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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*

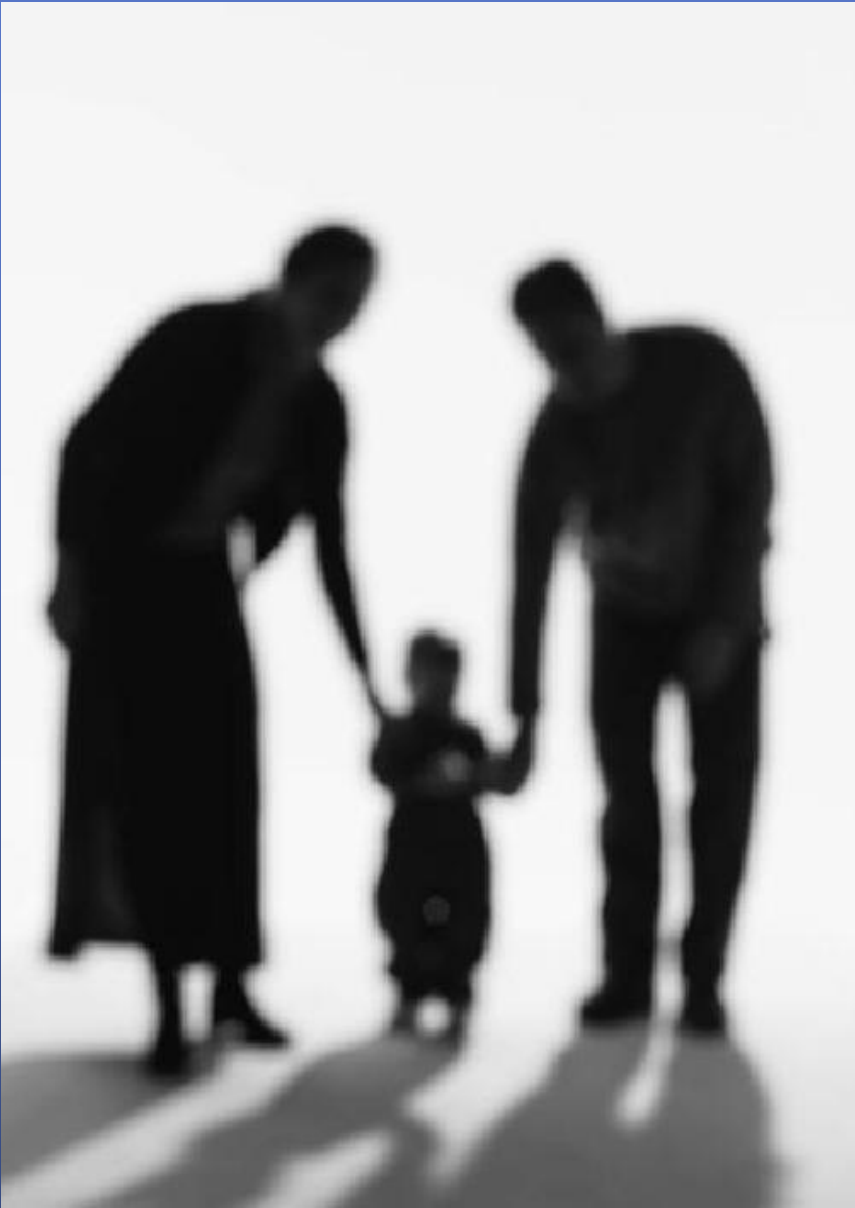
Should You Really Have Choices?

– 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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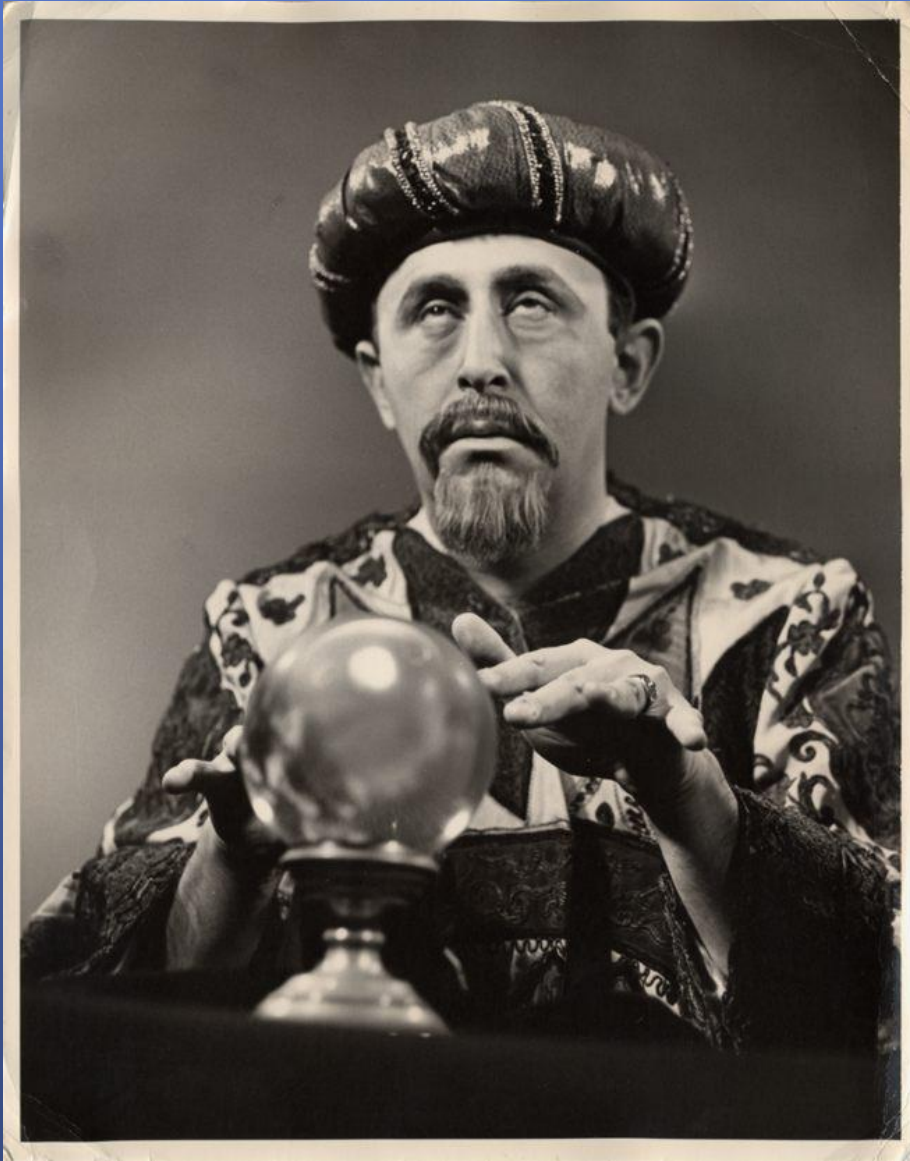
Goal

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



What's a Good Outcome?

Reality = Expectations



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.

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!!**

Expectations about Meeting and Getting to Know your Child

- Unlikely to be as envisioned.
 - Tired and stressed
- Ambivalent attachment
- Feeling rejected
- Role conflict



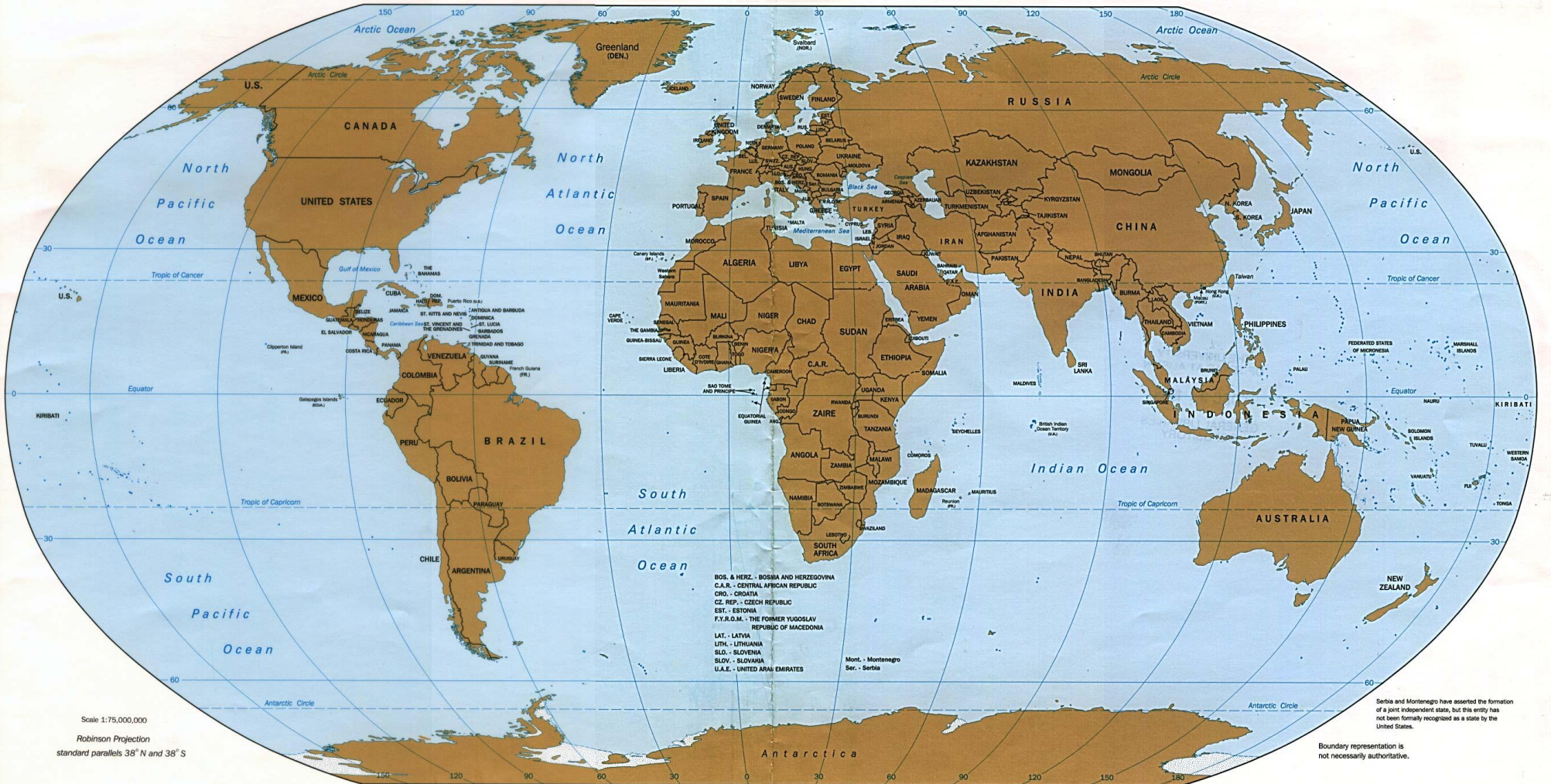
Assessing a Child's Potential Outcome from Afar

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**

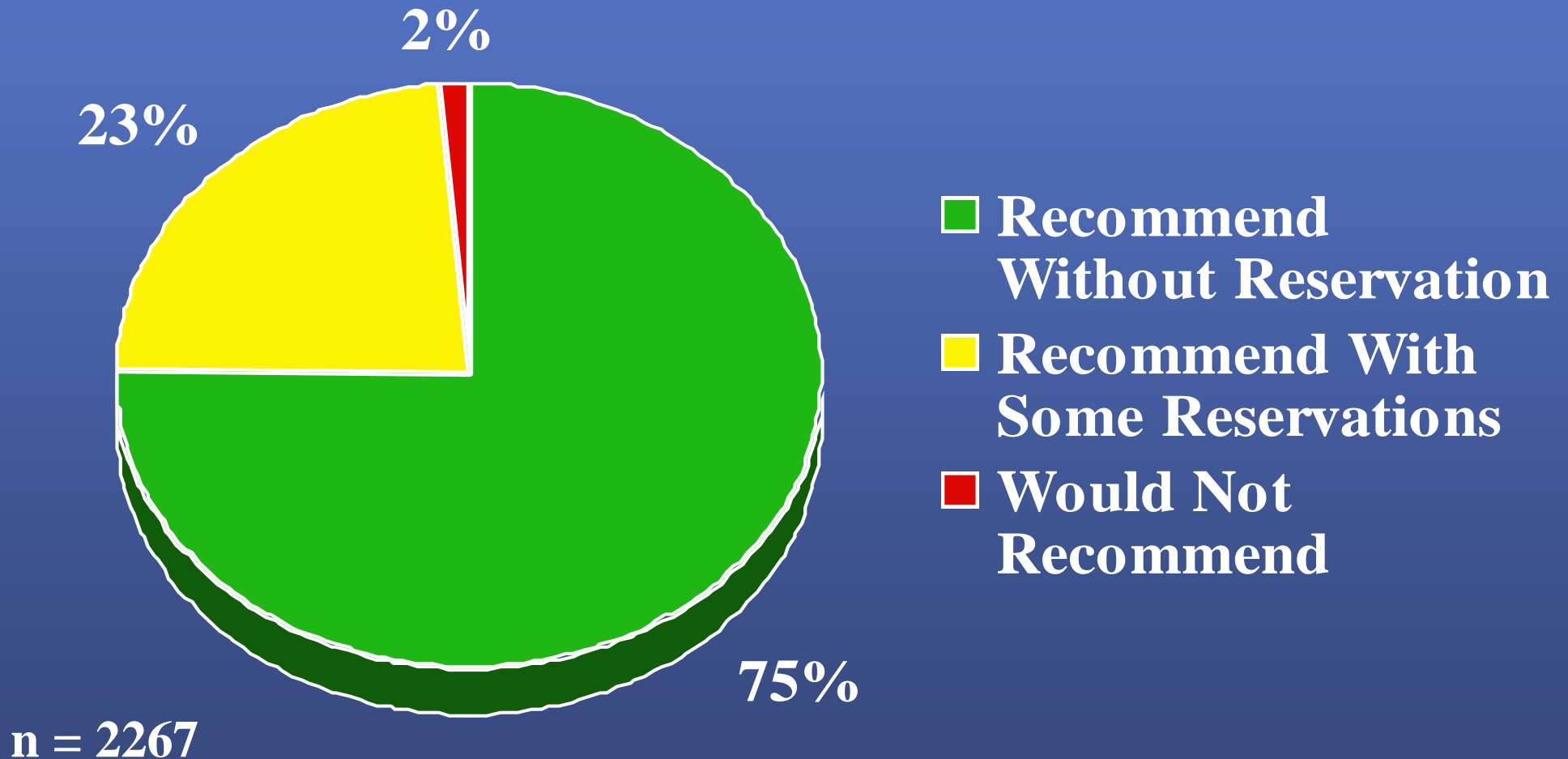


Video

- 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**



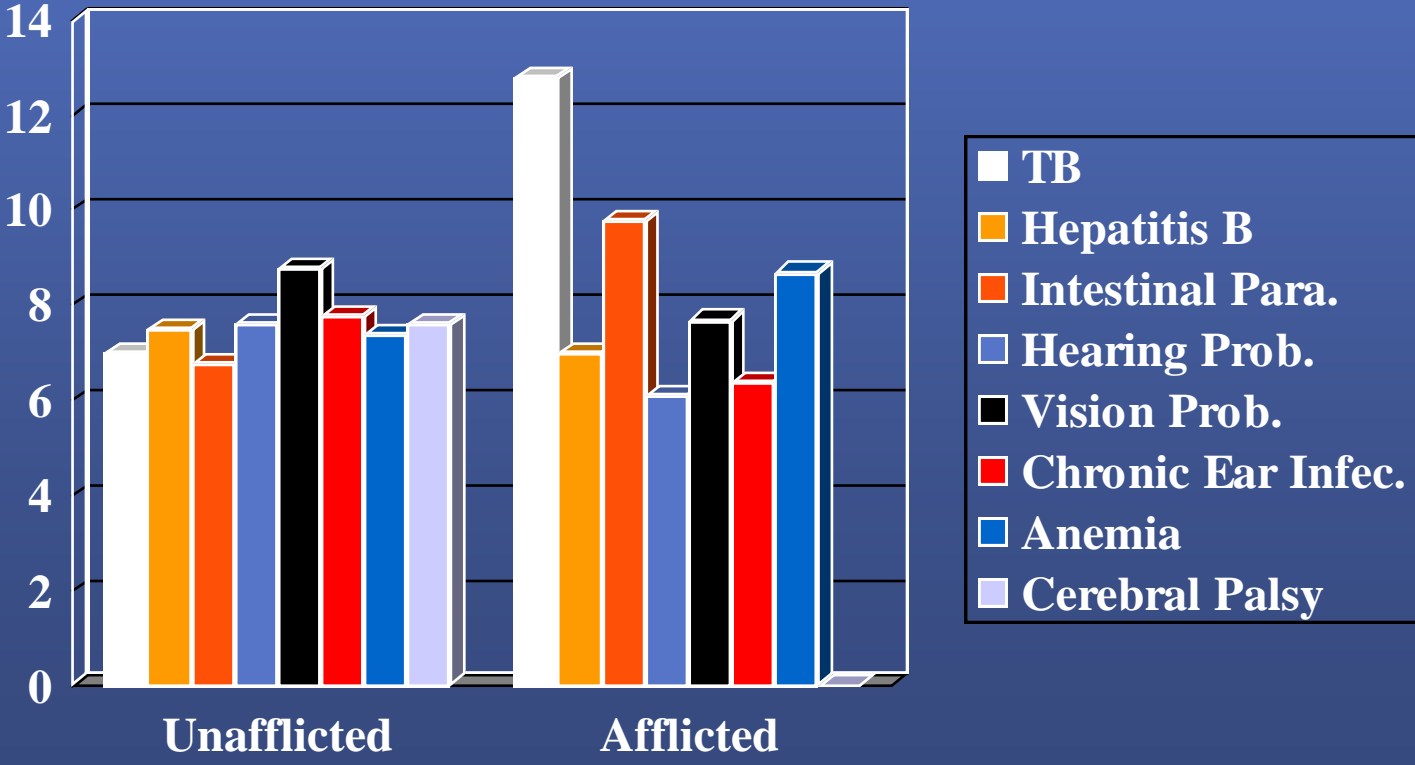
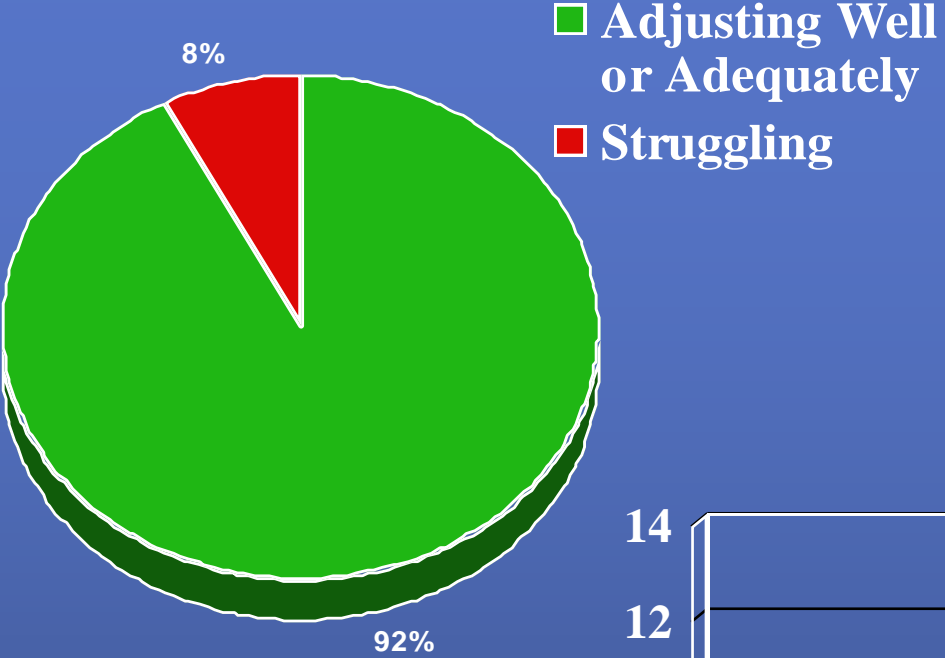
“Would you recommend international adoption as a way to build a family?”



Evidence-Based Risk Factors Available in Pre-Adoption Records

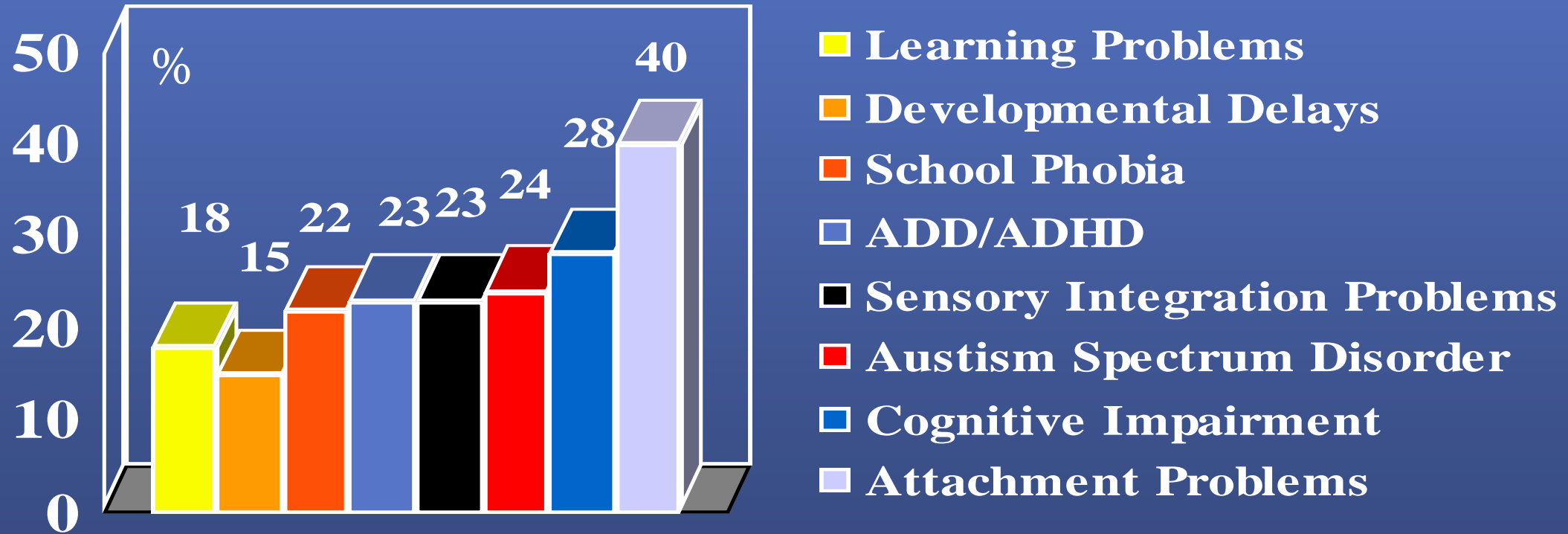
- **Diagnosis of a medical problems.**
 - **Duration of social deprivation in early life (care environment and age at adoption)**
 - **Poor brain growth (head circumference)**
 - **Potential alcohol exposure (history and facial features)**
 - **Low birth weight (< 2,500 grams)**
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“How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



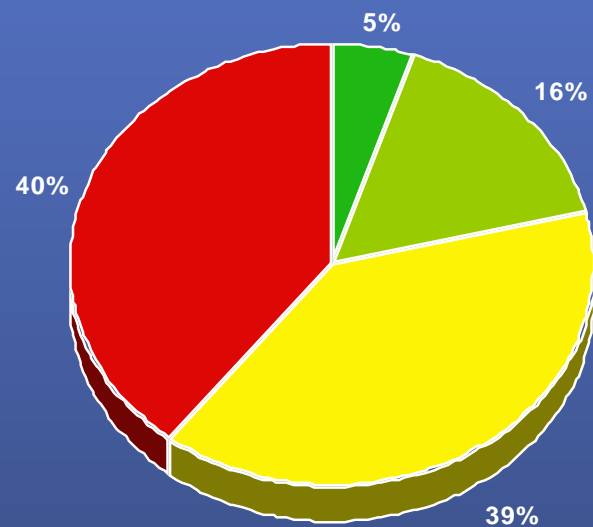
% of Families Struggling to Adjust

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



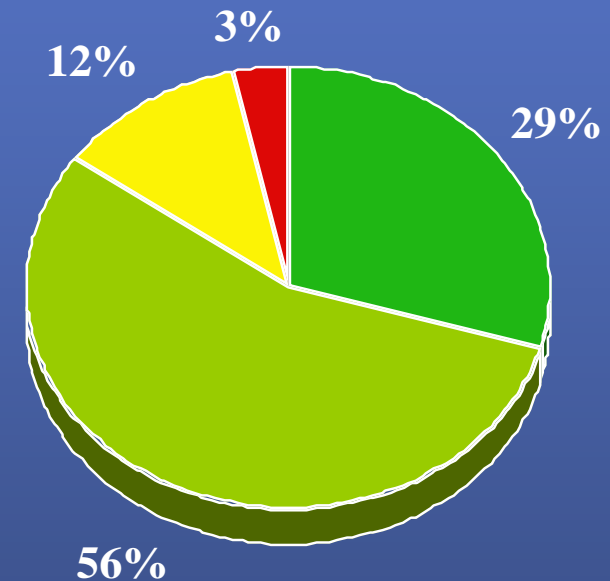
“Based on the information given to you about your child at referral, medical/behavioral problems are:”

Parental Expectations



$P < .001$

**Significant
Behavioral Problems**

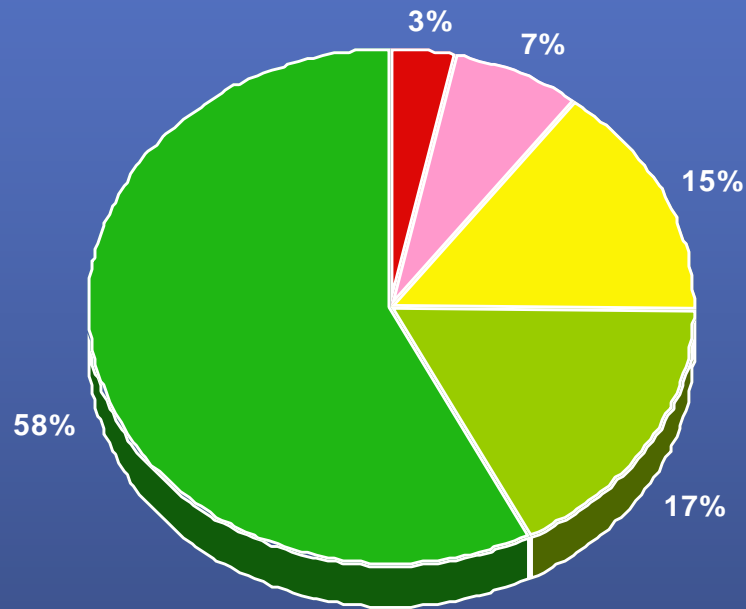


**No Significant
Behavioral Problems**

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



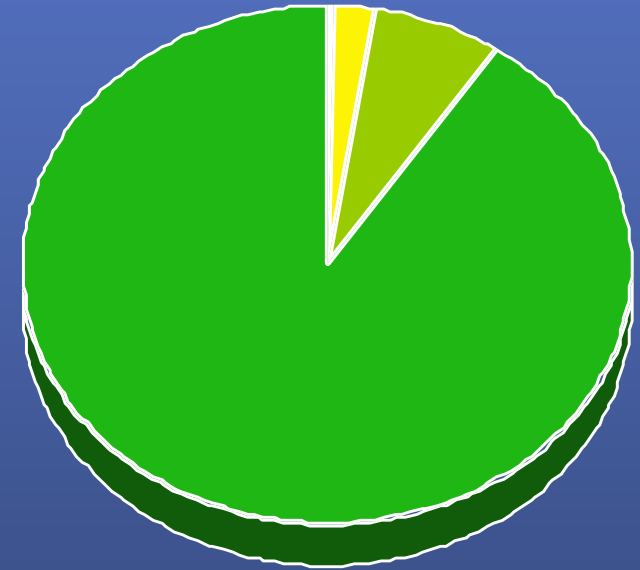
“Currently, how would you characterize your emotional attachment to your child?”



$P < .001$

**Significant
Behavioral Problems**

0% 0% 2% 7%

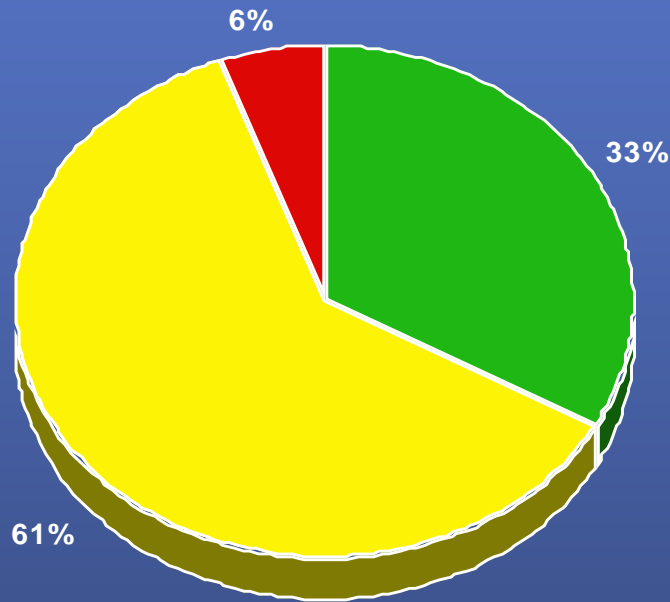


91%

**No Significant
Behavioral Problems**

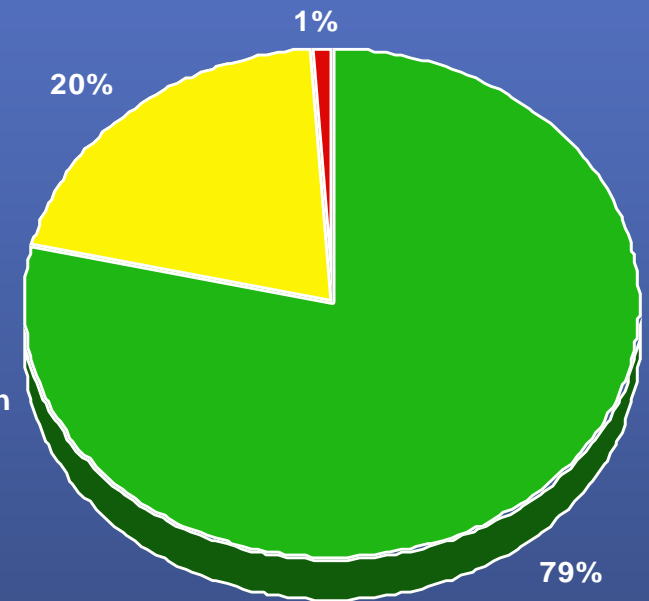


“Would you recommend international adoption as a way to build a family?”



$P < .001$

**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

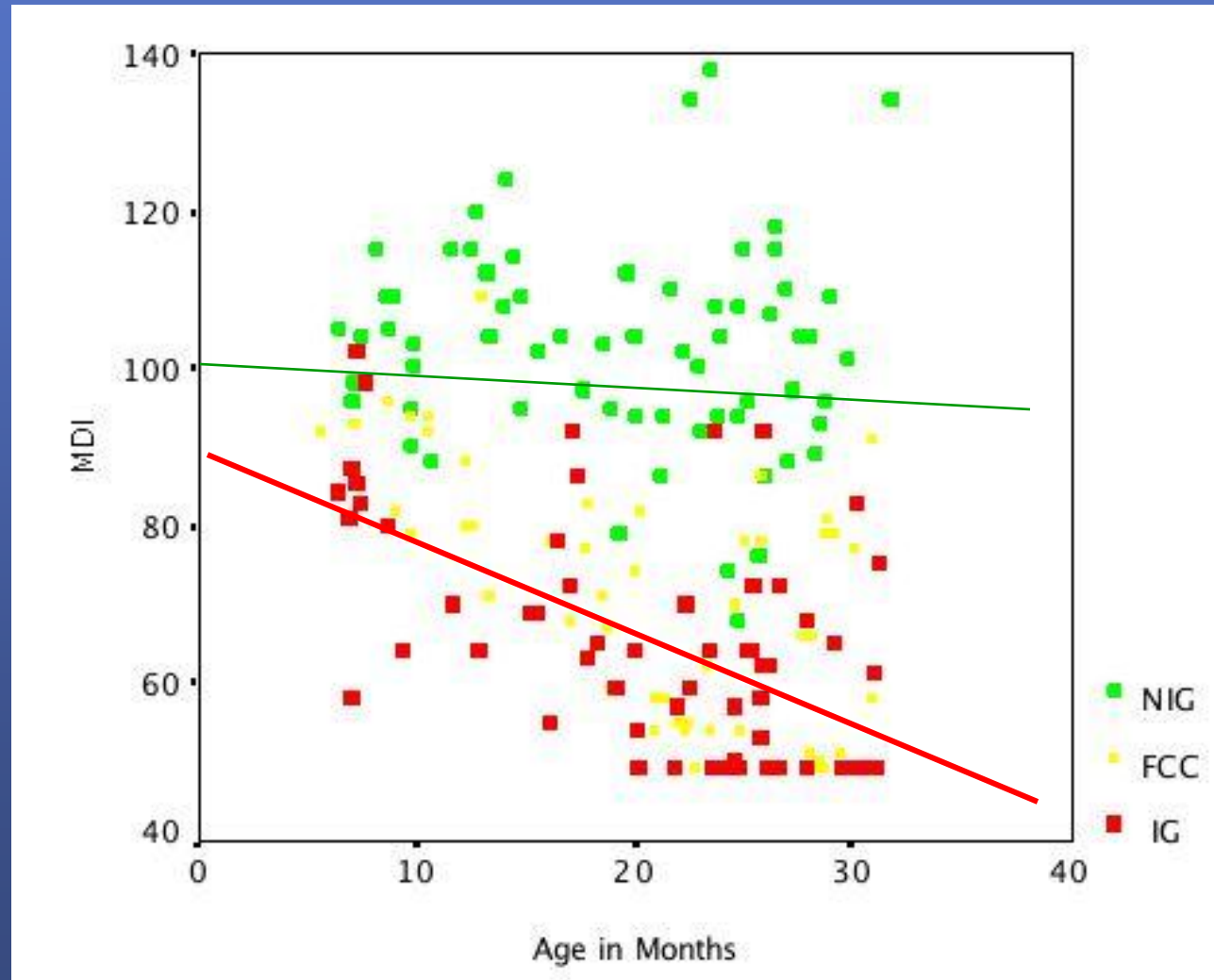
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Evidence-Based Risk Factors Available in Pre-Adoption Records: Methodological Problems



- 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

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



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

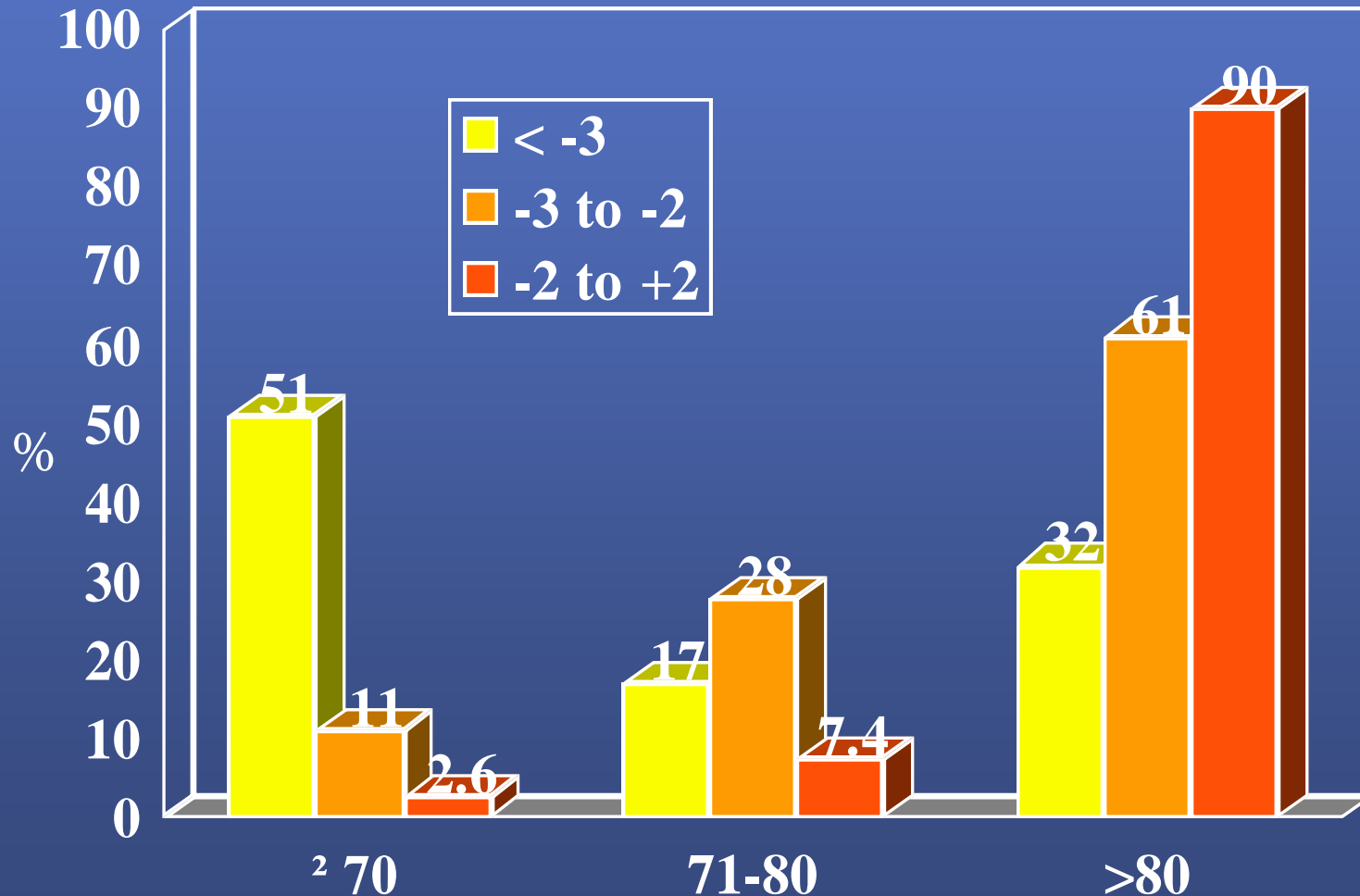
- Hard to overmeasure, easy to undermeasure
- Head Shape-
craniosynostosis



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?



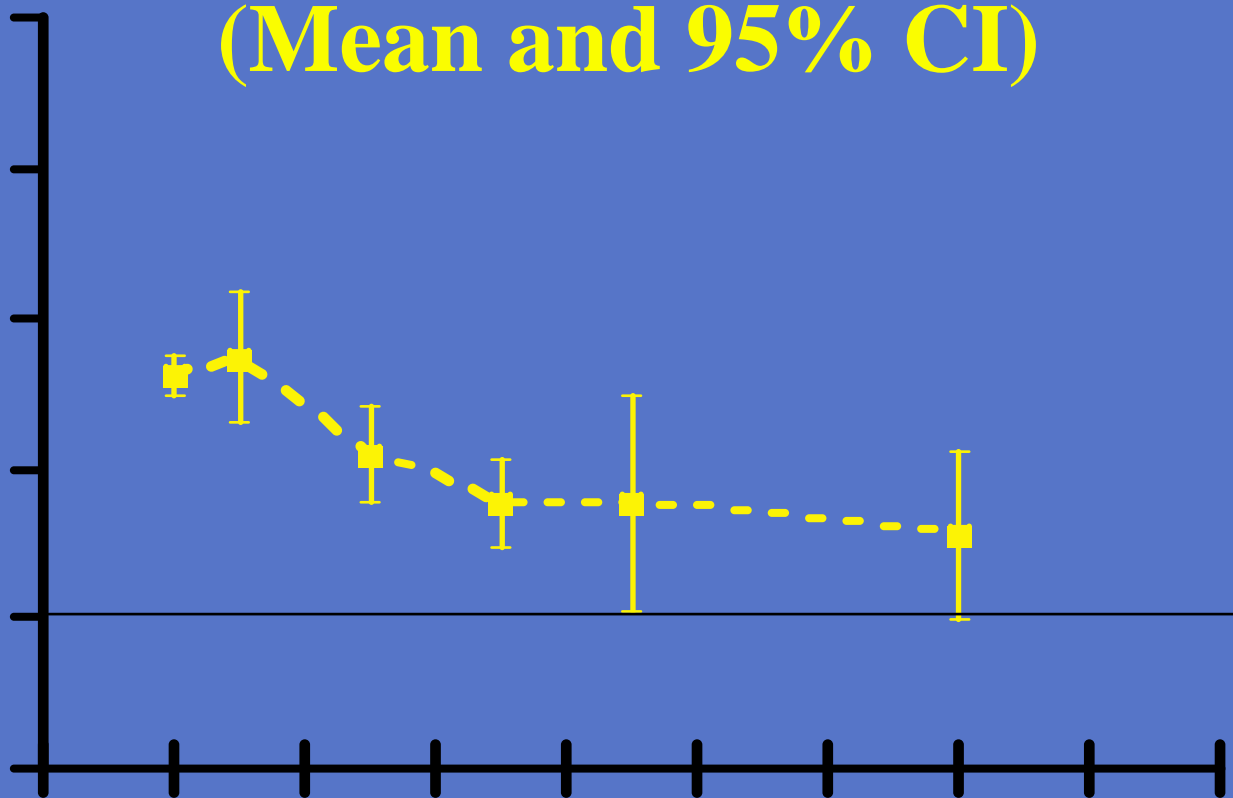
Full-term infants with consistently low OFCs from birth to 7 years of age.

($n=28,820$)
Specific pathology
94% VS. 25%

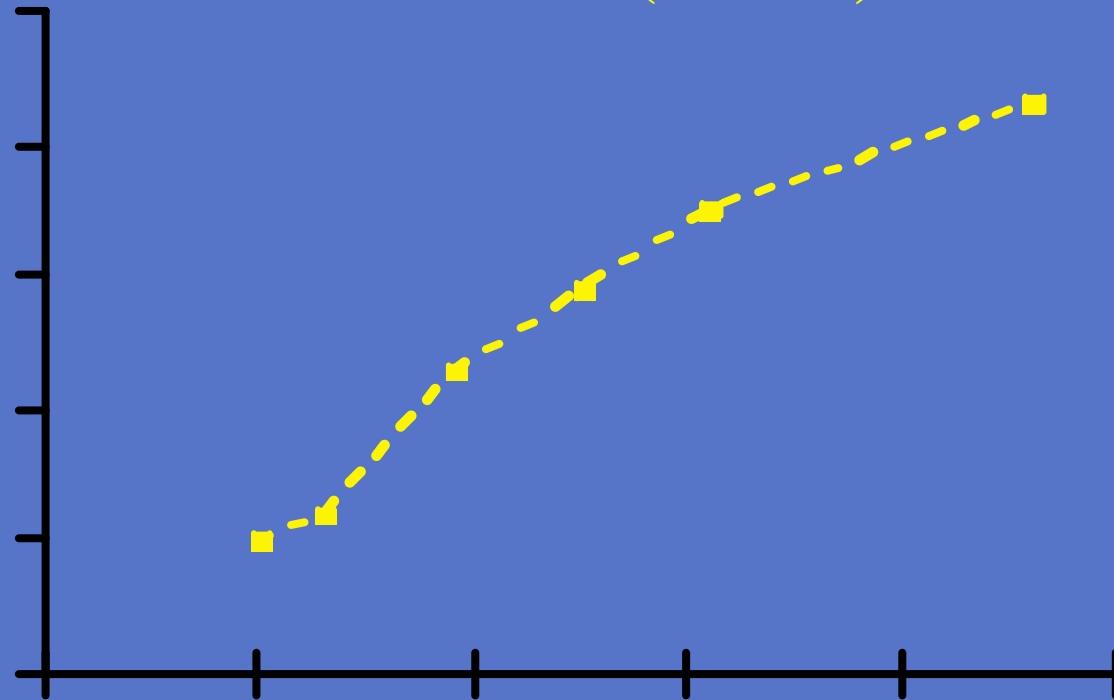


Head Growth in Institutionalized Russian Children (n=199)

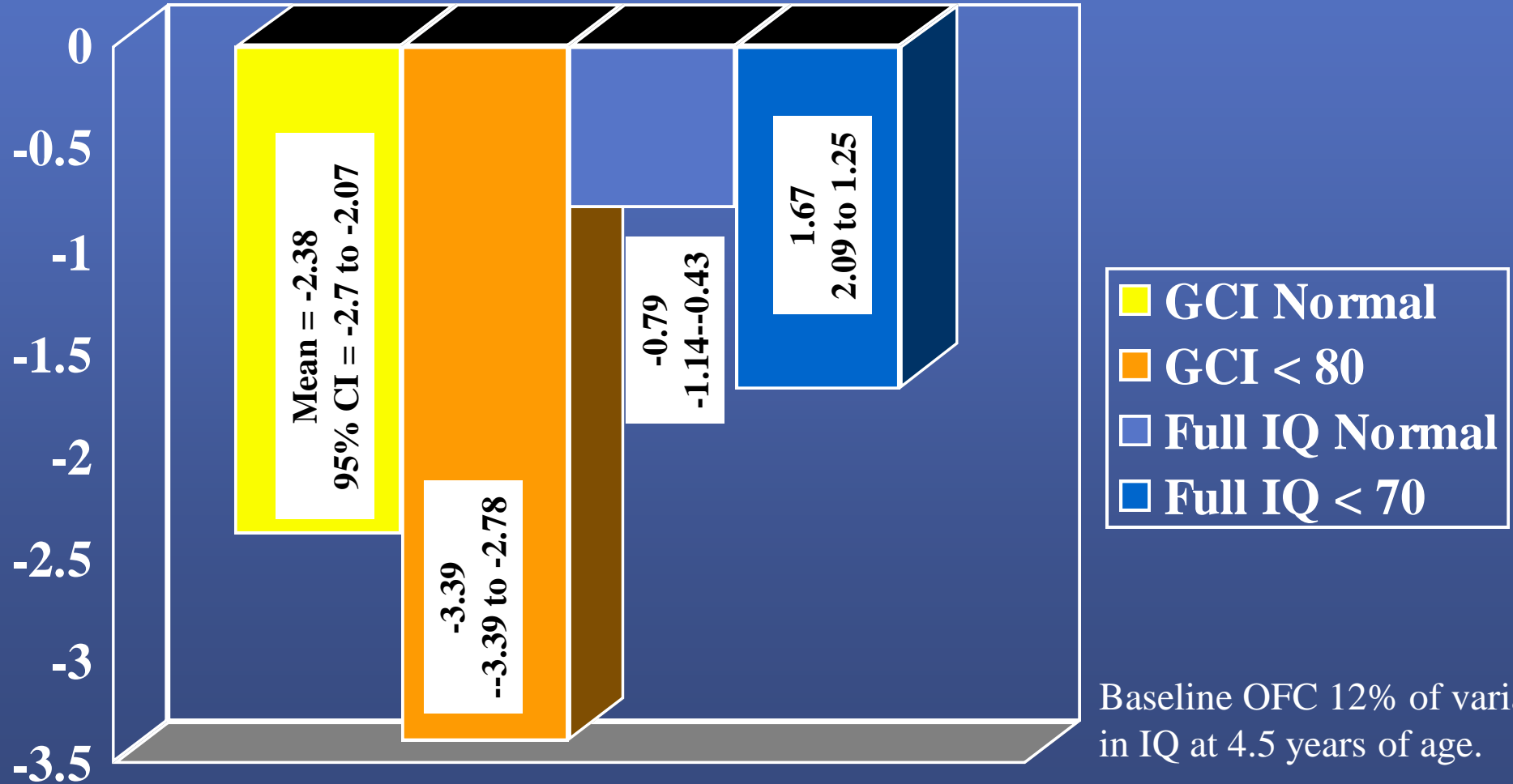
(Mean and 95% CI)



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



Head Size at Placement and Cognitive Outcome

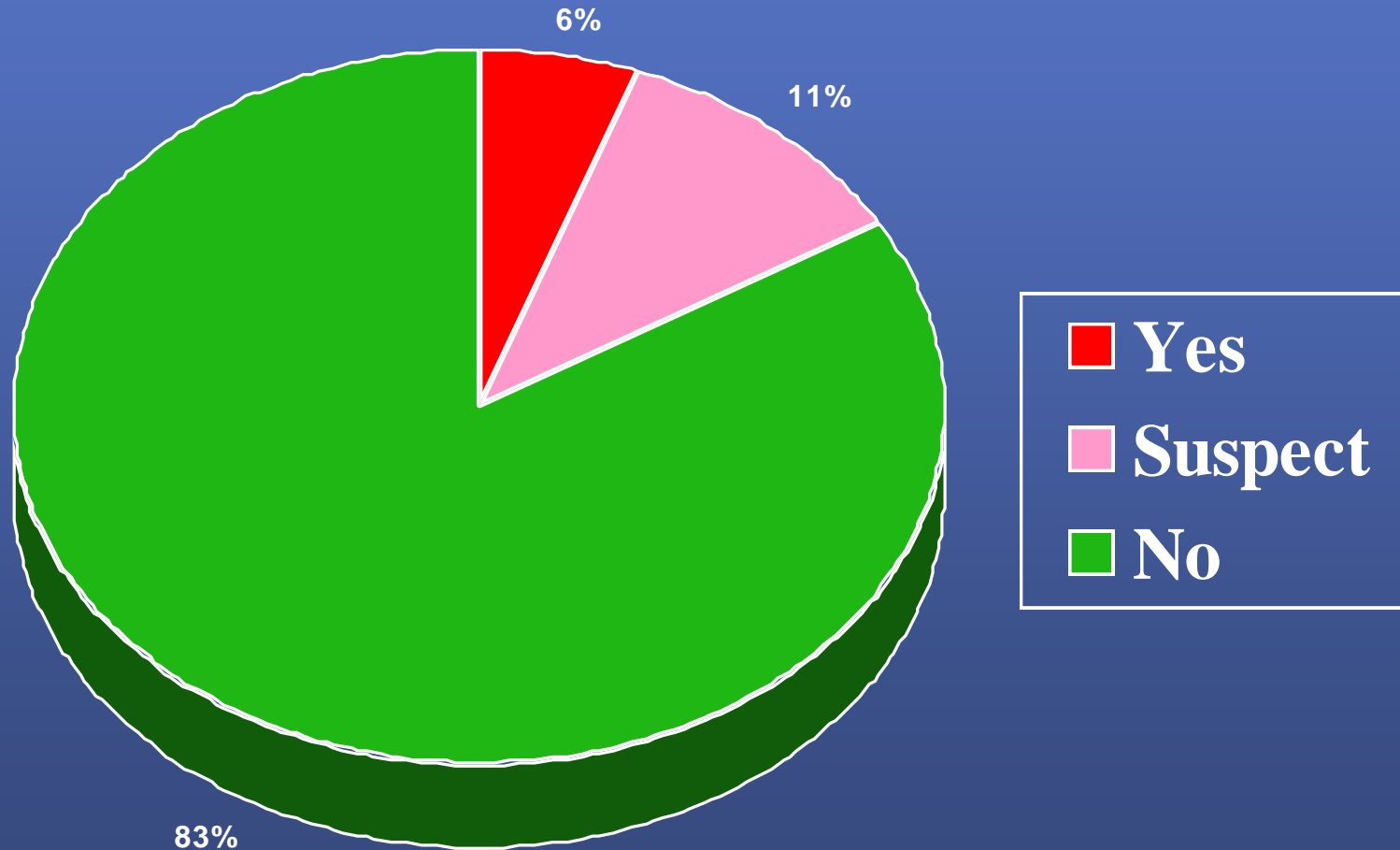




**ALCOHOL
USE DURING
PREGNANCY**



Reported Alcohol/Drug Exposure in IAP



How is FASD Diagnosed?

4-Digit Diagnostic Code

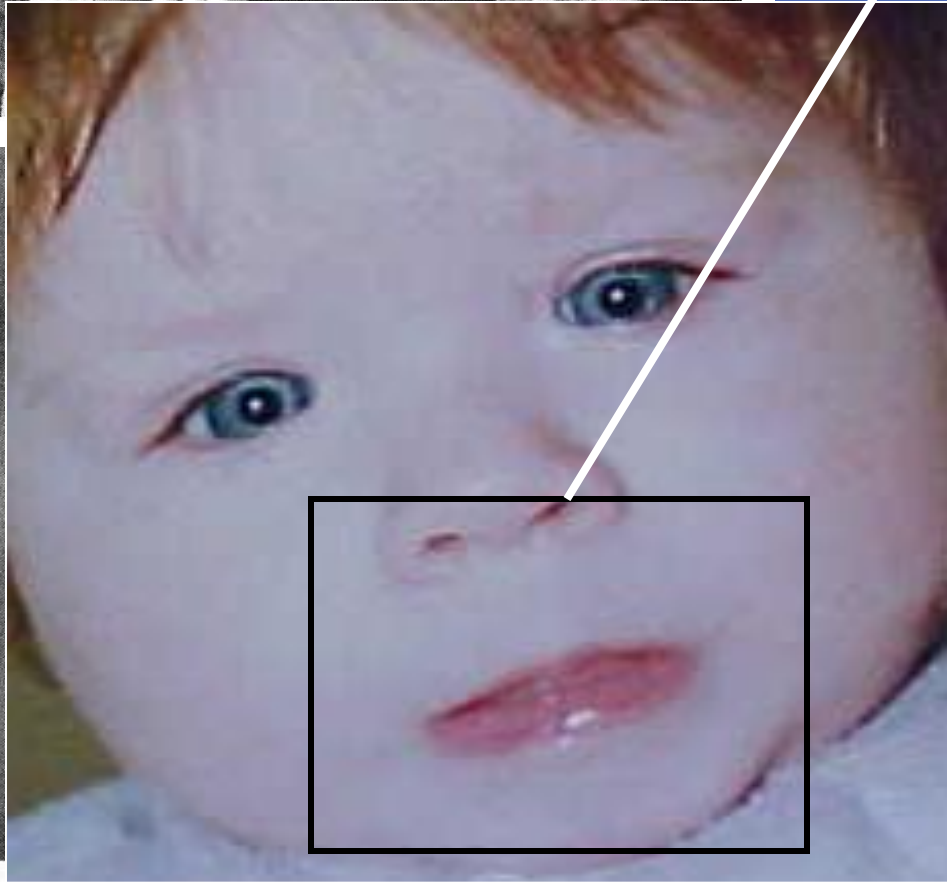
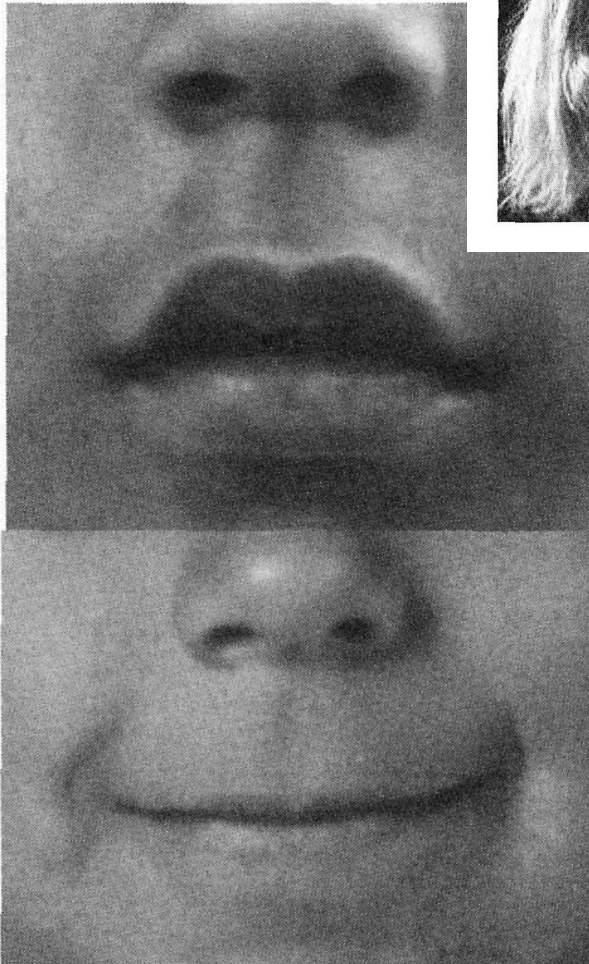
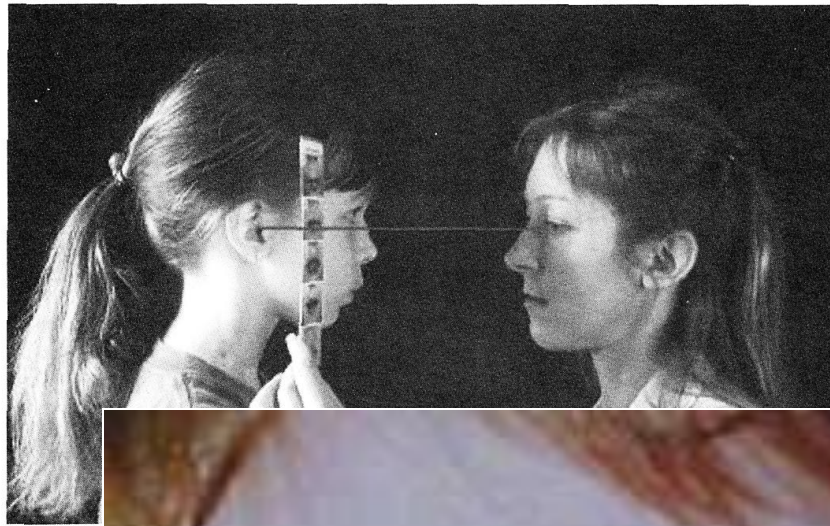
- Growth deficiency (height or weight \leq 10th percentile). (institutional care)
 - A unique cluster of minor facial anomalies (small eyes, smooth philtrum, thin upper lip).
 - Central nervous system damage (structural, neurological, and/or functional impairment).
 - History of prenatal alcohol exposure.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



Lip-Philtrum Guide I

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

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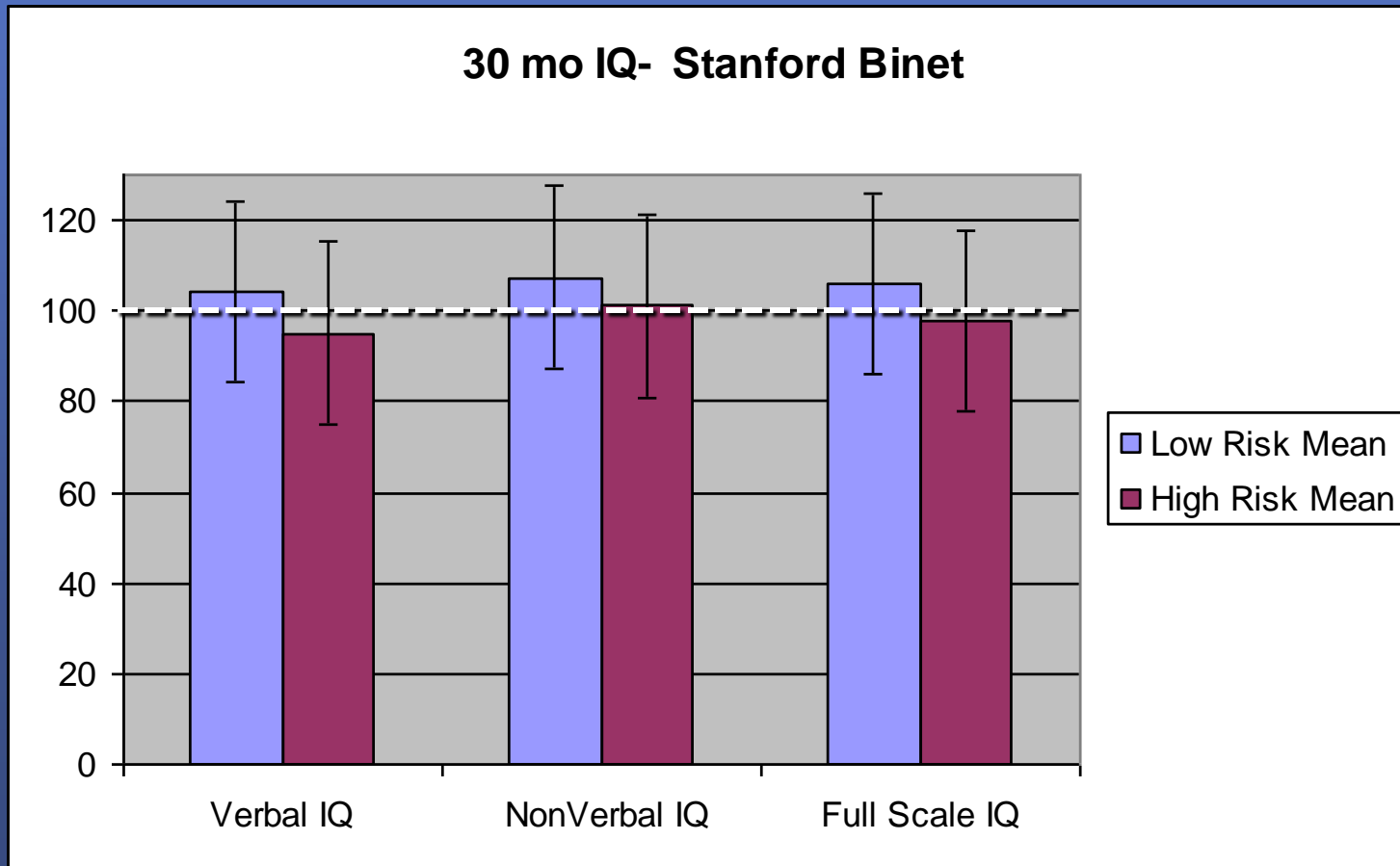
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are needed to see this picture.

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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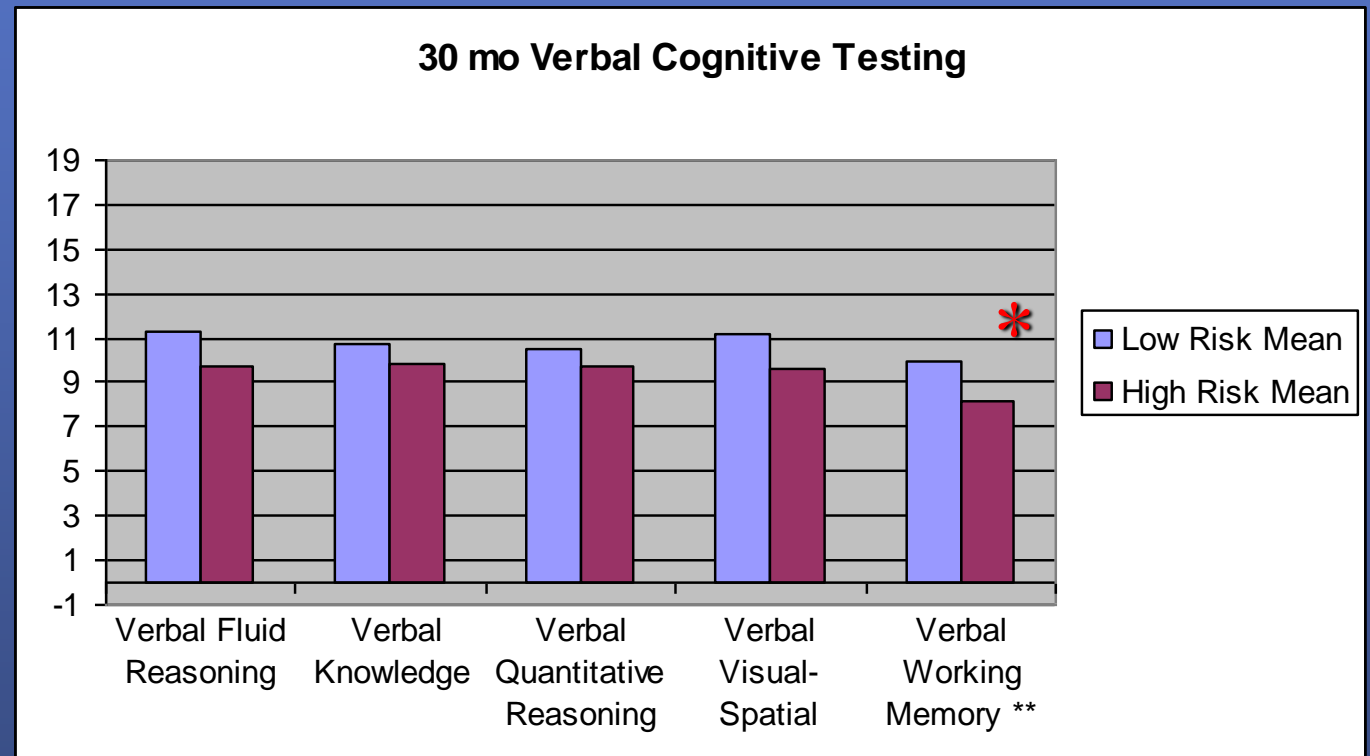
30 mo post-adoption: IQ

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



30 mo post-adoption: Cognitive, Verbal

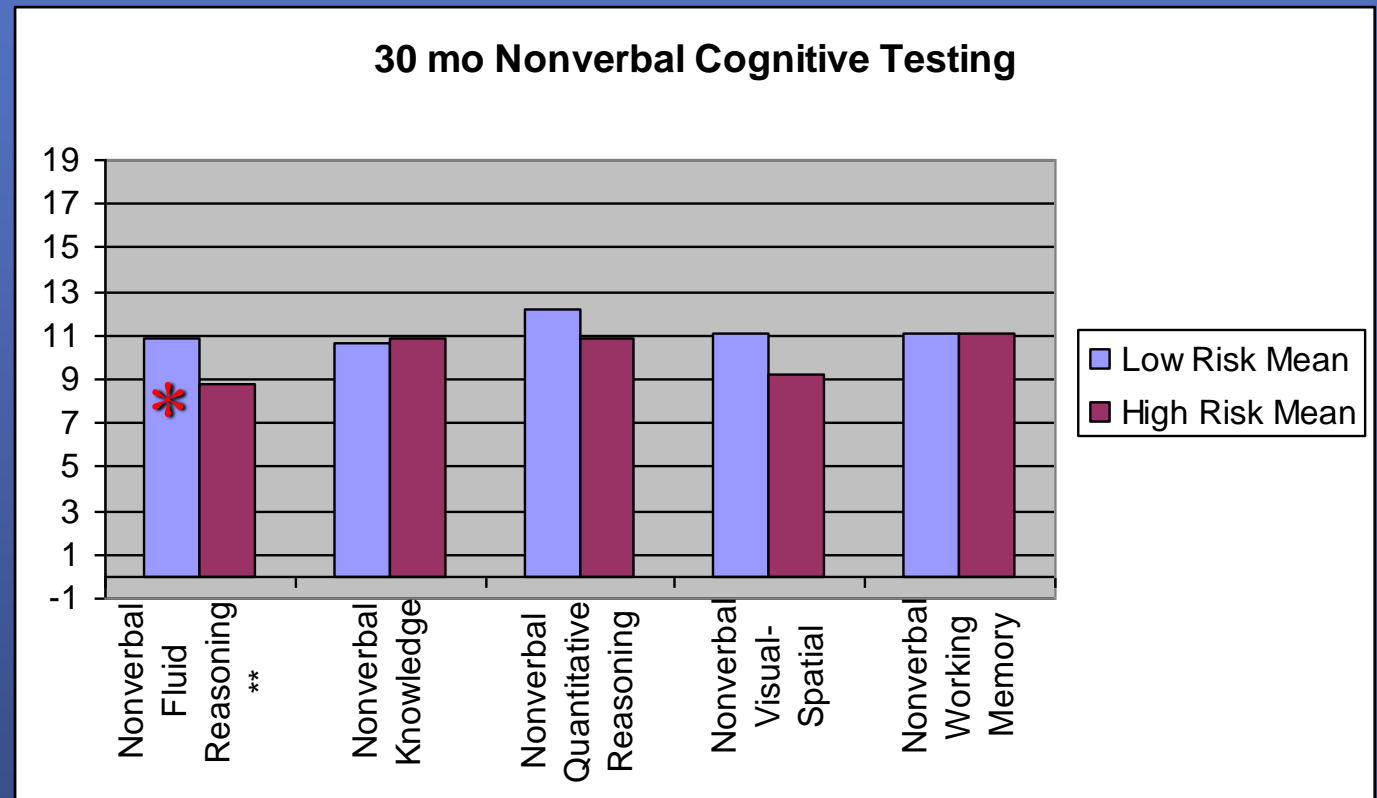
The HRF group had lower scores for verbal working memory ($p < 0.05$)



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

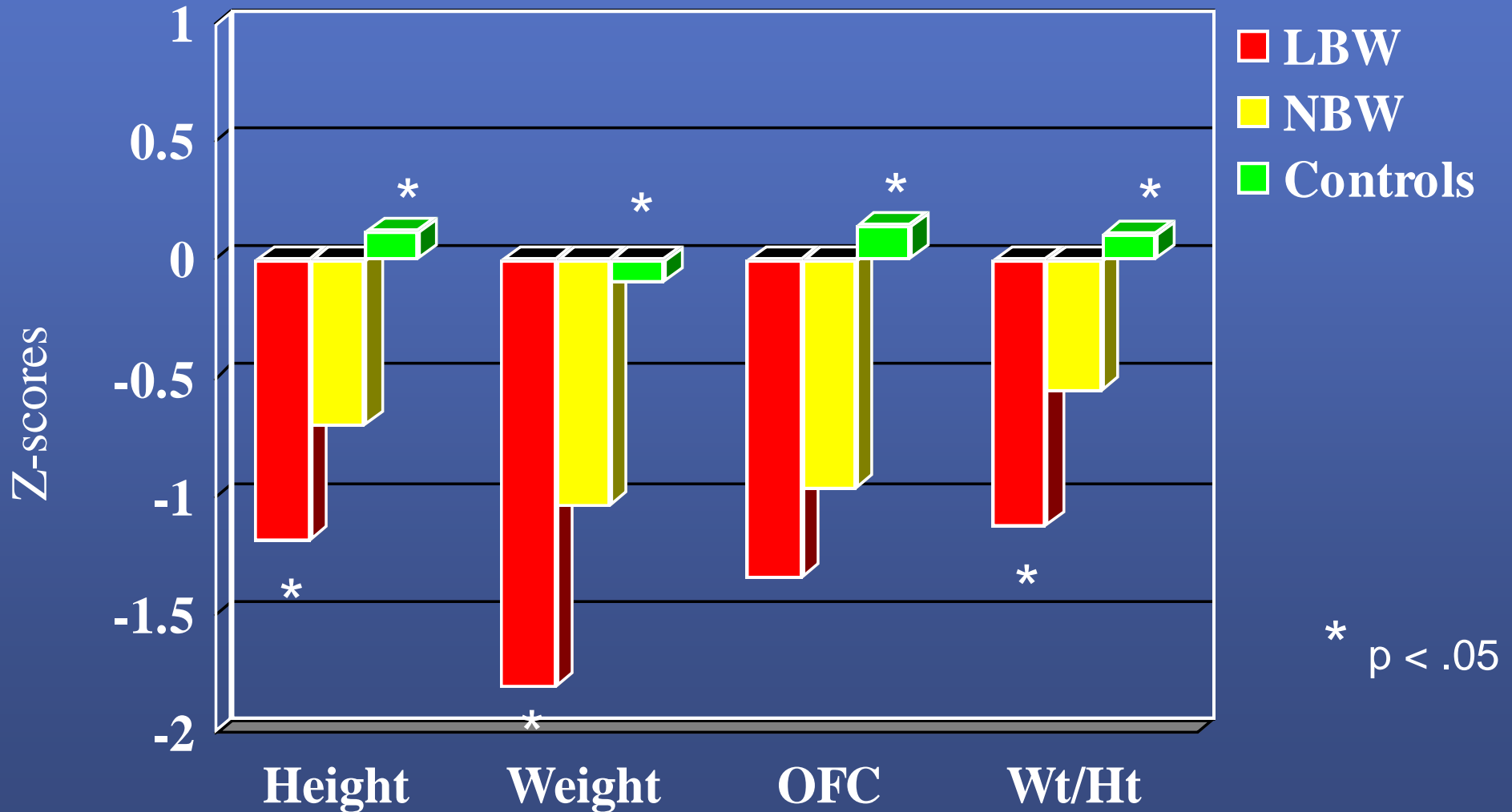
30 mo post-adoption: Cognitive, Nonverbal

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

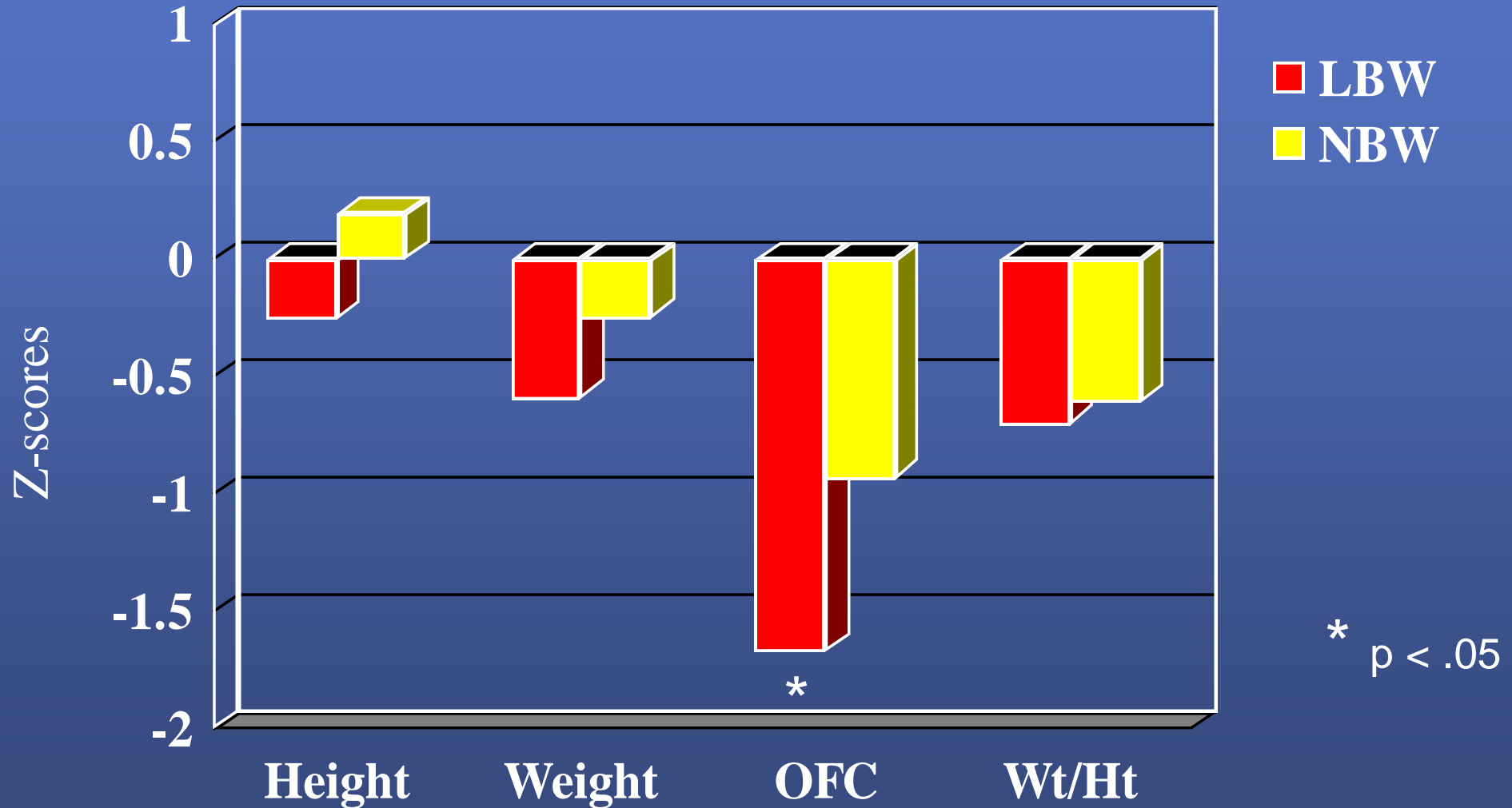


This measures a child's ability to solve novel problems without dependence on academic or cultural information.

Growth in Institutionalized LBW Infants



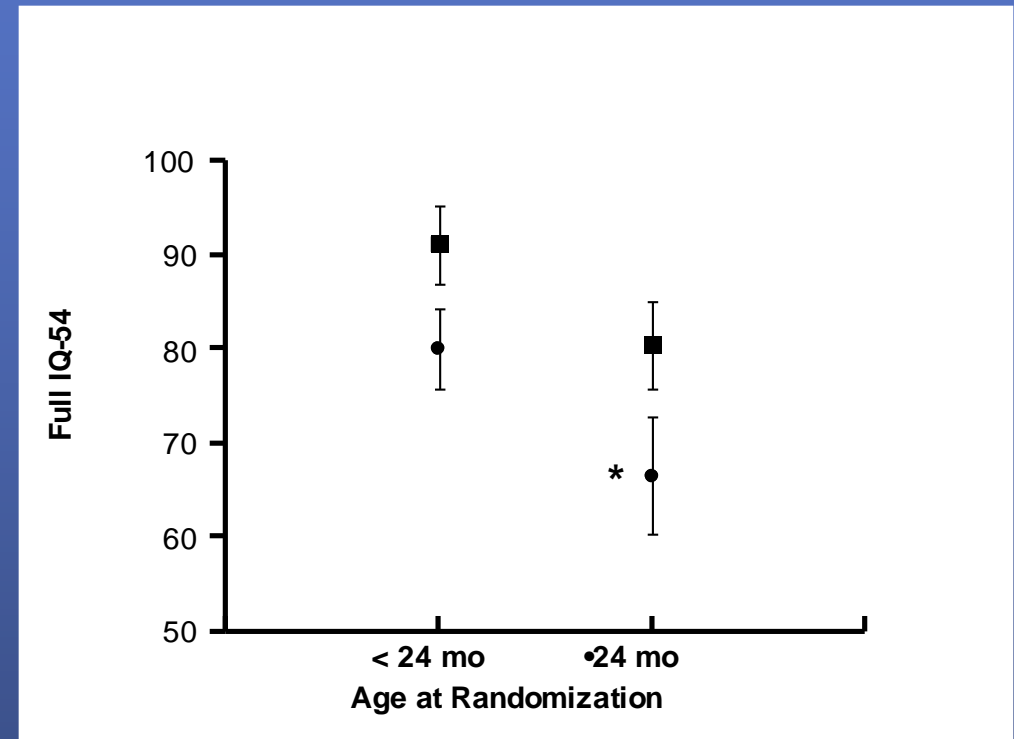
Catch-Up Growth in Institutionalized LBW Infants in Foster Care



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



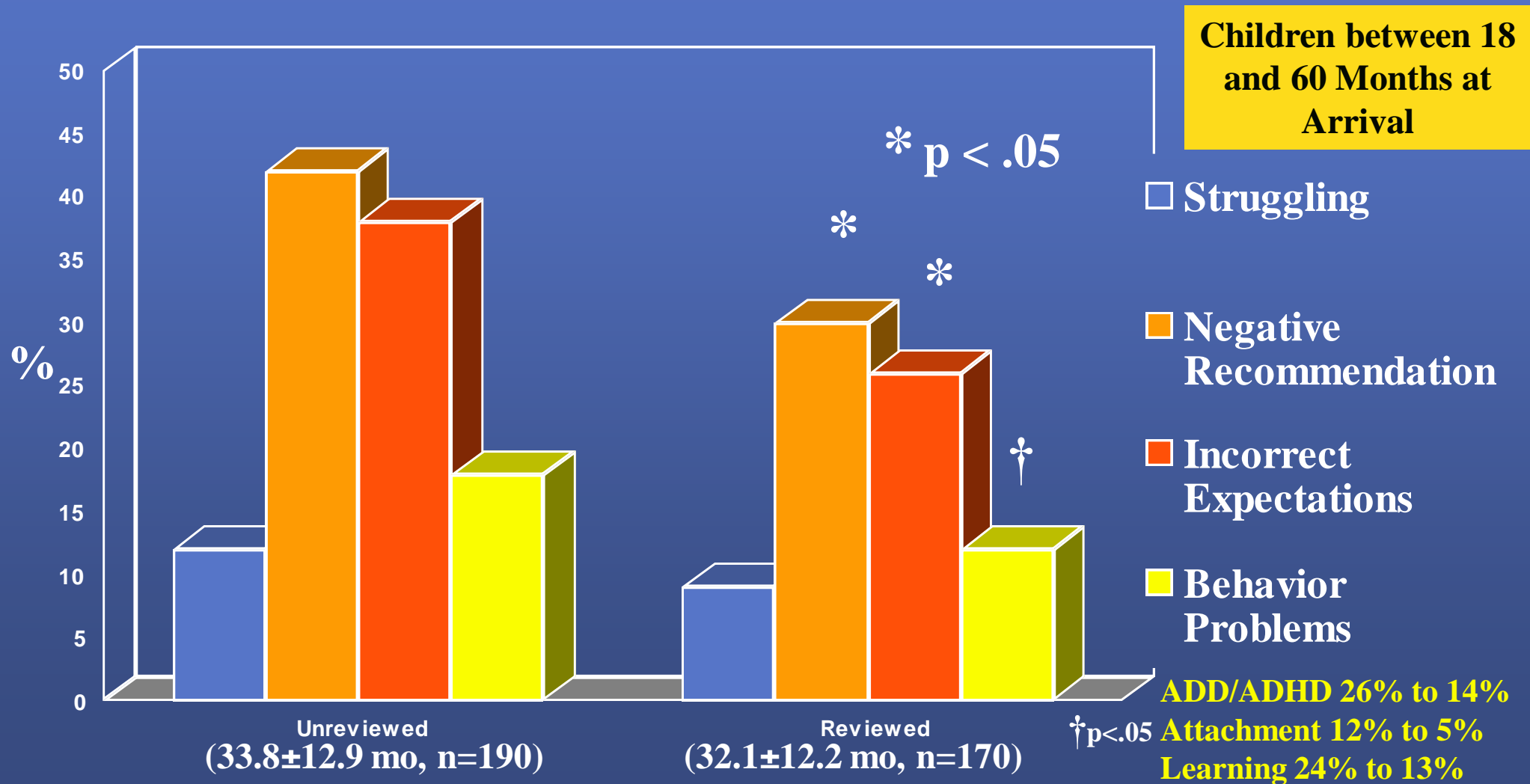


Risk Factors for Disruption

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

Seek Expert Help Early!!

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
