Neuropsychological Profiles of International Adoptees

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Ultimate purpose of study:

- To understand the neuropsychological profiles of international adoptees with developmental, behavioral or emotional concerns
- To compare this population with previous populations of international adoptees with respect to preadoptive data, therapies utilized
- To identify potential correlates of later success with respect to educational, social and psychological functioning

Methods:

- Retrospective chart review
- International adoptees referred specifically for neuropsychological assessment
- Data gathered included:
  - Pre-adoptive history
  - Parent report of current history
  - Standardized assessment measures
  - DSM IV diagnoses

Demographics

		Current data (n=67)	Mason (2000) (n=339)
Country of origin	Russia Romania Others	49% 24% 27%	52% 30% 18%
Gestational age	Full term Premature Uncertain	22% 18% 60%	30% 21% 48%
Gender	% Females	64%	57%
Mean age @ adopt		3.18 yrs	3.67 yrs
Mean age @ assessment		7.14 yrs	8.0 yrs

Birth data available
(n=67 cases)

- Some birth history available: 48%
- Birth mother age: 43% (range: 14-37)
- Gravida: 42% (range: 1-8))
- Apgar scores: 18% (all but 1 > 7)
- Maternal alcohol use reported in record:
  - Yes: 16% (4 of these 11 referred as 'healthy')
  - No: 7%
  - Uncertain/unrecorded: 67%

Preadoptive diagnoses:
(n=67 cases)

- Language delay: 28%
- Perinatal encephalopathy: 16%
- Malnutrition: 15%
- Hypoxia: 6%
- Hypotonia: 5%
- Microcephaly. Psychomotor retardation, CNS dysfunction, intracranial hypertension: each 3%

Previous services utilized
(n=67 cases)

	Current study	Mason (2000)
Speech/language	51%	60%
Occupational Rx	45%	40%
Physical Rx	15%	21%
Sensory Integration	3%	24%
Attachment/holding	5%	13%
Stimulant Meds	13%	15%

Prior to Evaluation
(n=67 cases)

- Of children >7yrs of age:
  32% **repeated a grade** in school
- 32% reported seeing a **psychologist**
- 36% reported seeing a **psychiatrist**
  - 13% taking stimulants
  - 7% antipsychotics
  - 5% SSRIs
  - 5% adrenergics

Language Disorders Diagnosed
(n=67)

- Mixed Rec/Exp Disorder 60%
- Receptive Disorder 16%
- Expressive Disorder 3%
- Phonologic disorder 13%

* Only 17% without any language disorder

Attention Disorders Diagnosed
(n=67)

- ADHD combined type 18%
- ADHD inattentive type 3%
- ADHD hyperactive type 6%
- ADHD NOS 10%

* DSM III-R; DSM-IV diagnosistic categories

Specific Disabilities Diagnosed
(n=45 children at least 6 yrs of age)

- Writing disorder 60%
- Reading disorder 53%
- Math disorder 31%
- Borderline intellectual fnx 15%
- Mild mental retardation 11%

Additional diagnoses
(n=67)

- Neurocognitive Disorder 29%
- Post-traumatic Stress Disorder 27%
- Autism Spectrum Disorder 22%
- Oppositional Defiant Disorder 22%
- Anxiety Disorder 18%
- Reactive Attachment Disorder 16%
- Major Depression 11%
- Dysthymic Disorder 9%
- FAS/FAE 6%

Preliminary Findings:

Of international adoptees referred for neuropsychological testing:

- Attention diagnoses 37%
- Language disorders 83%
- Learning disabilities prevalent
  - Especially writing (60%) & reading (53%)
  - Less math (31%)

Preliminary Findings

Of international adoptees referred for neuropsychological testing:

- Emotional disorders prevalent:
  PTSD (27%), Anxiety disorders (18%), Depression (11%), Dysthymic disorder (9%)
- Reactive Attachment Disorder (16%)
- FAS/FAE (6%)

Take home points:

- High risk of language disorders and learning disabilities
- Primary attentional disorders are NOT common
- Comprehensive assessment warranted
- Many unanswered questions….
  - ? Role of pre-adoptive diagnoses
  - ? Role of age or degree of impairment at adoption
  - ? Co-morbid clusters

Taking the Institution Out of the Child: A Systematic Process

- Can definitely take the child out of the institution: what is the best way?
- Stressful for the child and family to be adopted: new challenges and expectations
- Must understand how children grow up in institutional settings
- Respect for child's developmental experiences: positives and problems

Goals for Newly Adoptive Parents

- Understanding the effects of institutional life
- Understanding your child's strengths, weaknesses and areas needing rehabilitation
- Early interventions lead to more positive outcomes
- Accepting less than "perfection" and realizing there is no "quick fix"
- Accepting problems as they occur and working towards solutions
- Avoid dealing with major issues alone

Methods to Madness: Raising Special Children

- Know what you are dealing with, even if the information is difficult to accept
- Acceptance leads to new insight/motivation
- Outline a treatment plan and stick to it
- Get the best specialized help available
- "Pay now or pay later", its all the same
- Do not accept failure: find new methods

Strategies for Parents

- Quickly figure out what works and what doesn't (avoid obsessing over behaviors)
- Just remember "No good deed goes unpunished" (Federici, 1984-2001)
- Do more "action" as opposed to giving
- Try not to succumb to desperation or "giving up"…you signed up
- Take time for yourself and get new ideas

- Watch your own personal reactions
- Maintain a healthy emotional distance when working on major problem behaviors
- Try not to take it personally – it may be institutional behaviors and experiences resurfacing
- Be aware that parents often talk too much when the child is not even listening
- Accept the role of a "teacher and trainer" instead of being a parent and "friend"

Ways to Teach and Modify: A Guide for Parents

- Ignoring and forgetting to discipline does not help (i.e. kids like going to their room)
- Take an active stance and be directive but not confrontational
- Must know when to stimulate and reward, and when to avoid giving in (or giving up)
- Accept imperfection and teach compliance, attitude and prosocial behaviors

- Remember, you can teach a child to do anything, regardless of their disabilities
- Post-institutionalized children will continue to show their "true colors" over the course of time
- Must continually upgrade and intensify treatment interventions
- ALWAYS respect a child's cognitive strengths and limitations (children can only function at their inherent level)

How to Handle Disabilities and Differences

- Older post-institutionalized children who are adopted will create greater challenges
- Initial presentation can be quite misleading
- "Honeymoon period" can last from minutes to months
- Many children present with quasi or "Institutional Autistic" characteristics

- Frustrating and confusing behaviors stress new families and can lead to despair
- Important to understand self-stimulating behaviors, superficial or indiscriminant attachments, and avoidance
- Families must remember to be highly structured, focused and goal directed
- Consistency and firmness is the key to success
- Hard to do when you are trying to love your child and "fix all the years they have missed"

- Relationships and “attachments” take time to develop and strengthen
- No one attaches overnight
- Teach anything and everything to your child
- Don’t assume they “get it” (trust me, they often don’t)
- The “language of emotions” is a third language that an older child must master (after English transition)

Concluding Thoughts for Optimal Success

- Understand the “interplay” between cognitive and emotional functioning
- Respect child’s abilities and disabilities
- Fix what you can and accept what you can’t
- Continually adding specialized care
- Family members need to take care of each other but maintain a strong “hierarchy”
- Failures often lead to better understanding