

WHAT PEDIATRIC HEALTH PROVIDERS SHOULD KNOW ABOUT

ADOPTION



WHY PEDIATRIC HEALTH PROVIDERS SHOULD KNOW ABOUT ADOPTION

Every child needs a loving home, and for children who are not able to be raised by their birth parents, adoption can provide a positive outcome. While most adoptees are physically and emotionally healthy, adopted children are more likely than non-adopted children to have significant physical health problems as well as difficulties with emotions, concentration and, behaviors. This increased risk is most often due to adoptees having been exposed to adverse experiences before coming to their adoptive families. Among others, examples of these adverse experiences include prenatal substance exposure; malnutrition; institutional living; and exposure to family dysfunction, parental substance abuse, mental health disorders, and violence. Research has shown that the greater number of **adverse childhood experiences (ACEs)** children are exposed to, the greater the likelihood that they will have chronic physical, emotional, and developmental conditions.

Pediatric health providers have the opportunity to identify ACEs early and to intervene by providing the family with referrals to appropriate services and supports. The earlier the intervention, the greater likelihood the child will achieve long-term health and well-being.

SUPPORTING ADOPTIVE FAMILIES

The physical, emotional, and developmental needs of adopted children can sometimes test the coping abilities of parents and stress the adoptive family unit. Early experiences of significant trauma can cause children to behave and react in ways that seem unusual, exaggerated, or irrational to those who do not understand the impact of early ACEs. Adoptive families may struggle to understand and support them.



DID YOU KNOW

- Children of all ages are adopted. The median age of children adopted through the public child welfare system is 5 years.
- In 2014, an estimated 116,360 children were adopted in the United States, of which 75,337 were unrelated (non-kin) adoptions. The U.S. has more than 1.5 million adoptees younger than 18 years.
- Adoption can occur in a variety of ways: 1) private domestic adoptions; 2) public adoptions (from foster care); 3) intercountry adoptions; and 4) step-parent or family member adoption that does not involve a private agency.
- In 2015 approximately 440,000 children received Title IV-E adoption subsidies, which means they were most likely adopted from the public child welfare system. These children are more likely to have a history of ACEs exposure.

Pediatric health providers are in a unique position to support adopted children and their families beginning with asking about adoption. Knowing if adoption is part of the family story can be a critical piece of information in assessing and meeting the needs of adopted children and their families. Pediatric health providers can learn this information by designing intake questions that are inclusive of all types of families and that normalize adoption by providing space to acknowledge that adoption is a part of the child's history. The Child Trauma Academy Intake Form. (<http://qic-ag.org/wp-content/uploads/2017/06/FamilySectionOf-CAHxForm.pdf>) provides some examples of family history questions regarding adoption. Because families disclose adoption to their children at different ages, pediatric health providers should ensure that questions about adoption are asked away from the child so that the provider can determine if the child is aware he/she is adopted.

When caring for a child who has been adopted, pediatric health providers have an opportunity to support adopted children and their families by

- screening for and identifying trauma;
- helping families understand the various ways in which a child's early adverse experiences might create unique physical, mental, and developmental health challenges;
- empowering families to respond to their children in ways that acknowledge their past trauma while helping children to learn new, adaptive reactions to stress; and
- helping families understand that children who are adopted (even at birth) can experience issues that affect them across their lifespan.



IDENTIFY TRAUMA

Trauma's influence on the brain results in changes in bodily functions which can be assessed by ensuring a thorough patient history includes a review of ACEs and a standardized review of systems. These reviews should be included in the history taking for ALL children, but they are particularly

important for children who have been adopted. Some of these discussions can be sensitive and might need to take place over time or out of earshot of the child.

Pediatric health providers can probe for information about exposure to adverse experiences and toxic stressors in a non-threatening, but trauma-informed manner by using open-ended and directed questions. An example of a question that can be used to ask about trauma is:

“Do you know of any difficult, frightening, or upsetting things that happened to your child either before or after he/she came to live with you?”

The use of a formal screening tool is helpful if trauma exposure is suspected, reported by the parent or child during history taking, or if symptoms are identified by history or review of systems. Suggested tools for history taking, standardized review of systems, and trauma surveillance and screening can be found in *Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians* (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf).

GUIDE, ADVISE, AND ASSIST

Parenting a child who has experienced trauma can be challenging. Adoptive parents can become frustrated and exhausted as they try to manage their child's reactive behaviors. Yet, a parent's calm and consistent responses to the child are what offer the traumatized child the chance to stabilize and heal. Therefore, it is critically important to explain to adoptive parents and families that as challenging as their child's behavior might be, such behaviors represent a normal reaction to experiencing unhealthy threats that resulted in healthy and unhealthy coping strategies. Pediatric health providers can help adoptive parents to make the connection between early ACEs/childhood trauma and the impact of trauma on the child's current functioning, and then work with the parents to find effective strategies to address their child's behaviors. Information about how to help families and how to offer trauma-specific anticipatory guidance can be found in *Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians* (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf).

When working with adoptive families, there are some practices that pediatric health providers might want to consider:

- Be aware that the family might have limited family medical history or information of the child's medical needs before joining their family; for some parents, this lack of medical information can be a stressor.
- Refrain from using terms such as "real," or "natural" when referring to the biological parent; refrain from referring to the parent's biological children as "your own children."
- Recognize that adoptive parents might have higher needs for communication and information. Pediatric health providers can play a critical role in helping parents not only understand adoption-related health issues but also determine what benchmarks are considered as routine development.

Additional information can be found at Let's Talk Respectful Adoption Language and Behavior (<https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Foster-Care-Adoption-Kinship/Documents/COFCKAC-LetsTalkRespectfulAdoptionLanguageBehavior.pdf>).

REFER

Adoptive parents might not be connected with a mental health provider. Many adoptive parents might come to the pediatric health provider either seeking reassurance about their child's behaviors or seeking assistance. Thus, it is critical for pediatric health providers to be aware of and have a working knowledge of the services and supports available within their community. The referral form included in *Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians* (https://www.aap.org/en-us/Documents/hfca_foster_trauma_guide.pdf) can be a useful tool in communicating with mental health specialists and can serve as a summary for family members and medical records.

RESOURCES

Healthy Foster Care America is an initiative of the American Academy of Pediatrics and its partners to improve the health and well-being outcomes of children and teens in

foster care. More information is available at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/default.aspx>

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