



CASI CONNECTION

~Special Edition~

A newsletter for the families and friends of CASI Foundation for Children, Inc.

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OUR MISSION

CASI Foundation for Children is committed to uniting families through adoption and improving the quality of life for orphans world wide.

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In this issue:

The Adoption Journey

~Your Pediatrician

~Psychological, Emotional & Behavioral Issues

~Attachment

~Anxiety

~Sensory Processing Disorder

~Hyperactivity

~School

CASI's Office Hours

Monday-Thursday

8:30 am - 3:30 pm

Friday

8:30 am - 1:00 pm



The Adoption Journey, A Labor of Love

By: Deb Vermaire MD

Most of those reading this article are in the process of adopting or have already adopted a child either domestically, or most likely, from an orphanage in a foreign land. My husband and I adopted our now 7 year old identical twin boys from Haiti in 2007. It took six months to go through the application process to the referral then another 12 months to bring the boys home. They were 18 months old when we finally got them

in our home.

There have been many trials and tribulations since bringing the boys into our lives. Even though I am a physician and work with children, I have learned a lot about the emotional, psychological, physical, developmental and other health issues that children who have spent a portion of their lives in an orphanage may face. As I researched my children's issues, I was surprised at the lack of knowledge and of focus on these children. As I sought treatment from my colleagues in the health care field, I was disappointed in some of the answers and treatment plans given to me. I asked CASI if perhaps I could share what I have learned and was graciously received.

The application process itself is a study in patience and self control. After being finger printed, psychologically analyzed and having our home investigated, we were feeling somewhat like a repeat offender. Make sure you have a wonderful partner or spouse, an understanding support system, and a sense of humor. Keep your eye on the prize of becoming a family and when a good friend tells you, as did mine, after waiting for 10 months for our boys, to give up and try for another child, ignore them. This is your child, go get them!

When your child does finally come home, there is much that needs to be done. Some of you may already have children but my sons were my first. I must say, that I was overwhelmed with the love that I felt for my boys. I am convinced that there is a “mothering” hormone and the emotional ups and downs that come with a new child are independent of pregnancy and childbirth. Relationships will change between you and your spouse and other children in the home. The lens through which you view your career, and even life itself, will be different. As our friends loved to tell us, “your lives are about to really change” and boy did they ever. But in the midst all of this, you must focus on the needs of your new child. I remember reading somewhere that children adopted from an orphanage or foster home should be considered “special needs children”. If you keep that in mind, it will carry you far.

Pediatrician

A pediatrician should be chosen prior to bringing your child home. Do some research and find someone familiar with children adopted internationally, if possible. An initial examination should take place within the first week of bringing them home. A thorough physical examination should be performed. It is quite common for children to arrive home with an infection in process. Ear infections, urinary tract infections, bronchitis, gastroenteritis, skin infections are common as is increased lead levels in the blood, anemia, intestinal parasites and prior tuberculosis exposure.

At the very minimum a blood count checking for anemia, a urine specimen checking for UTI, stool specimens to check for intestinal parasites and blood lead levels should be performed. Most children will have received a vaccine against TB known as a BCG. This is about 50-80% effective against TB but a TB skin test will always show positive, so should not be performed. If your child has a persistent dry cough, a quantiferon gold study should be performed to test for TB. It is a simple blood test performed by most health departments.

Our boys both arrived with ear infections, anemia, elevated blood lead levels and intestinal parasites. They were on several medications for a few weeks to rid themselves of the infections.

It goes without saying that most of these children are malnourished. Dietary supplementation with vitamin and protein enriched formulas and drinks, such as Boost and Ensure will help your child catch up. Diseases resulting from vitamin deficiencies may also be present, such as Rickets (vitamin D deficiency). A well balanced diet is key and most of these children will eat anything that is put in front of them!

Psychological, Emotional and Behavioral

Now comes the hard part. The part that is so difficult to understand, treat and deal with as a parent. The medical literature is very divided in the diagnosis and treatment of many emotional, behavioral and psychological issues. Many factors are at play here. What is the definition of normal? What defines abnormal? Should we look at all children under the same magnifying glass? Should we medicate, if so what are we treating? Does anxiety lead to hyperactivity? Does attachment disorder lead to depression? Does sensory deprivation lead to a child wanting to be held and touched or withdraw from that touch? Does no outlet for energy lead to a child wanting to be unusually active?

Should we expect a child that has been institutionalized, sensory deprived, malnourished, suffered loss and trauma to be “normal” with no resulting sequelae? Absolutely not. At what point do we seek “expert” advice and perhaps medication? In my research and experiences, there are no real experts on this topic. Though there are approximately 200,000 children in the U.S. who have been adopted from foreign countries, most healthcare providers and educators have little training and/or experience with these children.

This is the part of this whole journey that has created the most grief, anxiety and worry for my husband and me. It is the part in which we have had to be our children’s most fierce advocates and go against the recommendations of pediatricians, therapists and teachers.

Attachment

One of our biggest fears as parents bringing a child into our home is whether or not the child will attach to us. From my research, I have learned that attachment is a marathon not a sprint. There are many, many factors involved in how well a child attaches to his caregivers. What we do know is that children who have suffered the loss of a mother in infancy has “memory” of this loss physiologically. The new caregiver has different smells, tastes, sounds, touch. Older children will have explicit memory of the loss. Children in orphanages do not receive consistent, nurturing or timely care. This leads the child to not become attached to his caregivers emotionally. Secure attachment is necessary for healthy emotional and social development. Loving, nurturing and consistent parenting is key. Firm, consistent discipline infused with humor is recommended. Bringing the child in close and helping him understand his feelings and to know that he is loved will help him to learn to love and trust, which is vital to forming a secure attachment.

Children from orphanages exhibit “orphanage behavior” such as hoarding food, sleep disturbances, anxiety about changes, inappropriately close behavior with strangers, and attention seeking (either positive or negative attention). These behaviors may also be exhibited in attachment disorders. Other behaviors in attachment disorder include sensitivity to rejection, self-abuse, avoiding comfort when his feelings are hurt and precocious independence.

My advice is to read as much as you can about attachment disorder. Children born into and living with their biological families can also have reactive attachment disorder. Attachment disorder may be confused with bipolar disorder, ADHD, Oppositional Defiant Disorder or orphanage behavior. My readings have led me to the conclusion that all children adopted from orphanages will need to learn to love and trust their adoptive families as the families will need to learn to love their child. Consistent, nurturing and openly loving care will go miles in the marathon of attachment. But attachment issues may rear their ugly heads later in life if the child feels stressed or traumatized with new situations, such as starting school, a new child in the family, etc. Professional therapy may be needed but choose the professional wisely. I was formerly on staff at a large, well-respected Midwestern pediatric hospital. I had a patient who was 3 years old, recently adopted from China. I commented to the mother about how comfortable the child seemed to be with her new family and the mother’s response was not too surprising to me at that point in my experience. The ‘Center for Adoptive Medicine’ at this hospital had told the mother ‘after six months from the adoption, she will be like any other child and you will never know she was

adopted'. Do your own research and follow your gut feelings.

Anxiety

It is very understandable that these children will have many anxieties considering the trauma that they have experienced up to the point of bringing them home. As I have alluded to, there is explicit memory, in which we have vivid memories and recall of events. And implicit memory, in which we have no absolute recall of an event but will react to similar events in the present that mimic prior events. Implicit memory begins very early in life. The trauma of separation, multiple caregivers, constant hunger and thirst, being alone, scared, unnurtured and, in some cases extreme environmental conditions, will all create unpleasant implicit memories.

Our boys had many anxieties when we brought them home and others which revealed themselves later. The fear of abandonment and fear of change was very evident. If all four of us were in a room and one person left the room, they would become hysterical. They would awaken at night in excruciating fear. They had night terrors. One was frightened of all insects and still has a great fear of bees and wasps. He told me one day that when he was a little baby he was bitten by big bugs. Hunger would make the boys extremely hyperactive, they still do not tolerate being hungry. New situations and any change would, and still does, bring out anxiety which is manifested as hyperactivity. They still are afraid of being left alone and of sleeping alone.

Their anxieties are easing and they deal with new situations much better now. It is not unreasonable to think that in the future, therapy may be necessary to help them sort out their fears and anxieties.

Sensory Processing Disorder (SPD, aka Sensory Integration Disorder)

Prolonged sensory deprivation, as occurs in orphanages, in the young, developing brain will lead to problems integrating and using sensory information. These children will not know what to do or how to react to normal stimuli because their nervous systems were never taught. Normal tactile (touch) stimuli such as a tag on a shirt, a barking dog or walking barefoot on grass may be perceived by these children as a pine cone down one's shirt, a pack of dogs barking and walking barefoot on broken glass. Loud noises and places and situations with a lot of people and activity were, and still are, difficult for our boys. Certain tactile stimuli are still bothersome as well. When we first brought our boys home, I put my finger in one of the boy's hands hoping he would grasp my finger but he didn't know what to do with that sensation as his hands had rarely been touched in the orphanage. Some healthcare providers will label these children as autistic or 'on the autism spectrum'. In fact, there is even a term "institutional autism" that is used by some who are more in tune with the issues. But these children are not autistic.

Occupational therapists are very good in treating and teaching therapies for SPD as this is seen commonly in chronically ill and premature children. Treatments that helped our children were cuddling and coddling, making them into "burritos" in a blanket, sitting in a bean bag, wearing weighted backpacks, rocking, swinging, bouncing and swimming. Fine motor delays were dealt with by grasping things with tweezers, picking up small objects

and shooting toy guns. Our OT recommended a “sensory diet” in which routine and consistency is key. It included offering food at regular intervals, physical activity and down time at regular intervals and avoiding overstimulating and stressful situations.

Crossing midline is an issue in sensory deprivation as well. Children do not learn to recognize the different halves of their bodies and will use the right hand to reach for objects on the right side and the left hand to reach for objects on the left. This, in some cases, may lead to dyslexia. Having children reach across their body is important. We did this by encouraging the boys to draw pictures on an easel or shower door, reaching down to touch opposite toes and playing “patty cake”. Early intervention with an occupational therapist is vital and is covered by most insurance plans.

Hyperactivity

Our boys are very active and have problems following directions and paying attention. This has improved over the duration of their time with us. We have had a pediatrician, preschool teacher and occupational therapist suggest that they were ADHD. I knew in my heart that that was incorrect. Studies show that the majority (50-80%) of children adopted from orphanages are overactive and have attention issues. But by no means are all of these children ADHD. In fact, overactivity and inattention may be part of the “deprivation syndrome”. It has been shown that these children have increased daytime levels of cortisol, a stress hormone. As I have discussed previously, these children suffer trauma and stress from an early age. They learn to deal with this stress by hypervigilance and fear. The child’s baseline level of arousal is much higher than normal. They respond to situations with motor hyperactivity, anxiety and impulsivity. These are symptoms of ADHD but treatment with typical medication will not be curative. Sure, the symptoms may be blunted but the problem will not be solved. Be careful of trying a “trial” of Ritalin or other medication, as studies have shown that even small exposure to these drugs can have long-term negative effects.

These children need a consistent, predictable pattern to the day. Situations, as we have already mentioned, that overstimulate or frighten them should be avoided and don’t expect too much from them. Overscheduling their days can worsen their behavior by creating fatigue. Make your expectations fit the situation. Look them in the eye when speaking and give them clear, concise and step by step instructions. Use positive reinforcement and praise when the expectations are met. Encouragement to do better next time when they fall short.

School

As you can see, these children may exhibit many behaviors that will lead the child’s teacher to believe that they are hyperactive, inattentive, autistic or learning disabled. It is important to choose your child’s classroom situation carefully. Help their teacher understand what works for your children and what situations to try to avoid. If at all possible, give your child the gift of time. Our first preschool experience was difficult for all involved. We realized that they were not emotionally or physically prepared for school. Their fine motor delays made holding a pencil difficult, their sensory issues made the classroom set-

ting a challenge. We repeated preschool and began kindergarten when they were six, almost seven. They love school and are excelling!

Summary

The adoption journey has been a long and difficult one but definitely a labor of love. We cannot imagine having taken a different path. My husband and I love our boys more than anything in the world. Our hopes for them, like most parents, are that they are happy, well-adjusted boys who find their passion in life. We have learned a lot and have a lot left to learn. Good luck with your journey. Educate yourself and be an advocate for your children, for you know them better than anyone.

Resources

Adoptionarticlesdirectory.com, non-peer reviewed articles but great resource

Why Gender Matters, Leonard Sax MD, PhD, Basic Books

Boys Adrift, Leonard Sax MD, PhD, Basic Books, 2007