



CARE FOR KIDS



Early & Periodic Screening, Diagnosis & Treatment

Volume 12 • Number 2 • Summer 2005

Social-Emotional Issues with Internationally Adopted Children

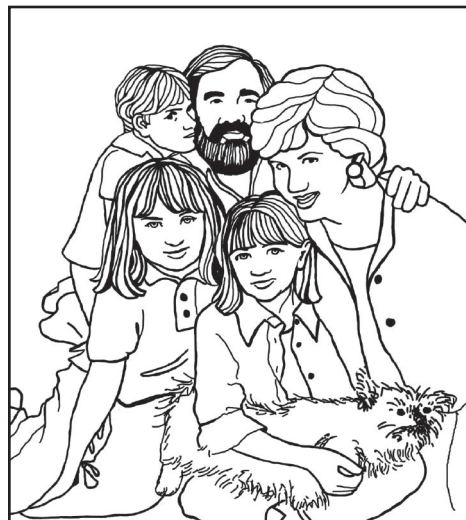
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In 2004, more than 38,000 families in the US and Europe adopted a child from another country; the majority of these internationally adopted children were from China and Russia. In the US, significant numbers of children were also adopted from Guatemala, South Korea, Kazakhstan, and Ukraine. Today in the US, international adoptions account for one-fifth of all adoptions. As international adoptions have increased, more information has become available about the potential for social-emotional and mental health problems in this population of children and adolescents.

Factors contributing to risk

Much of the research on children adopted internationally has focused on the risk associated with

prior emotional deprivation, such as that experienced by children being adopted from orphanages in Romania and Russia. Many of these children had no opportunity to form an attachment with a primary caregiver prior to adoption.



This may have been due to the number of children per caregiver, lack of a consistent caregiver, or the number of different caregivers.

Reactive attachment disorder.

The risk of *reactive attachment disorder*, a psychiatric disorder involving significant impairments in interpersonal relationships, and resulting from emotional deprivation or repeated changes in caregivers during infancy or early childhood, has been of particular concern to providers and adoptive families.

A clear relationship exists between the quality of the child's early caregiving environment and the risk of reactive attachment disorder. A

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lower rate of this disorder is found in institutions where caregivers and children have more physical contact, and in more “homelike” settings where children are placed in smaller groups with fewer changes of caregivers.

Reactive attachment disorder may result in impaired interpersonal relationships.

- **Inhibited type:** Children fail to initiate or respond to most social interaction
- **Disinhibited type:** Children fail to develop a selective relationship with primary caregivers

The majority of children adopted after early institutional rearing and emotional deprivation are able to form attachment relationships with their adoptive parents. However, adoptees with a history of deprivation are more likely to have an insecure attachment relationship; that is, they are less likely to depend on their parents for emotional support, and more likely to withdraw or become angry when distressed, rather than seeking comfort from their parents. These insecure patterns of parent-child attachment relationships are associated with an increased risk for problem behaviors in the child and increased risk for parenting stress in their adoptive parents.



Aggression, stereotypy. In addition to the risk for reactive attachment disorder, children reared in institutions during infancy and early childhood exhibit more aggression and stereotypies than home-reared children. Although such behaviors typically decrease following placement in the adoptive home, children with early deprivation continue to be at greater risk for emotional and behavioral problems than other international adoptees and are more likely to be referred for mental health problems.

Children who are institutionalized during infancy and early childhood may exhibit more aggression and more stereotypies (persistently repeated behaviors, such as rocking, hand-waving, head-banging).

Indiscriminate friendliness. The most persistent difficulty seen in children adopted following institutional placement is indiscriminately friendly behavior. Although sometimes viewed by adoptive parents and providers as an indication that the child is “not attached,” recent research indicates many children with early deprivation continue to be unusually affectionate and friendly toward all adults although the child has formed a secure attachment relationship with the adoptive parents.

Other factors

Age at adoption does not appear to be a risk factor for social-emotional problems. Among international adoptees, children who are adopted when they are older (past infancy or toddlerhood), do not exhibit more emotional, behavioral, or mental health problems than children adopted at a younger age.

However, **length of time in the adoptive home** is a significant factor. Children and adolescents who have been in the adoptive home longer exhibit fewer problems. Thus, when evaluating social-emotional functioning in international adoptees, it is important for providers to consider the amount of time the child has been in the adoptive home and the significant adaptation required of children adjusting to a new language, culture, and family.

International adoptions are often transcultural and transracial, and this may create an additional risk factor for international adoptees.



Adoptive parents must often strike a difficult balance. While it is important to recognize and celebrate each child’s cultural and racial background, parents must also recognize that children’s interest in these issues may wax and wane over the course of development. For example, children in middle childhood are often more interested in “fitting in” with the cultural group of their families and peers than in exploring their cultural and racial differences. Then, during adolescence, internationally adopted children may express

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increased interest in exploring their cultural and racial background as they struggle with identity issues.

Family factors

Compared to the amount of research on preadoptive factors, relatively little research has been devoted to characteristics of adoptive families that may increase the risk for social-emotional problems. The country in which adoptive families reside may have some impact; studies of international adoptees conducted in North America find slightly higher rates of behavioral problems than studies conducted outside North America.

Consistent with research on biological children, aspects of the mother-child relationship have a significant impact on the child's social development. Specifically,

international adoptees whose adoptive mothers respond with more sensitivity are more likely to be socially competent, have good peer relationships, and behave appropriately at school.

Overall, the rate of emotional problems, behavioral problems, and referrals for mental health services is higher among international adoptees than other children and adolescents, but somewhat lower than that of within-country adoptees. Although it is important for providers and adoptive parents to be aware of the factors associated with increased risk for social-emotional and mental health problems in international adoptees, it is also important to note that the majority of international adoptees are well adjusted and enjoy mutually rewarding relationships with their adoptive families.



Resources

- Connor T *et al.* (2003). Child-parent attachment following early institutional deprivation. *Dev & Psychopathology*, 15, 19-38.
- Juffe, F *et al.* (2004). Adopted children's problem behavior is significantly related to ego resiliency, ego control, and sociometric status. *J Child Psychol & Psychi*, 45(4), 697-706.
- _____ (2005). Behavior problems and mental health referrals of international adoptees. *JAMA*, 293(20), 2501-2515.
- Smyke A *et al.* (2002). Attachment disturbances in young children. *J Amer Acad Child & Adol Psych*, 41(8), 972-982.
- Stams G *et al.* (2002). Maternal sensitivity, infant attachment, and temperament in early childhood predict adjustment in middle childhood: The case of adopted children and their biologically unrelated parents. *Dev Psych*, 38(5), 806-821.
- Sullivan S *et al.* (2004). Cultural and socio-emotional issues of internationally adopted children. *Internat Peds*, 19(4), 16-24.



CAPTA and IDEA 2004

What Do Changes Mean for Providers?

Marion Kresse, Iowa Department of Education, Bureau of Children, Family, and Community Services; Early Access Liaison to the Department of Human Services

In Iowa, an estimated 3,000 children younger than three will suffer abuse or neglect this year. Recent federal legislation sends a loud and clear message: Throughout the nation, and here in Iowa, we need to do a better job of caring for our most vulnerable citizens, our children.

Early ACCESS provides early intervention services for infants and toddlers who have developmental delays or conditions that affect their development. Partners in Early ACCESS include professionals from education, public and private health care, child care, and child welfare agencies.

The newly revised IDEA, Part C strengthens efforts to identify developmental delays in children who are victims of abuse, and requires Early ACCESS to develop referral and screening procedures for child victims of prenatal drug exposure, post-natal drug withdrawal, and maltreatment.

Changes to two key pieces of federal legislation reflect this priority and, as an Iowa health care provider, you have a key role to play in implementing these changes. Targeted at better meeting the needs of children who have, or are at risk for, developmental delay, the revisions affect:

- CAPTA - The Child Abuse Prevention and Treatment Act
- IDEA, Part C - The Individuals with Disabilities Act, Part C (which in Iowa is called Early ACCESS)

Effective July 1, 2004, a new CAPTA provision requires the Iowa Department of Human Services to make referrals to Early ACCESS for all substantiated cases of maltreatment of children younger than three years of age.



Research on brain function makes it clear that the first three years of life lay the foundation for a child's future development. Neglecting a young child's physical, emotional, or psychological development can result in social and education difficulties, and may affect behavior and success in later life.

If you believe a child needs further evaluation and may benefit from early intervention services, call 1-800-779-2001 (Iowa COMPASS). They will connect you directly to the Early ACCESS office near

where the child lives, and a service coordinator will work closely with you and with the child's family or guardian.

Does a child in your care need further evaluation or early intervention?

Call Iowa COMPASS,
1-800-779-2001
for prompt referral to
Early ACCESS.



Social and Emotional Issues that May Arise with Internationally Adopted Children

Issue

Comments

Behaviors seen in newly adopted international children may include:

- Stereotypical behaviors such as head banging, rocking
- Unusual eating patterns, gorging, refusing to eat, hoarding food
- Unwillingness to sleep alone, or to sleep in a crib or bed

It may be helpful to let parents know that these behaviors are common and typically improve over time. A flexible approach to management with a focus on gradual improvement is the key.

A child may appear to have **language delay** following placement with a family speaking a different language. Often, such delay is both normal and temporary.

If delay persists, refer the child to a speech-language pathologist experienced in working with bilingual children; your local AEA can provide a referral.

Reactive attachment disorder, attachment therapy

Symptoms may include:

- Markedly disturbed social relatedness
- Persistent failure to initiate or respond appropriately to most social interactions
- Excessive inhibition
- Hypervigilance
- Ambivalent and contradictory responses to caregivers
- Diffuse attachments
- Lack of selectivity in choice of attachment figures

Early referral to a clinical child psychologist or other mental health professional with experience in adoption and attachment issues is important.



Sensory defensiveness may result in the child disliking:

- Hugging
- Grooming (having hair combed)
- Touching textured materials (finger paint, sand)
- Loud noises (vacuum cleaner noise, toilet flush)
- Bright lights

Evaluation by a qualified occupational or physical therapist, using standardized testing and structured observation.

Older children may:

- Show indiscriminate friendliness
- Exhibit fear of being abandoned or other anxiety symptoms
- Have concerns about identity
- Be over-controlling in relationships
- Have little sense of belonging
- Have difficulties with mood regulation

Referral to a clinical child or adolescent psychologist or other mental health professional with experience in adoption issues can be helpful.

Mental Health and Adoption Resources

Iowa Resources

For detailed information about children's mental health resources near you, call Iowa COMPASS, 1-800-779-2001.

American Academy of Child and Adolescent Psychiatry

Search referral directory for Iowa at https://office.aacap.org/eseries/ScriptContent/CUSTOM/MEMBER_search.cfm

Access for Special Kids (ASK) Family Resource Center for children with disabilities and their families, at <http://www.askresource.org/>

Area Education Agencies

Find your local AEA at <http://www.state.ia.us/educate/aea/map.html>

Community Mental Health Centers

Provide specialized outpatient services for children

Find your local Mental Health Center at www.state.ia.us/government/dhr/ds/PDF/Mental%20Health%20Treatment.pdf

Disability Resource Library

Center for Disabilities and Development: Online lending library catalog at <http://www.healthcare.uiowa.edu/cdd/multiple/drl/drl.asp>

Iowa Consortium for Mental Health

List of Iowa mental health resources at <http://www.medicine.uiowa.edu/icmh/iowa>

Iowa Federation of Families for Children's Mental Health

An advocacy group for parents, at <http://www.ifcmh.org>

Iowa Foster and Adoptive Parent Association

<http://www.ifapa.org/>

To locate an IFAPA Adoption Information Specialist near you, visit <http://www.ifapa.org/programs/AISlocator.asp>

Iowa Mental Health Recovery and Advocacy

Information about mental health services, hotline, statewide support groups, at imhra@netins.net

National Alliance for the Mentally Ill (NAMI), Iowa affiliates

Key word search on IA at www.nami.org/cfapps/Affiliate_Finder/affiliate_finder.asp

National Mental Health Association

<http://www.nmha.org/>

Iowa affiliates: http://www.nmha.org/affiliates/directory/index.cfm?search=yes&srch_state_id=19

Other Resources

Disturbances of attachment in young children adopted from institutions (2000), *J Dev Behav Peds* 21:230-6

Initial assessment of growth, development, and the effects of institutionalization in internationally adopted children (2000), *Pediatr Ann* 29(4):224

International adoption: A primer for pediatric nurses (1998), *Ped Nursing* 24(6):578

International adoption clinics, <http://www.comeunity.com/adoption/health/clinics.html>

International adoptions: Implications for early intervention (1999). *Inf & Young Child* 11(4):34

Language-related Issues for international adoptees and adoptive families (1999), in *International Adoption: Challenges and Opportunities*, 98-107

National Library of Medicine Medline Plus, key word search on "adoption," at <http://search.medscape.com/>

Research on international adoption, <http://www.adoption-research.org/research.html>

What health care providers need to know about language development in bilingual children (2004), *EPSDT Care for Kids Newsletter* 11(2):1-2

The New *EPSDT Care for Kids* Web Site for Iowa Care Providers

Professionals who provide Iowa Medicaid EPSDT Care for Kids services now have a new, online resource. The Iowa EPSDT Care for Kids Provider Web Site, at <http://www.iowaepsdt.org>, provides useful resources for promoting healthy physical, mental, social, and emotional development for children from birth through age three, including:

- **An overview of Iowa EPSDT services**
- **Screening information and tools:**
 - Iowa recommendations for scheduling EPSDT Care for Kids screenings
 - Proposed standards for developmental screening
 - Iowa Child Health Maintenance Clinical Notes (HMCN), a new, downloadable tool you can use to guide well-child screening, anticipatory guidance, and documentation of the child's care plan
 - Detailed screening guidelines and tools for all children, and for children at risk of developmental delay
- Follow-up evaluation and assessment tools
- Links to screening tools for PPD, autism, maternal depression, family stress
- **Referral information:**
Referral gateways, and contact information for your local EPSDT Care Coordinators
- **Billing information:**
A quick how-to reference on billing for EPSDT screening exams, developmental screening, and other developmental services will soon be available
- **Contact information:**
Who to contact in order to:
 - Ask questions about EPSDT
 - Offer comments on the new guidelines, tools, etc.

Development of this web site has been guided by the:

- EPSDT Collaborative Board, which advises Iowa Medicaid on EPSDT policies, and provides oversight of ABCD II project activities.
- ABCD II panel, which is made up of public and private health care providers, parents, and other stakeholders. The panel has been instrumental in developing proposed developmental screening standards, identifying services, refining the Health Maintenance Clinical Notes, and elucidating billing concerns.

The EPSDT Care for Kids web site has been developed through Iowa's Assuring Better Child Health and Development II (ABCD II) initiative, a collaborative effort led by the Iowa Department of Human Services and funded through a grant from the National Academy of State Health Policy, with support from the Commonwealth Fund.



Coming Your Way

Iowa communities find creative ways to improve children's access to dental care

Across the US, 80% of all childhood dental disease is found in the poorest 20-25% of children. These children have twice as many dental caries as their more affluent peers, and are far more likely to go untreated. The next issue of the *EPSDT Care for Kids Newsletter* will focus on how Iowa communities are finding ways to bring dental care to these children.



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If you have questions about **billing**
related to EPSDT Care for Kids services, please call
Provider Services: **1-800-338-7909**

If you have questions about **clinical issues**
and EPSDT Care for Kids services, please call
1-800-383-3826

Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at <http://www.medicine.uiowa.edu/epsdt>.** Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.

The *EPSDT Care for Kids Newsletter* is published three times a year, in print and online, as a joint effort of the Iowa Prevention of Disabilities Policy Council, the Iowa Department of Human Services, the Iowa Department of Public Health, and the Center for Disabilities and Development, which is nationally designated as Iowa's University Center for Excellence on Disabilities. The goal of this newsletter is to inform Iowa health care professionals about the EPSDT Care for Kids program, to encourage them to make use of this important resource, and to provide them with information about a wide range of developments in the field of health care.

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