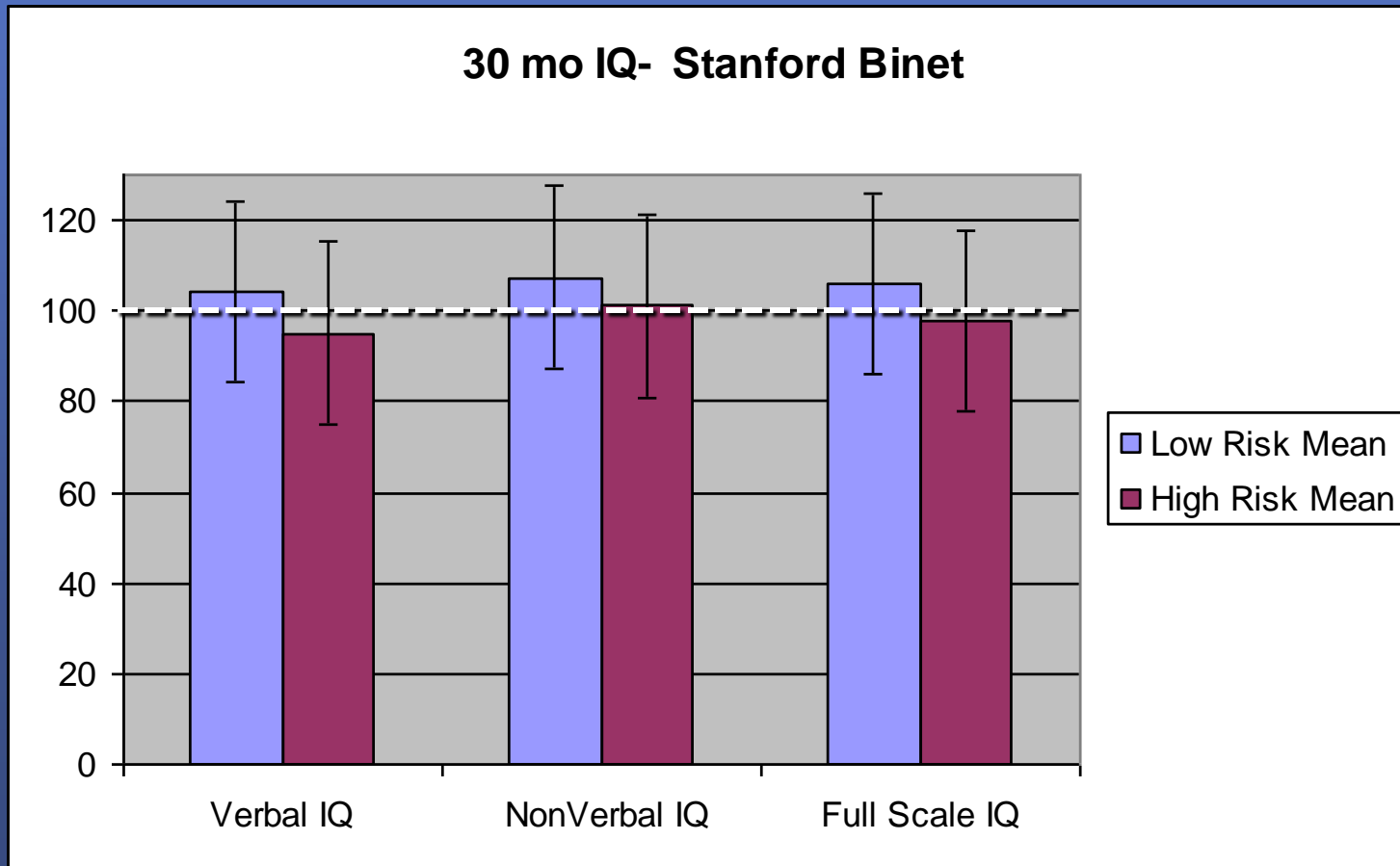
QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.

# 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
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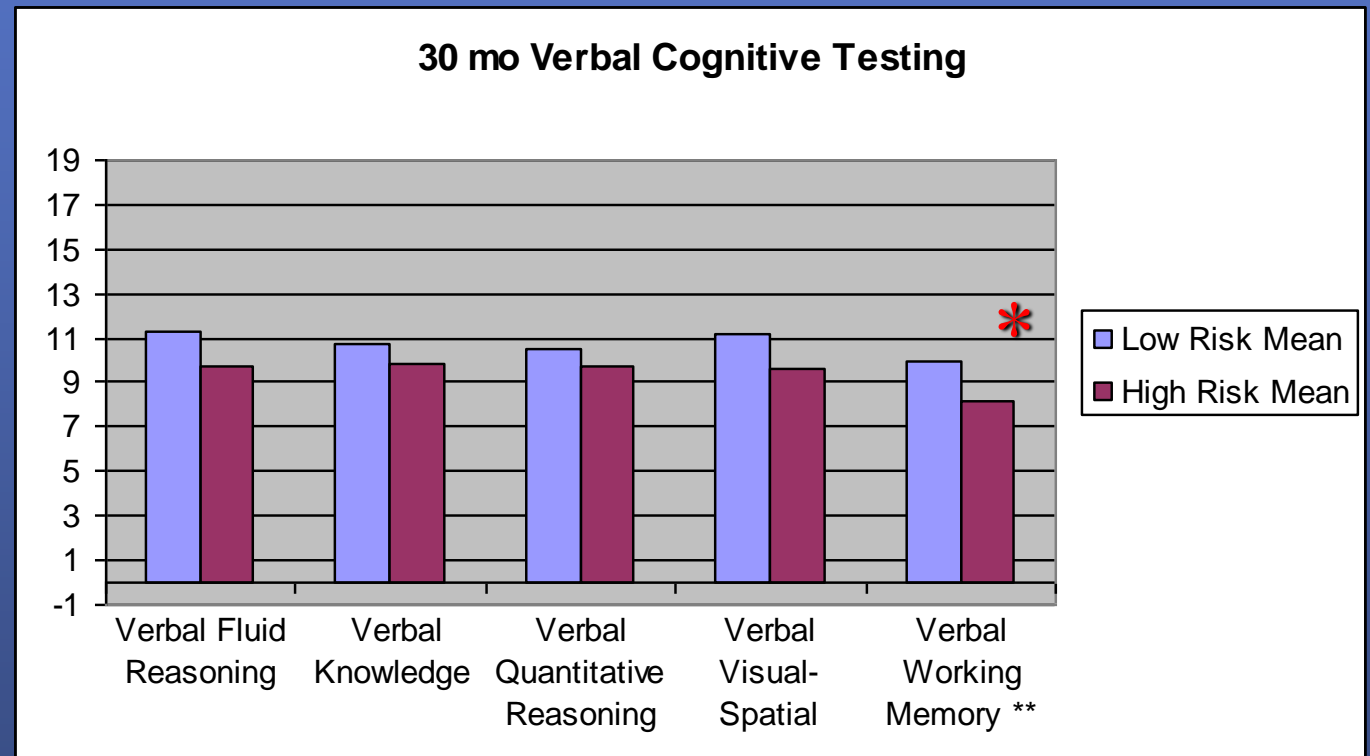
# 30 mo post-adoption: IQ

- No significant difference was seen in IQ and both groups scored within the normal range.



# 30 mo post-adoption: Cognitive, Verbal

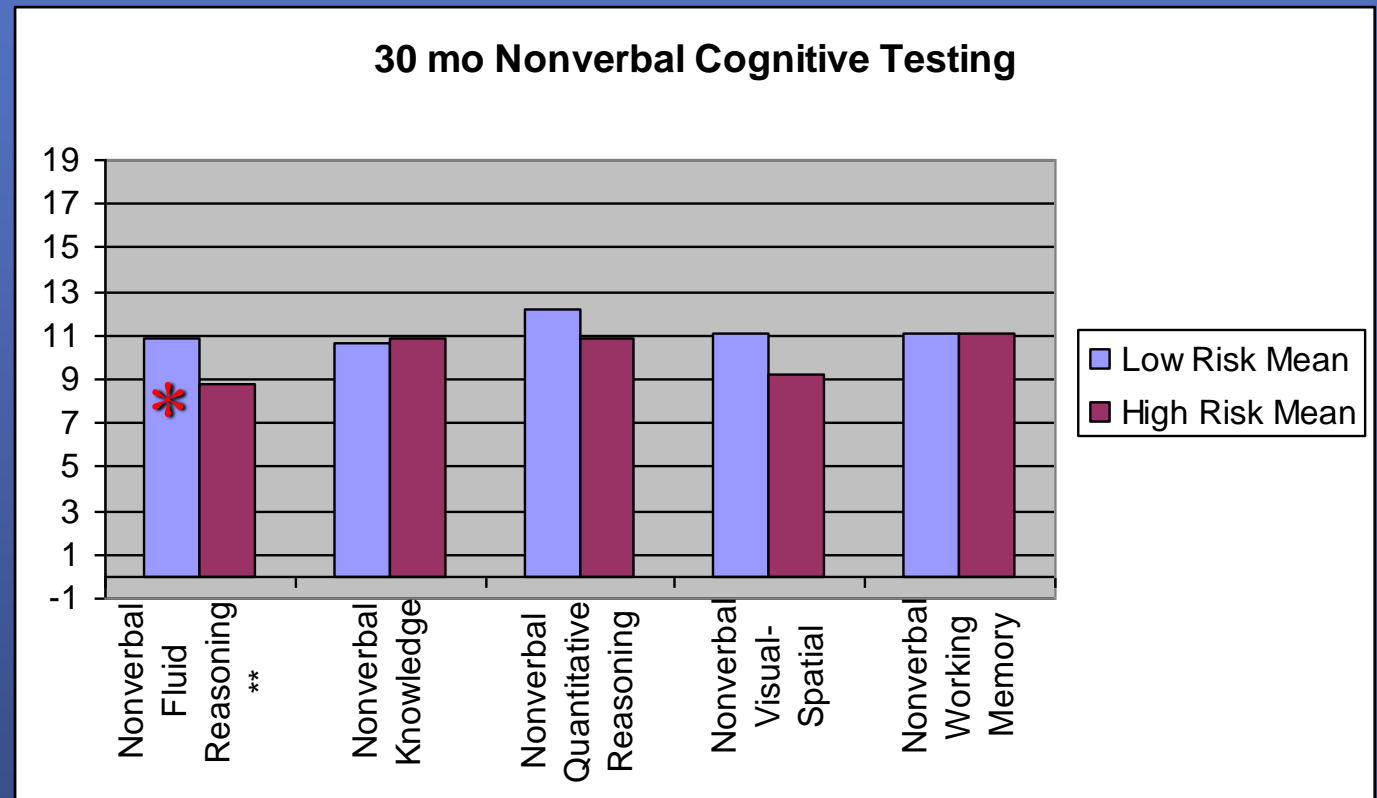
The HRF group had lower scores for verbal working memory ( $p < 0.05$ )



Transform, store, and retrieve verbal information in short-term memory

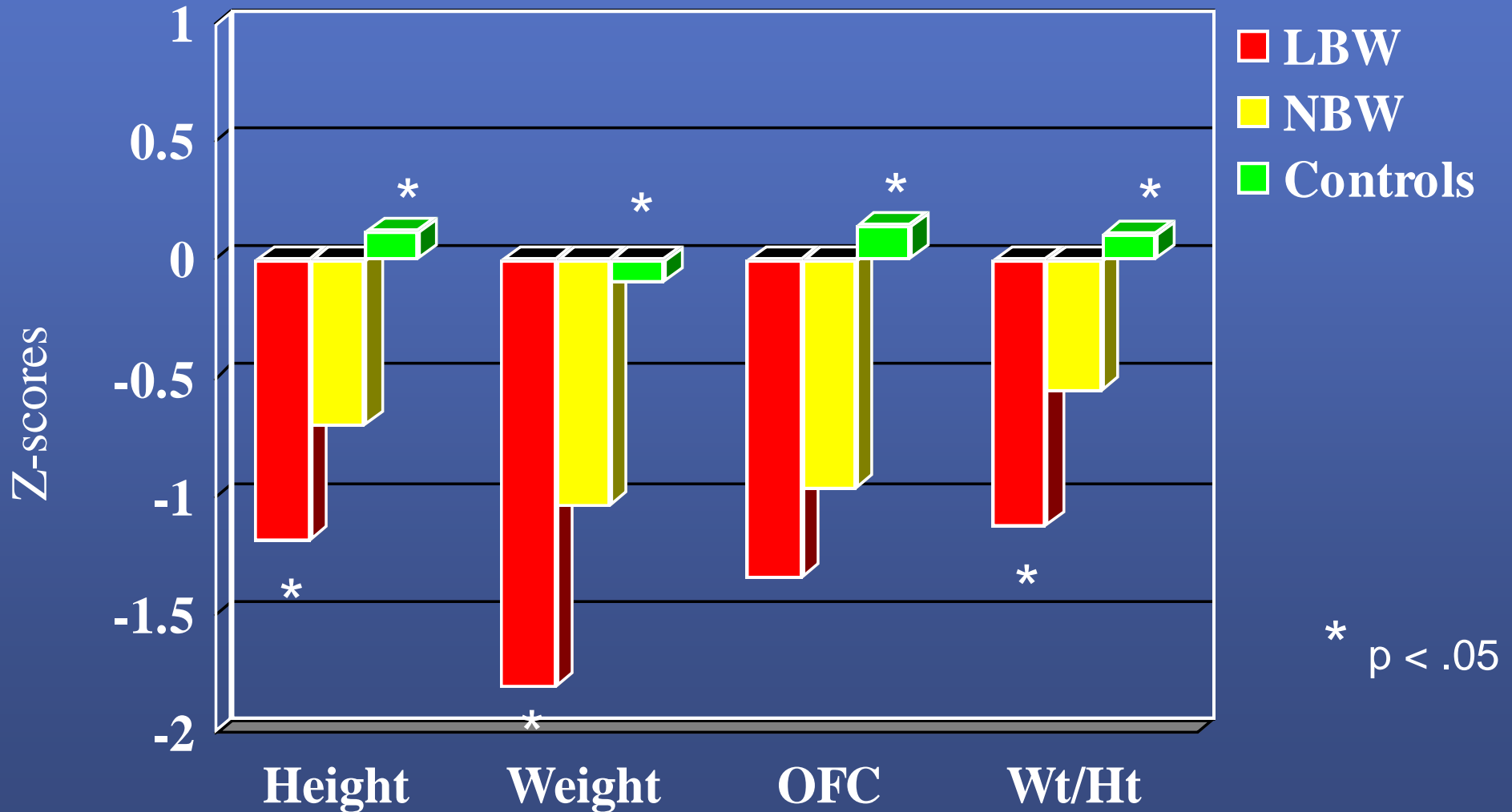
# 30 mo post-adoption: Cognitive, Nonverbal

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

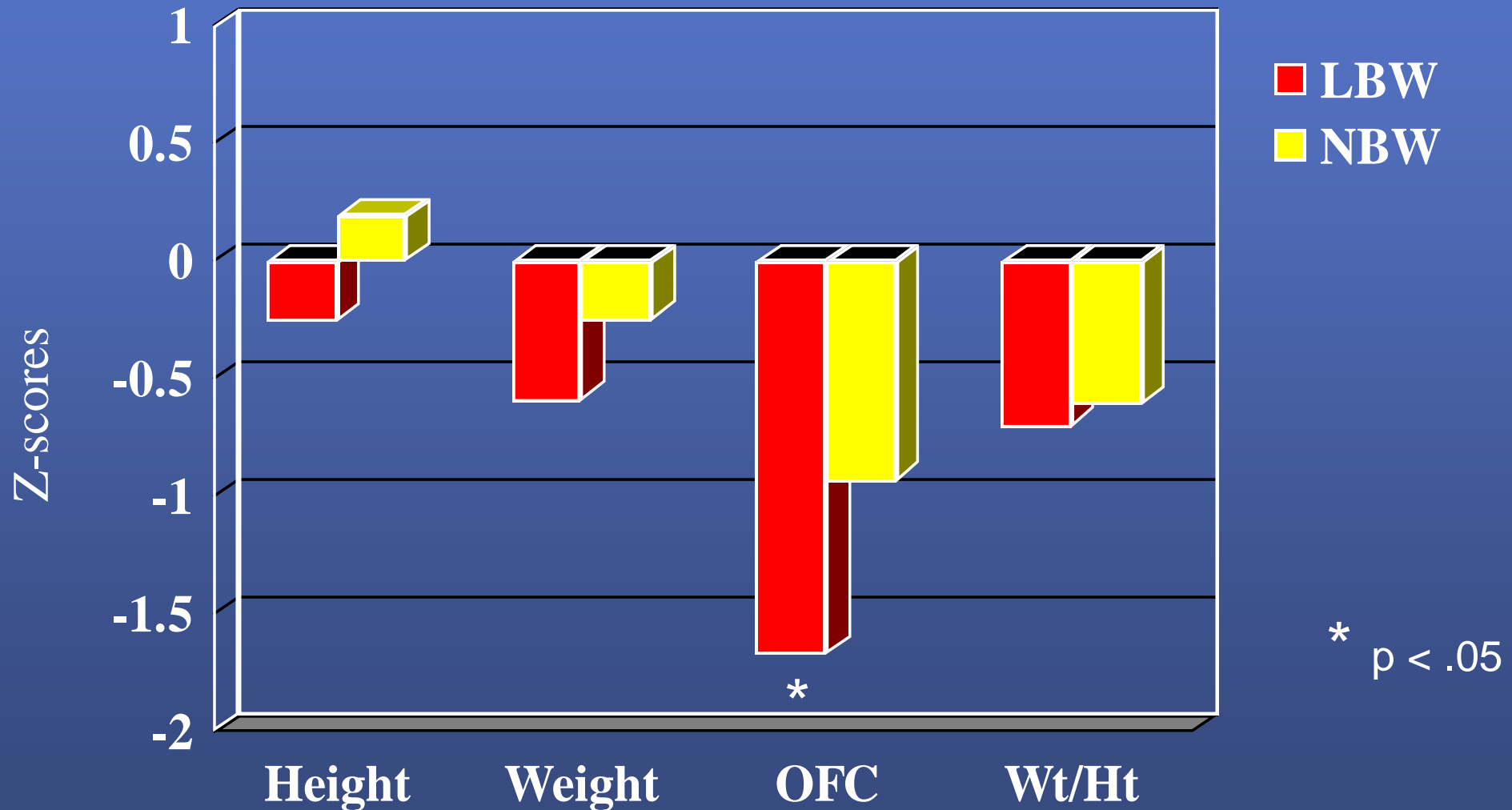


This measures a child's ability to solve novel problems without dependence on academic or cultural information.

# Growth in Institutionalized LBW Infants



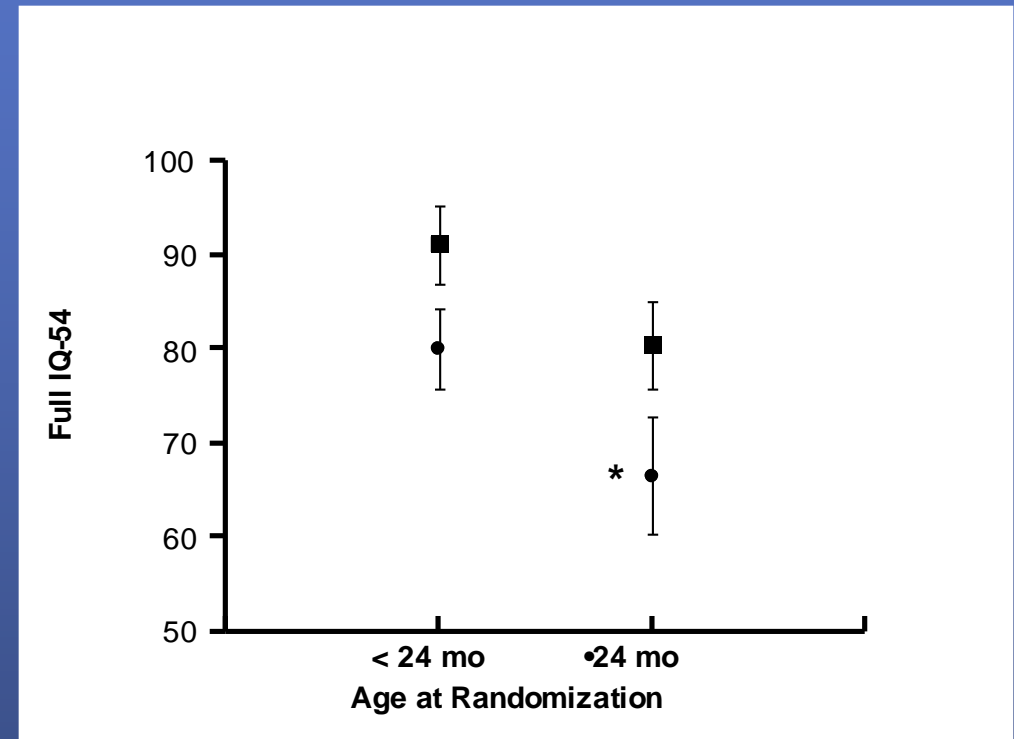
# Catch-Up Growth in Institutionalized LBW Infants in Foster Care



# 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)

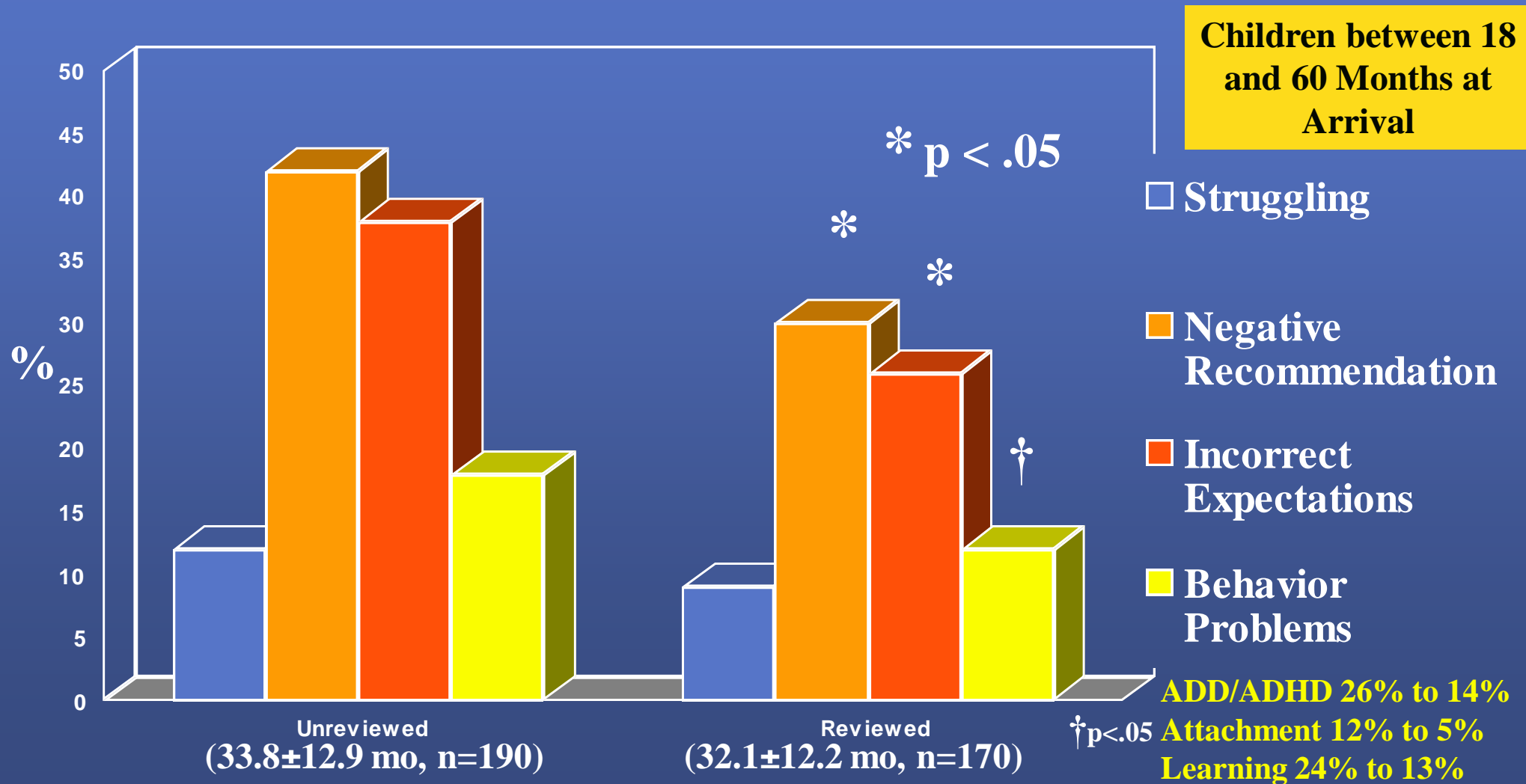
**Seek Expert Help Early!!**

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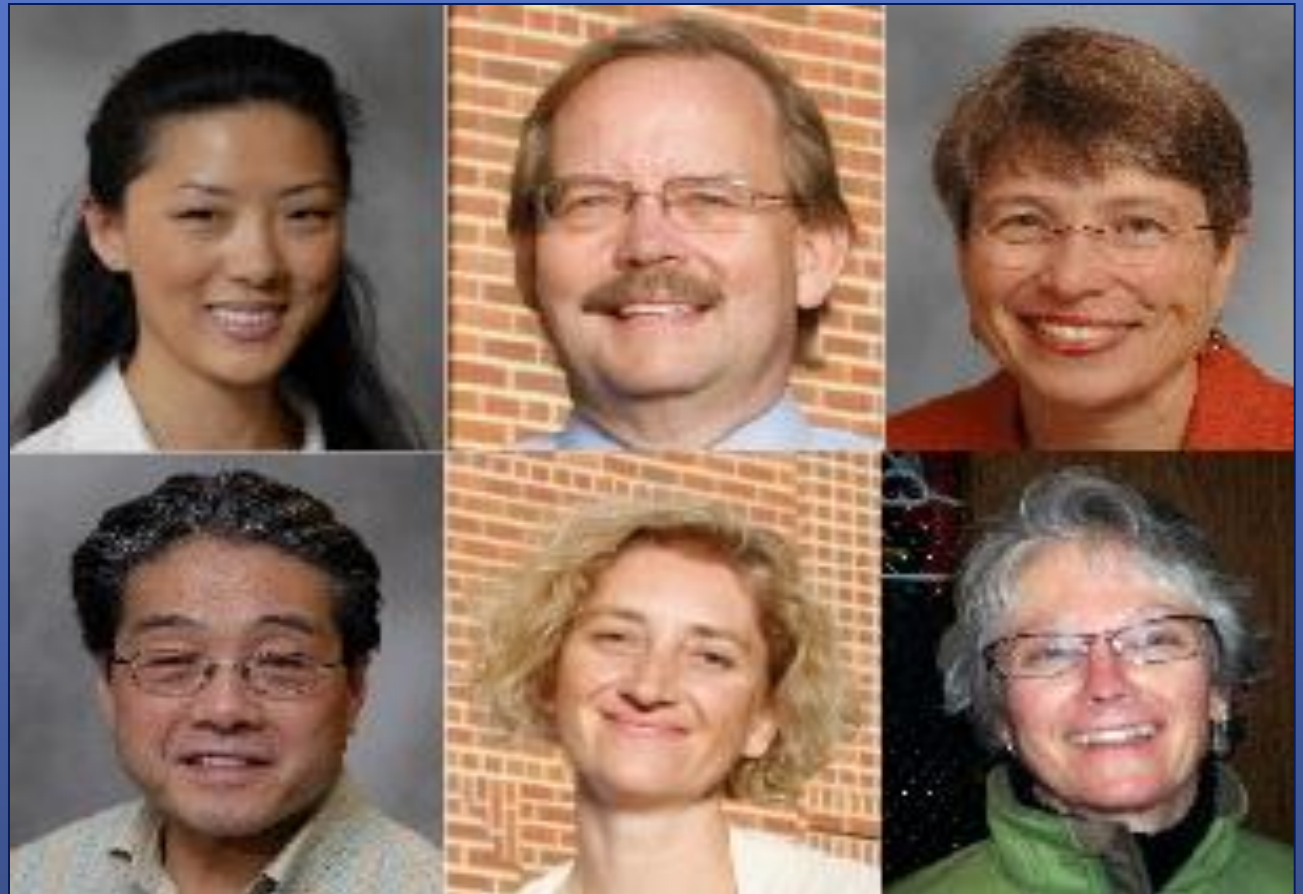
# Does Professional Review Improve the Outcome of International Adoption?



Does the Future  
Look Bright?



AS I  
SEE IT  
YES



– <http://www.med.umn.edu/peds/iac>

– (612) 624-1164

