



Society of Pediatric Nurses Department

## The Importance of Nursing Support for Families with International Adoptees☆☆☆

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The objective of this article is to inform paediatric nurses of the needs of international adoptees and their families. Our interdisciplinary research team has come to realize, over the course of our ongoing research, the important role that nurses play in the care and service pathways for these adoptive families. This article outlines the context of international adoption and its repercussions on the health needs of these children and families.

Many parents choose international adoption to begin or expand their family. International adoption escalated in the 1990s, with almost 20,000 adoptions in the United States and 2000 in Canada (Choulot, Carbonnier, Guérin, & de Béchillon, 2005; Johnson, 2005; Johnson & Dole, 1999; Secrétariat à l'adoption internationale, 2017; Zamostny, O'Brien, Baden, & Whiley, 2003). However, since 2005, a variety of administrative, political, judicial, and social factors have led to a decline in international adoptions.

Ratification of the Hague Convention led to a change in the demographics of adoption. The Hague Convention prioritises the child's interests and places the onus on finding a family for a child, rather a child for a family. This priority change requires countries to emphasize caring for children in their country of origin with international adoption considered as a last resort. The ratification of the Hague Convention, and the improvement of socioeconomic conditions in certain countries of origin, have greatly modified the profile of children available for international adoption. Adoption procedures now take more time, and children and parents must wait longer before coming together to form a family. This has an effect not only on parents, but also on the health of the child, who waits in conditions that may be suboptimal.

While the number of international adoptions has decreased considerably, the needs of adopting families and adopted children have increased, particularly in terms of health considerations (Brodzinky, 2011; Dartiguenave, 2012). Adoptive families thus continue to require support throughout the process of becoming and then being parents of an adopted child (Brodzinky, 2011). Miller, Pérouse de Montclos, and Sorge (2016) have reported significant modification of the pre-

and post-adoption clinical needs of international adoptees and support needs of adopting families, in both France and the United States. Additionally, they have demonstrated the importance of post-adoption support of children with special needs, and the necessity of paediatric support before and after the arrival of the child. There is no clear definition of a child with special needs (Chicoine, Germain, & Lemieux, 2012), a category that includes children who have a major handicap, children who suffer from neglect or fetal alcohol syndrome, and children born prematurely. In some cases, older school-age children or adolescents at the time of adoption constitutes a special need. Despite the fact that it is impossible to identify all these needs beforehand, families are expected to be able to seamlessly integrate their adopted child. In some cases, the child's health status may significantly affect child-parent dynamics, and an increasing number of families experience adoption disruption (Miller et al., 2016). Increasing numbers of children who are older than six years, who have a disability, medical condition, emotional or behavioural challenge; children who come with siblings or leave siblings behind are being adopted (Miller et al., 2016). The needs of these children become apparent at key moments in the lives of their adoptive family, such as arrival of the siblings adding unexpected children to the family, the commencement of a new school year and new school, the onset of adolescence, and the onset of adulthood.

Several factors affect the adopted child's health status: pre- and perinatal history, poverty, caregiver: child ratio in the orphanage, age at abandonment, hygiene of the orphanage or other care institution, under-stimulation, undernourishment, exposure to infectious diseases, and traumatic events such as violence, abuse, or even the death of their parents. International adoptees often suffer from malnutrition or nutritional deficiencies upon their arrival. Moreover, the following infections are also common: 1) congenital infections such as rubella or syphilis; 2) skin infections and infestations, such as impetigo, scabies, lice, and ringworm; 3) respiratory infections; and 4) digestive tract infections and parasitosis. In the first few months post-adoption, parents need to act more like caregivers than conventional parents. The challenge of this unanticipated function may be mitigated by the advocacy role of the paediatric nurse who is able to act as a coach and provide support, palliating both the small problems and the major concerns of adoptive families. Although the large majority of international adoptees develop well, there remain many day-to-day challenges.

In 2000, the American Academy of Pediatrics defined the healthcare needs of adopted children a paediatric speciality. Studies of the social and physical health of international adoptees have demonstrated that

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these children, and their families, have greater needs (Miller, 2005). More specifically, the incidence of health problems is higher in international adoptees than in the general child population.

Early neglect and poor health status have repercussions on the later development of international adoptees. The onset of schooling and the period of adolescence are particularly difficult for some families. Schools appear inadequately equipped to respond to the challenges faced by adoptive families (Gagnon-Oosterwaal et al., 2012).

### Emotional and mental-health implications

International adoptees also face social, emotional and mental-health challenges. The time they spent in an institution has a real impact on their development, and the stress they experienced during this period may result in subsequent difficulties, e.g. somatic problems, anxiety, social problems, attention disorders, aggressiveness and unmitigated grief (Groza, Scoti, & Cash, 2003). Children who spend their initial years institutionalized are more likely to experience learning and behavioural disorders (Tan & Yi Yang, 2005), and almost always exhibit global developmental delays post-adoption (Pomerleau et al., 2005; Gagnon-Oosterwaal et al., 2012). Failure to thrive, as well as impaired cognitive and psychomotor development, generally resolve within months to years. However, emotional impairments—which may be the result of deficient sensory, emotive, or social stimulation during institutionalization—are more ingrained, and tend to have long lasting effects on the child's personality development and ability to trust, form relationships, reciprocate affection, and communicate feelings.

Most children eligible for adoption have, at various points in their development, been deprived physiologically (food, medical care), sensorial (caresses, calming, tenderness), emotionally (attachment figures who are stable, available, benevolent, protective, loving) cognitively (stimulation, exposure to nature, colour, music), and socially (peers, social interactions). This global under-stimulation results in a situation of neglect that is likely to slow the child's development in many domains, and adoptive families must cope with the effects of these deficits.

### Impact in school-age children

Pre-adoption under-stimulation may influence the child's cognitive potential. Soft signs related to processing, retention and use of information become evident when the child begins school and are manifested in delayed language, psychomotor development, and learning difficulties related to writing and mathematics. These problems may be diagnosed in isolation or, more commonly, as comorbid with attention deficit and hyperactivity disorder (ADHD) (Pérouse de Montclos, 2012). Several studies have shown adopted children to be over-represented in mental-health services and exhibit more learning disorders and symptoms related to internalization and externalization than their non-adopted peers (Juffer & van Ijzendoorn, 2005; Keyes, Sharma, Elkins, Iacono, & McGue, 2008). It is well recognized that early intervention with children and families maximizes the chances that an adopted child develops to their full potential and experiences a positive educational pathway. It is therefore important that educators and school nurses be informed of the child's age at the time of adoption so they may better support both child and family.

### Impact in adolescence

In adolescence, the adoptee further develops the ability to construct meaning around and understand the implications of having been adopted. Adolescence is probably the period in which adoptees experience the most difficulty coming to grips with their origins (Askeland et al., 2017; Keyes et al., 2008), and adoptees may find the entry into adolescence challenging, wearisome and frustrating. The quests for their roots and their identity are crucial in this period and are the source of many questions adoptees have for their parents.

### Role of the paediatric nurse

International adoptees face many types of health challenges, be they nutritional, infectious, developmental, or emotional. The arrival of a child forces every member of the adoptive family to adapt, to reflect, and to accommodate to meet the needs of each family member. In addition, these families must often cope with judgemental comments and attitudes—sometimes subtle, sometimes not—concerning their situation. Typical comments include “Are these your real children?” “Does the child know their real parents?” “Why did you choose an international adoption?” These judgements and attitudes may even be expressed unconsciously by members of the child's extended family, by case workers, or by strangers and are vexing issues for families in which the adoption has been transracial.

Paediatric nurses have a role to play in supporting adoptive families as they interact with families in a variety of contexts (inpatient clinics, outpatient clinics) from infancy through adolescence. They must always bear in mind the fact that adoption has repercussions on all spheres of a family's life. In example, hospitalization of an adopted child has the potential to have a greater relational and emotional impact on the family than does hospitalization of a non-adopted child. The role of the nurse encompasses supporting the parents and other family members, advocating for the child's best care that includes attention to mental, emotional and behavioural health and providing information, resources and encouragement to interact with other international adoption families.

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