# Overcoming Orphanage Life

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# Adoption Mantra

- Give me a child with a normal brain.
- I can handle
  - Plumbing
  - Carpentry
  - Wiring
  - Genetics

- From the child, “Remember who I was, not who I am”.
  - Orphanage life or foster care, from here or anywhere.

# Adoption: for the children

"All children in the world need forever homes. The focus in international adoption should not be to find the right child for a particular family, but **to find the right family for each child**."

# For the Children…Great Expectations

# The Country, The Process, The Time

- Political embarrassment
- Hague Treaty
- Ethical concerns
- Financial concerns
- Domestic adoptions
- UNICEF

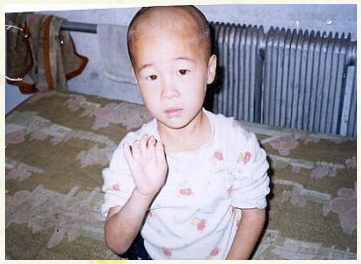
# The Hague Treaty

Hours of Training

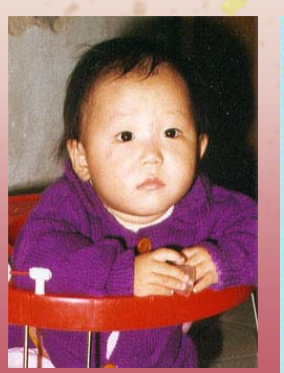
| | |
|---|---|
| Drivers' Education | 75 |
| Foster care license | 50 |
| International Adoption | 10 |
| Biological children | 0 |
| Gun ownership | 0 |

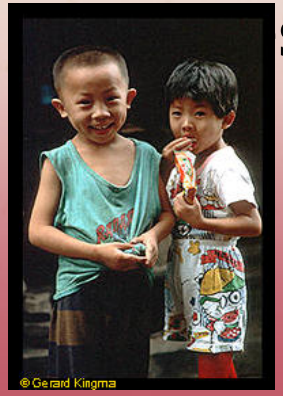
# Who Was I?

- Poverty
- Orphanage life
- Foster care



- Prenatal malnutrition and toxin exposure
- Taken from or abandoned by biological family
- Postnatal malnutrition
- Continuing neglect or abuse
- Multiple caregivers or multiple placements
- Infectious diseases






# Risk Factors in International Adoption and Foster Care*

- Prenatal Malnutrition- poverty
- Prenatal Alcohol Exposure- PAE/FASD
- Premature Birth- cause and complications
- Physically Neglected- e.g., Post-natal malnutrition
- Socially Neglected- Psycho-social dwarfism, Self-stimulation, Emotional incompetence
- Physically Abused- Injuries, sexual abuse
- Orphanage, Hospital, or Multiple Foster Placements

*Adapted from University of Minnesota Adoption Clinic

# Risk Factors & Results

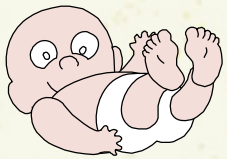
- Higher risk correlates with poor psychological outcomes*.
- For foster children, over 50% of placements are associated with parental substance abuse.
  - May substitute multiple placements for living in an orphanage (average 3-5).
- Removal from biological parents means that the child suffered abuse or neglect.

*University of Minnesota Adoption Project

# Why are institutions so bad?

- Multiple care givers.
- Lack of stimulation.
  - Visual, auditory.
- Infant malnutrition, propped bottles.
- Exposure to infectious diseases.
- Lack of consistent medical care.
- Chronic ear infections.
- Physical and sexual abuse.
- Post-traumatic stress disorder.
- Lead and toxin exposures.

# U.S. Foster Care System and International Adoption



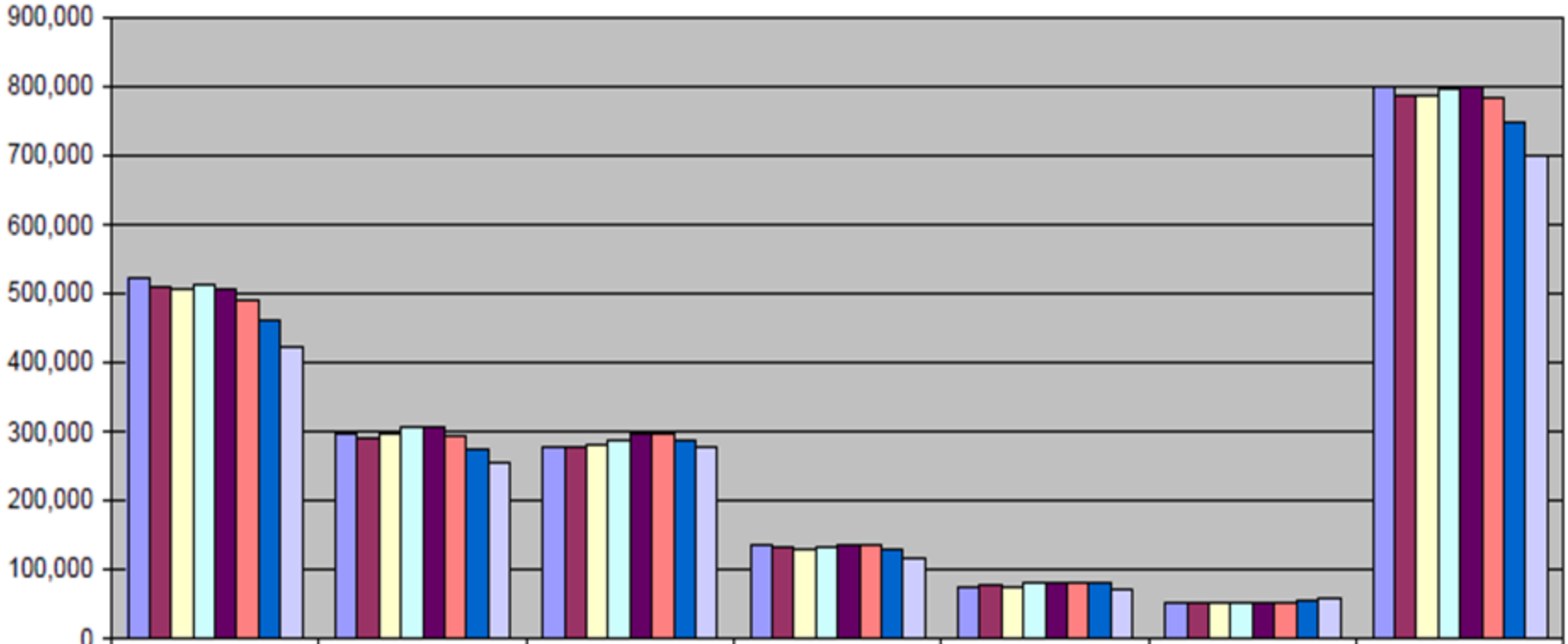
- 800,000 children cycle through the foster care system each year.
- 115,000 are eligible to be adopted at any point.
- About 500,000 children are in the system at any given time.
- There are 11,000,000 to 15,000,000 AIDS orphans in Sub-Saharan Africa.
- Children enter care due to neglect, abuse, or abandonment.
- Parental poverty a constant. Members of “peasant” population in third world or “underclass” in developed countries.
- Increased risk of prenatal and post-natal problems.

# Children Removed from Parental Care

- In U.S., biological parental chattel/ property rights balanced with child's welfare.
- Goal is reuniting families.
- Children enter temporary placement- group home or foster care.
- Severe abuse and/or neglect necessary.

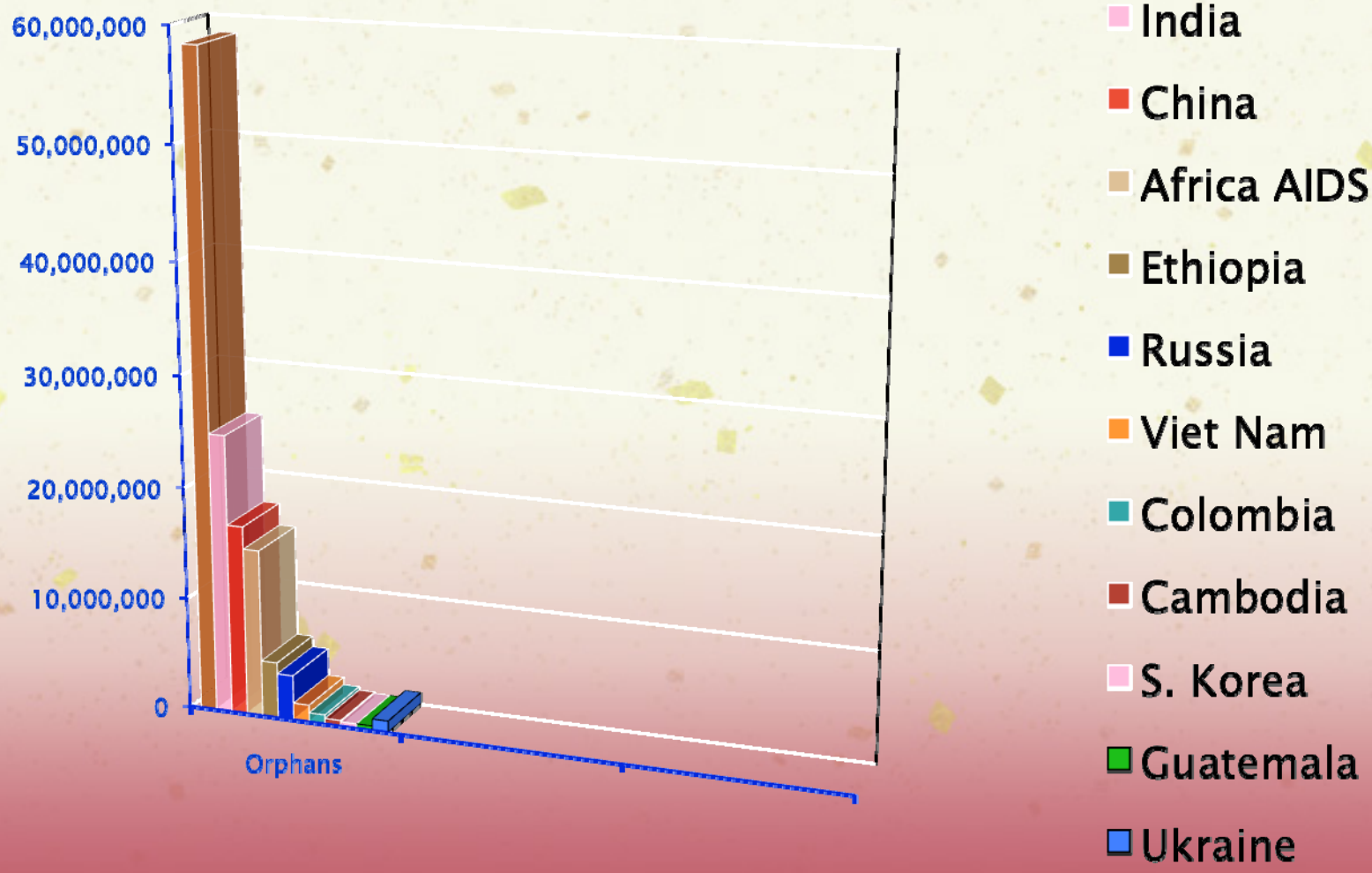
- In other countries, children removed from their biological parents are institutionalized (orphanages), which may be temporary, but more often, are permanent.
- Severe abuse and/or neglect necessary, as a condition for removal.

# Children in Foster Care 2002-2009



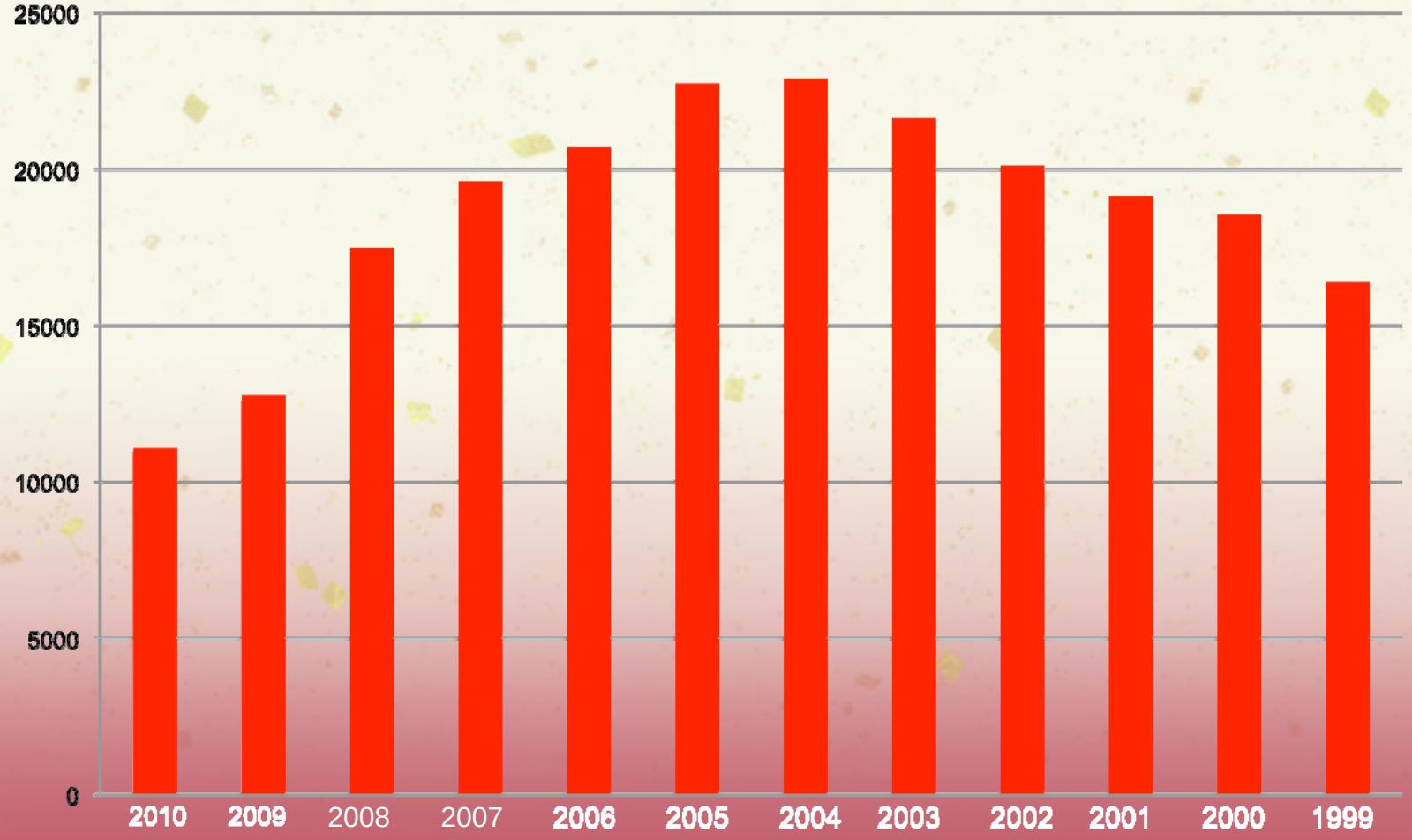

| | In Care 9/30 | Entries | Exits | Waiting | TPR | Adopted | Served |
|---|---|---|---|---|---|---|---|
| FY 2002 | 523,000 | 295,000 | 278,000 | 134,000 | 75,000 | 51,000 | 800,000 |
| FY 2003 | 510,000 | 289,000 | 278,000 | 131,000 | 76,000 | 50,000 | 787,000 |
| FY 2004 | 508,000 | 298,000 | 281,000 | 130,000 | 74,000 | 51,000 | 787,000 |
| FY 2005 | 511,000 | 307,000 | 287,000 | 131,000 | 79,000 | 52,000 | 797,000 |
| FY 2006 | 505,000 | 305,000 | 295,000 | 135,000 | 80,000 | 51,000 | 800,000 |
| FY 2007 | 489,000 | 293,000 | 295,000 | 134,000 | 82,000 | 53,000 | 783,000 |
| FY 2008 | 460,000 | 274,000 | 288,000 | 127,000 | 79,000 | 55,000 | 748,000 |
| FY 2009 | 424,000 | 255,000 | 276,000 | 115,000 | 70,000 | 57,000 | 700,000 |

# 163,000,000 World Orphans*



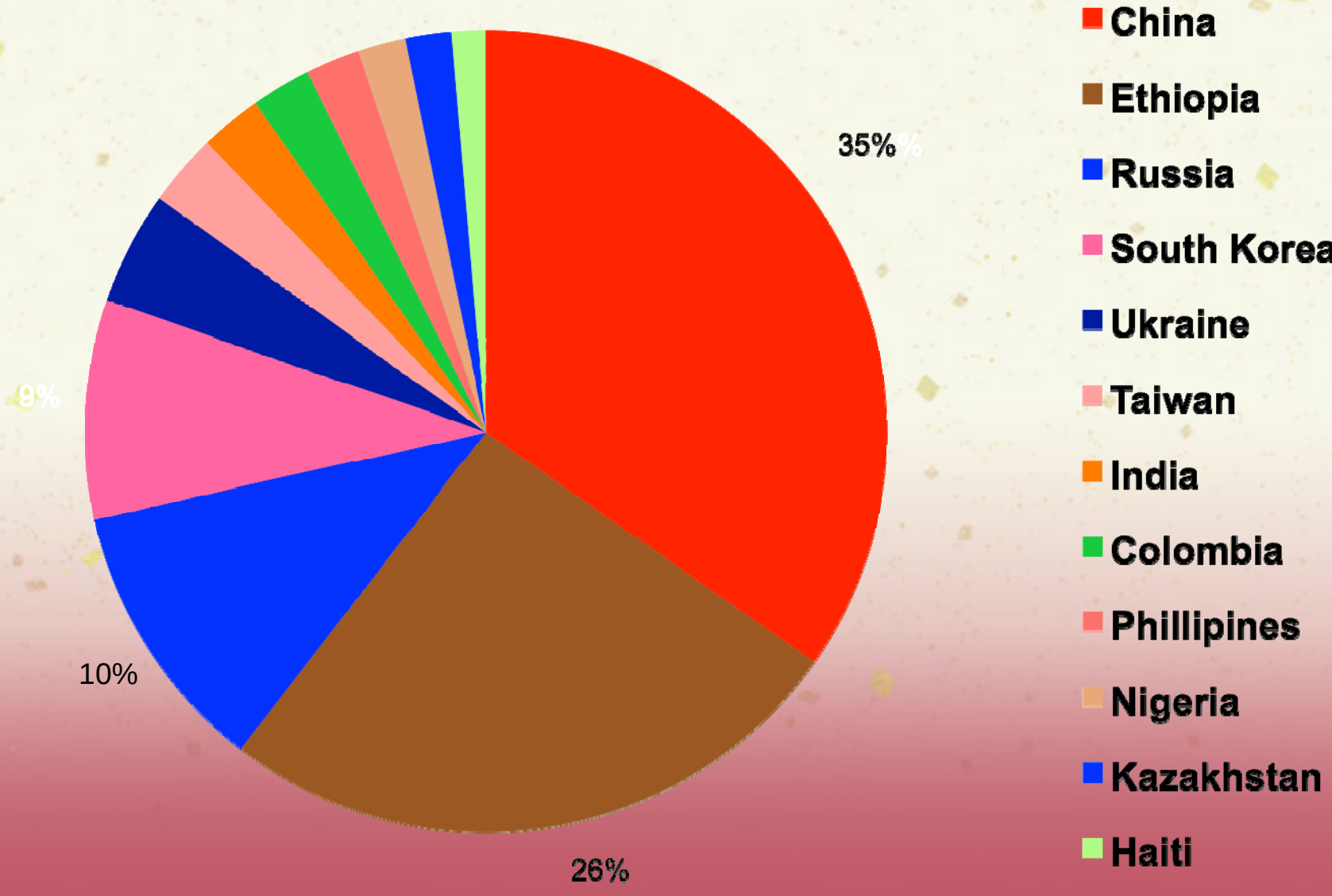

*UNICEF

# US International Adoptions*

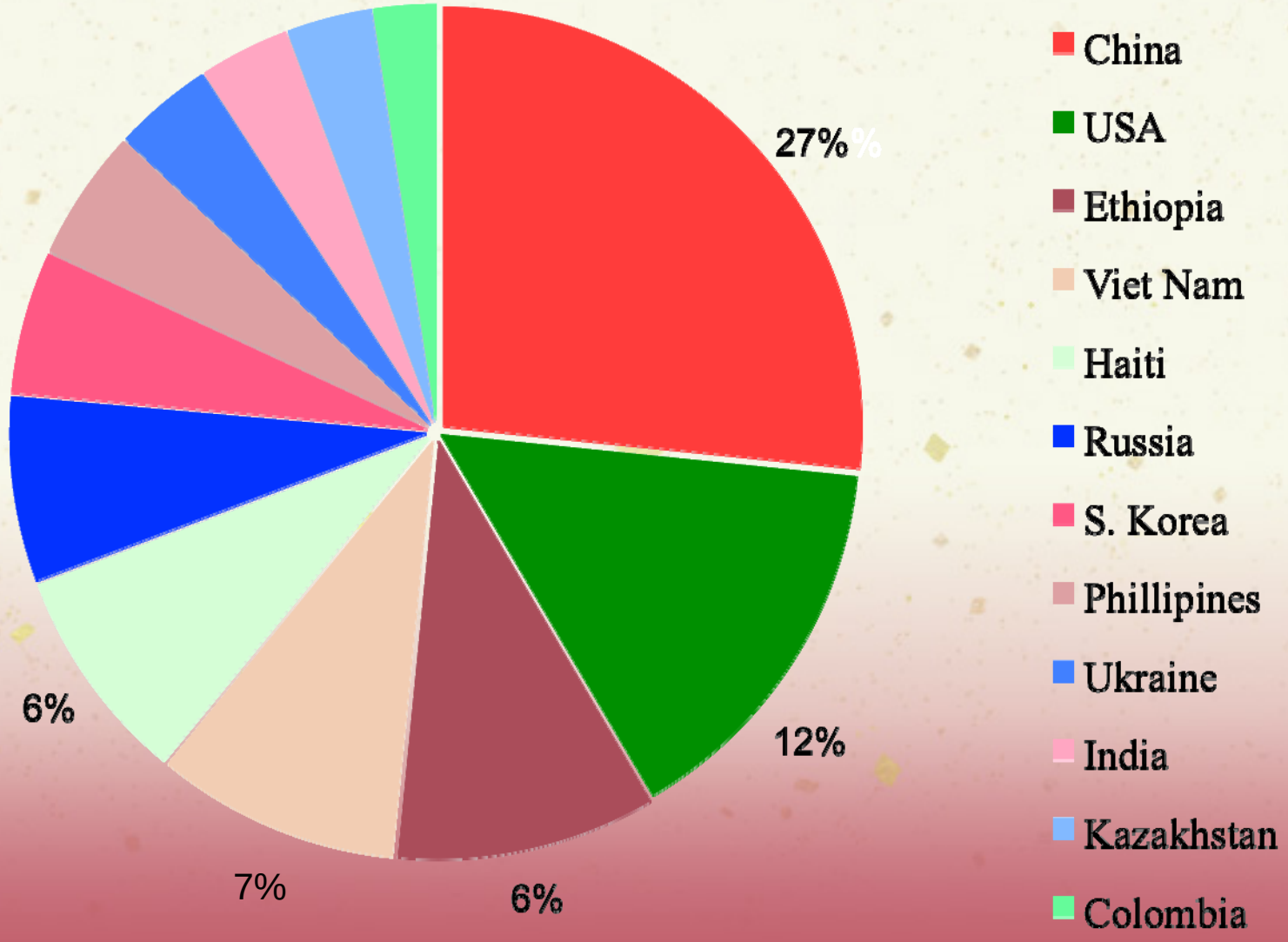



*Data from Holt International

# US International Adoptions-2010



# Canadian International Adoptions- 2009



# United States as Adoption Source Country

- Yearly, the U.S. sends 200-400 African-American infants, mostly boys, to Canada and Western Europe for adoption.
- Over the last five years, the U.S. has been second (2009) through fifth on Canada's list of source countries (784 children in last ten years).

# UNICEF and Inter-country Adoption

- International adoption is a last resort, after:
  - Domestic adoption
  - Family care
  - Foster care
- Concerns about child- trafficking
  - Exploitation
  - Adoption
- What happens to the orphans?
- Who pays to develop the social- service infrastructure?
  - Nurturance, Nutrition, Health care, Education

# ACE Study*

- Adverse Childhood Events implicated in:
  - Addiction
  - Depression
  - Suicide
  - Obesity
- Prevalence surprisingly high, in middle-class population
  - Retrospective- PTSD
  - Prospective- Adaptive, compensatory, therapeutic

*Kaiser Permanente-25 year (so far) longitudinal study

## Finding Your ACE Score

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often or very often**...
   Swear at you, insult you, put you down, or humiliate you?
   **or**
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...
   Push, grab, slap, or throw something at you?
   **or**
   **Ever** hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
   Touch or fondle you or have you touch their body in a sexual way?
   **or**
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____

4. Did you **often or very often** feel that ...
   No one in your family loved you or thought you were important or special?
   **or**
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often or very often** feel that ...
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   **or**
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   **Often or very often** pushed, grabbed, slapped, or had something thrown at her?
   **or**
   **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
   **or**
   **Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

**Now add up your "Yes" answers: _____ This is your ACE Score.**

0824DBRA4CR

# Which Country Has the Healthiest Orphans?

- No one country is lower in risks.
- Depends upon the risks of the child, circumstances of birth and life prior to adoption.

| Country | 2009 | Foster Care | Placed at birth? | Fetal Alcohol | Lead >10 |
|---|---|---|---|---|---|
| China | 3001 | Rare | Yes | Not yet | Yes |
| Ethiopia | 2277 | No | No | No | No |
| Russia | 2328 | No | Mostly | Yes | Rare |
| S. Korea* | 1080 | Yes | Yes | Rare | No |
| Guatemala* | 756 | Yes | Mostly | No | No |
| Ukraine | 610 | No | Mostly | Yes | Rare |
| Vietnam* | 481 | Rare | Mostly | No | No |
| Haiti | 330 | No | Mostly | No | No |
| U.S. | 200-400 | Yes | Mostly | Yes | Rare |

# The Myth of the "Healthy" Orphanage Child
# Poverty and Orphanage Life

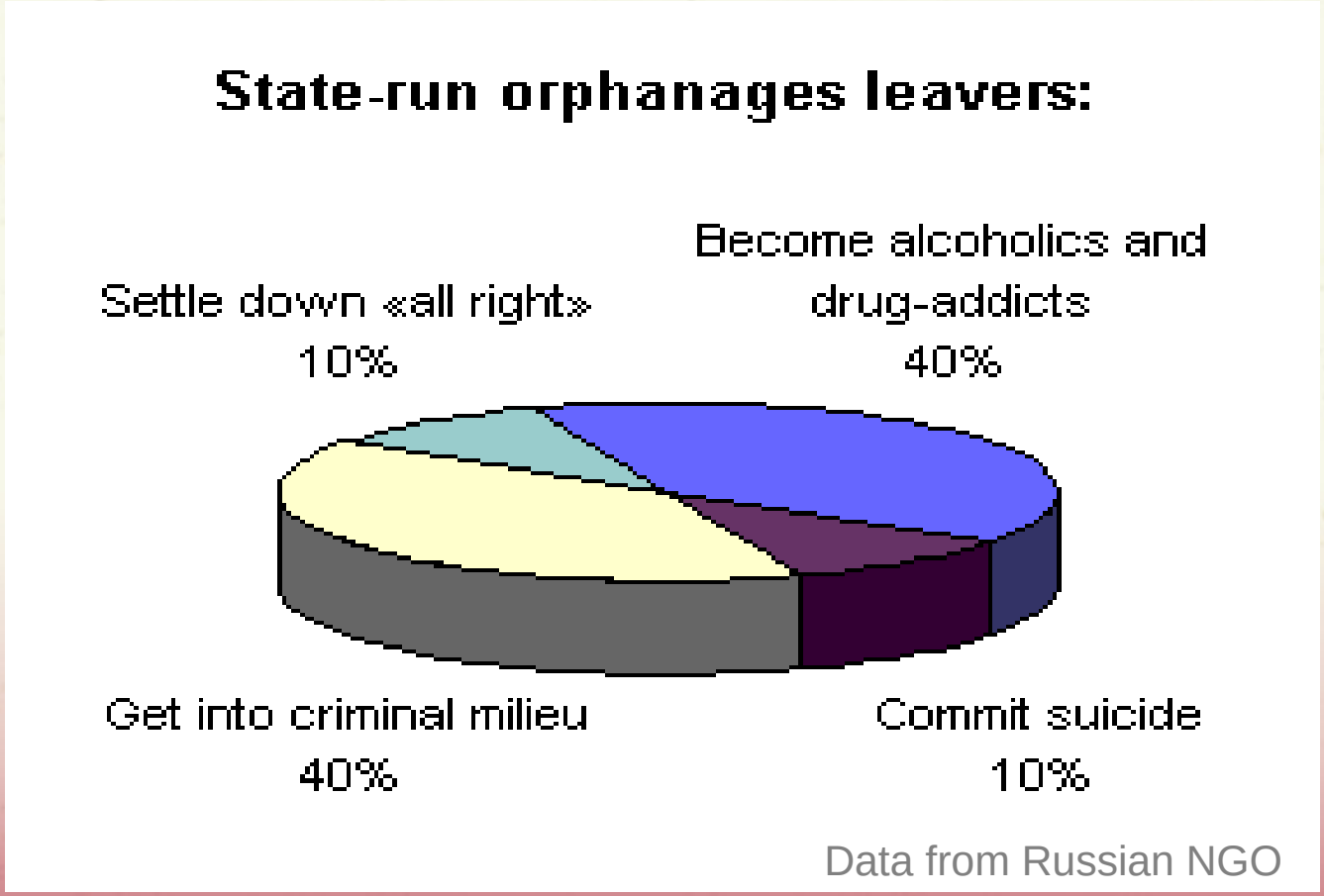
- Prenatal and Postnatal Malnutrition


- Drugs- alcohol, smoking, drugs of abuse
- Post-natal neglect and abuse

- First, a child loses weight, then, height, and last, brain growth ( and head circumference).
- Direct and indirect damage to brain in-utero.
- Prevents development of "emotional" brain centers.

Children's brains can recover, but are irrevocably changed.
Despite this, the vast majority of adoptees do very well.

# Russian Orphanage Graduates*




*80% of girls become prostitutes

# Medical Records

- Parental history often unavailable, due to abandonment (child left at hospital or public place), or poor parental access to health (especially psychiatric care).
- Child received fragmented care, and medical records in multiple locations, so difficult and time-consuming to obtain.
- There is always more information.

# Health Problems in Orphanage Children
# Diseases of poverty

- Environmental

- Lead poisoning
- Pollution of air and water
- Maternal drug use (FAS)
- Malnutrition causing:
  - Hypothyroidism
  - Rickets
  - Growth Delay/ Failure
  - Immune Deficiency

# Health Problems in Adoptees
# Diseases of poverty

- Infectious

Smallpox vaccination

How SARS began

- HIV
- Hepatitis B & C
- Syphilis
- Tuberculosis
- Intestinal parasites
- H.Pylori
- Opportunistic Infections
  - Weakened immunity
  - Skin, respiratory, etc.

# Medical issues: the long term concerns

- Effects of institutionalization.
  - Developmental delay.
  - Growth delay.
  - Sensory integration disorders.
- Mental health issues.

# Waiting Child Listings

- Many countries and even more policies.
- Each agency has its own financial arrangements (reduced fees) and its own policies, relating to waiting children.
- China’s new waiting child list is transparent and consistent, though not very Hague-compliant or user-friendly.
- COA has stated that China’s adoption process is a world model for central control and transparency.

# U.S. Waiting (Foster) Children*

- Have physical or health problems;
- Are older;
- Are members of ethnic or racial minorities;
- Have a history of abuse or neglect;
- Have emotional problems;
- Have siblings and need to be adopted as a group;
- Test positive for HIV;
- Have documented conditions that may lead to future problems;
- Had some form of prenatal exposure to drugs or alcohol (over 50%).

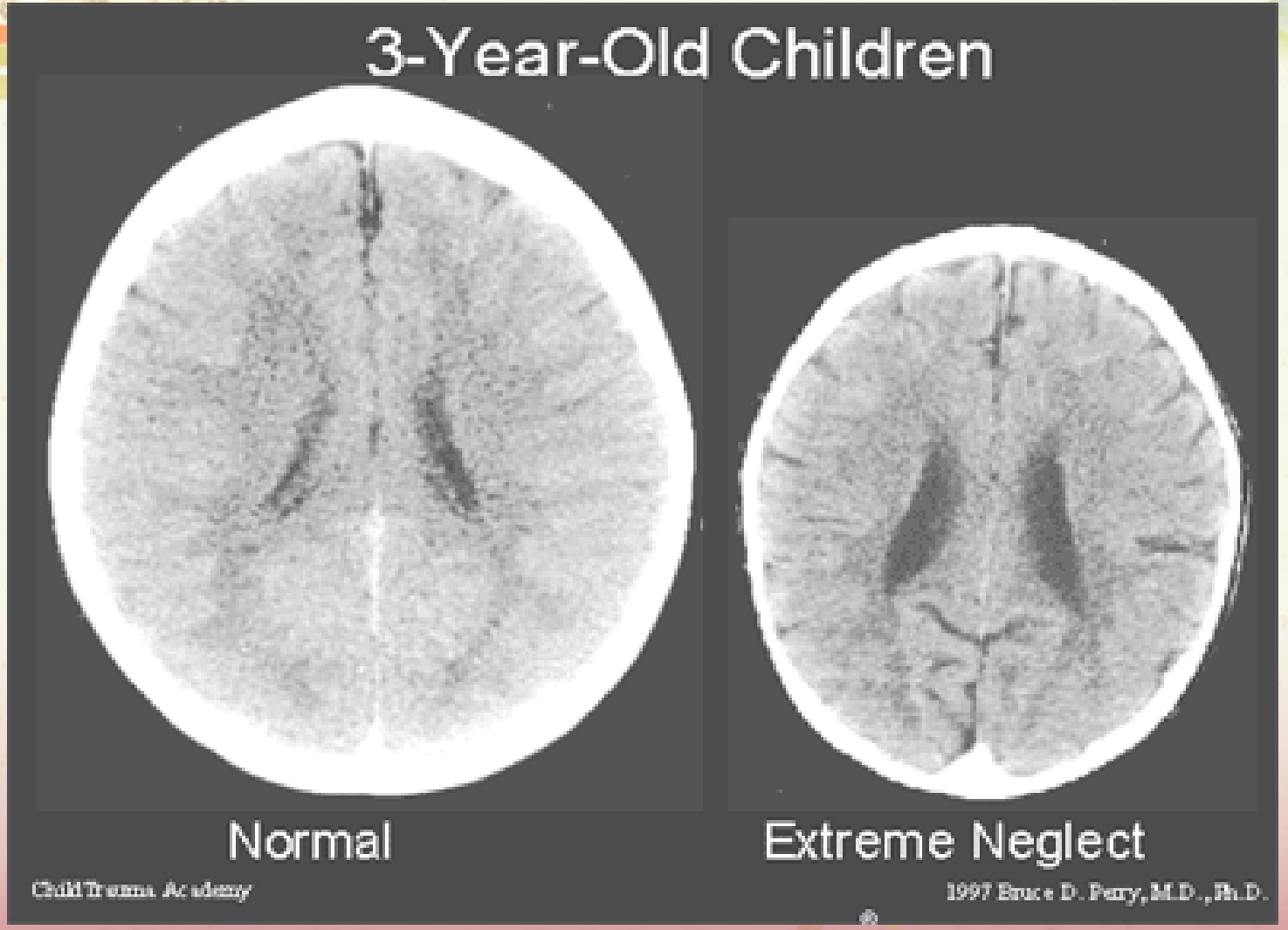
*Adoption.com

# International Waiting Children

- Minor or major health problems
- May be correctible or permanent problems.
- Faster adoption time-line.
- Necessary resources must be available, for you to care for child's special need.

# Key Issues With Special Needs

- Fixable, wholly or in part?
- Where are we, now?
- Therapy or other interventions?
- Family dynamics
- Covered by insurance?
- Long term prognosis?
- What can or needs to be done?
- Tests, x-rays, records?
- What will be needed after or instead of fixing?
- Can our family afford it?
- Can we afford it, financially?
- What is the best and worst we can expect?

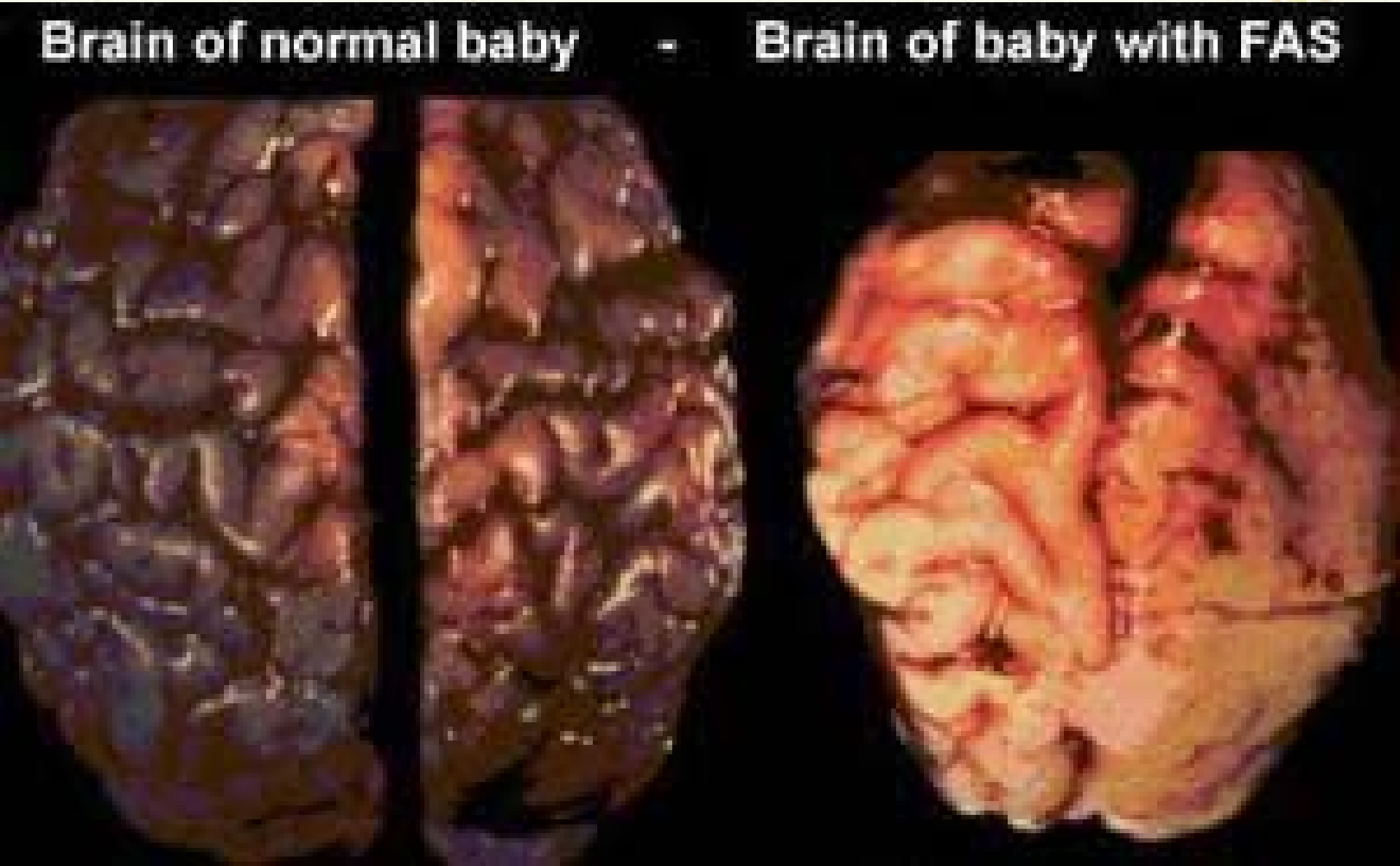



In instances of neglect, sensory deprivation results in a smaller head size, as reflected by CT scan.

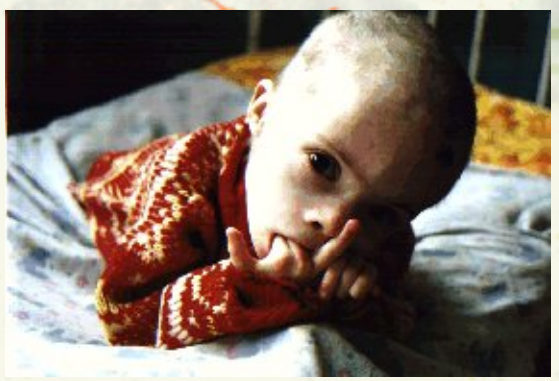
# Neglect in Infancy

- Small Brain
- Pre-frontal cortex
- Constant stress
- Quasi-autistic behaviors
- Global developmental delays
- Executive function over emotion
- Hyper-alertness, abnormal responses
- Self-stimulation, sensory processing disorder

# Prenatal alcohol Exposure



# Effects of institutionalization: Malnutrition



- Children lose one month of growth for every 3-4 months in an orphanage.
- Standard growth charts can be used to document growth rate (www.cdc.gov or www.who.org).
- Even apparently well-nourished children may have serious nutritional deficiencies.
- Nearly all adopted children show rapid catch-up within 6 months;  if delays persist, consider referral.

# Long Term Effects of Malnutrition

- Two studies, one Dutch and another Chinese, confirm increased incidence of Schizophrenia with severe prenatal malnutrition (famines-1945, 1961)
- “Chronic protein energy malnutrition (stunting) affects the ongoing development of higher cognitive processes during childhood years rather than merely showing a generalized cognitive impairment. Stunting could result in slowing in the age related improvement in certain and not all higher order cognitive processes and may also result in long lasting cognitive impairments.”*

Bhoomika R Kar, et al,Behav Brain Funct. 2008; 4: 31.

# Prenatal Malnutrition

- Iodine
  - Thyroid function
- Iron
  - Anemia, brain development
  - Supplementation increases Malaria risk
- Zinc, Magnesium
  - Congenital anomalies, IUGR, Fetal loss, Prematurity
- Vitamin A
  - Night blindness, IUGR, Prematurity
- Vitamin D
  - Neonatal Tetany, Rickets, Abnormal bone development

# Prenatal Malnutrition

- Folic Acid
  - Neural tube defects, Language delays
- Vitamin C
  - Co-factor in collagen structure
- Fatty Acids
  - Cell membrane integrity
- Choline
  - Brain and spinal cord structure

# Compounded Damage from Malnutrition and Toxin Exposure

- Brain development
  - Chemicals causing injury- alcohol, drugs, infections
  - Protein, minerals and trace elements essential for brain growth
  - Prenatal and postnatal disruption in cell number, cell migration, cell organization, especially brain

# Mental Health Problems in Adoptees*

- Reactive Attachment Disorder
- Autistic Spectrum Disorder
- Inherited disorders
- Post-traumatic Stress
- Fetal Alcohol Syndrome or future toxin-mediated neurological/psychological effects, yet unseen
- Ongoing abuse or neglect (before you met)
- Profound neglect in first year
- Schizophrenia, Bipolar Disorder, Depression, Mental Retardation, ADD/ADHD
- Abuse and/or ongoing neglect, adoption, disruption
- Drug use during pregnancy, e.g., alcohol, nicotine, cocaine, opiates, with variable effects.

*Parental psychiatric history rarely known

# Prenatal (Maternal) Substance Abuse

- Difficult to isolate effects of single drug exposure.
- Alcohol and nicotine often used to self-medicate psychiatric disorders and stress.
- Often impossible to determine timing and frequency of substance abuse (history often unreliable).
  - Timing and quantity crucial in FASD.
- Withdrawal symptoms do not predict future impairments.
- The world-wide rise of the middle class increases access to drugs of abuse, including alcohol.

# Substance Abuse and Child Maltreatment*

- Infants prenatally exposed to drugs
  - 30 % reported abuse or neglect
  - 20% substantiated abuse or neglect
  - Rate 2-3 times higher than geographic cohort
- Social and Psychological issues
  - Poor parenting skills, lack of resources, domestic violence, history of abuse or neglect
- Over 50% (under-reported) of US foster care placements involve parental substance abuse.

*Pediatric Clinics of North America v56, Issue 2 (April 2009)

# Fetal Alcohol Syndrome

- FAS is the number one *preventable* cause of birth defects.
- At least 12,000 infants are born in the US yearly with FAS, and 60,000 (or more?) with FASD*.
- At least 20,000 Russian children, with FAS born yearly, and 100,000 (?) with FASD**.
- In US, 5% of congenital anomalies, and 10-20% of mental retardation***

*CDC **Jane Aronson, DO, 2001 ***PCNA v56, Issue 2 (April 2009)

# Maternal vs. Paternal Alcohol Use

- Maternal- fetal dyad the pathway for FAS and FASD.
- If a pregnant woman drinks, the fetus is exposed to alcohol, a powerful teratogen.
- Paternal drinking increases the likelihood that the pregnant partner will drink.
- Paternal drinking may be therapeutic for untreated psychiatric disorder(s).

# Incidence of Fetal Alcohol Syndrome

- Rates depend upon which set of FAS cryteria used.
  - Apache, Ute- 1.95 %*
  - Canadian NA community- 18.9%*
  - South Africa- 8.9%*
- Recent estimates of US school children show 0.2-0.7% with FAS and 2-5% with FASD*.
- FAS in foster children- at least 1%**
- "The ever-higher consumption of alcohol by adolescents and women is especially worrying"- Victor Onishenko, head of the Russian consumer protection agency. ( The Times, 4/13/07) .
- Estimated Russian orphanage rate of 13%***
- World-wide rate of 0.19%

*May, et al, DDRR, 15: 176-92 2009
**University of Washington
***Laurie Miller, MD, 2006

# Highest Rates of FAS in the World*

- Murmansk orphanage
  - 13% with FAS
  - 58% FASD
- Northern Cape Province- South Africa
  - More than 10% with phenotype for FAS
  - 50% with FASD (brain damage, growth deficits)
  - Unemployment 40%
- Soweto Township of Johannesburg
  - 2.5% with complete phenotype for FAS

*SA Foundation for Alcohol Related Research

# FASD in a Russian Orphanage

Murmansk Region, examining 234 children:

- 40% of mothers ingested alcohol, and/or smoked during pregnancy (where history available).
- 13% of children had high FAS phenotypic scores.
- 45% of children had intermediate phenotypic scores.
- Phenotypic scores correlated with developmental delays, growth delays, and maternal gravidity (birth order) and age.

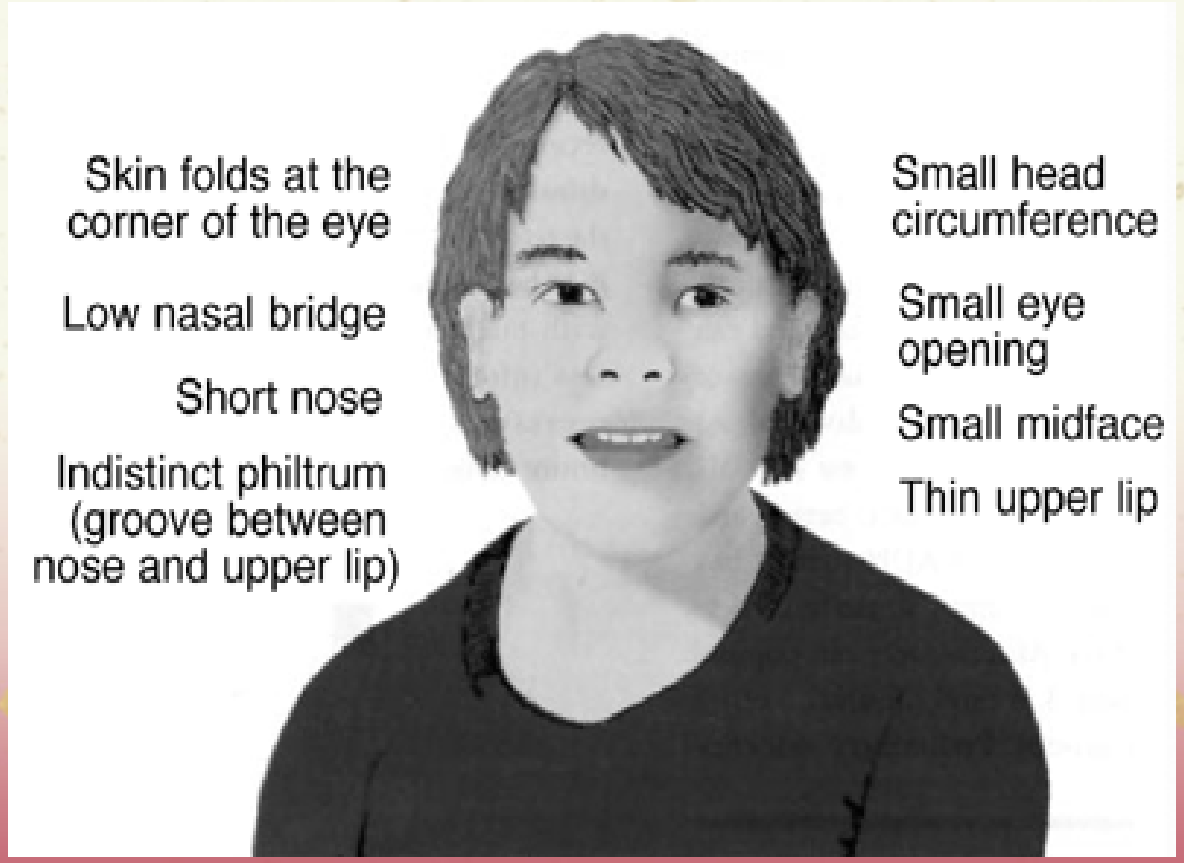
Laurie Miller, et. al., Alcohol Clin Exp Res 2006 Mar; 30(3): 531-8

# Eastern European Adoptions*

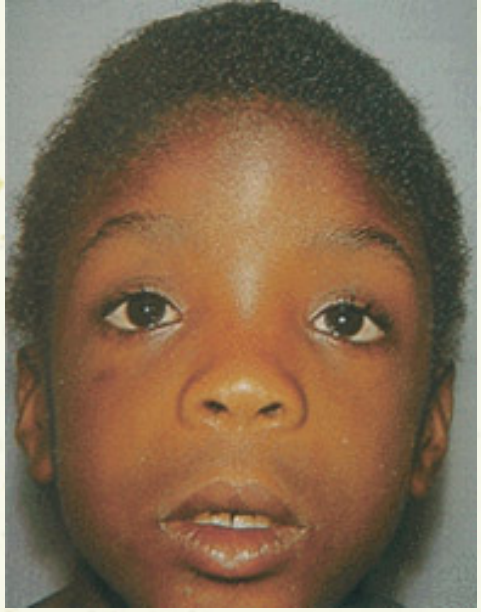
- Since 1992, about 76,000 Eastern European children have been adopted by US families.
  - In the last ten years, over 40,000.
- 60,000 from Russia
- 8,500 Ukraine
- 6,000 Kazakhstan
- 2,000 Other

*US Department of State

# FAS Typical Facial Features




A baby's face forms during a three day period during gestation. A normal face DOES NOT equal normal brain and does not rule out Fetal Alcohol Spectrum Disorder.




Face of fetal alcohol
syndrome victim

# FAS: assessing the social risks

## Lower risk

- Young maternal age.
- Low number pregnancy.
- No mental illness.
- Steady employment.
- Voluntary relinquishment of child for adoption.

## Higher risk

- Older age at birth.
- Higher number pregnancy.
- Maternal mental illness.
- Lack of employment.
- Involuntary relinquishment of parental rights (with this or other children).

# FAS: assessing the physical risks

Lower risk

- Birth weight over 3000 grams (6#6oz).
- Normal head size.
- Lack of typical facial features.
- Normal development (milestones).
- Normal neuro exam.
- No associated congenital abnormalities.

Higher risk

- Low birth weight, prematurity.
- Small head size.
- One or more typical facial features.
- Delays, especially in language.
- Abnormal exam.
- Other abnormalities at birth.

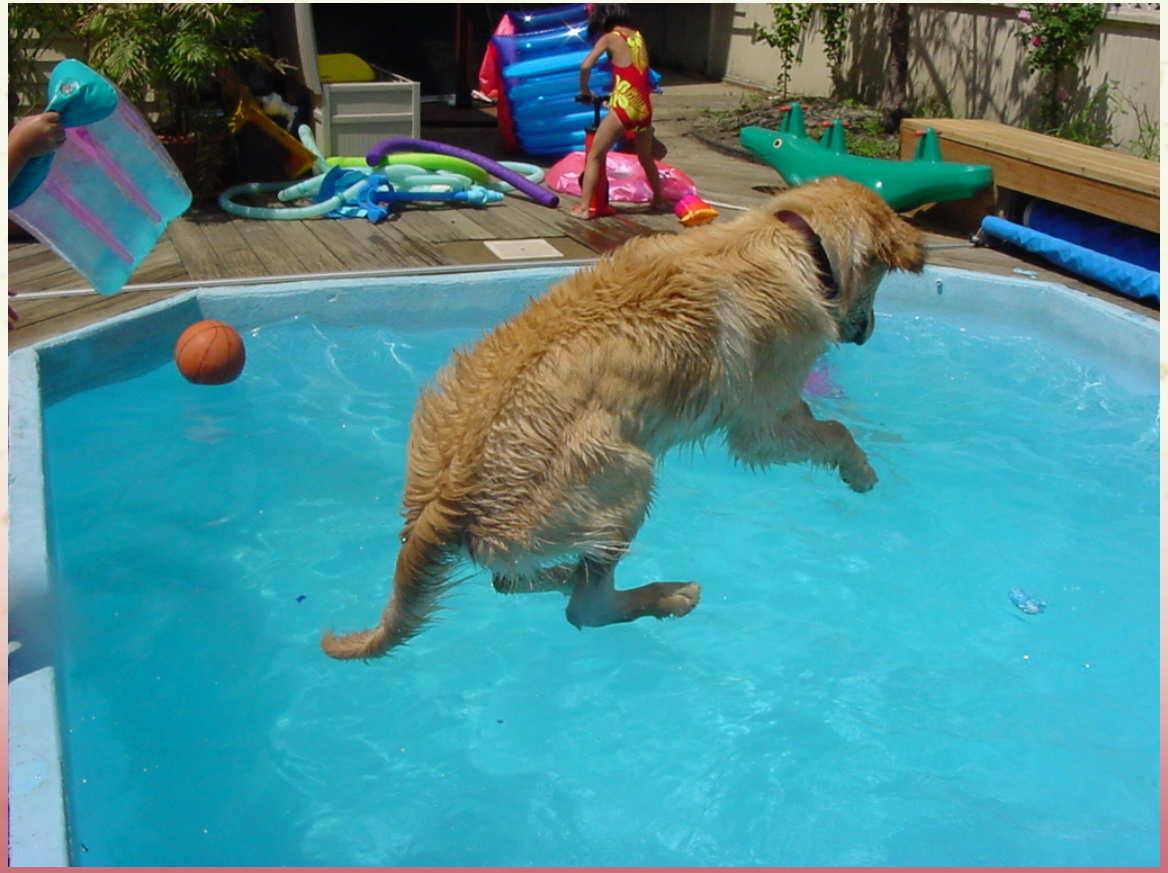
# Effects of institutionalization: Developmental delays

- Seen in up to 50 – 75% of adoptees.
- Children from any country (and even from foster care) may be affected.
- Often due to infant care practices in the birth country: limited floor time, walkers, isolated cribs.
- Language may take longer to catch-up.
  - May be related to limited language exposure, learning a second language. Consider sign language.
  - Previously undiagnosed ear infections may compound the problem.

# Overcoming Orphanage Delays

- Living in an orphanage will cause a 20-33% loss in developmental milestones, that is, one month lost for every three to five months in the orphanage.
- Recovery of lost milestones depends upon the child's emotional resiliency and intellectual capacity. Parental intellectual capacity and past problems rarely known.
- The quality of care in the orphanage is a crucial factor (Caretaker:child ratio, resources, hygiene, light, joy).
- Post-adoption,the vast majority of international adoptees blossom, developmentally, but, delays, emotional and physical problems should be quickly identified and addressed.

# Making that leap of faith…



# The Country, The Process, The Time

- Political embarrassment
- Hague Treaty
- Ethical concerns
- Financial concerns
- Domestic adoptions
- UNICEF

# Questions Worth Asking

- Does this child have a single caregiver? Has he/she bonded with his/her caregiver? Does his/her caregiver cuddle, hold, and comfort him/her? What is the ratio of children to caregivers, during the day?
- Does he/she laugh, cry, play, and exhibit good eye contact, when interacting with adults?
- Does he/she show signs of rocking or other self-stimulating behaviors?
- Was the child abandoned or removed from his/her parent's home- abuse? neglect? Why was the child removed? Parents alcoholic or psychotic?

# More Referral Review


- Fax, e-mail information to adoption MD, and/or see independent MD in-country.
- There will never be enough information, but there may be enough to validate your leap of faith.
- Whatever decision you make is the right one, even if it means turning down a referral.
- Remember, the goal of the process is to find the right family for each child. It is better to turn down a referral, than to ruin yours and the child's life.

# Referral Review Issues

- Independent doctor in-country (e.g., the American Medical Clinic in Moscow, Alexander Abdin in St. Petersburg, British Medical Clinic in Kiev, SOS clinics, US or Canadian Embassy medical resources).

- Requesting Additional or repeated blood tests?
  - Risks for the child (exposure to HIV, Hep B,C)
  - Same lab that gave first dubious result?
  - Will test give essential information, adversely affecting your ability to parent this child?

# Health Care

- Types of health care systems
  - Soviet
  - Traditional/ Alternative
  - Western
- Major cities
  - “American” Clinic
  - SOS Clinics
- Rural areas
  - Sparse & unfamiliar
- Identify resources
  - Agency usually has list. Get it before travel.

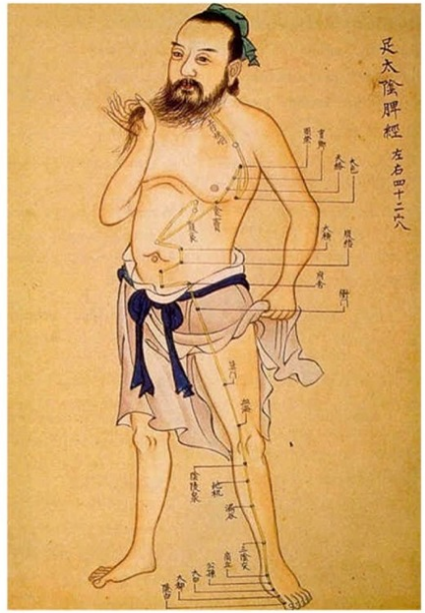
# Health Care Types- Soviet

- Soviet system, found in former Iron and Bamboo Curtain countries

- Medical training different than in U.S.
- Medical philosophy different, not wrong.
- Doctors poorly paid.
- Modern equipment not always available, especially rurally.
- Universal health care not a reality.
- Cash/private vs. public system

# Health Care Types- Traditional

- Most of third world, where allopathic system not available. In China, a true, parallel system.



- Herbal preparations
  - Herbs are medications
- Alternative medicine
  - Accupuncture
  - Massage
  - Interesting medications, off-label uses
- Unfamiliar, usually not harmful and often helpful.

# Health Care Types- Western

- Variations on U.S. medical care

- Central and South America
- South Korea
- India
- Much of Africa
- Medical records familiar
- Public hospital
  - Like Cook County Hospital (real, not ER)


# HIV Testing

- ELISA
- Western Blot
- PCR

- Screening- mother's and child's antibodies
- More specific for HIV
- Very specific for viral presence. Lab quality essential to avoid false negatives or positives.

# Problems With HIV Testing

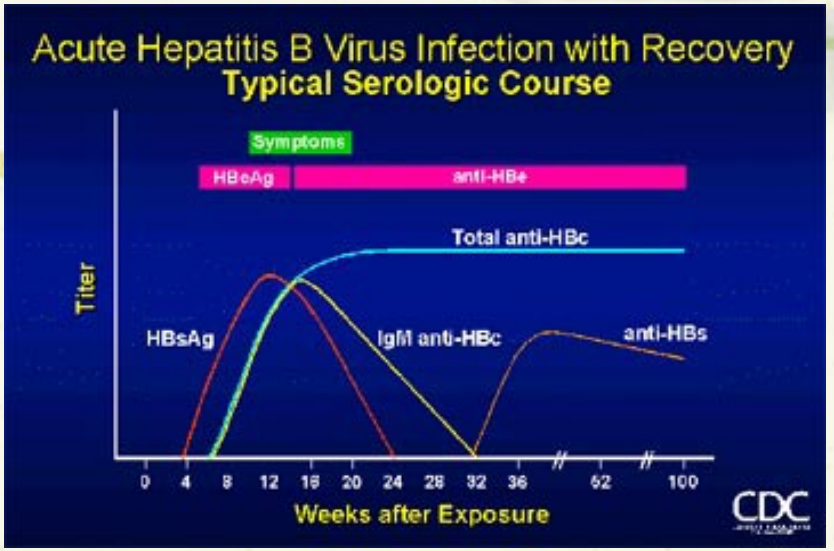
- Positive ELISA without availability of PCR leads to children with maternal antibodies only, i.e., without HIV, being withdrawn from adoption pool.
- Maternal antibodies may be present in offspring for two or three years.
- PCR totally dependent upon the quality of the laboratory performing it.
- If blood-drawing done in non-sterile environment, child at risk for getting HIV or Hepatitis B or C.
- A poor lab may cross-contaminate samples.

# HIV Infected International Adoptees in the U.S.*

- Of a total of 7,399 International adoptees seen by adoption pediatricians, 12 children had HIV, with 10 of them testing negative in-country (0.14%), and 2 of them known positive at adoption. A total of 59 were HIV ELISA positive in the U.S. (0.8%), and 47 were negative on Western Blot or PCR (80%).
- Russia- 1
- Cambodia- 4
- Vietnam- 2
- Panama- 1
- Romania- 4 (2 known positive at adoption in Romania)

*Data compiled by Jane Aronson, DO, 2001

# Hepatitis B*



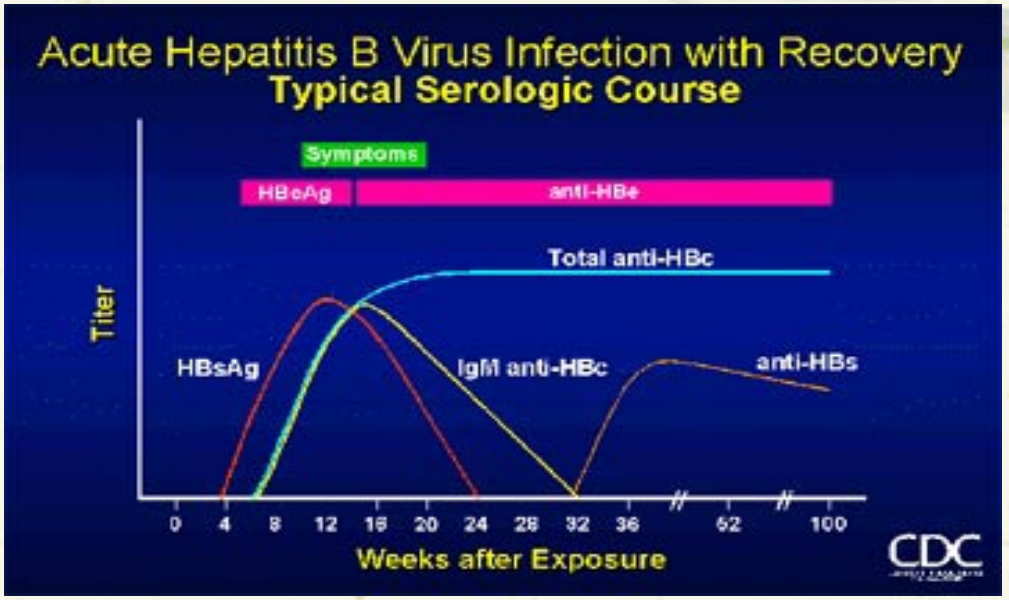

- Chronic infection occurs in:
  - 90 % of infants infected at birth
  - 30% of children infected at 1-5 years of age
  - 6% of people infected after 5 years of age

Death from chronic liver disease occurs in:

- 15-25% of chronically infected people

*CDC

# Testing for Hepatitis B




- HBsAg
- HBsAb
- HBcAb
- HBeAg
- HBeAb
- PCR

- Surface antigen of virus
- Antibody to surface antigen, e.g., vaccine
- Resolving infection*
- Infectious
- Resolving infection*
- Viral genetic footprint

# Hepatitis C*

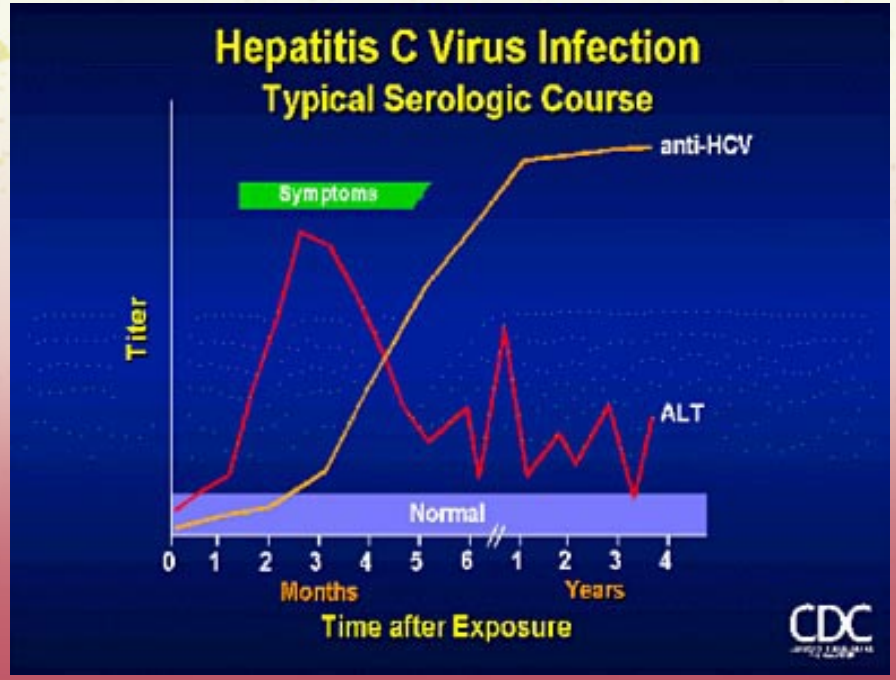
- Of every 100 infected with Hepatitis C:

-75-85% will have long-term infection

-70% will have chronic active hepatitis

-15% will get cirrhosis over 20-30 years

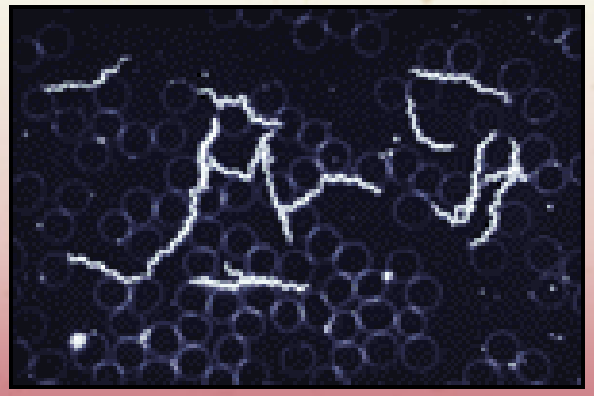
- Death due to Hepatic cancer or cirrhosis: 3%
- Interferon + Ribavirin cures 30-40% (U.S. data)



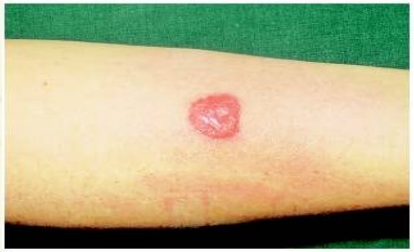

*CDC

# Syphilis

- Syphilis testing universal, usually RPR.
- Treatment usually adequate.
- Need re-testing in U.S.
- May need treatment.
  - Neuro-syphilis



# Tuberculosis



- BCG vaccine against TB meningitis almost universal outside U.S.
- PPD test negative

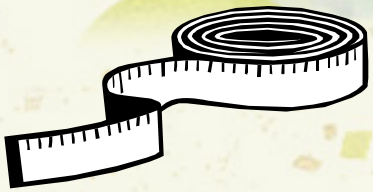
  -Malnutrition/ Anergy
- PPD positive (>10mm)

  -Disregard BCG

  -Chest x-ray

  -Treat per AAP Red Book, 2009 recommendations

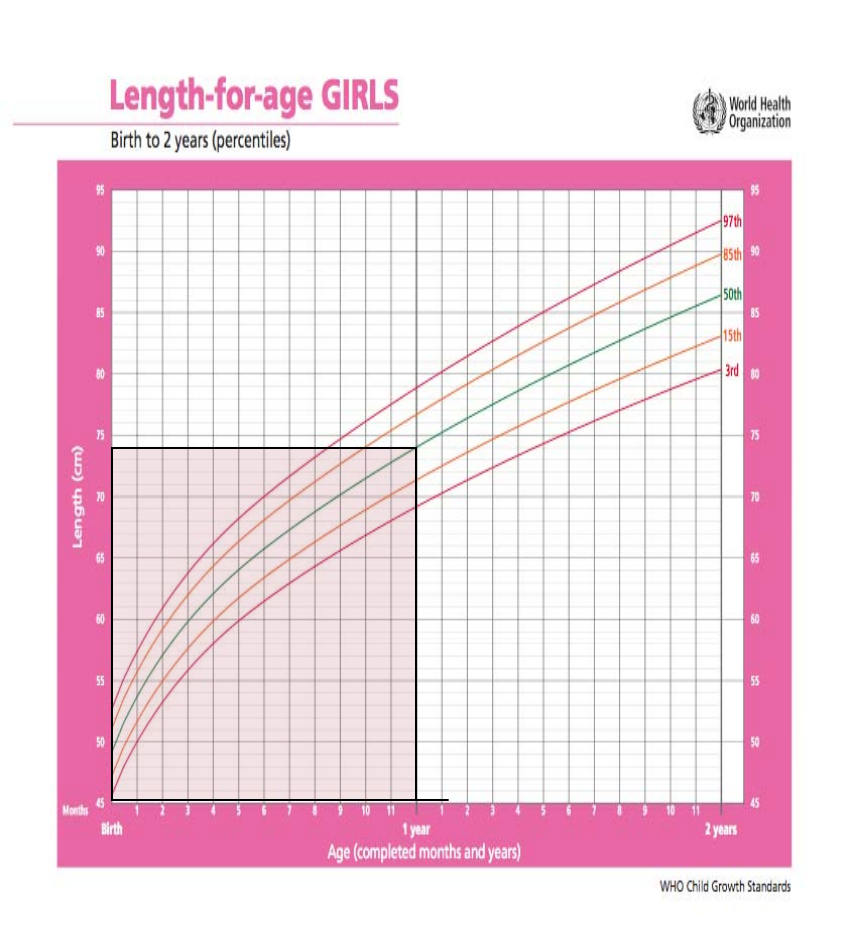
# Assessment Tools*



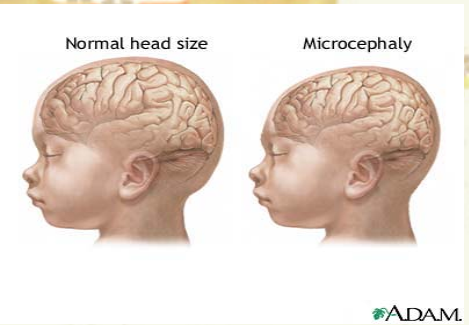
- Tape measure
- Growth charts- country specific
- Developmental checklist
- Resolve measurement questions.
- Learn to measure and plot before travel.
- To better discuss with pediatrician, if problems occur.

*Common sense most important

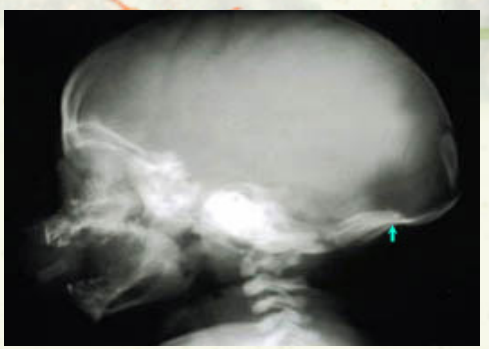
# Plotting Results On A Growth Chart




- Locate the child's age on the x-axis.
- Locate your measurement on the y-axis.
- Use the corner of a piece of paper to place your point on the chart.

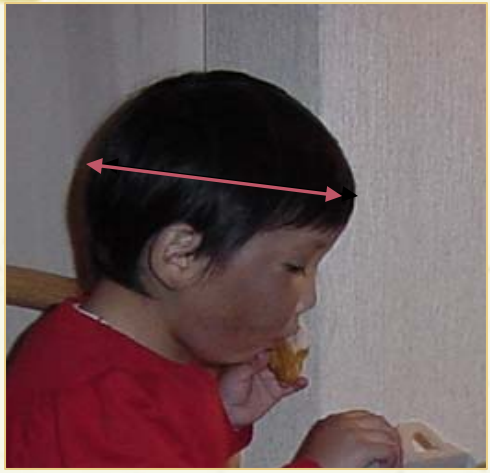



# Head Circumference



- Why do we care about head size?
  - Correlates with brain size. Men have larger heads than women, so size isn't everything.
  - Very small or very large heads are associated with serious problems-syndromes, abnormal brains, developmental and behavioral problems.
  - Malnourished children first lose weight, then height, then brain growth/ head size. Protein malnutrition may affect height more than weight

# Measuring a Child's Head

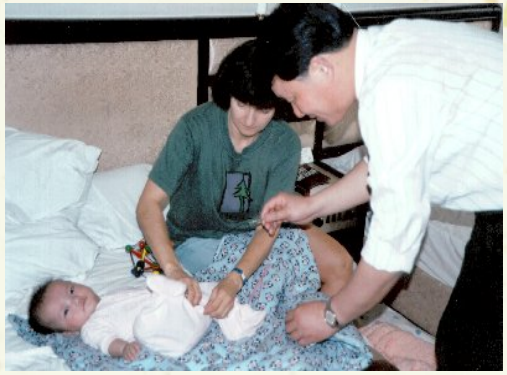


- Multiple measurements a must. The largest circumference, properly done, is correct.
- Orphanage workers or medical personnel may be rushed, or measure incorrectly.

# Medical Kits While Abroad

- Why take a medical kit?  Murphy's Law.
- Check with child's/your physician for his/her instructions to start antibiotics:
  - Febrile 2-3 days, thick congestion, ear drainage, pulling ears and irritable, or infected skin.
- Before traveling, check with the child's physician about telephone/email contact while abroad.
- Good quality in-country medical resources are frequently available in cities (e.g., SOS Clinics, teaching hospitals).  Ask agency about available medical contacts, go on internet, ask adoption pediatrician.

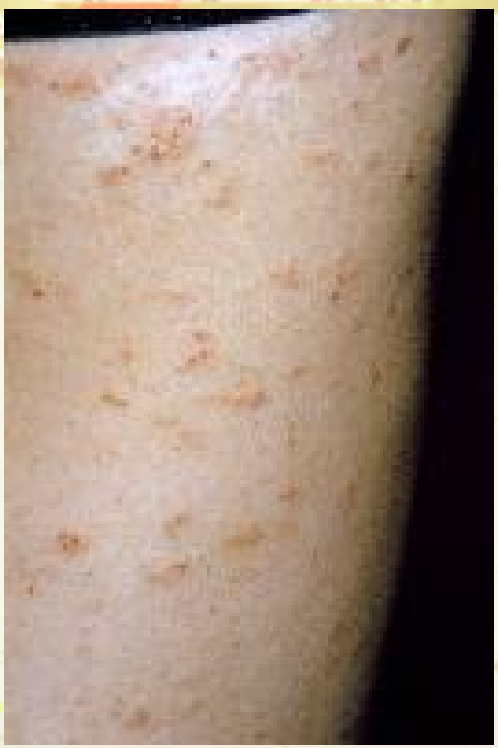
# Using a Medical Kit

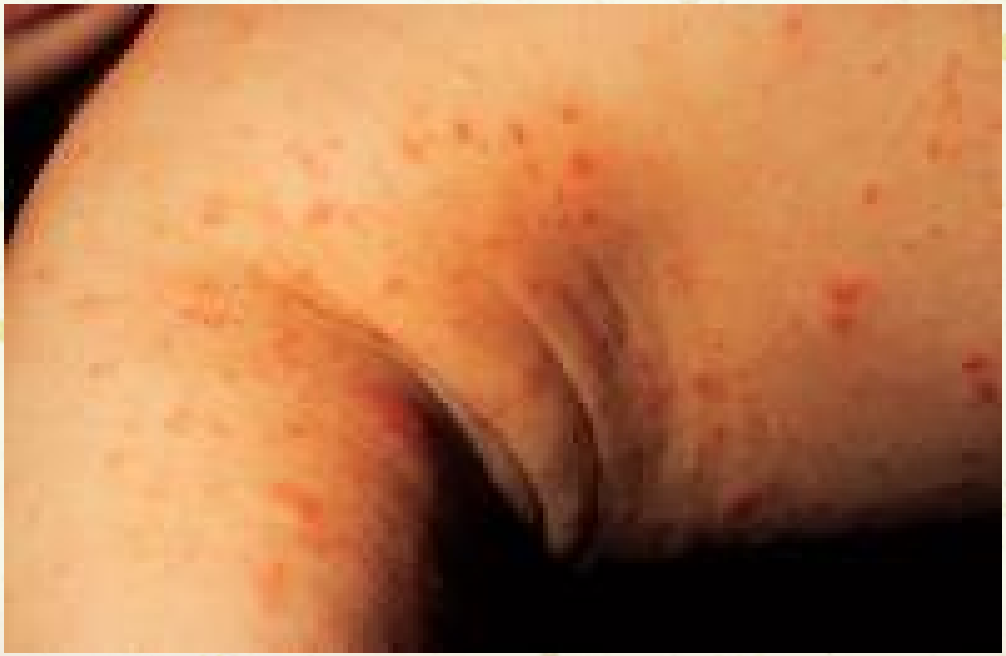


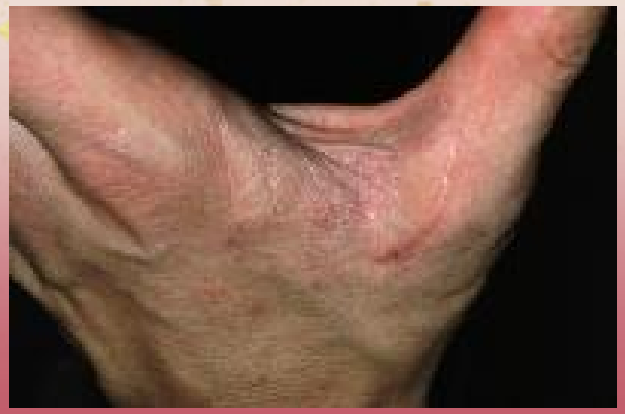
- Common Sense
- Clear instructions
- Pictures helpful
- Learn basics before travel
- Telephone and fax number, and e-mail address of U.S. doctor to contact if needed.

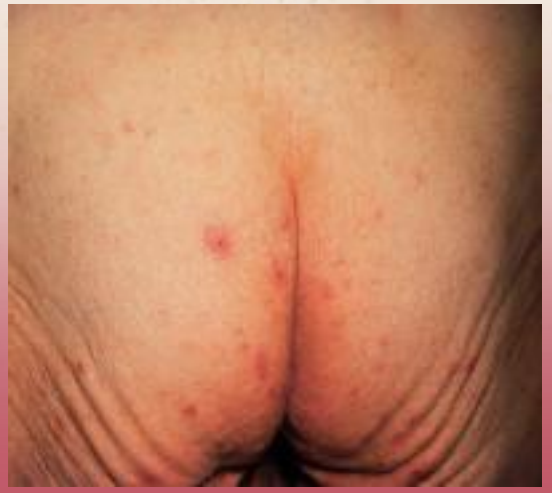

- Todd Ochs, MD (773) 907-8864 (Home Office)
  (773) 878-6867 (Home Fax)
  t-ochs@northwestern.edu (e-mail)

# Scabies

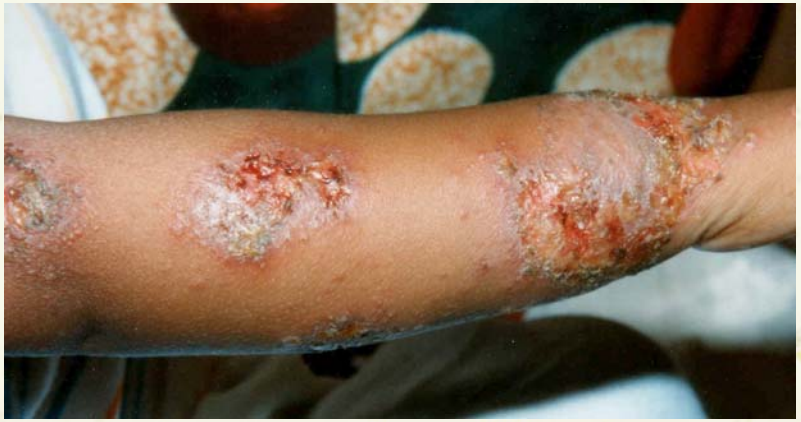


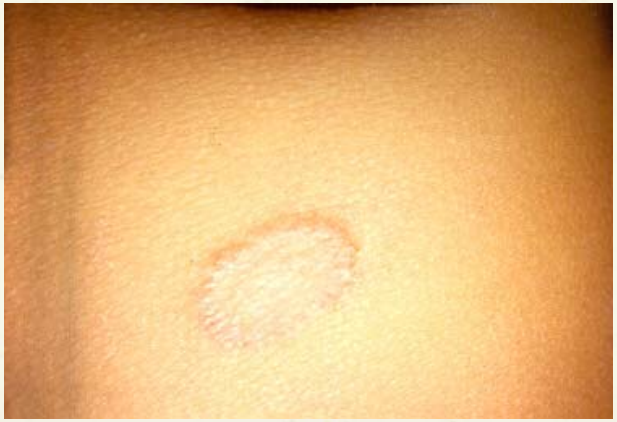


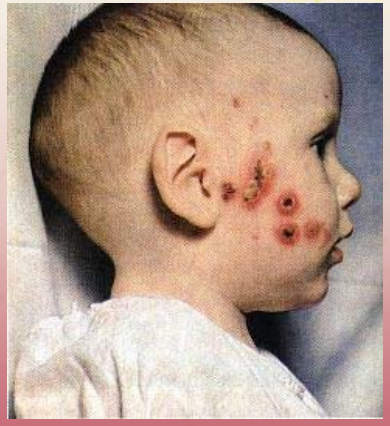


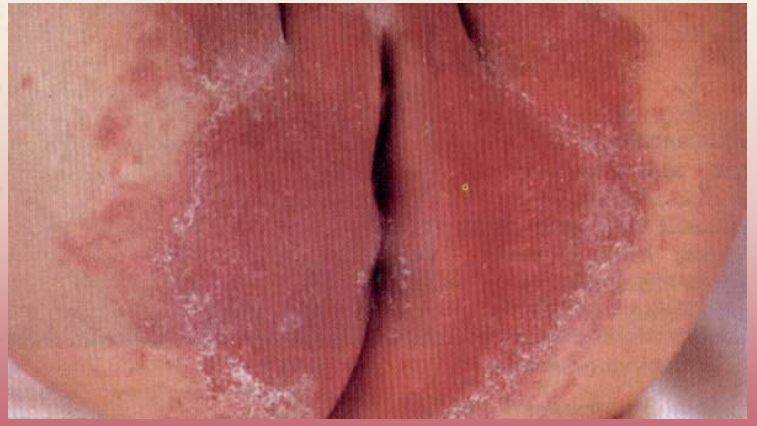


# Impetigo, Ringworm, and a Yeast Diaper Rash

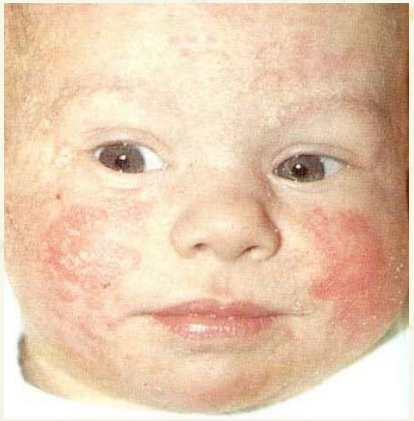




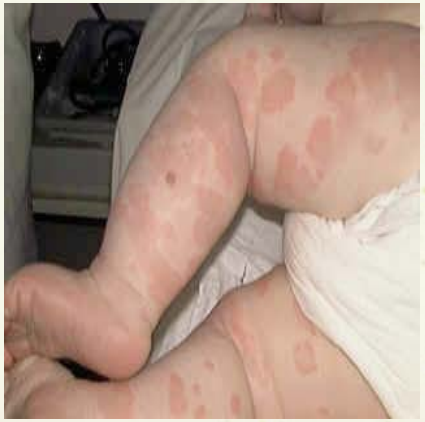




## Eczema

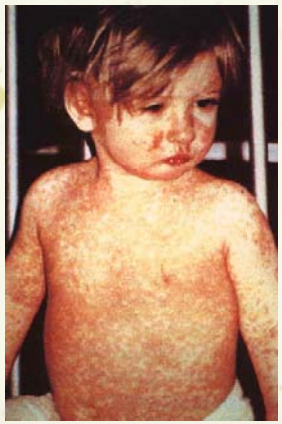


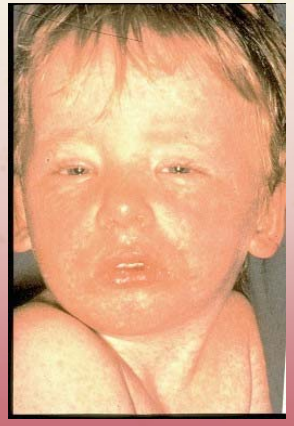
## Hives



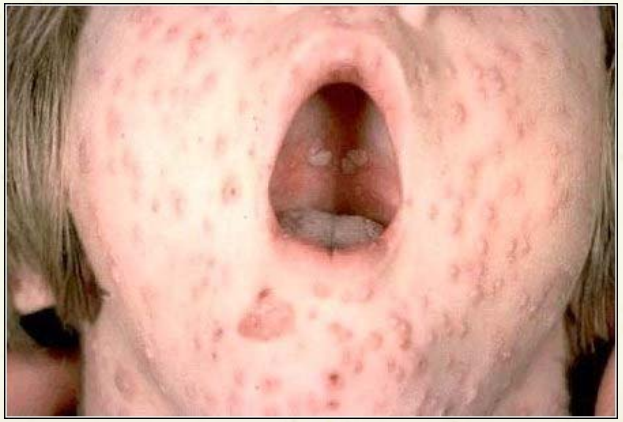
- Both itch, so use Benadryl (diphenhydramine) at 1/2 teaspoon per 20 pounds body weight.
- Hydrocortisone can help eczema, but not hives.

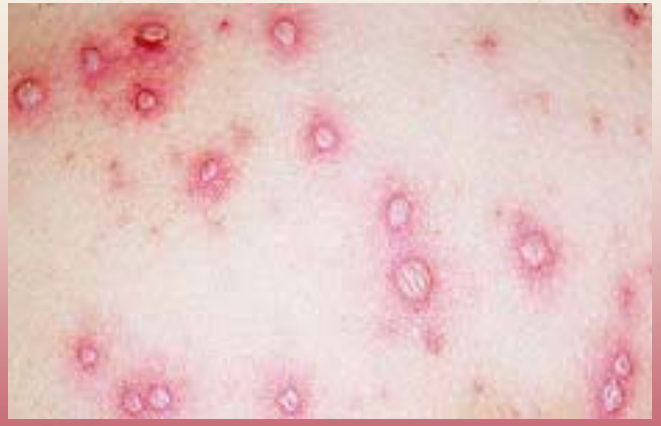
# Measles



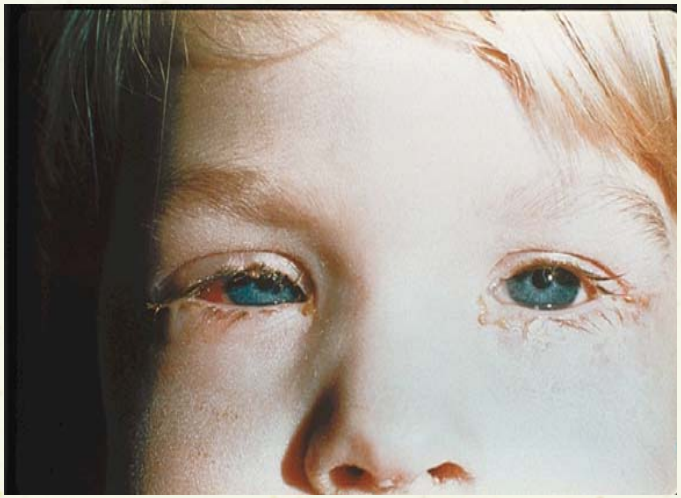


# Chicken Pox





# Conjunctivitis

- Pink eye is very common.
- Clean and use antibiotic eye drops.

# Lice

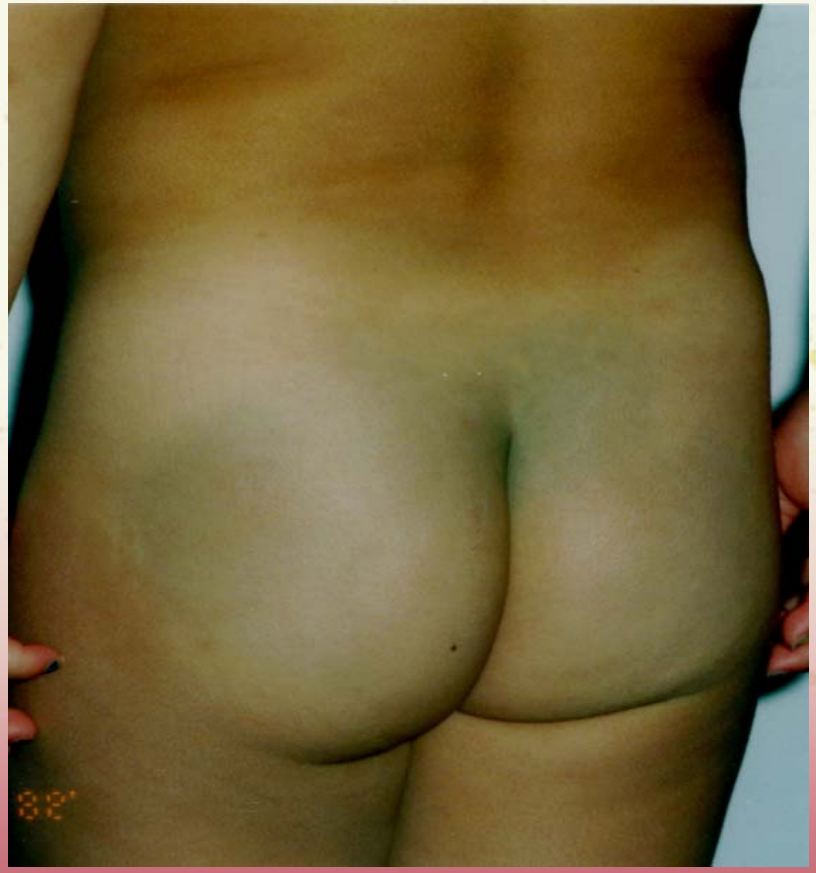

<----Nit
Nit
<----Nit
Hard to see,
it's oval-shaped


Nits
(eggs),
on hair


1967
TRUST

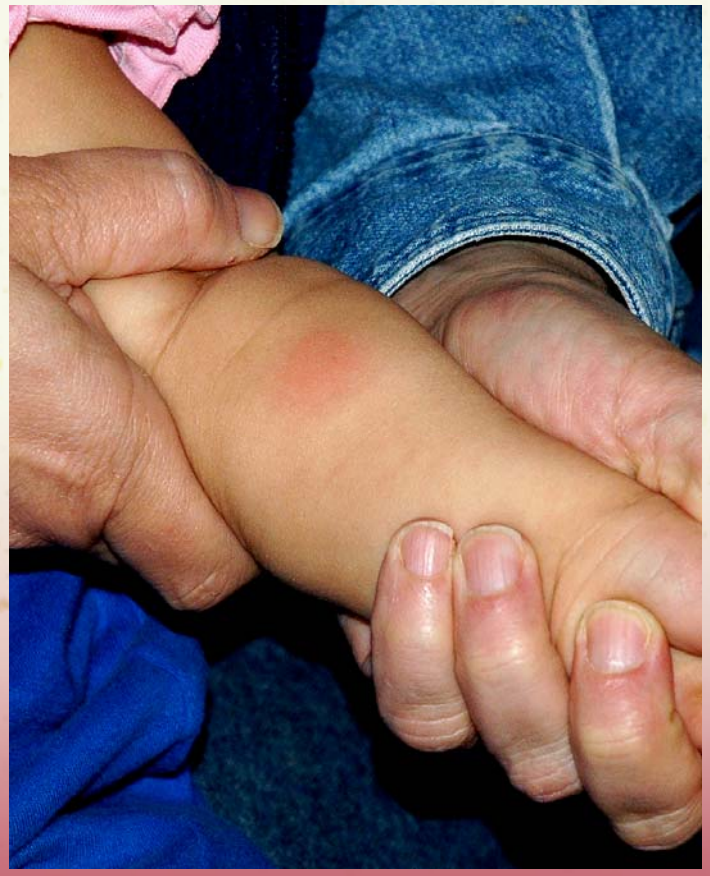

<---Nit

# Other skin disorders: Mongolian spots



- May be on buttocks, back, arms, legs.
- Commonly seen in children of Asian, African descent.
- Documentation may avoid later misunderstandings.

# Positive PPD test for tuberculosis



- Positive test: 10 mm of induration.
- Redness is not diagnostic of exposure to tuberculosis.
- Next step: chest x ray, treatment.

# Staying Afloat After the Adoption

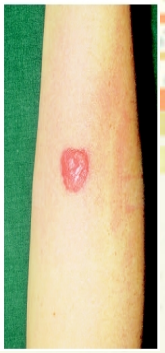
# Why Do I Need To Get All Those Tests Done, Anyway? My Child Looks SO Good!*

- Infectious diseases
- Lead and health screening
- Developmental screening
- Dental and Eye examinations
- Tuberculosis and STD's are public health issues
- Rickets, lead poisoning, and others are treatable
- Early Intervention can unlock potential and treat problems
- Dental caries affect eating, and visual deficits are usually correctible

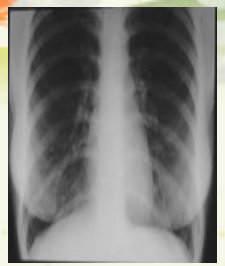
* We know little about our adopted children's medical histories.

# Testing for Adoptees on Arrival in the U.S.

- Developmental or Early Intervention
- Blood tests
  - -Complete blood count
  - -Lead level
  - -Metabolic profile
  - -Thyroid screen (TSH)
  - -HIV (1&2)
  - -RPR (Syphilis)
  - -Hepatitis panel (B,C)
- PPD
- Urine Analysis
- Urine for CMV
  - -If adoptive mother planning to get pregnant
- Stool for Ova & Parasites
  - -Culture if diarrhea
- Eye exam
- Dental exam



# TB and the BCG vaccine

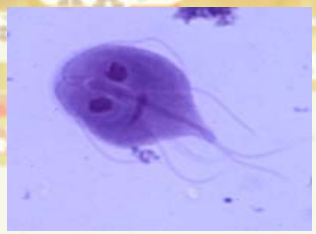


- Vaccine given in developing countries to prevent complications of TB disease.
- Receipt of bacille Calmette-Guerin (BCG) vaccine should not prevent TB testing.
- A positive PPD indicates likely infection with tuberculosis, regardless of prior BCG vaccine.

Physician Reference: *American Academy of Pediatrics, 2006 Red Book*

# Blood borne pathogens: Hepatitis B, Hepatitis C, HIV

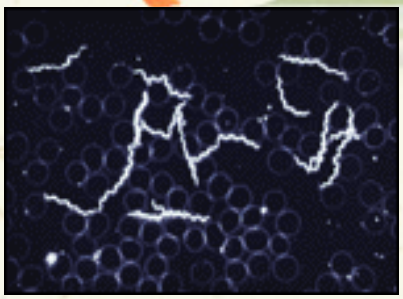
- Increased incidence due to contaminated needles, higher disease prevalence (especially Russia, China).
- Spread by blood and body fluids.
- Test at arrival *and* 6 months later.
  - Hepatitis B ANTIBODY indicates vaccine.
- Most children do not have symptoms; risk is long term (cirrhosis, liver cancer).
- Vaccinate household contacts for Hepatitis B.



# Intestinal Pathogens

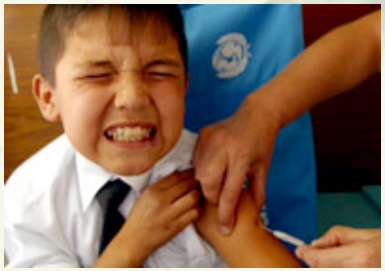
- May be present with/without diarrhea.  Can help explain poor weight gain or growth.
- Once home, should collect 1-3 stools (minimum 48 hours spacing) to evaluate.
- Repeat stool test after treatment; re-treatment may be necessary.
- High level of concern, rarely serious to child/family.
- May show up years after arrival home.
- Giardia and Ascaris (round worm) most common

# Syphilis



- Sexually transmitted disease.
- Test all children even if tested prior to adoption.
- Neuro-syphilis devastating.
- If positive, needs further evaluation (including bone x-rays and spinal tap) and treatment.
- Long term problems rare with correct and early treatment.

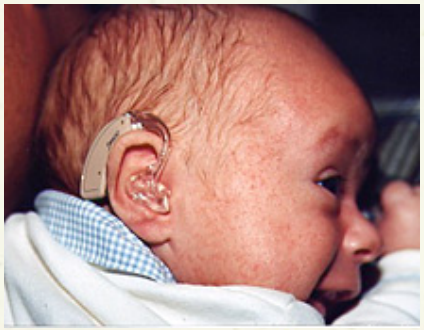
# Immunizations



- Accept only written documentation.
  - Assess dates given, interval between vaccine doses, age at time vaccines were given.
- Due to improper storage or administration, child may not be immune despite having received vaccines.
- Choice is to repeat vaccines (low risk) or check antibody levels.
  - If child is over one year, should reflect his/ hers, not mother’s.

# And don’t forget about…

- Hearing
- Vision
- Dental
  - Remember:  many countries do not have fluoride.
  - Child may have had bottle propped.



# Other recommended evaluations

- Developmental screen.
- Consider screen for sensory integration disorder.
- Referral to 0-3 program.

- Mental health evaluation
  - Language (English?)

# Early Intervention (0-3) Program

- Federally-funded, state program for infants and toddlers who show at least 30% delays in:
  - Speech (Speech Therapy)
  - Gross motor (Physical Therapy)
  - Fine motor/sensory (Occupational Therapy)
  - Developmental milestones
- Free evaluation at center or in your home.
- Free or low-cost therapy in your home.
- Transition into school system at three years-old.

# Now We Are Three- What Now?

- The public schools are responsible for evaluations and therapy in children older than three years.
- The focus of therapy is school-related/ school-readiness.
- An independent evaluation through your insurance provider is advisable.
- Additional or supplemental therapy may be needed, to help your child maximize his or her potential.

# Mental health issues

- Issues of loss and grief.
- Attachment issues.
  - Superficially charming, distant from caretakers, lack of conscience, hyperactive.
- Post-traumatic Stress Disorder.
  - Related to abuse and neglect.
- Post adoption depression syndrome.

# The journey of attachment

# What is attachment?


- *Reciprocal* process, involving connection of infant to primary caregiver.
- Basis for development of trust.
- Necessary for all other areas of development to proceed normally.
- During first 18-36 months of life, infant must be exposed to love, nurturing, life-sustaining care.

# How does healthy attachment develop?

- Primary caregiver provides *basic necessities*.
  - Food, shelter, clothing, toileting needs.
- Primary caregiver provides *emotional support*.
  - Touch, movement, eye contact, smiles, verbal stimulation.

# THE CYCLE OF NEEDS

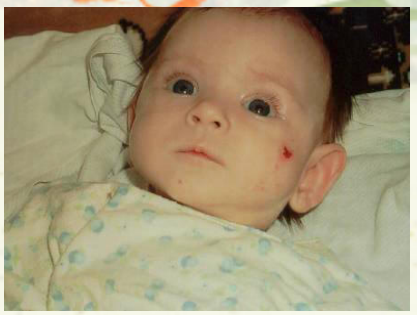
NEED

AROUSAL

GRATIFICATION

TRUST

# Reactive Attachment Disorder

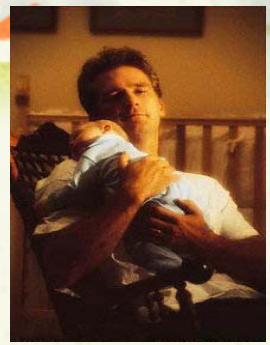


- Multiple caregivers- three = maximum
- Emotional needs unmet
- Inhibited type
- Disinhibited type
- Lack of surrogate parent
- Child turns inward for comfort
- Quasi-autistic behaviors
  - Self-stimulation
- Indiscriminate affection

# Transition issues: parenting for attachment

- Adjustments include new caretakers, foods, physical surroundings. Expect grieving: withdrawal or inconsolable crying, refusal to eat, sleeping less/more. Flexibility is essential!
- Pack diapers or pull-ups.  Regression is common.

# Parenting for attachment



- Parents need to be the primary provider of basic needs during the transition period
  - Feeding, diapers/toilet needs, assisting when hurt.
- Initially limit people who hold, feed and snuggle child.
- Allow others to help with household chores, shopping, laundry, cooking.

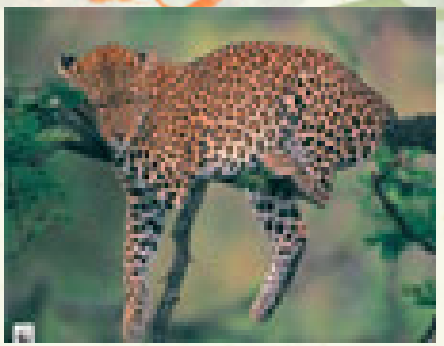
# Facilitating transition for children

- Having a time to transition between caregivers is optimal.
- Initially, plan quiet activities with limited stimulation.
- Rejection of new parent(s) may occur.
  - "Parent of comfort" may need to work overtime initially. Almost all children eventually attach to both parents.

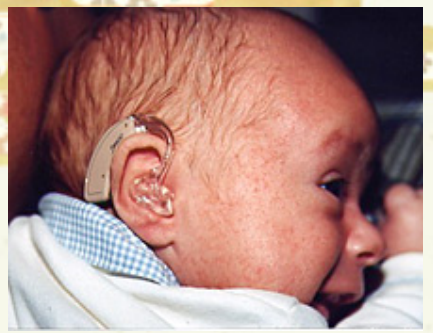
# Transition issues: sleep


- Children are much more anxious when tired.
- Even children who seem well adjusted may have problems with sleeping.
- Remember the cycle of attachment: responding to need for comfort during night facilitates attachment. No “Ferber-ization”.

# Sleep issues



- Ask prior to placement about sleep arrangements. Limit changes. Each child is different.
- Institute bedtime routines, as soon as tolerated.
- Reassure child verbally/physically that you will be there.
- Consider sleeping with child for short term if that helps. Foster children sleep with foster parents.
  - Sleep in child's room if necessary.

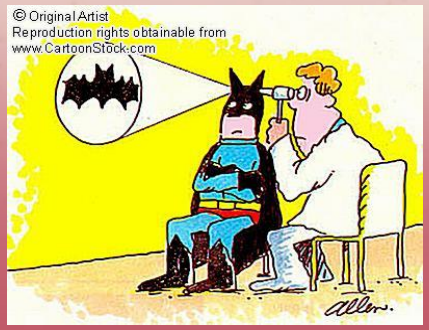


# Long term: Language delays

- Language deficits may impact overall cognitive development and behavior regulation.
- The tempo of losing and replacing language do not coincide. Language loss occurs faster than acquisition, resulting in anger and frustration.
- Receptive language will progress faster than expressive language.

# Language delays

- Language development may slow down while the child concentrates on other skills, such as standing and walking.
- A child from an orphanage is NOT bilingual, but **mono**lingual (*weak* in the first language, *at risk* for learning the second).
- Signing about food, toilet issues will make life easier.
- Previously undiagnosed ear infections or hearing loss may compound the problem.



# Long term issues: Sensory Integration Disorder

- Previous deprivation results in disorganization of sensory input into the brain.
- May interfere with development of close relationships with family, friends.
- Behaviors may be similar to ADD/ADHD, due to sensory overload.
- Autistic spectrum?

# Manifestations of sensory processing problems

- Tactile defensiveness: unwillingness to be touched.
- Under-reactive to sensory stimulation
  - Body whirling or crashing.
- Activity level extremely high or low.
- Coordination problems.
- Controlling, manipulative behavior.
- Constant touching of things, people.
- Similar to children with ADHD, FASD, severe neglect.

# Post-traumatic Stress Disorder


- Physical and sexual abuse, and neglect increase stress and make attachment/trust more difficult.
- Withdrawal and regression common for 1-2 days.
  - -Losing developmental milestones, then, recovering them.
  - -Bed-wetting common, which usually resolves over time (bring diapers/ pull-ups).

# Post-adoption depression syndrome


- Physical and emotional let-down after the waiting time to be a parent is over.
- Insecurities about being a parent overwhelm women who were often “career women.”
- Prevention includes adoption support groups, parenting classes, close contacts with friends and family.

# Mental health care

- Consider routine mental health evaluation/ intervention for all children adopted at age 3 or older.
- Behaviors of concern may be related to issues of loss and grief, previous abuse or neglect, attachment issues, sensory integration disorder.
- Remember who I was.
- All that is impulsive and hyperactive is NOT necessarily ADD/ADHD.

# Homework

- Food
  - Voracious or problematic
  - Aversions to solids, to textures, or new foods
  - Undiagnosed problems, e.g., Gastro-esophageal reflux, H. Pylori, Intestinal parasites, Sensory processing

- Sleeping
  - Co-sleeping with foster parents
  - Jet lag (one hour per night)
  - Create bedtime rituals
  - Giving up control (child/adult)

# More Homework

- School
  - No hurry
  - Age changes (NOT older)
  - Speech, OT, PT, and IEP's

- Re-adoption/ Co-adoption (essential in Illinois)

- Health Insurance ASAP
  - Find out requirements BEFORE you go

- Pets
  - Dogs and cats

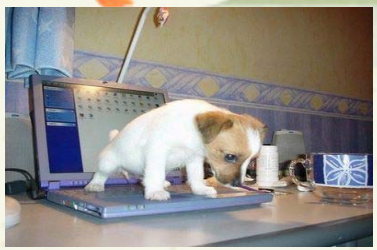
# Extra Credit Homework

- Keep your child's homeland culture alive
  - Makes him/her feel special in positive way
  - Encourages positive adoption attitudes at school/daycare.
  - Gives more holidays to celebrate for siblings and classmates.
  - Gives adoptive parents chance to work together/ network.
  - If not, some day, he or she will ask, "Why not?"
- So, join FRUA and CHEERS, FWCC, etc., then take part in festivals, cook special foods, decorate your home, educate your child's school, and, have fun with your son(s) and daughter(s). Celebrate differences!

# Chinese American Service League

# Reunions, Roots Trip, Culture

# Love may not be enough…



- Acknowledging the differences will foster a child's self-respect.
- Support groups (friends, email) may help.
- Educate the educators about adoption issues.
  - Stages of adoption, racial and cultural identity, difficult school assignments.
  - Celebrate holidays (e.g., Chinese New Year)
- Model positive adoption language.
  - "real parents", avoid unnecessary questions, refer to adoption only when pertinent.

# Post-adoption Support
# Preventing Disruption and Abuse

- Inadequately prepared parents have unrealistic expectations and inadequate resources.
- PISD (Post-institutionalization Spectrum Disorder)
- PTSD (Post-traumatic Stress Disorder)
- RAD (Reactive Attachment Disorder)
- FASD (Fetal Alcohol Spectrum Disorder)
- Inherited psychiatric disorders
- Inadequately supported parents feel in crisis and alone, and often cannot cope.

# Adoption Is All About the Children

There are no guarantees with any child who joins a family, whether through birth or through adoption.

Children deserve prepared and educated parents who will have the strength and determination to stay committed for a lifetime.

# Suggested Readings


- Handbook of International Adoption Medicine by Laurie C. Miller, MD, Oxford Press, 2004. ISBN- 0195145305.
- Beneath the Mask, Understanding Adopted Teens, Case Studies &Treatment Considerations for Therapists and Parents by Debbie Riley, M.S. with John Meeks,M.D., C.A.S.E. Publications, 2005. ISBN- 13: 978-0-9711732-2-4.
- Adopting the Hurt Child by Greg Keck and Mary Kopecky, Pinion Press, 1998. ISBN- 1576830942.

# For More Information:

- www.adoptivefamilies.com (excellent website with all kinds of resources, plus subscription info)
- http://www.emkpress.com/userguide.html (great parent guides with helpful information)
- http://www.adoptionlearningpartners.org/ (wonderful online courses, some of which are free!)
- www.fwcc.org (China)
- www.frua.org (Eastern Europe)
- www.guatadopt.org (Guatemala)
- www.adoptkorea.com (Korea)
- www.jcics.org (organization of adoption agencies)
- www.aap.org/section/adoption/