

Presenter: Dr. Jane Aronson, D.O.

Title: Love Can't Replace Identity

Learning Objectives:

1. Identify the potential issues faced by domestically and internationally adopted children i.e. Identity, Attachment, Post Traumatic Stress Disorder, Behavioral challenges, Regulation, Oral motor dysfunction, Developmental delays, Learning differences, Language delays, Auditory Processing disorder, ADD, ADHD, Sensory Integration Disorder, in utero substance use exposure and long term effects i.e. FAS
2. Recognize identity issues of adopted children during their lifetime and teach/counsel parents and adoption professional about the developmental stages that adoptees go through as they grow up
3. Develop sensitive listening skills and positive language for adoption professionals, adoptive parents and adoptees

Outline:

Zach and Rosie the Hen

Narrative of how a child has a loss in his life from day to day and how that triggers the loss of the adoptee; use this to be proactive with the child's feelings

- Understanding grief is a cycle
- Loss is part of the life of an adopted child.....
- Telling them the whole truth

Giving them time and space to feel

Erik Erikson's theory of psychosocial development

- Trust vs. Mistrust
- Autonomy vs. Shame and Doubt
- Initiative vs. Guilt
- Industry vs. Inferiority
- **Identity vs. Role Confusion**
- Intimacy vs. Isolation
- Generativity vs. Stagnation
- The field of identity development research is currently experiencing an identity crisis of its own. Although there is no consensus around a unifying theory or set of methods, there does appear to be agreement that identity is multidimensional and must take processes, contexts, and identity domains (or content areas) into account

- Erikson's primary writings about identity (e.g. 1950, e.g. 1968) focused on domains about which individuals have some degree of choice (e.g. occupation, religion, political views). However, increasing attention is being paid to aspects of identity about which individuals have little or no choice, but must still make meaning of that domain in their lives. Such domains include gender identity, racial identity, ethnic identity, and adoptive identity, among others. The case of adoptive identity ("What does being adopted mean to me, and how does this fit into my understanding of myself, relationships, family, and culture?")

Overview of Identity Issues

- All children grow to know themselves in childhood, adolescence, and throughout life (Erik Erikson "Childhood and Society")
- Adopted individuals need to know their adoption story **early** in infancy
- Adoptees generally integrate their feelings about adoption quietly
- Parents should consider heritage trips to their country of origin
- Search is much more common due to social media/internet access and open adoption
- Adoptees have developed a network of support i.e. Also Known As (AKA)-Korean adoption
- Adoptees have new ideas i.e. I am not an orphan.....Jodi Kim (An "Orphan" with Two Mothers: Transnational and Transracial Adoption, the Cold War, and Contemporary Asian American Cultural Politics American Quarterly, Dec., 2009, Vol.61, No 4, pp 855-880. The Johns Hopkins Press

Learning developmental Stages of the child's understanding of adoption

- Adopted children are significantly overrepresented in outpatient and inpatient mental health facilities
- More likely than their non-adopted peers to be diagnosed with a range of externalizing and internalizing psychological symptoms learning difficulties, substance (ab)use
- Difficulties impacting on adoptees and their families have less to do with adoption than with life conditions that pre-date placement: genetic, prenatal exposure to drugs, alcohol; malnutrition, neglect, physical abuse, sexual abuse, verbal abuse, exposure to parental mental illness, domestic violence, homelessness, disaster, war, famine, refugee life, pandemic

Children's Conception of Adoption by Age

- Pre-school Years-(birth to 5 yrs.) kids learn their adoption story and they absorb the language of adoption "forever family", positive aspects of adoption are emphasized by parents and pediatricians need to teach parents not to assume their children have too much understanding and to create an environment for curiosity and questions about adoption; this is a lifelong process and starting early is better
- Be proactive....do not wait for children to ask questions

- Children may be growing a sense of shame and blame for adoption
- Middle childhood-(6-12 yrs.) capacity for problem solving is growing and they realize that birth parents may have had options other than adoption and there is a rejection of simple explanations that were provided when they were younger; children see that they have 2 families and logic leads kids to think they are separated from the first family; kids understand other perspectives and feel empathy i.e. “Does my other family think about me?” “Do you think that they now have second thoughts about giving me up?”

Concepts of adoption identity for middle childhood

- Birth father fantasies-wanting to be like the father based on a known fact or magical thinking
- Was I stolen from my birth family?
- Little or no information about the birth family- we can’t make things up
- Healthcare providers need to reinforce the child’s curiosity and help parents to cope with questions that may be impossible to answer especially for emotionally challenging facts (neglect, abuse, mental illness, rape, substance use, criminality)
- Listening is best and being proactive is key.....make notes and date them and come back to your child and bring up the subject of adoption without waiting for questions

Adolescence and Abstract Thinking about Adoption

- Can my other parent take me back? Teach the child that adoption is a legally binding relationship, but some teens might think that when they turn 18 and are legal age that the birth parent can now take them back
- Adolescents can understand that adoption and foster care are good for a child who had a birth family who can’t take care of them
- Adolescents see that adoption is viewed by society as “second-best”
- Adolescents begin to integrate the two families into their emerging identity

Healthcare Providers should emphasize and teach parents-pediatricians should bring up adoption at each well visit!!!

- Adolescents (early, middle, and late) vary in their interest in their adoption
- Role of adoption for a person’s identity is affected by: temperament, self-esteem, child-rearing style, attachment to family (parents and siblings), friends at school, the community, religious beliefs, income, education level of family, time in history
- Open, supportive, empathic parents can help an adopted adolescent have a positive identity; stay away from judgments and be aware of your personal feelings
- More information about birth family and contact with the birth family (triad) facilitates adoptive identity development
- Children may visit with their birth parents if they are in foster care and some open adoptions have visits built in for a lifetime

Race and Ethnicity affects Adoption Identity

- Being raised in a mixed race family is complicated i.e. where are the role models?
- Search comes up in adolescence and needs to be supported by parents and healthcare providers; there is nothing abnormal or pathologic about “search” for adoptees
- Genetic testing is controversial. Commercial kits do not have the specific “DNA polymorphisms” among individuals, groups, or populations where internationally adopted kids come from; it is best to consult with a medical geneticist about testing

Kids should be counseled about the family history of adoptive parents

- Children born to birth mothers with substance use history who were adopted need to be counseled that there is a statistically increased risk for substance use for them
- Timing of this counseling is likely before the teen years and can be coordinated with open adoption context

Developmental, Educational, and Psychological Issues of Adopted Children

- Length of institutionalization and/or foster care placements-based on my work abroad and knowing culture and orphanage location (412 Worldwide Orphans Foundation Orphan Ranger service trips were informing) and for domestic adoption-exposure to drugs/alcohol and other factors for birth mothers and their background
- 25-30% of adopted children have learning differences and require intervention and support
- Reactive Attachment Disorder (attachment issues evolve and may not be so apparent)
- Anticipatory Guidance is needed for the adoption process
- During the preparation for families to adopt, they have opportunities during the home study process to learn about child development and behavior and how it may be different for children adopted from abroad, from foster care, and even domestically if the child is exposed to alcohol and drugs in utero
- Parents will need to learn about the process of how a child from an orphanage may attach over time....it is a process and requires a lot of strategy and guidance
- Oral motor dysfunction (bottle propping and forced feeding), behavioral issues, Learning differences
- ADD, ADHD
- Post Traumatic Stress Disorder
Auditory Processing Disorder
Emotional Dysregulation

Pre-adoption Preparation for Parents

- Families seek adoption resources through accredited agencies, attorneys, advocacy organizations (Families with Children from China, Adoptive Parents Committee,

Concerned Persons for Adoption, Adoptive Families magazine), adoption conferences, local social welfare departments, and adoption medicine specialists

- Single parents, heterosexual couples, same sex couples, mixed race individuals, mixed race couples are candidates as parents but there are legal requirements by country and states
- Primer sessions through adoption agencies, pediatricians specializing in adoption include domestic v. international, choosing a country, choosing an agency or an attorney, and resources for reproductive technology, surrogacy and legal consults

Parent Attachment Disorder

- Parents can become sad and depressed during the process of adopting or shortly after the adoption especially if the child's transition to family life is challenging
- Parents are often disappointed and overwhelmed with the potential "special needs" of the child
- It is very important that the parents seek advice and support from either the social worker who did the home study, the adoption agency, and/or the pediatrician who is providing primary care for the child
- Counseling can ease the anxiety of the process and forestall Parent Attachment Disorder
- Parents may have spent years wanting a child and they may have engaged in fertility protocols that were unsuccessful
- Adoption is often a last resort and the process to adopt can be grueling and exhausting
- Adoption both domestically and internationally is challenging and by the time you adopt, there is a kind of emptiness.....
- Depression may occur even after the triumphant "arrival" of the new member of the family; that sadness and lack of energy can grow to interfere with the bonding process with a vulnerable child who may have delays especially limited express language and other issues
- The parent can distance and not attach to the child and the child may end up feeling rejected

Films can teach us about Identity and help parents address identity issues with their children

- "First Person Plural" story by Deann Borshay Liem
- "Approved for Adoption" story by June Henin
- "Found in Korea" story by Nam Holz
- Lion, Philomena, Slumdog Millionaire, The Blindside, Babe, Kung fu Panda 2, Superman, Peter Pan, Spiderman, Black Widow (sisters taken from their birth mother)
- Despicable Me, Stuart Little....adoption is dealt with poorly
- Classic books about orphans-Oliver Twist, David Copperfield, Great Expectations, The Adventures of Tom Sawyer, Hugo, The Jungle Book, The Cider House Rules, Harry Potter
- Colin Black and White (Netflix)-the teen years of Colin Kapaernick

Resources for Parents Adopting Children with Developmental Delays

- Parent, Pediatrician, Teacher, NP, Social Worker, Psychologist, Psychiatrist, Neuropsychologist- assess and refer and creating a **team** to help support in times of urgency, emergency-teaching parents to be independent and loving
- Coordinate with school all through the child's lifetime
- Medication for ADHD, social anxiety, and depression
- Early Intervention for children Birth to Three (provided by county of residence and anyone can make the referral including parents and it can be free or based on health insurance like Medicaid)
- Therapies: Speech and Language, Occupational, Physical, Special Education Instruction, "See It"
- Special Education (CPSE) referral by Child Study Team through your school district-after 36 months and includes pre-school, elementary, middle, and high school: 504 and Individualized Educational Program (IEP)
- Executive Function coaches and mentors
- Camps, wilderness programs, residential treatment programs, etc.