Preparing Adoptive Parents: Understanding and Managing the Challenges of Their Children

Jeanne A. Howard, PhD
Policy & Research Director
Evan B. Donaldson Adoption Institute
Professor Emerita, Illinois State University
School of Social Work
jhoward@ilstu.edu
309-438-8303

Goals of this Training

- Sensitize adoption professionals to key issues in preparing adoptive parents to understand and manage the social, psychological, and developmental challenges of their children
- Identify common challenges confronting adopted children and their families, as well as the origin of these problems
- Help adoption professionals understand how to convey difficult information about a child’s background and/or about mental health risk associated with adoption to adoptive parents

Resulting in …

- Parents who come to view the world through their children’s eyes
- Parents who have the knowledge to explain their child’s needs and actions to others
- Parents who have a bigger “bag of tricks” to manage child behavior
- Parents who can advocate for appropriate services and supports for their children
Materials to Assist You in Your Work

Adoptive Parents Guide – a take-away document for parents that outlines the key mental health and medical issues facing adopted children and their families, as well as additional resources for parents on these topics (In handouts)

Recommended Readings for Adoption Professionals (In handouts)


Why do we need to prepare adoptive parents?

- Adoption practice is becoming increasingly complex, with more and more children being placed at older ages and with a wider range of biological and psychosocial adversities in their backgrounds which impact on their long-term adjustment
- There also is greater understanding today of how adoption itself influences the emotional life and identity of children
- Adopted children are at increased risk for a variety of mental health, developmental, learning, and medical challenges compared to non-adopted children
- To be able to manage these challenges, adoptive parents need accurate, timely, and useful information and support from adoption professionals and others

Some Key Issues in Adoptive Parent Preparation

- Inadequate resources (money & personnel) to meet the ongoing educational needs of adoptive parents
- Inadequate training of adoption professionals
- Need for ongoing preparation, education and support
- Lack of receptivity of some adoptive parents to the information being presented
- Need for a multi-method, multiple source approach to parent preparation
Perspectives on Adoption Adjustment

- Adoption as a benefit in the life of the child: child welfare perspective
- Adoption as a risk factor in the life of the child: mental health perspective
- Although these perspectives may seem incompatible, they both are valid

Adoption as a Benefit

- The question being addressed is whether adoption improves the lives of those children whose parents cannot or do not want to raise them
- Answer and research evidence

Adoption as a Risk Factor

- The question being addressed is whether adopted children are more likely than their non-adopted peers to show increased psychological and academic problems
- Answer and research evidence
What Research Suggests

- Adopted children may be more vulnerable to specific psychological and education problems.
  
  2.5% of children in the U.S. are adopted. Adopted children are overrepresented among children with mental health issues and learning disabilities.
  
  - About 5% of children in outpatient mental health settings are adopted
  - 10-15% of children in residential treatment centers are adopted
  - Whereas 15% of children in the U.S. have a diagnosable mental health &/or learning problem, the figure for infant-placed adopted children is approximately 20-30% / for special needs adopted children the figure is approximately 40-50%

- Adoptive parents may be particularly sensitive to their children's needs and seek out services more readily.

Comparative Study

<table>
<thead>
<tr>
<th></th>
<th>Birth n=175</th>
<th>Infant n=481</th>
<th>Int’L n=89</th>
<th>CW n=1340</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic medical prob.</td>
<td>6%</td>
<td>12%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>6%</td>
<td>26%</td>
<td>27%</td>
<td>47%</td>
</tr>
<tr>
<td>47%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional disturbance</td>
<td>5%</td>
<td>17%</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior problems</td>
<td>8%</td>
<td>25%</td>
<td>24%</td>
<td>51%</td>
</tr>
<tr>
<td>Developmental delays</td>
<td>4%</td>
<td>13%</td>
<td>24%</td>
<td>32%</td>
</tr>
</tbody>
</table>

(Howard, Smith, & Ryan, 2004)

Comparisons of Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Birth n=175</th>
<th>Infant n=481</th>
<th>Int’L n=89</th>
<th>CW n=1340</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel very close to child</td>
<td>87%</td>
<td>90%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>83%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor adjustment/home</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>On meds for behaviors</td>
<td>4%</td>
<td>30%</td>
<td>22%</td>
<td>31%</td>
</tr>
<tr>
<td>Special Ed. services</td>
<td>9%</td>
<td>24%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Unmet educ. needs</td>
<td>15%</td>
<td>18%</td>
<td>27%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Behavior Problem Index

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>Infant</th>
<th>Int'l.</th>
<th>CW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean BPI</td>
<td>6.2</td>
<td>9.1</td>
<td>9.4</td>
<td>11.9</td>
</tr>
<tr>
<td>Clinical range</td>
<td>8%</td>
<td>24%</td>
<td>23%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Common Presenting Problems Among Adopted Children in Clinical Settings
- Academic difficulties
- Problems with attention & concentration
- Organizational difficulties
- Hyperactivity
- Impulse control problems
- Oppositional & defiant behavior
- Anger management problems & aggression
- Lying & stealing
- Hoarding behavior
- Anxiety problems
- Depression
- Substance abuse
- Attachment difficulties
- Self-esteem and identity problems

Most Common Mental Health Diagnoses among Adopted Children
- Learning Disorder
- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
- Substance Abuse
- Reactive Attachment Disorder*
- Anxiety Disorder (including PTSD)*
- Depression*

*Found mostly among special needs adopted children & those placed from abroad
Common Medical Issues

- Because of their adverse histories, many adopted children are at increased risk for a variety of medical issues compared to non-adopted children.
- Emphasize the need to consult with pediatricians who have experience working with adopted and foster families.
- American Academy of Pediatrics has a listing of pediatricians who specialize in adoption-related medicine: http://www.aap.org/sections/adoption/default.cfm

Factors Affecting Adopted Children’s Mental Health and Educational Status

- Pre-adoption factors
- Post-adoption factors

Multidimensional Model of Adoption Adjustment
Pre-Adoption Factors

- Genetics
- Prenatal experiences
- Pre-placement experiences
  - Abuse and/or Neglect
  - Abandonment
  - Trauma
- Placement experiences
  - Separation
  - Institutional care
  - Multiple placements
- An important consideration: The child’s age at time of adoption

Post-Adoption Factors

- Positive Influences
  - Positive marital relations
  - Emotionally healthy parents
  - Caring, supportive parenting styles
  - Parental empathy & emotional attunement to the child
  - Realistic parental expectations
  - Clear boundaries and rules
  - Stimulating family environments
  - Strong parent-child bonds
  - Strong sibling bonds
  - Open family communication
  - Caring, supportive relationships with birth family
  - Strong family support system

- Possible negative influences
  - Marital difficulties
  - Emotional difficulties in parents
  - Lack of empathy & emotional attunement to the child
  - Family stresses (illness, job loss)
  - Unrealistic parental expectations
  - Poor boundaries, inflexible rules
  - Harsh discipline
  - Significant sibling conflict
  - Closed communication, particularly about adoption
  - Disrespect for &/or poor relationships with birth family
  - Inadequate family support system
Concept of Multifinality

Similar beginnings often lead to different endpoints

Child 1,2,3

Child 1 (strong & secure attachments)
Child 2 (mildly insecure attachments)
Child 3 (weak and very insecure attachments)

Concept of Equifinality

Similar outcomes stem from different beginnings

Child 1
Significant Prenatal Exposure to Drugs

Child 2
Low Level Prenatal Exposure to Drugs

Child 3
No Prenatal Exposure to Drugs

Normal Range of Academic Adjustment

Unique Tasks for Adoptive Parents

- Telling the child about being adopted
- Helping the child understand the meaning and implications of being adopted
- Sharing background information with the child
Principles for Parents

1. Create an environment of communicative openness: permission to find answers
2. Start talking about adoption from a young age and initiate ongoing opportunities
3. Be honest in a developmentally appropriate way (never lie and share all by age 12)
4. Empathize with feelings without being judgmental or always trying to fix it

Principles for Talking about Adoption

5. Help your child “grow” her adoption story and control telling it outside the family
6. Honor birth family
7. Use tools—story books, lifebooks, movies, family traditions
8. Provide opportunities to interact with other adopted children
9. Address own feelings/barriers

Tasks for Adoptive Parents (cont.)

- Helping the child cope with adoption-related loss
- Supporting the child’s curiosity about his background
- Helping the child manage relationships with birth family
- Supporting the child’s adoptive identity, as well as racial/ethnic identity in transracial placements
- Helping child cope with stigma or questions from others
Framework for Thinking About Impact of Trauma, Loss and Deprivation

<table>
<thead>
<tr>
<th>Capacity for Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimacy ........................ Isolation</td>
</tr>
<tr>
<td>Identity ........................ Identity Confusion</td>
</tr>
<tr>
<td>Self-Efficacy ..................... Powerlessness</td>
</tr>
<tr>
<td>Self-Regulation ................. Impulsivity</td>
</tr>
</tbody>
</table>

Discussing Difficult Information with Parents

- Birth parents or other birth family members often present with psychological and/or psychosocial histories that are difficult to talk about with adoptive parents
- Similarly, older placed children often have identifiable problems or histories that are difficult to discuss
- Providing accurate information to adoptive parents about the birth parents' and/or child's problems and adverse experiences prepares them for the realities they may face, fosters appropriate expectations, and allows them to begin to develop the skills & supports needed to successfully raise the child.

Discussing Difficult Information (cont.)

- Difficult information sometimes is ignored or minimized – although more often the case in the past, it remains a problem
- Difficult information sometimes is exaggerated or misrepresented – often out of ignorance or in an effort to be as forthcoming as possible
- Inadequate training of professionals about the long-term developmental pathways associated with psychological problems and adverse prenatal & postnatal experiences
- Empirical research findings often are complex & inconsistent from study to study, creating confusion for adoption professionals
- Lack of appropriate guidelines for discussing this kind of information with adoptive parents
- Lack of information and/or documentation about children’s past (despite suspicion of earlier problems)
Examples of Difficult Information

- Genetic based psychopathology in birth parents – bipolar disorder, depression, drug/alcohol abuse, etc
- Adverse prenatal experiences for the child (e.g., intrauterine malnutrition, exposure to drugs/alcohol)
- Adverse postnatal experience for the child (e.g., neglect, abuse, orphanage life)
- Identifiable neuro-developmental & psychological disorders in the child (e.g., ADHD, conduct disorder, PTSD)

Basic Principles for Disclosure

- Full disclosure is absolutely necessary
  - allows for better preparation of parents to manage the potential or actual problems
  - fosters more realistic expectations allowing for an informed decision regarding the adoption
  - reduces the risk for the agency of a wrongful adoption suit

- Disclosure should be a balanced presentation, allowing for a realistic description of the potential problems but without exaggerating or over-pathologizing the birth parents or the child; do not demean the birth parents

- Disclosure also should provide information which allows parents to expect that their efforts can make a difference in the life of the child – perhaps even leading to a “relatively normal” pattern of adjustment (but without guaranteeing it)

Basic Principles (cont.)

- Information on a birth parent’s life and adjustment, or a child’s pre-placement life and adjustment, represents person-specific information

- Translating the implications of this information for the long-term adjustment of the child is very difficult, however, for a number of reasons:
Basic Principles (cont.)

- Concept of Risk – a risk factor is any variable that precedes a negative outcome of interest and increases the chances that the outcome will occur; risk does not mean that the negative outcome will definitely occur though.

- Examples of risk

- Concept of Resilience – A resilience factor is any variable that increases one’s ability to avoid negative outcomes, despite being at risk for adjustment problems.

- Factors associated with childhood resilience in the face of adversity (child, family, community)

Factors Associated with Resilience in the Face of Adversity

- Child Characteristics
  - Good intellectual functioning; talents
  - Appealing, sociable, easygoing disposition
  - Self-efficacy, self-confidence, high self-esteem
  - Good coping skills

- Family Characteristics
  - Close relationships to caring parents
  - Authoritative parenting (warmth, structure, realistic expectations)
  - Socioeconomic advantage
  - Connections to extended family
  - Religious faith

- School and Community Characteristics
  - Adults outside the family who take interest in the child
  - Connections to social organizations
  - Attendance at effective schools

Summary Guidelines for Talking with Adoptive Parents about Mental Health & Medical Issues Related to Adoption

- Be as informed as possible about mental health & medical issues related to adoption; know what you don’t know; seek ongoing continuing education on this topic; develop professional relationships with others who can augment your adoptive parent preparation program

- Create an open, sensitive, and respectful environment for adoptive parent preparation & education

- Be completely forthcoming, but neutral; do not judge or demean birth parents

- Provide a balanced view of the birth parents; describe their strengths & limitations; clearly explain the meaning of risk and resilience in relation to a child’s characteristics and/or history
Summary Guidelines (cont.)

- Elicit the adoptive parents’ understanding about the potential impact of the birth parents’ history on the child, as well as the impact of early psychosocial adversities experienced by the child on later development; this will allow for an assessment of their expectations and need for further preparation and education in this area.
- Talk about children’s long-term adjustment as a reflection of both pre-adoption factors (which are out of adoptive parents’ control) and post-adoption factors (which are in their control).
- Reinforce the importance of ongoing parent education and support.
- Emphasize the importance of being a strong advocate for their children’s needs and provide information about different types of resources, both local and national (including those that are web-based).

The Lifebook as a Preparation Tool

- Lifebooks are:
  - Tangible, usually chronological records of a child’s life
  - Include positive and challenging aspects
  - Reflect all important transitions and attachments
  - Explain difficult aspects of past at child’s level
  - Connect past, present and future
  - Are child directed

Lifebook work…

- Lifebooks can be worked on, added to, adapted with parents
- Parents can complete Lifebooks or portions of them before adoption
- Parallel work can open conversation and sharing
- Lifebook review can help parents understand child’s perceptions
- Importance of past connections
Kin, Foster and Matched Parents

<table>
<thead>
<tr>
<th>What are the considerations in preparing different kinds of adoptive parents?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin:</td>
</tr>
<tr>
<td>- roles and boundaries</td>
</tr>
<tr>
<td>- accepting background/history of trauma (disloyalty to their child, sister, etc.)</td>
</tr>
<tr>
<td>- gaining info about &quot;other side&quot;</td>
</tr>
<tr>
<td>- allowing contact, information sharing with that side</td>
</tr>
<tr>
<td>- for elderly adopters - making alternate plans in case of disability or death</td>
</tr>
</tbody>
</table>

Foster Adopters

<table>
<thead>
<tr>
<th>Difference between statuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of continuing to foster others on adopted child</td>
</tr>
<tr>
<td>Sharing complete information (not assuming they &quot;know&quot; because they have fostered</td>
</tr>
<tr>
<td>Preparing foster adopters for planning contact with sibs and other original family</td>
</tr>
</tbody>
</table>

Matched or New Adopters

<table>
<thead>
<tr>
<th>Recognize that in foster care they often parent the most difficult children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most likely to have fertility issues as a basis for adoption</td>
</tr>
<tr>
<td>Helping plan for continuing connection with attachment and other important figures that is in child’s best interest</td>
</tr>
</tbody>
</table>
For ALL Types
- Normalizing help seeking as an aspect of good parenting
- Preventive connection to resources
- Developing subsidy that builds in supports that may be needed later
- Connecting to other adoptive families

Challenges in Preparing Parents – Helping Them “Hear”
- Desire to parent
- Strong internal locus of control
- Limited experience with maltreated/inadequately prepared for children

Desire to Parent…
- Parents who are awaiting parenthood often don’t hear or don’t believe the issues we raise
  Remedy:
  Presentations by “older and wiser” adoptive parents
  - on-going education and support post placement (including extended family)
  - Support/ social groups for parents and kids
Parents by adoption are often determined and “can-do” people. Supports belief that their situation may be “different” despite risk factors.

**Remedy**

Turning “can do” into expertise and fierce advocacy for their children.

Becoming knowledgeable about child’s unique challenges (“If you’re going to raise a child with diabetes you better understand diabetes. If you are going to raise a child with attachment challenges you better understand attachment!”)

Teaching reframing – especially in connecting child’s behavior to past loss, trauma, deprivation.

Parents who have limited general parenting experience face particular disconnect between expectation and reality.

Parents who have limited parenting experience with wounded children face disconnect between adoptive family they are and family they imagined.
### The disconnect…

**Remedy**

Meaningful and accurate diagnoses may provide parents with understanding.

Linkage between child’s past experience and current behavior can reduce sense of failure. What is normal for a child who has this background? Helping parents see the difference between their world and their child’s.

---

### The disconnect…

“*Children who have their will constantly violated often need to exert their will powerfully.*”

---

### The disconnect…

Parents by adoption may face judgment by uninformed others.

Parents need language and explanation to protect their children and themselves from negative appraisals.
Lessons from Parents

We have all grown to understand adoption and ourselves better.
We’ve learned it’s OK that we can’t always take away our children’s pain – but we can help them cope with it.
We’ve become more open about our inner thoughts.
We’ve learned to share, to be supportive.
We’ve learned to be the best parents to THIS child.

Web-Based Resources for Adoptive Families

- Adoption Learning Partners (http://www.adoptionlearningpartners.org)
  Provides on-line courses on medical, mental health and parenting issues

  Discusses learning problems and how to address them

- Troubled Adopted Children
  (http://life.familyeducation.com/adoption/nontraditional-families/
  Troubled-Adopted-Children)
  Discusses some of the more serious behavioral and psychological problems that some adopted children may have

  Describes developmental disabilities and provides a range of resources and supports for adoptive parents

- Publications for Parents of Children with Developmental Delay (http://www.nichcy.org/parents.asp#pa2)
  Provides a number of web-based resources for parents with young and school-age children with developmental delays.

Web-Based Resources (cont.)

- Parenting: Attachment, Bonding and Reactive Attachment Disorder (http://www.helpguide.org/mental/
  parenting_bonding_reactive_attachment_disorder.htm)
  Provides information and a range of web-based resources on attachment and attachment disorder

- Medical Issues in Adoption (http://kidshealth.org/PageManager.jsp?
  gmt=Content&template=topics1View&topic_id=108&article_set=21"
  Describes health problems that adopted children may have

- Foster Care: Health Care Concerns for Children in Foster Care
  (http://www.childabusemd.com/foster/health-concerns.html)
  Includes a Medical Evaluation Checklist

- International Adoption Health and Medicine (http://www.comeunity.com/adoption/health/index.html)
  Provides information on specific health issues that may affect children adopted internationally