

Monday, November 2, 2009

Results of POSitive Study-Demographics and Adoption Professional Sections



PEAR conducted a Observational Survey on Adoptive Parents Success, Satisfaction and Types of Post-Adoption Services (POSitive study) from January to August 2009. One entry was completed per child with a potential 129 questions covering the areas of adoption professionals, financial advice, international adoption clinics, early intervention (US only), mental health services, faith-based services, school-based services, testing and other interventions. Articles and statistical analyses will be available in early 2010.

On each Monday during National Adoption Month, we will share a segment of the results. This week we will be sharing some demographics and adoption professional results.

Demographics

The survey had 538 fully-completed entries. Ninety percent of entries were about international adoptions and ten percent were about domestic adoptions.

Fifty-nine percent of completed surveys were about female adoptees.

The top six countries of origin of the adoptees in the sample were Russia (32%), China (15%), Guatemala (10%), US (9%), Vietnam (8%), and Kazakhstan (6%). Ethiopia, India, South Korea and Ukraine each represented two percent of the sample. Thirty-one other countries were also represented.

Only 11 percent of families have moved to a different major city since completing the adoption. Thirty-seven percent had other children living in their home at the time of the adoption.

Twenty-four percent of adoptees had been labeled as "special needs" by the agency, attorney or sending country. Fifty-four percent had their homestudy conducted by a separate entity than their placing agency/attorney practice.

Adoption Professionals

Only 57 percent of those surveyed live in states or localities which require follow-up by adoption professionals. Sixty-seven percent had agencies or attorneys require adoption professional follow-up. Sixty-eight percent of those who had inter-country adoptions had a requirement from the country of origin to have follow-up from adoption professionals. Seventy-eight percent of those who had inter-country adoptions had post-placement reporting requirements.

Seventy-six percent of agencies assist in some way with post-adoption reports with the main help being mailing forms (57 percent). Forty-five percent were provided forms and thirty-five percent had assistance with social worker meetings. A small number were provided with translations, phone consults or reminders. The comment section showed that there was displeasure that some agencies did not assist.

Our questions about adoption professionals giving contact information to adoptive parents for post adoption support for health, education, financial and emotional/peer support showed that this is not a service that is well-provided to adoptive parents. Peer adoption support group contact information was the most likely category of information given (51%). Only 32 percent received contact information about early intervention resources, 17 percent received general pediatrician contact information, 16 percent received contact information about legal assistance, 14 percent received contact information about mental health professionals or financial assistance and 13 percent received contact information about educational interventions. A small percent received international adoption doctor contact information or re-adoption information.

Monday, November 9, 2009

Results of POSitive Study -Financial, International Adoption Clinic and Early Intervention Sections



Financial

Financial planning for expected and unexpected post-adoption issues (health- and education-related) and trusts have been a frustration for some adoptive parents. We asked if agencies, social workers or attorneys provided information prior or after adopting. Twenty-three percent discussed financial planning or trusts prior to adopting with their adoption professional and two percent afterwards. Eighty-eight percent received financial services from their own resources and six percent were unable to get their desired financial services.

Sixty-three percent currently feel that they do not need further information about financial planning. Twenty-four percent would like information on 529/educational trusts, eighteen percent on wills; sixteen percent on trusts; fifteen percent on special needs trusts.

Ninety percent of people never received information about child life insurance from their adoption professional yet thirty-three percent did try to obtain a child life policy. Of those who applied for one, eighty-nine percent were able to obtain one.

We asked adoptive parents what types of financial services should be mandatorily discussed by adoption professionals with prospective /adoptive parents. Forty-one percent feel that financial planning and trusts should be discussed pre-adoption and thirty percent feel it should be discussed post-adoption.

International Adoption Clinic and Primary Care Provider

For those that internationally adopted (90% of our sample), we asked about the use of international adoption (IA) clinics. Fifty-seven percent of people used IA clinics prior to adopting and thirty-one percent never had contact with an IA clinic or doctor with expertise in international adoption. Furthermore, forty-three percent of parents only corresponded with IA clinic via phone, fax or email, likely to review child referral information.

Of those who physically went to IA clinics, thirty-five percent saw a doctor prior to adoption, thirty percent one to two weeks after the child came home, twelve percent saw the doctor three to four weeks after arriving home and ten percent within one to three months after arriving home.

Fifty-four percent saw a general pediatrician first, twenty-nine percent saw a developmental pediatrician first, eight percent saw an infectious disease specialist first. Forty-five percent were not referred to any specialist following IA doctor appointment. Referrals to early intervention providers accounted for 16 percent; to speech therapist for 15 percent; to occupational therapist for 13 percent and to audiologist for 10 percent. Eighty percent of those who used IA doctor services rated their experience as good or excellent.

Seventy-three percent said that their child's primary care provider took the child's past history/adoptive status into account when first examining the child.

Primary care providers referred patients to the following types of specialists: speech therapist 18%, early intervention provider 17%, audiologist 12%, pediatric dentist 11%. Eighty-six percent rated their primary care provider services as good or excellent.

Early Intervention

Eighty-six percent of respondents adopted a child 5 years of age or younger while residing in the US. Of those respondents, fifty-seven percent had their child screened or used their state's Early Intervention services. Eleven percent of parents contacted Early Intervention before their child even came home. Fifty-two percent contacted Early Intervention services after returning home without a health care provider suggestion.

Of those who had their child screened, 60 percent had their child screened for speech, occupational, physical and developmental/educational interventions. The rest did not have assessments in all categories. For those who did not get screening in all four categories, the reasons given were not feeling child needed all the assessments: 43%; child's doctor did not feel all assessments were needed: 25%; early intervention services discouraged a full screening: 24%.

Seventy percent of those screened in any category qualified for services with speech therapy at eighty-five percent, developmental/education intervention at fifty-two percent, occupational therapy at forty-five percent and physical therapy at thirty-nine percent. Eighty-two percent of those who had services for their child rated their experience as good or excellent.

While people from some localities reported excellent services, there is a great inconsistency across the US. There were a number of people who did not get services or had to "fight" to get early intervention. Some of the more common reasons for not having services include: that speech services were denied because the child was learning English, uncertainty of child's true age led to disqualification, international adoption is not a reason for screening, services not adequate or unprepared for developmental services for children effected by trauma, occupational therapy screening missed sensory issues, some localities base services on income, making it very expensive for the adoptive parent, screening too basic, speech services denied because some localities require a delay in another area before speech services are given, no one to assess in child's native language, program was full and no more slots were available.

Monday, November 16, 2009

Results of POSitive Study-Mental Health, Faith-based and school-based sections



Mental Health

Partial results are as follows. Thirty-four percent of respondents had their child screened or used mental health or attachment services. Of those, 86 percent pursued this based on their own assessment and 19 percent had a primary care doctor recommend it.

Of those using mental health services (multiple professionals sometimes were selected), 42 percent used a psychologist with attachment expertise, 39 percent used a social worker with attachment expertise, 29 percent used a psychologist with no attachment expertise, 25 percent used an educational psychologist, 23 percent used a psychiatrist with no attachment expertise, and 21 percent used a social worker with no attachment expertise.

Of those using mental health services, the conditions that the respondents' children were labeled with were as follows: 41 percent labeled as ADHD and 5 percent ADD, 31 percent as PTSD, 25 percent as an attachment disorder, 21 percent as generalized anxiety disorder, 18 percent as RAD, 18 percent as ODD, 13 percent as ARND/FAS/FAE, and 11 percent as bipolar. Twenty-one percent were not diagnosed with a condition. For some respondents, the comment space was not large enough to provide all of the diagnoses. Others had questionable diagnoses or had children that were still in the process of being diagnosed.

The following interventions were used: 47 percent used play therapy, 47 percent used rewards systems, 37 percent had parent counseling, 36 percent used behavioral management, 30 percent used some form of parent holding technique, 27 percent used

sensory integration techniques, 24 percent used parent support groups, 15 percent used Theraplay, 15 percent used regression with baby bottles, , 13 percent used art therapy ,12 percent used blanket wrap, 12 percent used applied behavioral analysis (ABA).

Eighty-eight percent had services provided in an office. Forty percent of parents provided therapies in their home.

Cost of therapies/lack of comprehensive mental health coverage are often cited as major barriers to therapy. Thirty-eight percent paused therapy due to cost. Twenty-two percent stopped therapy due to cost.

Fifty percent of children were prescribed medicine. Of those, 60 percent have used multiple medications. The most common medications used were clonidine, Ritalin, Strattera, Risperdal, Focalin, Zoloft and Concerta. When asked about positive and negative experiences about mental health providers and interventions, the majority had negative experiences due to expense, not able to find professional that understands the complexity of attachment/ neglect issues, medication side effects and in many cases, great frustration with being lied to or not being fully informed about the mental health condition of the child by adoption service providers or country of origin. The positive experiences were mainly associated with children that have had positive results from use of ADHD medications for ADHD. The negative experiences involved children that have attachment and severe neglect issues.

Faith-Based Services

Thirteen percent used a faith based services with seventy–nine percent being satisfied.

School-Based Services

Seventy-eight percent of respondents have children that are three or older who would be old enough to qualify for a school-based service in the US. Thirty-five percent of those have never had a school-based service. Interventions provided by a school are as follows: 35 percent received a speech assessment, 30 percent received speech therapy, 25 percent received reading assistance, 23 percent received occupational therapy assessment, 20 percent received IQ testing, 20 percent received psychological testing, 19 percent received math assistance, 17 percent received occupational therapy, 17 percent received test-taking modifications, 16 percent received early intervention (public) preschool, 14 percent received English as a second language (ESL) services, 14 percent received homework modifications, 14 percent received special reward system, 12 percent received summer school in a class setting, and 11 percent received screening by a professional outside school system that the school paid for.

Of those who had services, 31 percent had a teacher refer to school services, and 18 percent were referred to school services from their Early Intervention services.

Not all parents feel that school is meeting their child's needs. Twelve percent of parents feel that the school should be providing occupational therapy for their child, eleven percent would like organizational assistance, nine percent would like speech therapy, nine percent would like tutor in the classroom, nine percent would like reading assistance and nine percent would like therapy by an outside professional.

Thirty-one percent of children have an Individualized Education Plan (IEP). An additional twenty-four percent believe their child should have an IEP. Four percent have a 504 plan. Seventy-five percent feel that the school district respects the privacy of their child.

Monday, November 23, 2009

Results of POSitive Study-Testing and Intervention sections



Analyses of testing, and interventions including parenting techniques will be available in 2010.

Here are some general results.

Testing

The four most common screening tests that adoptees received include Hepatitis B and C serology (65%), HIV serology (64%), stool testing for ova and parasites (64%) and Tuberculosis screening (57%). The CDC outlines all of the recommended tests that international adoptees should receive at

<http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-7/international-adoptions.aspx>

Interventions

We asked adoptive parents about ninety different interventions. Speech therapy was the most commonly used intervention(39%). Occupational therapy with or without sensory processing specialty was used in 30% of the adoptees. Corrective lenses were used in 21%, physical therapy in 12% and Handwriting without tears program in 9% of the adoptees.

We asked adoptive parents about biomedical testing. Food allergen testing was the most prevalent with blood testing being the most common of those. Heavy metal testing was the second most common type of testing and inhalant allergy testing was the third most common type of testing.

We asked adoptive parents about supplements, nutritionals and chelators. Twenty-two percent used fish oil, thirteen percent used multivitamin ,twelve percent used melatonin, eleven percent used a form of probiotics and nine percent used vitamin C.

Monday, November 30, 2009
Results of POSitive Study–Comments



Unlike most surveys, we asked several open-ended questions. There were hundreds of helpful comments. Here is a representative list of recommendations by adoptive parents and issues that still need to be addressed.

- The need to give parents a list of what type of interventions are available, what issues kids have and the order/timing .Screens need to continue throughout several years.
- Sensory issues, speech/language, dietary/toxin, psychology/attachment, infant reflexes and sleep issues screening in first year with learning assessments in subsequent years.
- Pre-adopt and post-adopt education of all of these assessments.
- Concern for cost of therapies.
- Speech screening in native language within first month.
- Respite care as an option in the first few months after gaining custody of child to ease transition.
- Educate pediatricians on possible issues in adopted children.
- Audio and sensory screens before child begins school.
- Older children need counseling immediately for how to function in family setting.
- Details about behavior issues after being in orphanage.
- Specifics on how to address sexual abuse prior to joining family.

- Alcohol related Neurological Disorder (ARND) what to look for, early assessment.
- Break down of disorder frequency by country.
- Dental issues.
- Missed/delayed diagnoses of Post traumatic stress disorder/assume child has PTSD.
- Not enough education about Post-Adoption Depression (PAD).
- Insurance not covering developmental therapy.
- Achieving educational success.
- Want advocate or case manager to go to for customized explanations for child.
- Figuring out agency's honesty/accountability/getting money back for failed adoption.
- Better list of parent support groups.
- Assertiveness training for parents since they need to advocate for their child.
- Legal issues, such as falsely being accused of abuse.
- Helping the parents, not just the children.
- Support in navigating birthfamily relationships.
- Handling serious attachment issues.
- All aspects of dealing with older children.
- Vaccine scheduling for the internationally adopted child.
- Continued support (including financial) from adoption agencies.
- Issues stemming from child's history of sexual abuse.
- Trauma from adoption and life before adoption.
- Central website for post-adoption resources.

- Finding/connecting with birthfamily in international adoptions.
- Parental stress/depression post adoption.
- Post adoption subsidies, grants for issues that are not detected immediately after adopting.
- Dealing with situation where it has been found that your child was trafficked/sold into adoption.
- Developmental stages post adoption for kids of all ages.
- Identity issues, especially in transracial adoptions.
- Peer mentors for adoptive parents.