

Children Process Adoption Throughout Early Years

Each stage of childhood has its own challenges; look for red flags that may indicate a need for treatment.

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WASHINGTON — During each stage of childhood, adopted children must master a different level in processing their unique life story, Kay Seligsohn, Ph.D., said at the annual meeting of the American Academy of Pediatrics.

"Each stage has its own tasks, its own challenges, and its own red flags," said Dr. Seligsohn of the Children's Hospital and Harvard Medical School Adoption Program, Boston.

The tasks of the toddler years are to develop a sense of autonomy and self-identity. Adoption during these years can hinder the process. "They are taken from the only home they have known and dropped off in a place where they know no one and may not even speak the language," Dr. Seligsohn said. "Imagine what that teaches them—that they have no autonomy at all."

This experience, combined with the limited language and cognitive skills of a toddler, is the root of the attachment delays and behavioral problems these children often experience as they settle into their new family. "Parents should anticipate that they will see extreme 2-year-old behavior."

But behavior issues, "beyond the normal 'terrible twos,'" should be red flags that the attachment process isn't going well or that the child might have an underlying medical or psychological problem.

"We diagnose a lot of fetal alcohol effects and sensory integration problems at this stage," Dr. Seligsohn said.

Toddlerhood also is the best time to begin introducing the child's personal adoption story, she said. "The best way is simply to have it become part of the general family fabric, like knowing what town they live in."

The preschool years are a time of emerging self-awareness for children. They experience an explosion of physical skills and language development. At this stage, children can parrot their adoption story as though it's a bedtime tale, but probably don't really understand much of it, she said.

Adopting a child who is preschool age has both its challenges and its rewards. "They know what a family is and are often looking forward to belonging to one. But they will go through a period of extended grief and loss even if they are going to a better situation."

The behaviors surrounding grief and loss can be upsetting to adoptive parents, who view adoption as a time of happiness and excitement.

It's important to let parents know that the grieving process is both normal and necessary. "Attachment proceeds slowly because of the grieving, but it moves si-

multaneously with it," said Dr. Seligsohn.

It is also during the preschool years that children start to lose their past memories. It can be very beneficial to record those recollections before they are lost, so the child can later hear a complete record of his or her life. If the child isn't fluent in English, hiring an interpreter can be a good investment.

During this time, attentional issues, hyperactivity, fetal alcohol effects, and language delays can emerge. Preschoolers also can suffer from extreme anxiety that manifests as nightmares or monster fears. Older children can become obsessed with worries about separation.

Children in the latency phase are developing their self-esteem and cognitive skills, as well as their sense of logical reciprocity. For many children, this new thought process allows them to understand for the first time the concept of a birth family and, consequently, its loss. "They think, 'If I was adopted, my real mother gave me up.'"

This realization concerning the birth family is always accompanied by grief and sadness, Dr. Seligsohn said. "It might not be extreme—it could be as brief as a few days of feeling blue. But it can be quite problematic."

Children can begin to idealize their birth family and compare it to their adoptive family—usually to the adoptive family's detriment. These family romance fantasies are "a normal part of the process of un-

derstanding that your parents aren't always good, and that you can love them and be angry at them at the same time," she said.

This issue usually abates toward the end of middle childhood, but for some children it can be connected with the development of oppositional or mood disorders, which would include depression, anxiety, bipolar, and posttraumatic stress disorders.

"There is a higher incidence of these disorders in the adopted population, so it's good to check this out when the parent expresses any concern," she advised.

Adopted adolescents are struggling to understand their ego and sexual identity. Adoptive parents often aren't much help during this crucial period, Dr. Seligsohn said.

"The [adoptive parents] are horrible at talking about sexuality, especially if there is a history of infertility that led to the adoption. There's also the myth that all people who place kids for adoption are promiscuous teenage moms."

Unfortunately, she said, adopted teenagers may believe this as well and may engage in high-risk behavior as a subconscious way of identifying with their absent birth parents.

Adolescence is the time when most adopted children begin searching for their birth families. The advent of the Internet has made it much easier to do this and much easier to be secretive about it. It's important to monitor Internet use to forestall secrecy.

Adoptive parents need to understand and support the child's need to discover this very important part of his or her past, Dr. Seligsohn said. ■

Grieving for the birth family is both normal and necessary. 'Attachment proceeds slowly because of the grieving, but it moves simultaneously with it.'

Teen Pregnancy May Rise With Parental Notification Laws

BY MARY ELLEN SCHNEIDER
Senior Writer

Laws that require parental notification for teens to receive prescription contraception at family planning clinics could increase the risk of teen pregnancy, according to a study by Rachel Jones, Ph.D., and her colleagues.

"Family planning clinics need to be supported in the work that they are doing with teens," said Dr. Jones, senior research associate at the Alan Guttmacher Institute (JAMA 2005;293:340-8).

The study found that if a law required clinics to inform parents in writing when their teenagers got prescription birth control, 18% of teens would have sex using no contraceptive method or would rely on rhythm or withdrawal.

About 1% of teens surveyed said their only reaction to such a law would be to stop having sex, the study said.

Most teens said they would continue to use the services at the clinic even if parental notification was required or would use over-the-counter contraceptives, such as condoms.

The implications are that mandated parental notification laws would discourage few teens from having sex and would

likely increase rates of adolescent pregnancy and sexually transmitted diseases, the study authors concluded.

The study was based on a nationwide survey of 1,526 adolescent females under age 18 years who were seeking sexual health services, excluding abortion and prenatal and postnatal care, at publicly funded family planning clinics in 33 states.

About 60% of respondents said their parents were aware that they were using a clinic for sexual health services. In most cases, the teens had either voluntarily told their parents or they had come to the clinic at the suggestion of a parent.

About one-third of teens surveyed said that their parent or guardian was unaware that they were obtaining sexual health services at the clinic. About 4% said they were unsure if their parents knew.

Reasons respondents gave for not informing their parents included:

- ▶ Not wanting parents to know of the teen's sexual activity.

- ▶ Not wanting parents to be disappointed by the teen's sexual activity.

- ▶ Not feeling comfortable with discussing sex with their parents.

- ▶ Not wanting parents to know the reason for the teen's clinic visit.

- ▶ Wanting to take responsibility for their own health.

The majority of teens who responded to the survey—about 60%—said their parents were aware that they were using a clinic for sexual health services.

Concerned Women for America (CWA), a group that supports abstinence-only education, discounted the study. CWA said the study is biased because its authors are researchers associated with the Alan Guttmacher Institute, which is affiliated with Planned Parenthood.

CWA contends that Planned Parenthood is concerned that greater parental involvement will mean less business for them.

"Policymakers need to stop treating parents as a suspect class, presumed not to have their own kids' best interests at heart," Wendy Wright, CWA's senior policy director, said in a statement.

"Adolescents benefit when their parents are involved in their lives, and policy-

makers shouldn't forbid their involvement in their daughters' and sons' most important decisions," she said.

Texas and Utah currently require parental consent for teenage use of state-funded family planning services, and a similar restriction exists in one county in Illinois.

Last year, lawmakers in Kentucky, Minnesota, and Virginia introduced bills that were aimed at imposing parental consent requirements on teens seeking contraception.

On the federal level, lawmakers have introduced proposals in recent years to require parental involvement in teenagers seeking contraceptives at federally funded clinics; none has become law.

"All this history does not bode well for the future," Cynthia Dailard said in a teleconference sponsored by the Alan Guttmacher Institute.

Ms. Dailard, a public policy associate at the institute, predicted that parental notification for sexual health services will be high on the federal agenda in the wake of the 2004 elections.

In addition, several newly elected senators have aggressively advocated against the use of federal dollars for family planning, she said. ■