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FAMILIES ADOPTING OLDER CHILDREN:
Neurodevelopmental Assessment and Interventional Strategies for Optimal Success

With the changes in both domestic and international adoptions, many families are now adopting children over the age of 4- and 5-years-old following a long period of waiting for their "assignment". In many cases in Eastern Europe, particularly Ukraine and former Soviet bloc countries, many families have also taken on the unique and complex challenge of adopting children over the age of 10- and 12-years-old. While it is certainly admirable that families are attempting to find a home for all of these children who have been raised in very deprived institutional settings, it is a very complex situation as there is certainly the philosophy that, "Every child needs a home but not every home can handle or raise an institutionalized child".

There has certainly been a modicum of information and research about the damaging effects of early childhood abuse, neglect, deprivation, bonding and attachment in addition to the general pattern of "acculturation and adjustment". It is extremely important that families begin to understand the "institutional risk" and the amount of interventional strategies which are necessary in order to have a smooth transition from institutionalization to home.

Unfortunately, many families are not afforded the opportunity of intensive pre- and post-adoption counseling by international and domestic adoption experts. Many families may take an "online course" or receive some basic reading literature or read books on their own. This may certainly provide basic information but does not provide the comprehensive aspect of the life and developmental-traumatic experiences that a child may have experiences over the course of years, albeit even if a child has only been institutionalized for a short period of time.

Many people ask, "What do you think it was like for our domestic or internationally adopted child who has been in institutional or foster care for many years?" This is an extremely powerful question as it involves discussion of the high-risk pre- and postnatal factors such as alcohol/drug exposure in-utero; prematurity, Low Birth Weight, genetic risk, generally poor medical and nutritional care and, primarily, children who have resided in chaotic and confusing family or institutional setting in which there has been "attachment-disruption", if not direct physical, emotional and sexual abuse.

Commonly, institutional settings have very poor caretaker-to-child ratios with some countries still having one-two caretakers for up to 25-30 children. Many people attempt to seek out the most "optimal or sophisticated country" and try very hard to "minimize the risk" and often receive information stating that the child is "the best in the institution" or there are records which are very sparse and state, "There is no information - therefore, there are no medical or psychological problems".

Unfortunately, this ideology in adoption is not correct. With the influx of the "hosting programs" in which families have the opportunity to have a child from another country for up to three-four weeks, this makes the situation even more complex. Many children who come out of these very deprives institutional settings will definitely be on a "honeymoon phase" and will rapidly assimilate into American life, culture and activities as they have been living in a deprived institutional setting and will immediately and "superficially" attach to family members, games, toys, siblings and present themselves as being strong and "in control" when, in fact, the level of stimulation that they are involved in is overwhelming with the child feeling the need to "seek out" and assimilate into the family and present a false "persona" which will surface later on following the adoption.

While hosting programs certainly attempt to provide a child with a possible "match" with a family, it is far different than the family actually "living the life" the child has in their own respective institutional setting.

Having worked in institutional settings around the world for the past 29 years with the top adoption experts, the "institutional experience" of the majority of older children is far different than what they may present during a hosting period time. There are certainly some children who are just unable to handle the hosting situation and show their developmental-psychological-trauma issues very quickly. The majority of the children have a hope to be adopted and many of the families are immediately enamored with the children without proper training, education or understanding of the damaging effects of institutional care and even the most important aspect which is "de-institutionalization techniques".

Most families have extreme caring and provide tremendous nurturing and attention for all of their children which they adopt but it is also a very common parental mistake to provide far too much stimulation, emotional interaction, push for immediate integration with language, academics, socialization and family. For the child who has experienced developmental and psychological deprivation and trauma, let alone long-term institutional care, there will be an initial presentation of "indiscriminate-anxious-confused attachment" to new caretakers who may attempt to be the "primary parental figures" when, in fact, to the institutionalized child, the new family will be a new institutional-type program, albeit in a much safer and more healthy environment.

Developmentally challenged, traumatized and institutionalized children have often been deprived during critical psychological, psychosocial developmental stages. In addition to the strong probability of high-risk factors such as alcohol or drug exposure in-utero; poor medical care and the lack of proper developmental experiences which all children need in order to build a concept of safety, security, bonding, attachment and general social-reciprocal relationships often resurfaces in the forms of acting-out behaviors and "post-institutional chaos" which typically presents following a short "honeymoon period" after adoption.

METHODS TO MADNESS: Goals for Families Adopting Older Children:

It is extremely important that all families who are on the pathway of adopting an older child understand the "challenges and risks". A child who has been institutionalized from birth poses the greatest risk as there has been a total paucity of any type of normal social-interactive experiences as well as any concept of a family system outside of the orphanage-institutional setting.
Many of these children can typically be very small in overall growth and have been exposed to a multitude of medical issues, given the fact that they have lived in a communal setting. As this board-certified neuropsychologist has researched and evaluated thousands of children over the past nearly three decades, there has been a concept which emerges over the course of time for a child who has been institutionalized for the better part of their life.

More specifically, some of the most common challenges that new parents face with an older child is the concept of "complex trauma - developmental disabilities" which is far different than the current diagnosis of "Reactive Attachment Disorder". Complex trauma- developmental disability involves a combination of neurological-developmental, speech, language, motor, sensory and psychosocial issues which have not developed at an age-appropriate level and will most likely manifest in the form of odd and unusual behaviors.

More specifically, the most common manifestations for children who have been raised for long periods of time in institutional settings are impulsivity, aggression, hoarding behaviors, indiscriminate or confusing attachment issues (i.e. attaching on their own terms or to everyone and anyone). Other common developmental experiences would be self-stimulatory behaviors, lying, stealing, fighting, self-injurious or even self-mutilating behaviors or general patterns of defiance and non-cooperative behaviors which are often overwhelming for families, particularly if families are young and new in parenting.

The concept of "institutional-traumatic Autism" is very relevant at this time. All of the studies in neglect and deprivation have shown that many children can "regress and decompensate" to very primitive states and can maintain themselves in a very rigidly structured institutional setting only to show many quasi-Autistic characteristics following adoption. Once again, self-stimulatory behaviors, attentional and concentrational problems, difficulties with social-reciprocal relationships, very poor language usage in addition to odd and unusual behavioral patterns (i.e. repetitive actions, habits and mannerisms) may certainly be a challenge for parents as most families often describe the first few years of raising an older post-institutionalized child as being somewhat "feral in nature".

Over the course of time, complex trauma and developmental disabilities tend to manifest in various forms. The most common diagnosis that many post-institutionalized children receive immediately is "Attention Deficit Hyperactivity Disorder". In random studies, over 91% of older adopted children from institutional settings have been diagnosed with ADHD and placed on psycho stimulant medication when, in fact, the overall "Post-Institutional Syndrome" is the critical factor as opposed to ADHD or Reactive Attachment Disorder.

Complex Trauma Disorder will produce incredible states of autonomic arousal, anxiety, depression, mood changes, irritability, agitation and a general pattern of "over-stimulation" in which a child will rapidly decompensate and be overstimulated to the point where they are not able to assimilate into their new environment without a great deal of parental understanding in addition to structure, consistency, support and the proper concept of "neurodevelopmental assessment and de-institutionalization procedures".

IMPORTANT RECOMMENDATIONS FOR FAMILIES FOLLOWING ADOPTION:

Medical and neuropsychological experts clearly outline all of the necessary and standardized interventions for the post-institutionalized child.
Growth is measured, shot records reviewed and amended as well as providing appropriate medical care. These are usually the easiest aspects to deal with, although there are certainly some children who have medical challenges. It is extremely important to coordinate all of these issues with a proper adoption specialist but it is also extremely important that, for the older post-institutionalized child, a comprehensive neurodevelopmental evaluation be completed in their native language immediately after adoption in order to assess intellect, attention, memory, learning, speech, language, motor, sensory, any type of academic abilities and, most importantly, the level of psychosocial developmental stages as abuse, neglect, trauma and deprivation need to be immediately assessed and addressed.

Interventional strategies require proper training and education on how to properly "de-institutionalize" a child as their vestibular and proprioceptive systems are often "overloaded" to where the child's brain and "stress hormones" along with "adrenaline rush" produce incredible states of agitation, mood, hyperactivity and, in many cases, a child who is completely out of control to where the new parents are very stressed. The importance of careful differential diagnosis cannot be minimized in the post-institutionalized child which is why a full neurodevelopmental/neuropsychological assessment is extremely important in addition to proper training, education and intensive in-home and outpatient family support be provided to all of the parents in order to have the most smooth and appropriate transition.

Many families hope that the child will immediately "attach" based on having a new environment. Unfortunately, this is more of a superficial attachment as many of the children will superficially comply and families try very hard to have the child "fit in and assimilate" when, in fact, the psychological traumas, developmental failures and possible neurodevelopmental disabilities (i.e. Alcohol/Drug Related Birth Defect Syndrome; cognitive and learning problems; very poor executive functioning development in addition to psychosocial trauma) can interfere with the proper integration into a family system, particularly if there are other siblings who do not have these issues.

In order to effectively and aggressively work with post-institutionalized children, understanding the damaging effects of institutional care is extremely important in order to create an "individualized program" which outlines a "step-by-step rehabilitation program" on both a cognitive and psychosocial level. This will lead to the most promising outcomes for families as opposed to the "wait and see approach" or just "provide love, affection, food and shelter".

FAMILY RECOMMENDATIONS FOR OPTIMAL SUCCESS:

The following points would be extremely important to families in order to avoid chaos and confusion and provide the most optimal integration of your newly adopted child.

A. Obtain as much ore-adoption information and developmental history of the child as possible.

B. Obtain institutional records and information and careful as well as honest "interviews" from caretakers who have known the child.

C. When attending court, ask specific and direct questions to the judges about the "social history background" of the child as almost all older children have an extensive "record" which is often buried away but can be easily obtained with proper "due diligence".

D. Immediately upon adoption, set up full medical and neuropsychological/neurodevelopmental evaluations in order to have a "baseline assessment" regarding global intellectual-cognitive, neurodevelopmental, speech and language (most important) in addition to any type of educational aptitudes and abilities and level of psychological development.

E. As most children who have been raised in orphanage care will have Complex Trauma Disorders (whether it be direct abuse, neglect or profound deprivation) should be immediately evaluated and "risk factors" should be provided to the family immediately.

F. Focus should be on an intensive "in-home" family program as opposed to placing the child in school immediately. There needs to be a period of time for stabilization, assessment and having the family understand by "direct observation" for a minimum of three-six months the child's behavioral controls, ability to assimilate and attach in addition to any type of cognitive-developmental-emotional traumas.

G. Over the course of time, parents require ongoing support and training regarding the concept of "detoxification from institutionalization". Many children who have been institutionalized for a long period of time have become "addicted to a way of life" with many children adopting a "street life perspective" as they are on a "survivor mentality".

H. With proper support and interventional strategies, families can successfully move a child slowly but surely through these traumatic stages while also working on a concept of "developmental re-tracking" which works on the "trauma points".

What this actually means is that there are many children who need to work on relationship building at their level of "trauma point" or where their overall psychosocial level has been assessed via neurodevelopmental evaluations.

I. It would be inappropriate for many of these children to "start" at their chronological age as, per the research, most all of the older children have been traumatized both neuropsychologically and psychologically and often "regress and decompensate" to difficult behaviors in which many people start with "counseling" which will not be highly beneficial.

J. It is extremely important to work on aggression management, safety, security, language, learning, logic and listening in addition to adopting a full "reality-cognitive approach" under very strong adult supervision.

K. Supervised social/interactive play is recommended with parents serving as "mentoring and parenting" as opposed to hoping that there will be immediate love, bonding and attachment. Any type of developmental attachment takes time and cannot be expected immediately as the manifestation will only be "indiscriminate or anxious attachment".

L. Cognitive-rehabilitation techniques to work on stimulating brain behavior relationships are also highly recommended.

M. Medication interventions have often been utilized but should be used in a very conservative manner for the most intensive symptoms. Once again, ADHD is commonly diagnosed or even the "big four diagnosis" such as ADHD, Bipolar Disorder, Reactive Attachment Disorder and Post-Traumatic Stress Disorder.

N. We know that all of these children have some level of developmental-Complex Trauma/Post-Traumatic Stress Disorder but the concept of Reactive Attachment Disorder is typically "built in" to cognitive and psychosocial developmental failures. Therefore, Attachment Disorder alone is not a valid or reliable diagnosis as these children tend to have a very complex pattern of "combined trauma" involving cognitive neglect and psychosocial developmental failures. This should be the focus of rehabilitation techniques for the new family.

SUMMARY AND RECOMMENDATIONS:

With more families choosing to adopt older children, it is extremely important that the parents receive pre- and post-adoption training and form a "team" of support personnel. Medical, neuropsychological, occupational and physical therapists, educational and psychological treatment providers who have experience working with post-institutionalized children are preferable to traditional psychological interventions.

The board-certified developmental neuropsychologist offers a unique perspective regarding the neurodevelopmental delay syndromes, particularly in the differential diagnosis of organic/brain behavior deficits versus functional disorders in addition to providing the additional perspective regarding atypical Pervasive Developmental Disorders/institutional Autism which can be an "acquired syndrome" based on profound neglect and deprivation.

Additionally, it is very important to understand that the "neuropsychology of bonding and attachment disorders" is a critical part of the assessment and neurocognitive rehabilitation program. Many children who have experienced neurocognitive deficits have a very skewed perception of the "emotional intelligence and emotional brain" and will have major difficulties in understanding social-reciprocal relationships as well as emotional concepts which they may not have experienced during their institutional life.

With these factors in mind, success can be achieved by having a multi-disciplinary team of medical and neurodevelopmental experts who understand the long-term effects of institutionalization.

Hope and optimism are certainly provided as all traumatized children most certainly require a home but it is very important that the new family has the most broad-spectrum "training" as well as

having a very strong and well-versed group of professionals who have worked "in country" and understand the complexities of the post-institutionalized child.

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