

## **THE EFFECTS OF POST-INSTITUTIONALIZATION IN THE SCHOOL ENVIRONMENT**

- **Children over the age of 3-4 years old have special school adjustment issues.**
- **Remember, schools in institutions are not schools as we know them to be**
- **Children typically start “classes” in the institution at the age of 7 or 8 years old (leaving them several years delayed from the start in their learning)**
- **Institutional schools are typically a few hours a day (at most) often run by more educated caretakers or part-time teachers**

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## **SURVIVING IN THE INSTITUTION: COPING AND ADAPTING**

- **Toddler-school aged children are typically competitive for attention and position from caretakers**
- **Only the “designated few” are allowed to attend school**
- **Quick and easy assessments on the part of the institutional directors determine which child gets the opportunity to be educated**
- **Children with mental deficiencies, autistic characteristics, behavioral problems or medical issues may never attend a school experience**
- **Only the basics are taught and emphasized**

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## **HOW POST-INSTITUTIONALIZED CHILDREN VIEW “SCHOOL”**

- **In the institution, school is viewed as a “distraction from daily boredom”**
- **School further segregates children in institutions**
- **School may be a very frustrating experience for the child who has learning difficulties**
- **School is a place to socialize and/or further act out**
- **School is a place where demands are placed on the child who may be unable to handle day-to-day life**
- **School may not be a pleasurable experience for the child or educator (conflicts and tension)**

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## **POST-INSTITUTIONALIZED CHILDREN FOLLOWING ADOPTION: LEVELS OF ADJUSTMENT**

- **“Shock of de-institutionalization”**
- **Leaving the only place they know**
- **Leaving the only people they know**
- **Trying to “shift” from the institutional mentality to the expectations of the adoptive family**
- **Often fearful, rageful and traumatized following adoption**
- **Indiscriminantly friendly or attached**
- **Possibly depressed, traumatized and overwhelmed**

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## INITIAL BEHAVIORS: HOME AND SCHOOL

- **Inundated with new stimuli (family, social, environmental, food and activities)**
- **“Pressured” to rapidly fit in and to be loved and give love (parental fantasy and expectation)**
- **Superficially compliant and attached**
- **Anger and rage when confronted or disciplined**
- **Frequently confused and deregulated due to high level of new stimuli**
- **Confusion and lack of experience leads to chaos**

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## INITIAL CLASSROOM PRESENTATION

- **Risk in prematurely placing child in school as opposed to keeping up a home routine**
- **Building family attachment, structure and safety takes priority over school**
- **MUST avoid daycare or alternate caretakers**
- **Early placement in school leads to early disasters**
- **Preschool level children do much better in early school attendance after a period of time at home**
- **Toddlers and older children need more time at home with family**

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## SCHOOL ASSESSMENTS

- **Preschool and kindergarten level P-I children typically placed with same-aged peers**
- **Initial and comparative evaluations essential**
- **Assessment in native language for strengths and weaknesses and signs of neuropsychological impairments**
- **The concept of “developmentally delayed” tends to be ambiguous and misleading**
- **Proper early assessment leads to proper early interventions**

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- **Many P-I children initially appear grossly hyperactive, inattentive, distractible and disorganized in school**
- **Behavioral disturbance is common such as isolation, withdrawal, indiscriminant behaviors, aggression, stealing, lying and hoarding**
- **School for the P-I child is overstimulating and confusing**
- **School can represent another institutional setting and experience**
- **P-I children have a unique way of establishing dominance which was their “survivorship”**

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## TYPICAL ASSESSMENTS BY SCHOOLS

- **“Developmentally delayed” is most common**
- **Child in need of “ESL only”**
- **Resistance to diagnose neurodevelopmental disorders in the early stages of acculturation**
- **Assessment of language disorders often deferred until English emerges**
- **If delayed in native language, child will be delayed in English language**
- **More emphasis on social-emotional issues leading to overly nurturing and overly attached teachers**

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- **P-I children have a unique way of using indiscriminant behaviors to seek out attention and affection from educational staff**
- **Many school personnel are fascinated by the P-I child and allow for indiscriminant attachments, behavioral disorders and a lack of effort to go untreated**
- **P-I children require even more intensive one-on-one interventions and behavioral modification**
- **“Give them time, love and patience” often yields disastrous results**
- **Parents must carefully educate the educators**

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## THERAPEUTIC CLASSROOM FOR THE POST-INSTITUTIONALIZED CHILD

- **Small, closed and highly structured classroom preferred**
- **Small teacher-student ratio**
- **Ample ESL and early interventional strategies**
- **Strong and well informed teachers have greatest success**
- **Individual aides can be beneficial**
- **Constant supervision and interventions for indiscriminant behaviors and disruptions**

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- **A strong “behavioral approach” to learning is preferred**
- **Practicing and rehearsing educational and social requirements is integral**
- **Supervised group activities, particularly recess and lunch**
- **Closely liaison with the parents (daily and weekly progress reports)**
- **Monitoring most impairing symptoms such as inattention, impulsivity, social skill deficits and language**
- **AVOID quick diagnoses of ADHD or Emotionally Disturbed**

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- **Creation of an “Individualized Educational Program” is desired over ESL only**
- **Research supports that a large percentage of older P-I children have neuropsychological impairments**
- **Early treatments lead to better social adjustments**
- **P-I children who act out do it for a reason (learning difficulties, fears, social impairments, lack of experience, and “habits from the past”)**
- **P-I children require 2-3 years to solidify language transition (idiomatic and grammatically correct usage)**
- **Behavioral disturbances in school should be dealt with immediately and aggressively**

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## EDUCATIONAL RECOMMENDATIONS

- **Experienced teacher, structured class**
- **Explore cognitive strengths and weaknesses**
- **Any type of learning disability, emotionally supportive services, autistic support for social skill deficits**
- **Careful assessment of mentally retarded or autistic status**
- **“Institutional autism” very common**
- **Pseudo-mental retardation common**
- **Institutionalization affects cognitions**

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- **Experienced examiner in multi-cultural issues preferred**
- **Diverse neuropsychological or psychoeducational evaluations**
- **Assessing strengths, weaknesses and potential**
- **Avoiding “immediate inclusion” or mainstream**
- **Many children cannot handle a full day of school immediately-gradual increase in attendance**
- **Educating school personnel regarding child’s needs without disclosing every aspect of early experiences**
- **P-I child should not be looked upon as “special” but more of a child requiring special guidance**

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## AVOIDING NON-PRODUCTIVE RELATIONSHIPS IN THE SCHOOLS

- **Teachers teach, not hug or raise children**
- **Avoid feeling sorry for the P-I child**
- **Check out any and every statement and behavior with the family-remember the P-I child is in a new experience and will take what they can get**
- **For the weak at heart, remember “the needs of the child must supercede the needs of the educator or parents”**
- **P-I children have a need to come out of the institutional mentality: they need guidance, not rescuing which is the temptation**

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- **P-I children have a “uniqueness” for paradoxical approaches**
- **The more structured, strict and secure the environment, the child feels safe and ultimately more productive**
- **A more business like approach in the educational setting (with compassion) leads to better outcomes in social behaviors**
- **P-I children respect consistency and firmness**
- **P-I children are very astute at figuring out who is weak, gentle or nurturing**
- **P-I children know how to survive and get what they want**

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## PARENTS AS ADVOCATES

- **Parents require pre and post-adoptive training**
- **Parents must take an active involvement in their child’s school program**
- **Innovative and sometimes unorthodox approaches must be implemented (parents in school more often, child at home at critical times, parent-teacher conferences frequently)**
- **Creating the most consistent home-school environment possible**
- **Parents and teachers create a “therapeutic classroom”**

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- **Continual assessments and reviews at 6 month intervals**
- **Employing private evaluations and therapies as needed**
- **Many children require more services than the school has provided**
- **School evaluations often differ from private evaluations**
- **Parents must advocate for the child’s educational needs even if parent-school disagreements arise**
- **“Pay now or pay later” is a good way to think**
- **Early investment leads to better returns**

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## SO YOUR CHILD HAS DISABILITIES?

- **Get the best assessment possible**
- **Get the best treatments available**
- **Consider private schooling if the public school fails to meet the needs**
- **Some children improve, some do not**
- **Accept your child’s limitations as they need support as opposed to disappointment**
- **Avoid seeking out medication as the answer**
- **Keep updating the treatment plan**

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