

# Pediatric HIV and International Adoption Changing Demographics and Needs

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# Disclosures

Presenters have no financial interest to disclose.

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

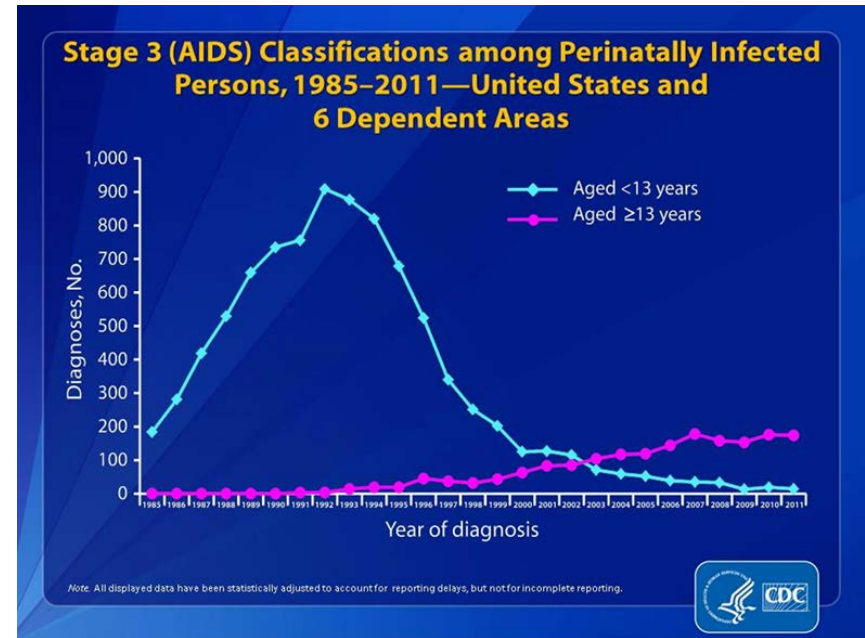
1. Describe the changing demographics of Pediatric HIV
2. Identify the specific medical evaluation of a child with HIV who is internationally adopted
3. Recognize the significant psychosocial impact of institutionalization and trauma on language, cognition and behavior and identify resources

# Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

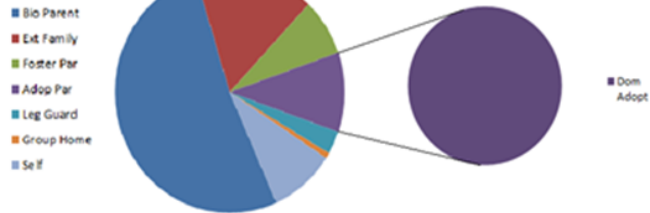
The number of Perinatally infected children is decreasing in the US while the current population of youth are aging out. This has left many programs struggling to maintain staff as the population decreases



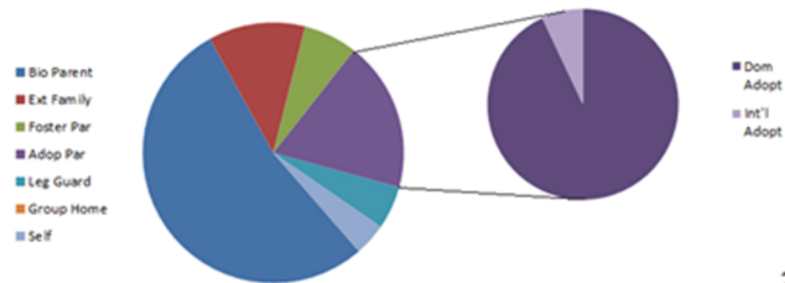


# Shift in Demographics

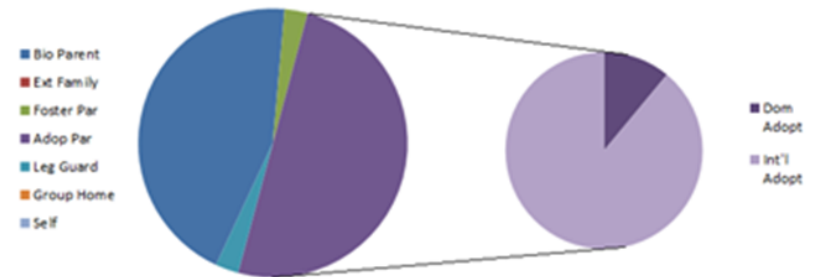
1985-1994



1995-2004

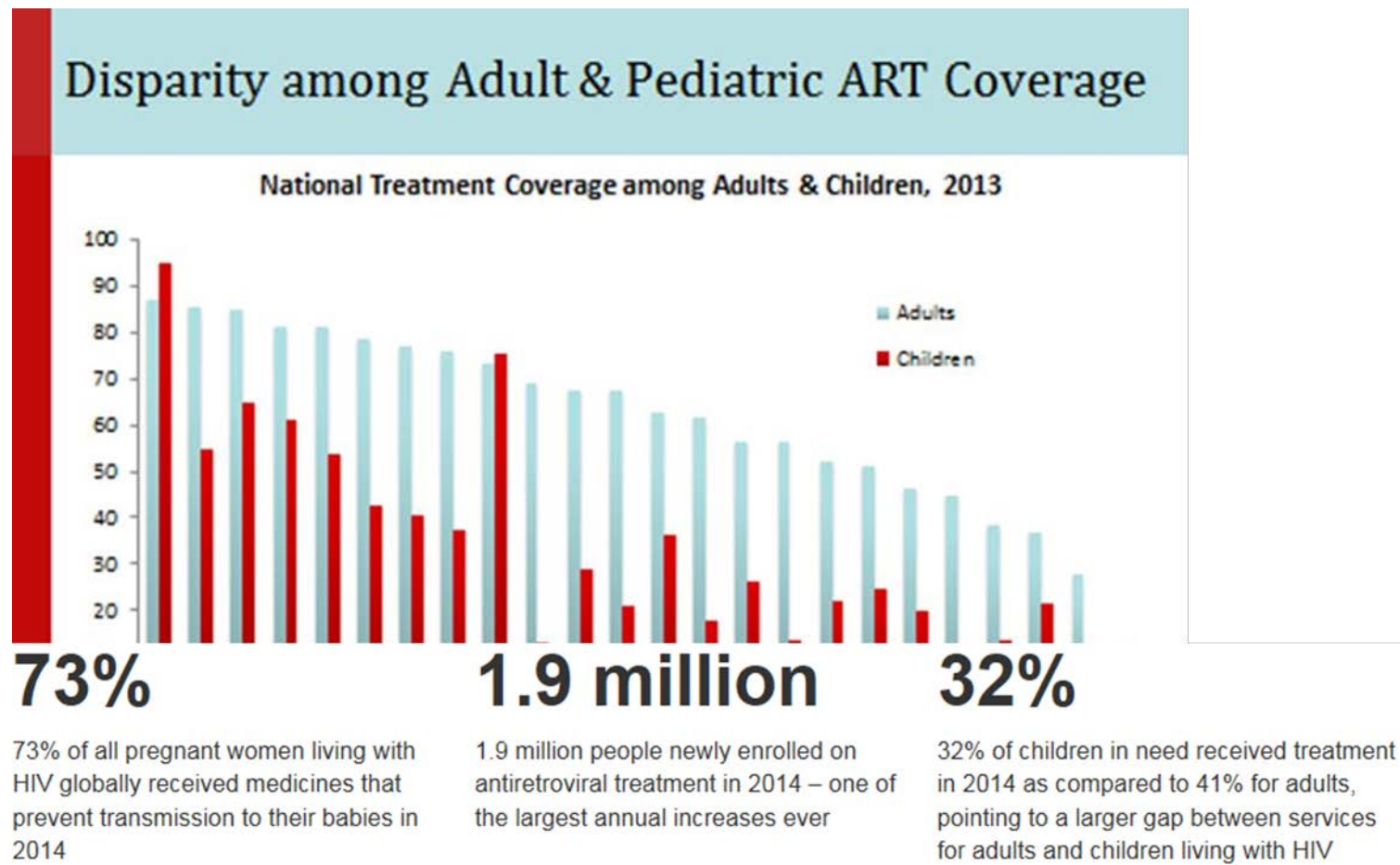


2005-2014



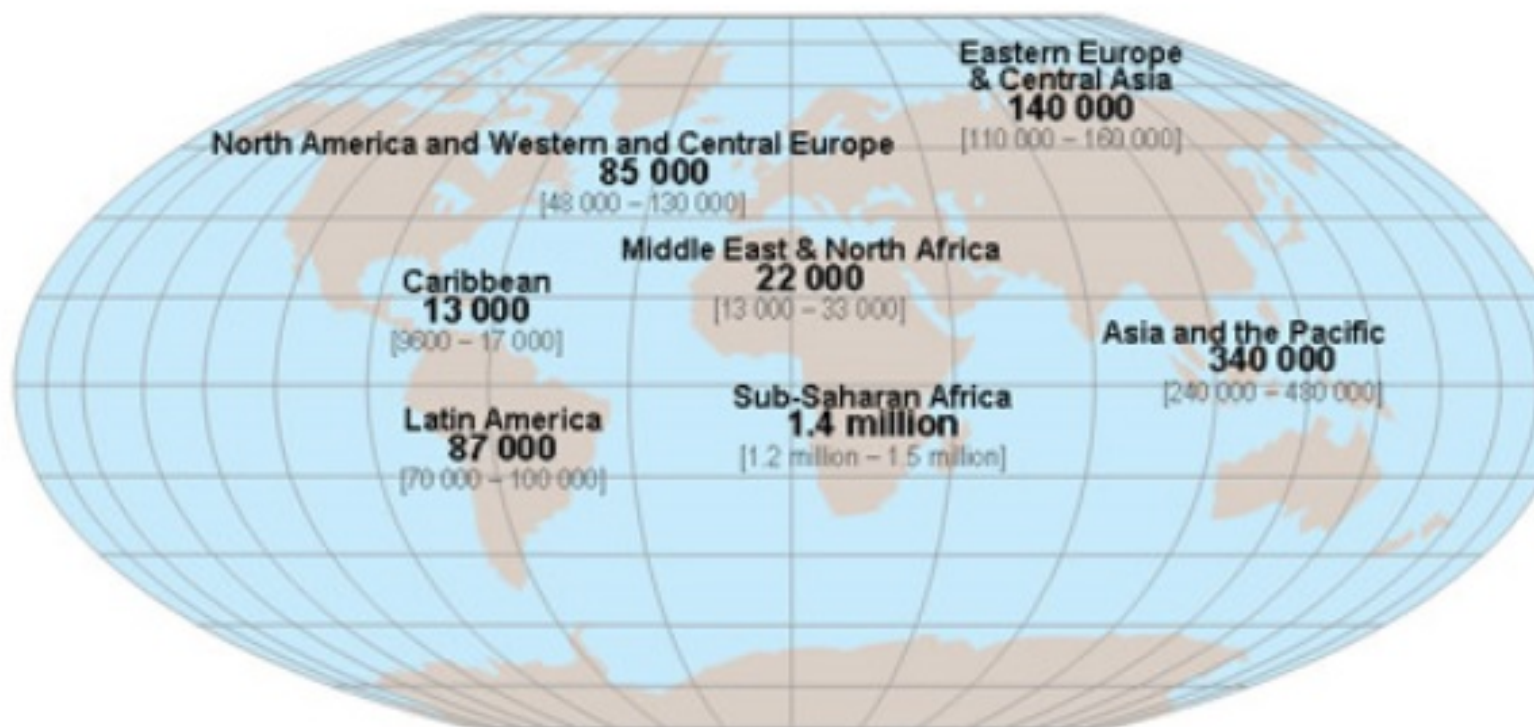
**UCSF Benioff Children's Hospital**  
Oakland

# Disparity among Adult and Pediatric ART Coverage



# UNAIDS

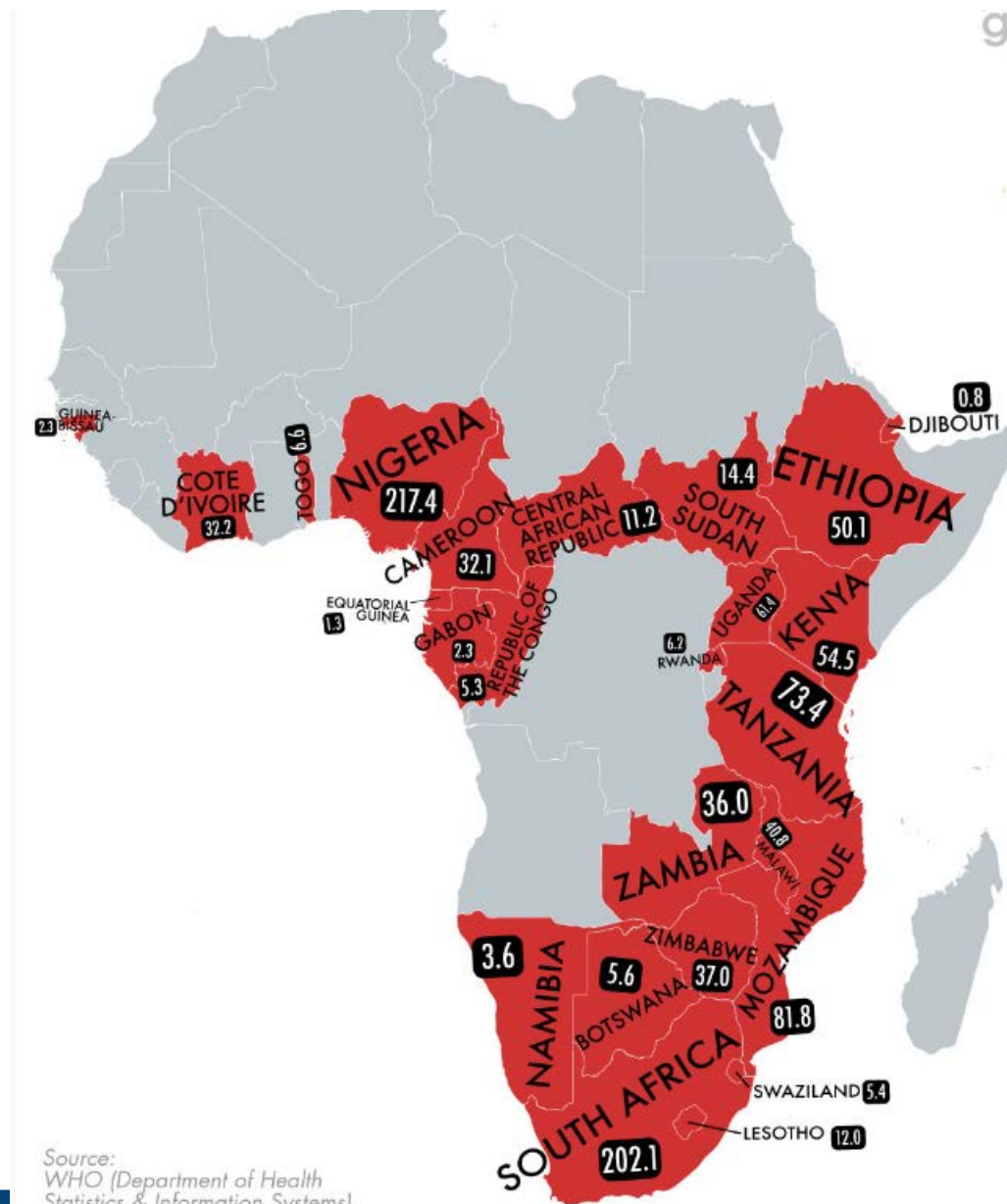
Estimated number of adults and children  
newly infected with HIV | 2014



**Total: 2.0 million** [1.9 million – 2.2 million]

# AIDS in Africa 2012

# x 1000 (deaths from AIDS)



## AIDS in Eastern Europe - 2012

# x 1000 (deaths from AIDS)

## Eastern Europe, Central Asia, and the Middle East:



# Geographic distribution of people living with HIV/AIDS in China in 2014:



Source: China's National Health and Family Planning Commission

# Orphans and Vulnerable Children:



[A child orphaned by AIDS in Zambia](#)

M. Jensen and UNAIDS.

In 2015, the number of children who lost one or both parents to AIDS was  
25 million ←

230,000 children under the age of 15 died of HIV/AIDS related illnesses in 2011

Over 15.7 million AIDS orphans live in sub-Saharan Africa

*United Nations' UNAIDS*  
*WHO*  
*amfAR*



# Global Primary Goals: Family Preservation Domestic Adoption within Birth Country



# Fate of Orphans with No Safety Net

- Infanticide/Gendercide (particularly females)
- Life on the streets
- “Sold” into servitude as laborers, servants or child sex workers
- Neglect
- Exploitation
- Abuse
- Death



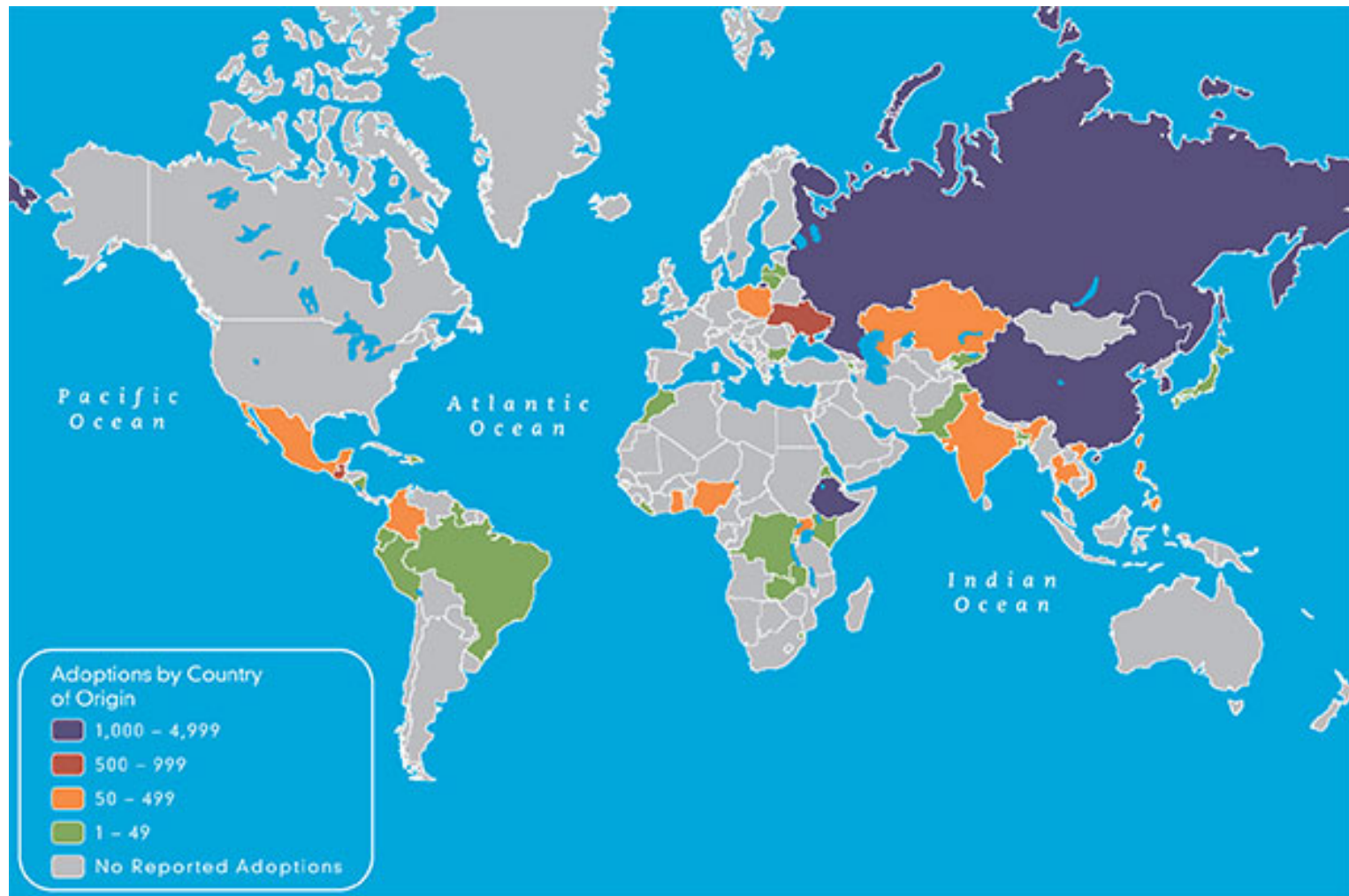
# Risks of Institutionalization

- Lack of or inappropriate medical care
- Exposure to infection
- Poor nutrition leading to poor growth
- Developmental Delay
- Physical/Emotional neglect
- Physical/Sexual Abuse
- Delayed cognitive development
- Lack of stimulation
- Isolation (particularly with dx of HIV)

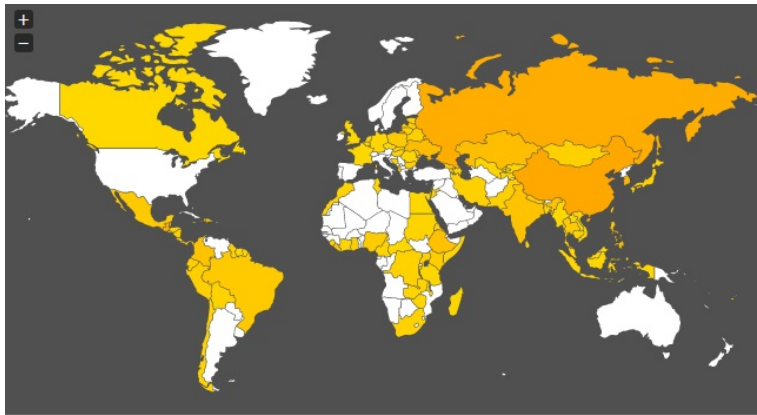
# HIV specific concerns of orphans

- Children may have experienced the death of one or both parents by the same disease they have
- Stigma, isolation and discrimination despite country specific laws against discrimination of those with HIV
- Poor access to first-line HIV medications. Little to no access for second-line ARVs or pediatric formulations

# International Adoption



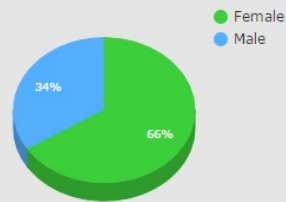
# Shifts in Int'l Adoption in 10 yrs



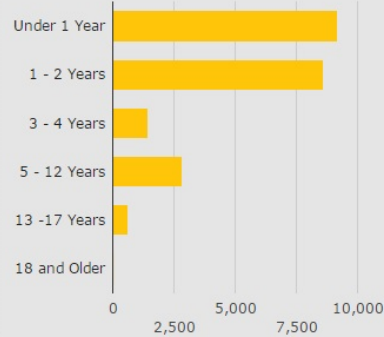
All Countries

2005 Total Adoptions  
**22726**

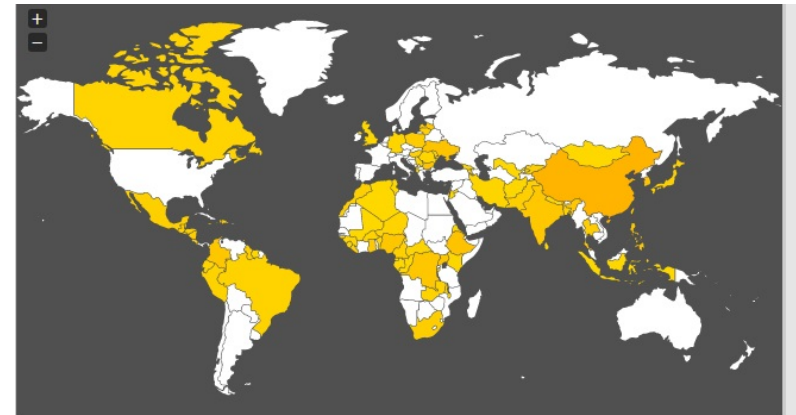
Gender



Age Groups



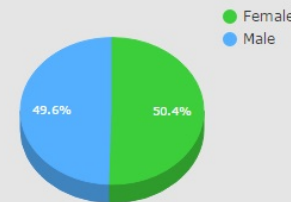
2005



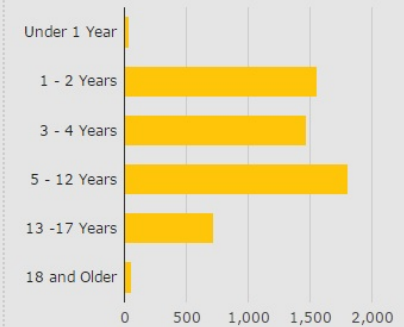
All Countries

2015 Total Adoptions  
**5647**

Gender



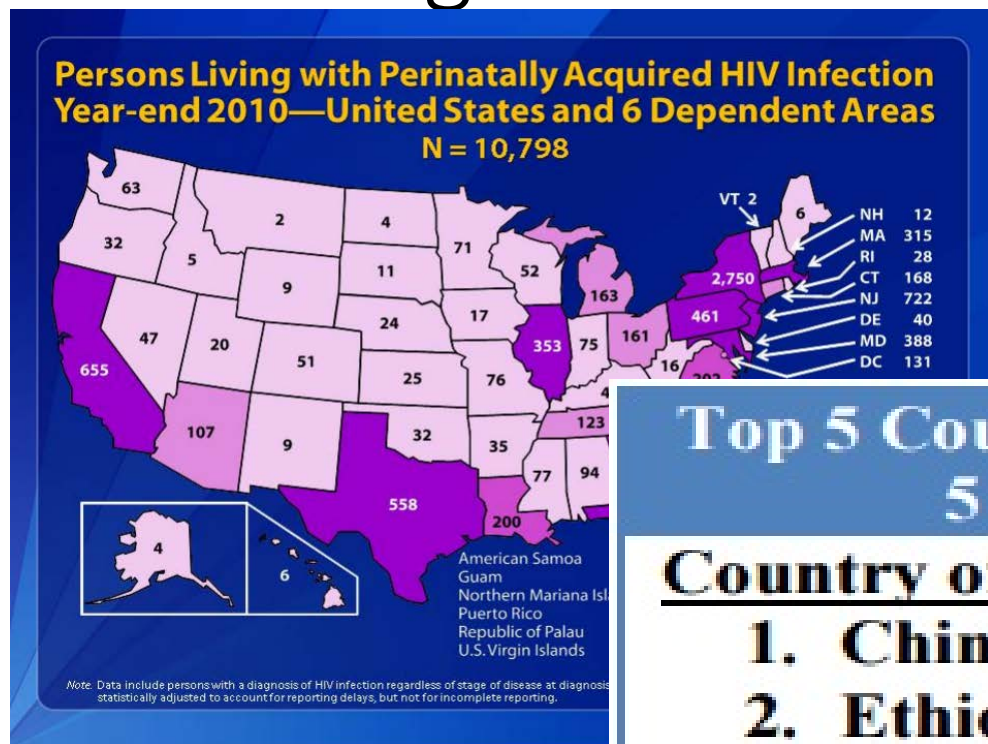
Age Groups



2015

<https://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>

# Top 5 Countries of Origin and Top 5 Receiving States



## Top 5 Countries of Origin and Top 5 Receiving States

### Country of Origin

1. China
2. Ethiopia
3. South Korea
4. Ukraine
5. Uganda

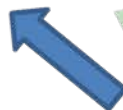
### Receiving State

1. Texas
2. California
3. New York
4. Florida
5. Georgia

Start



END





# Hague Convention (2008) & The Universal Accreditation Act of 2012

“Recognizing that the child...should grow up in a family environment, in an atmosphere of happiness, love and understanding.”

– *Hague Adoption Convention, Preamble*

- Strengthens protections
- Provides a framework - best interests of children
- Aims to prevent sale, abduction or trafficking
- Requires national accreditation for adoption service provider
- Operates under professional practices/ standards and sound ethical practices



# Integrating Adoption Care into HIV Care

- Pre-Adoption Consultation
- Pre-Adoption Review
- Travel Preparation
- Post-Adoption Evaluation and Lab Screening
- Post-Adoption Ongoing Follow up and Psychosocial Care



# Pre-Adoption

- Consultation: with or without a specific referral
- Education
  - HIV
    - Medical
    - Psychosocial
  - Education and discussion of other risks of institutionalized children (not just HIV)
  - Adoptive Parenting

# Case #1 (composite case)

- Single woman volunteers in an orphanage
- Married x 4; Multiple miscarriages
- Orphanage is not approved for International Adoption or does not meet guidelines for adoption in that country
- Knows nothing about the IA process
- Falls in love with a child but child not “available” for adoption
- She “champions” another child with significant health concerns: HIV, TB, speech delay, trauma (CD <10)
- Wants to access medical records



# Case #1 (cont).

- Child has extended family in country – “doesn’t want to involve them in discussion to sign off on relinquishment papers”.
- Identifies a lawyer - **B2 Medical Visa**
- Insurance coverage: “adoption or legal guardianship for the purposes of adoption”
- Drafts medical letter: care to be provided “pro-bono”.
- Charity care or limit out-of-pocket expenses to “<\$100,000”.

# Issues

- Pre-selection of a child not allowed in some countries; “settling” for a different child
- Does not meet qualifications for adoption by country-specific laws
- Orphanage not licensed for IA; Hague Convention
- Has not followed IA process - No home study
- Unresolved loss/grief issues?
- Child-trafficking concerns (not involving family in country)

# More Issues

- Who has in-country legal authority?
- No authority to access medical records
- Immigrant visa (Adoption) vs  
non-immigrant visa (Medical Visa)
- Medical visa to pursue adoption by-passes the legal authority and laws of the birth country.
- Medical visa with intent to adopt is illegal by US Law



# B2 Visa (includes Medical)

- Medical reasons
- Specific and limited time period
- Evidence of funds to cover expenses
- Evidence of ties to the home country that will ensure return.
- Letter from local MD: nature of ailment and the need for treatment in the US
- Letter from MD or facility in US
  - Willing to treat specific ailment
  - Projected length of treatment
  - Details the specific cost

# EVEN MORE issues

- Possible fraud – visa and adoption
- Medical care – covered or not covered by insurance.
- Complicity in visa fraud if medical letter is signed?
- Cost: generated cost for an immigrant child with similar CD4 count – 3 months hospitalization (excluding professional fees) \$865,000
- Can't put a specific length of treatment on HIV care
- Possibility of return to home country:  
devastating in terms of medical care AND psychosocial trauma
- No consistency with accessing ARVs in home country if child returns there

# Recommendations

- Seek guidance from international adoption clinics
- Seek guidance from hospital risk/legal council
- Understand IA laws and requirements and the difference between immigrant and non-immigrant visas
- Be careful in complicity with issues of fraud
- Head vs heart: Regulations are in place for a reason

# Pre-Adopt: Risks other than HIV

- Inadequate prenatal/perinatal medical care
- Maternal separation/deprivation
- In utero exposure: substance use, alcohol, environmental pathogens or toxic exposure
- Psychological deprivation
- Insufficient health services
- Neglect, Physical abuse, Sexual Abuse
- Malnutrition
- Genetics or genetic syndrome
- Physical illness
- Family medical or mental health history
- Severe poverty



# Sibling Adoption vs Artificial Twinning

- Sibling groups considered “special needs”
- “Artificial Twinning”
  - Decision by prospective adoptive family to adopt two unrelated children at the same time
  - Decision to adopt children similar in age to biologic children



# Concerns

- Siblings should remain together whenever possible.
- Siblings may have been separated in institution
- Sibling groups will need dedicated attention.
  
- Families should be counseled re: artificial twinning and assessed for motivation to adopt more than one child at a time
- Attention and focus split between 2 or more children that need a parent's full attention



# Case #2 – Artificial Twinning

- Family with 12 and 14 yr old birth children with severe chronic health issues
- Wanting to adopt 2 non-related teens, the same age as their birth children
- Biggest worry pre-adopt was cost of HIV meds – counseled about other unknown costs and concerns
- Girl – age 10-16 years of age
- Boy – 12 yrs of age

# Pre-Adoption Medical Review

- Consultation (could include medical history, photos, videos)
- Review of medical information
  - Growth parameters
  - Lab results
  - Staging of HIV
  - Other medical concerns
  - FAS/FAE (if pictures are available)

Keep electronic or paper copies of all referral information or upload to EHR

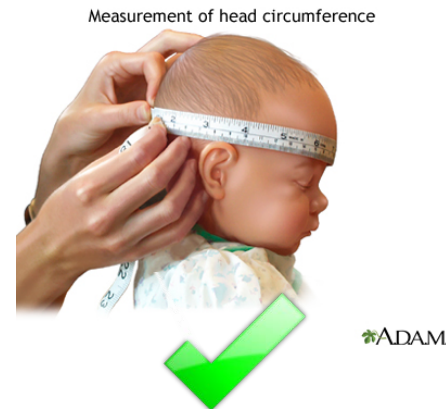
# Case #3 – Molluscum



- 2 year old from Ethiopia
- Periorbital molluscum contagiosum.
- Orphanage planned to move her to Addis for treatment with liquid nitrogen
- Consulted with dermatology & ophthalmology
- Had not been on ARVs for very long – possible resolution without intervention just by being on ARVs

# Growth

- Objective measure of the child's nutritional and medical status
- May be the most reliable information available prior to adoption.
- Pattern of growth over time is of greatest value, rather than growth indices at a specific age.
- Appropriate measurements are key





# Evaluating Growth Parameters

## WHO vs CDC vs Country Specific

**WHO - 2006**

### **GROWTH STANDARDS:**

How children should  
grow

**CDC - 2000**

### **GROWTH REFERENCES:**

How children are  
growing

“Child populations grow similarly across the world’s major regions when their needs for health and care are met.” WHO

# Growth

- Many children exhibit evidence of malnutrition and psychosocial dwarfism.
- Expect loss of 1 month of linear growth for every 3 months in institutional care.
- Most children who are malnourished and poorly stimulated maintain brain growth
- Microcephaly is a **red flag**  
FAS, genetic disorder, or perinatal brain injury





# Travel Preparation

## Immunizations

- Parents/children traveling:
    - Minimally, check VZV, MMR, Hep A, Hep B
    - Yellow Book to identify need for Typhoid vaccine, Yellow Fever, Meningococcal infections
    - Malarial prophylaxis depending on country
- \*Also need to consider susceptible family/extended family who are **not traveling** in travel immunization recommendations

# Travel Preparation

- Medical Care in Country
  - Resources for accessing medical clinics in country
  - Over the counter medications and doses based on approximate/guestimated weight
  - Information on pediculosis and scabies – treatment for child and entire family
  - Prescriptions for lice, scabies, traveler's diarrhea
    - Can write in the parent's name and order "give as prescribed"

## Understanding the Visa Medical Exam



# Tuberculosis Screening

For children with known HIV infection < 15 yrs:

TST or IGRA AND

CXR AND

Sputum smear and cultures

Drug Susceptibility Testing

Directly Observed Therapy –

may request a Waiver for DOT to be completed in the US.

<http://www.cdc.gov/immigrantrefugeehealth/exams/adoptees-tuberculosis-screening-faq.html>



# Other preparation

- Identification of primary care provider
- Identification of resources based on medical history and effects of institutionalization
  - Occupational Therapy or Physical Therapy
  - Speech/Language
  - Attachment / Trauma / Parenting therapist
  - Subspecialist referrals
- Normal child development vs Institutionalized care

READ, READ, READ

# Questions?



# Post Adoption Medical Visit

- Typically in medicine – history is a key element of an evaluation
- In post adoption medicine – history is minimal with heavier reliance on lab screening
- Infectious Disease screening critical:
  - Institutional care increases risk for exposure to infectious diseases – secondary spread

TB, measles, Hep B, Hep A, intestinal parasites (giardia), scabies, tinea, molloscum

MMWR. Measles outbreak reports: 2001, 2003, 2007, 2014

Clin Infect Dis. (2008) 47 (6):815-817.doi: 10.1086/591200



# Laboratory Screening for HIV

## Routine HIV labs

- CBC/retic/diff
- Comp Met Panel
- Lymphocyte subset Panel
- Confirmation of HIV
  - HIV Ab
  - HIV DNA PCR
  - HIV RNA QT PCR
  - Draw and hold Genotype

## Additional labs

- EBV Panel
- CMV IgG & IgM
- Toxo IgG & IgM
- Fasting Lipids
- UA with micro
- Vit D 25 OH



# Case #4 – Infected or Not?

- 5 yr from Russia.
- 9 mos of age: HIV + status confirmed (2006)
- 18 mos of age: Started on HAART (ZDV/DDI/LPV/rtv) (2007)
- No labs available from time of diagnosis or initiation of therapy.
- 2009-2012 CD4 counts 660-1008 (28-32%)  
VL <150 cop/ml, < 40, then <20 cop/ml

# Case #4 (cont)

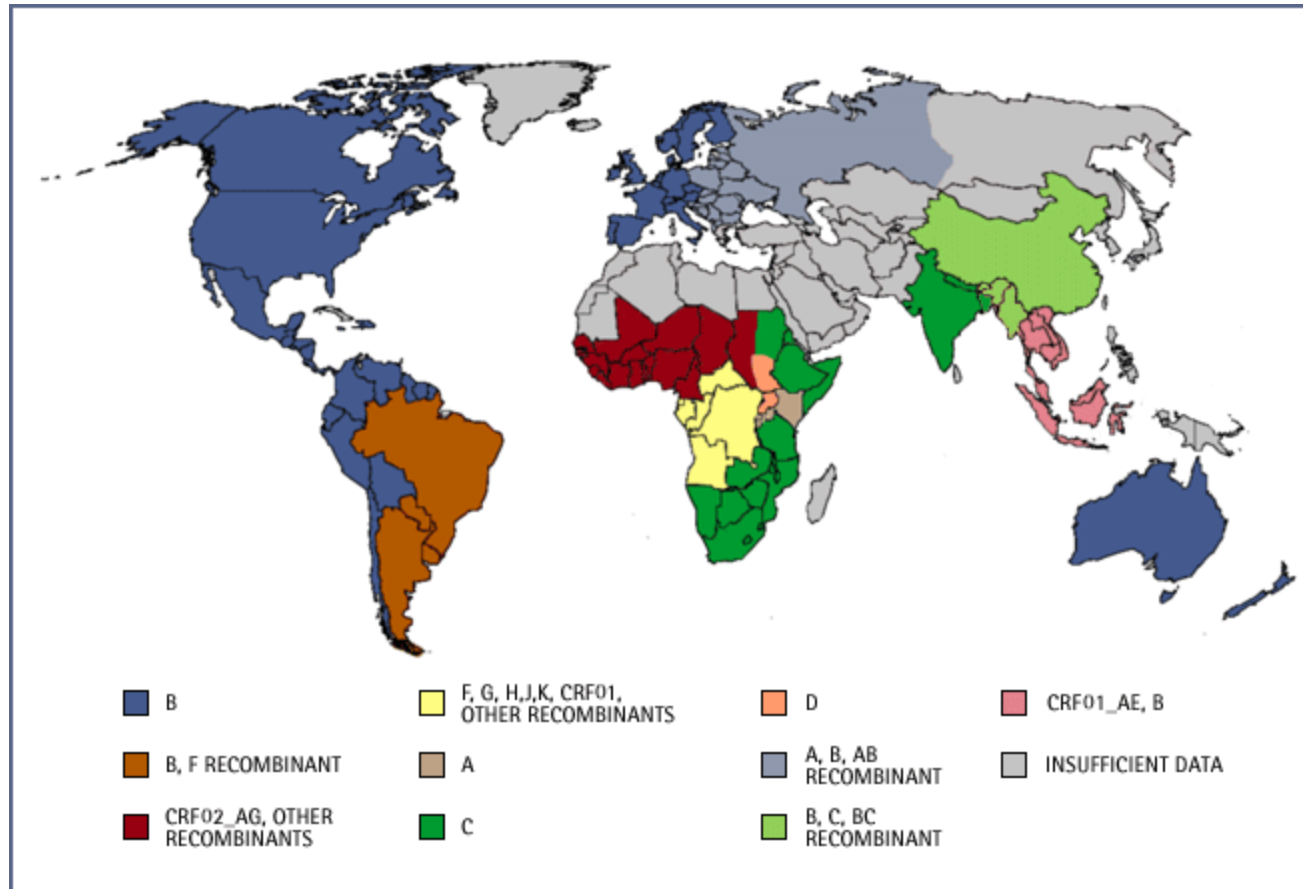
- HIV Ab positive (3<sup>rd</sup> gen)
- WB indet (p24+, GP 41 neg, GP120 and GP160)
- RNA <20, RNA TMA negative
- DNA negative



# Issues

- Infected or not infected?
- Misdiagnosed?
- Stop HAART or continue?
- If medication stopped and virus is present, worry about seeding of reservoir sites.
- Different clade? The prevalent subtypes in Russia and Eastern Europe are A, B, and AB recombinants.
- Should she be labeled as HIV if not infected?

# HIV-1 Worldwide Clade Distribution





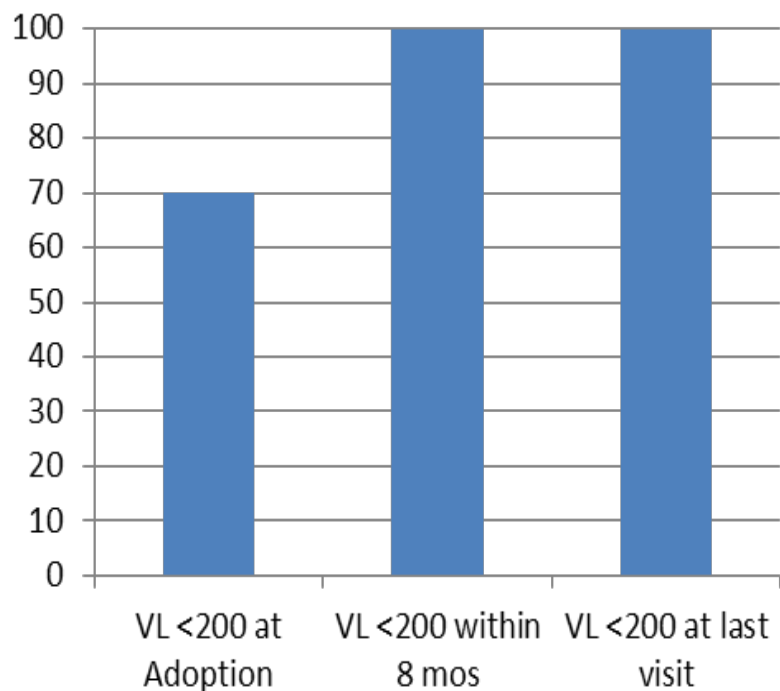
# Outcome Case #5

- HIV AB/WB same results as previous (+ p24 only)
- HIV DNA **POSITIVE** (run in triplicate with two different assay input amounts)

**Family relieved that HIV status is resolved.**

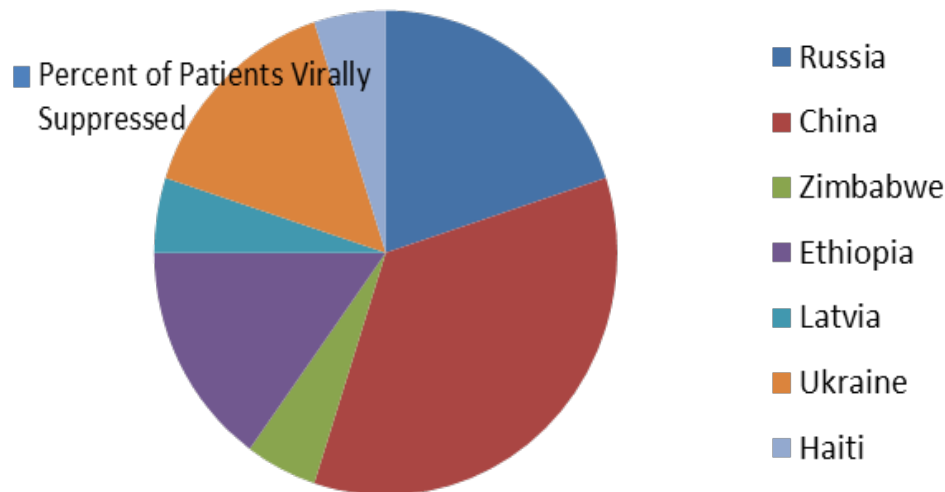
# 85% of patients are on ARVS at the time of adoption

## Viral Suppression



Pediatric HIV/AIDS Program  
N = 20

## Int'l Adopt



# Additional Adoption Labs

- Hep C Ab + Hep C PCR
- Lead
- TSH/FT4
- Phos, Mg
- RPR
- LCR GC/Chlamydia (SA)
- TB screening
  - Quantiferon?? (not recommended for children with HIV, but may be included on Visa TB screening)
  - Still use TST within 6 months of arrival and annually  $\geq 5\text{mm}$  Positive regardless of history of BCG

# Additional Adoption Labs: Immunization Response vs Natural Disease

- Anti Tetanus Ab
- Polio 1,2,3 neutralizing Ab
- HiB Ab
- Rubeola, Rubella and Mumps IgG
- Varicella IgG
- Pneumococcal Ab
- HBsAb, HBsAg, HBeAg, Anti-HB Core
- Hep A IgM & IgG

# Immunizations

- The Immigration and Nationality Act of 1996:
  - requires immigrant visa applicants to provide proof of vaccination before entry
- Int'l adopted children < 10 yrs of age:
  - may obtain waiver of exemption
  - **intent to vaccinate within 30 days of arrival in US.**



# Immunizations

- Request immunization records (and other health records)
- Review records for appropriate timing and intervals
- Unusual dates: Ethiopian vs Gregorian Calendar
- Issues
  - Cold-storage, handling
  - Validity of dates and information
  - Immune response
- Lack of immunization (esp. live-virus vaccines) to children with HIV infection



# Immunizations

Two ways of handling immunizations:

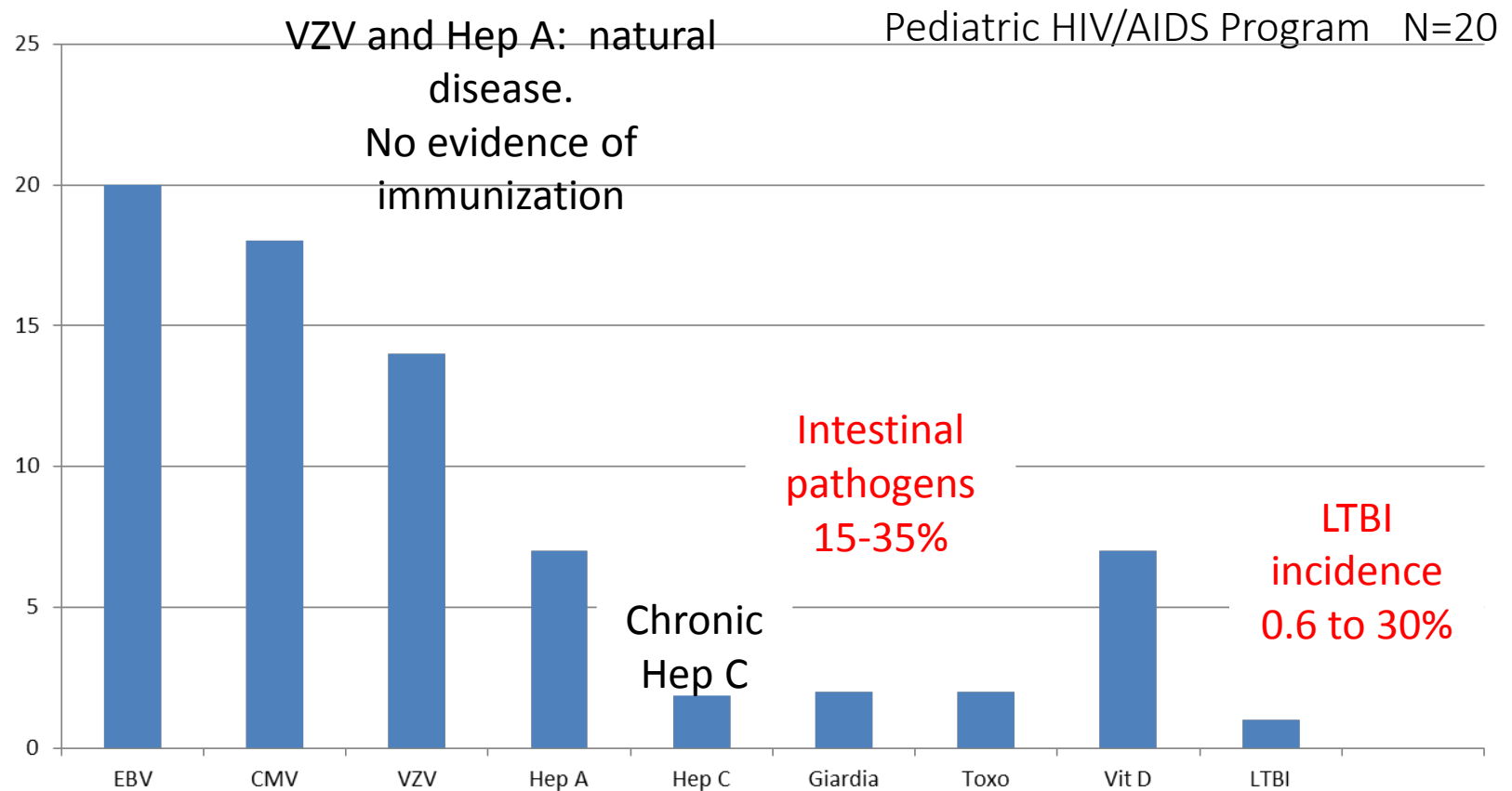
- Review documentation and do serologic testing. Make immunization recommendations based on results of serologic testing AND according to the recommended schedule/number of doses.
- Reimmunize

Red Book. Pp 197-199.

<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf#page=3>



# Common infections/concerns by screening labs

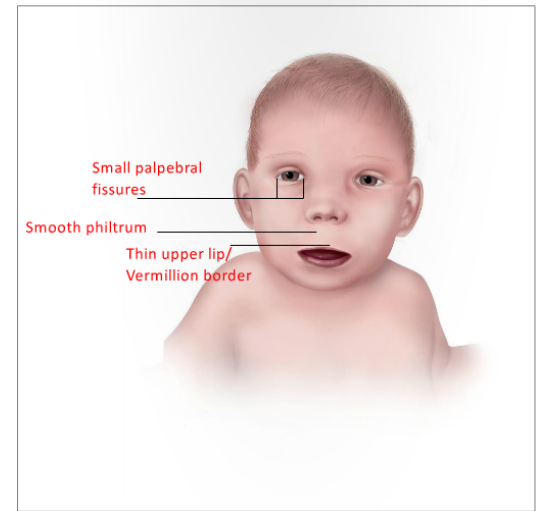


# Other Recommendations

- Hearing screen
- Visual Acuity
- Dental evaluation/hygiene
- Developmental Assessment
- Neuropsychological Testing
  - With interpreter prior to loss of primary language
  - May need to focus on Non-Verbal tests
  - Take into consideration risk for visual and auditory processing
  - Consider the effect of alcohol and other substances



Figure 5.3. Dysmorphic Facial Features Associated with Fetal Alcohol Syndrome



Source: Bertrand, J. & Dang, E. (2012). Fetal alcohol spectrum disorders: Review of teratogenicity, diagnosis and treatment issues. In: D. Hollar (Ed.) *Handbook of children with special health care needs* (pp.231-258). New York, NY: Springer.

# FAS/FAE/ARND/ARBD

## Fetal Alcohol Alphabet Soup

- Incidence: 1/1000 to as high as 1/100
- As little as 1.5 oz absolute alcohol can cause physical features and/or neurocognitive effects.
- Difficulty in establishing diagnosis with little or no birth/social history



# FAS (cont)

- FAS identified in IA children from every sending country
- Parallels the incidence of alcoholism in the sending country.
- If diagnostic criteria are strictly applied, FAS/FAE/ARND/ARBD cannot be determined in the absence of maternal history.
- Combination of facial features, growth delays and neurobehavioral abnormalities strongly suggestive, especially in high-risk areas.

Miller, Handbook of International Adoption Medicine. 2005

# FAS (cont).

- Characteristic facial features more prominent during late infancy and early childhood and is usually unrecognized in newborn period and become less prominent as children enter adolescence.
- May be harder to recognize in Asian children with epicanthal folds.
- Facial expression alters the appearance of facial dysmorphology.



# Differential Diagnosis is Multiple and Complex

## **FAS**

- Facial Anomalies
- Growth Retardation
- CNS Abnormalities
- Cognitive Abnormalities

## **Post Institutionalization Malnutrition HIV**

- Growth Retardation
- CNS Abnormalities
- Cognitive Abnormalities



# Precocious Puberty

- Age of menarche in well-fed and privileged populations are relatively similar throughout the world.
  - Menarche 11 – 14.4 yrs of age
- No norms available from most sending countries
- Multiple factors influence onset of puberty:
  - Race/ethnicity, birth weight, social class, alterations in body mass

Miller, Handbook of International Adoption Medicine. 2005

# Precocious Puberty

## Recommendations:

- Monitor height/weight
- Monitor pubertal changes
- Referral to Endocrine
- Possible bone age
- Lab studies
- Possible treatment with GH +/- GnRH

## •Possible Reasons

- Increases in fat and lean mass primes hypothalamic-pituitary activity of the hypothalamic control of LH
- Dietary changes (low pro, low energy vegetarian -> balanced enriched diet may increase IGF-1
- Pre-adoption exposure to endocrine disruptors
- Refeeding
- Psychological factors
- Rapid weight-for-height recovery rate

Miller, The Handbook of International Adoption Medicine

# Physical and Sexual Abuse

- Good initial physical exam and documentation
- Sensitive genital exam (female circumcision in some cultures)
- History of sexual abuse may be disclosed as language ability increases and trust develops
- STD screening if indicated
- SA increases the possibility of sexual acting out
- Assessment and safety plan for child and safety of other siblings

# ICD 10 codes for billing

In addition to more specific diagnostic codes:

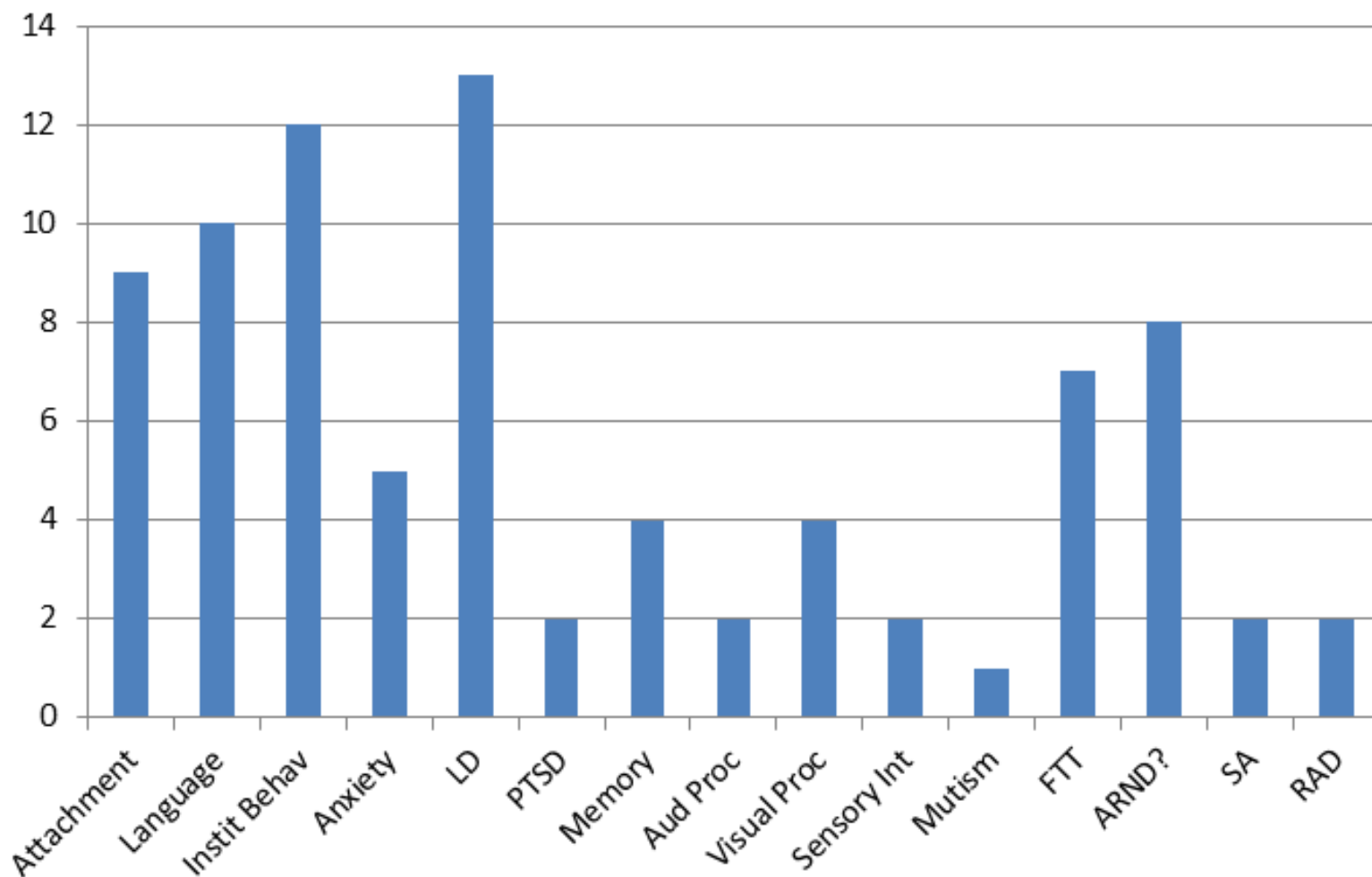
- Pre-Adoption visit for adoptive parents Z76.81
- Encounter for adoption referral Z02.82
- Medical Evaluation of an internationally adopted child Z02.82
- Behind on immunizations Z28.3
- Medication monitoring Z51.81

# Adoption Concerns

- Language
- Institutionalization
- Attachment
- PTSD
- Learning Disorders
- Processing Disorders (visual, auditory, sensory)
- Failure to Thrive
- Alcohol Related Neurodevelopmental Disorder (ARND)

# Sample of Adoption Concerns

Pediatric HIV/AIDS Program N=20





# Language

- Additive vs Subtractive Language acquisition
- Loss of primary language by 3-6 mos
- Acquisition of English 3-12 mos
- Social language vs cognitive language
- Lack of vocal/auditory stimulation
- ESL/ELL
- Request Interpreter for initial & subsequent visits

Gindis, Boris

<http://www.bgcenter.com/language.htm>



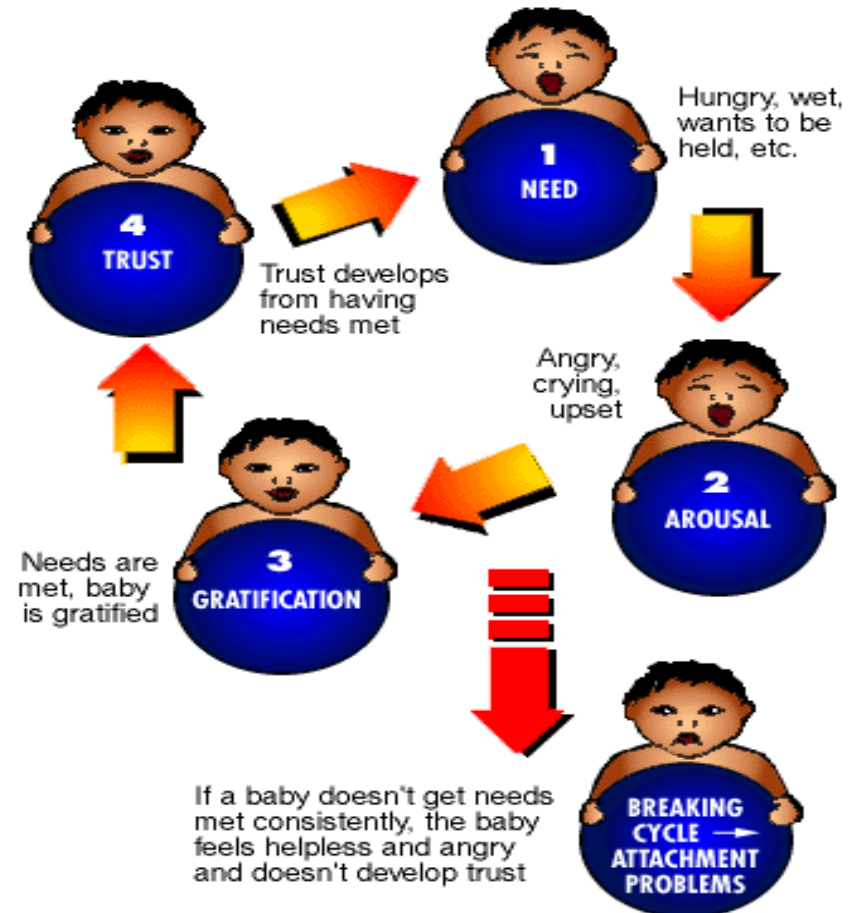
# Institutionalized Behaviors

## Normal responses to abnormal environment

- Self-stimulation: rocking, head banging, head shaking, hand movements, masturbation
- Inability to regulate: Aggression, Tantrums
- Indiscriminate friendliness
- Feeding issues: hoarding, pica, food textures, food differences
- Sleep issues: night fears/terrors, sleeping alone, wakefulness
- Stealing
- Hypervigilance
- Pain insensitivity or high pain tolerance
- Parentified behavior
- Sensory Integration concerns

# The Bonding Cycle

## The Bonding Cycle



Bowlby  
Ainsworth

<http://www.attach-china.org/bondingcycle.html>

# Attachment Styles/Traits

## Parent Attachment Styles

- Secure
- Anxious/Ambivalent
- Insecure/Avoidant

Ainsworth

## Attachment Traits

- Secure
- Anxious/Ambivalent
- Insecure/Avoidant
- Insecure/Disorganized



# Case #6

- Case: 3 yr old adopted from China.
- Wary, hypervigilant, curious, took little comfort from adults
- Father: no experience with children. Unrealistic expectations. Stay at home dad. Mom works.
- Takes extensive videos of tantrums as “evidence” of something wrong with his child.
- Threatens dissolution of adoption



# Issues

- Reactive attachment vs PTSD vs Grief/Loss vs normal development
- Preparation of families for IA to include normal child development
- Dissolution vs Disruption
- Post-adoption agency SW involvement
- Warm line, therapy, CPS referral if needed
- Concern for neglect, abuse, and even death

# Difference in Parenting

“Typical” Parenting

Responds to BEHAVIORS

“Therapeutic” Parenting

Responds to REASON  
DRIVING THE BEHAVIORS



# Building Attachment Parenting

"Typical" Parenting	Adoptive/Therapeutic Parenting	Concern/ Rationale
Sleep alone; cry it out	Co-Sleeping Responsive	Dysregulation Abandonment/ Attachment/trust
Time out	Time in	Abandonment/ Attachment

# Building Attachment Parenting

## “Typical Parenting”

Feeding  
issues/Limiting  
oral intake

Reward and  
punishment  
Sticker Chart

## Adoptive/Therapeutic Parenting

Food  
availability

Immediate  
response to  
positive  
behavior

## Concern/ Rationale

Malnutrition  
Starvation  
Builds trust

Loss, Control  
Shame/Healing  
Building trust



# Building attachment

- Trust & Safety
- Consistent routines
- Attunement/Empathy
- Interactive repair
- Permanence/Constancy
- Intimacy/reciprocity
- “Claiming” language
- Claiming rituals



# Trauma/PTSD

- Simple PTSD – single trauma
- Complex PTSD – multiple events usually starting in childhood (pre- and post-natally)
- Flight/Fight/Freeze response - Amygdala
- Symptoms:
  - Acute: sleep disturbances, hypervigilance, exaggerated startle response, and generalized anxiety or agitation.
  - Longer-lasting effects: concentration, memory, executive functioning, emotional regulation, ability to modulate impulsivity and the intensity of feelings.

National Child Traumatic Stress Network [www.nctsn.org](http://www.nctsn.org)

# Case #7

- 10 yo girl adopted from Ukraine with a non-related 3 yr boy to a family with 8 biologic children
- Name changed
- Stopped talking about 2 months after adoption
- Family felt that “she was strange” and did not want to continue parenting her.

# Case #7 (cont)

- The adoption agency was asked to find her a new home.
- Long term foster/adoptive mom was called – mother of 14 adopted children (domestic and international)
- In new home x 2 years
  - Selective mutism
  - Functioning at 1<sup>st</sup> grade level; placed in 4<sup>th</sup> grade
  - Anxiety/PTSD



# Issues

- Dissolution and Re-Homing
- Adoption vs legal guardianship
- Legal and Financial Concerns
- Speech and Language issues
- PTSD
  - Primary loss of biologic parents
  - Secondary loss of country, culture, family, primary language and name
  - Tertiary loss of initial adoptive home, language...



# Trauma Sensitive Care and Attachment Therapies Tenets

- Grounded in attachment theory
- Address the child's traumatic stress
- Experiential (do not depend on talk therapy)
- Enhance emotional regulation and teaches self-regulation skills.
- Involves the parent/caregiver in the therapy
- Provides parenting strategies

Attachment and Trauma Network, Inc

**Association for Training on Trauma and Attachment in Children**



# Attachment and Trauma Therapy

Therapies are designed to:

- Increase the level of trust
- Effect changes in the brain which imbalance the brain's chemistry (specifically noradrenaline and serotonin)
- Regulate behavior



# Case #8

- Family adopted 9 yr old girl from China
- One year later adopts a 10 yr boy from same group home (original intent to adopt 2 girls who were friends of their daughter)
- Behaviors post adoption: threat to family and to animals, sexual acting out, safety issues with streets/running away,
- Sexually abused in group home
- Failed adoption in country at 6 yrs of age
- “Apology by group home for “disturbed child”

# Alphabet Soup of Treatment Modalities

- [ARC](#)
- [CPP](#)
- [DDP](#)
- [EMDR](#)
- [PCIT](#)
- [Real Life Heroes](#)
- [TBRI](#)
- [TF- CBT](#)
- [Theraplay](#)
- [TRM/CRM](#)



- [Neuro-Based Approaches](#)
  - [Interpersonal Neurobiology](#)
  - [Neurofeedback](#)
  - [NMT](#)
  - [NR](#)
  - [Nutrition](#)
  - [Sensory Integration](#)

<http://www.attachmenttraumanetwork.org/understanding-attachment/treatment/>



# Disclosure Concerns with HIV/Adoption

- Clear prep & discussion about language of disclosure
- Understanding of cognitive/language abilities
- Age at adoption, experience with HIV
- Child's understanding of HIV and adoption story
- Respect for known/unknown birth story
- Unknown history of transmission
  - Perinatal transmission – untested/untreated
  - Unclean needle/injection history/transfusion
- Mutual pretense: Adoption and HIV



# Healthy Relationships/Sex Ed

- Self esteem – Inability to feel loved, deserve love or accept love
- Anger
- Cognitive Delays vs Chronologic age
- History of sexual abuse
- Seeking comfort in sexual relationships
- Indiscriminate friendliness
  - Superficial relationships
  - Indiscriminate sexual partnerships



# Unusual Issues

- Controversial treatments of Reactive Attachment Disorder (RAD)
- “Camps” for adoptees/prospective adoptive families
- Dissolution vs Disruption
- Re-Homing (unregulated child custody transfer)
- Short-Term Respite Care
- Wilderness Camps
- Psychiatric Hospitalization
- Residential Treatment Centers

# Other Considerations to Support

- Racial identity
- Cultural preservation
- Understanding the adoption story
- Presenting a positive view of birth parents and birth country



# Tremendous JOY but also....

## Tremendous Loss/Grief in Adoption

### **Adoptive Parent Losses**

- Infertility
- Miscarriage
- Loss of dream of biologic child
- Loss of previous referral(s)
- Loss of perceived adopted child image
- No reciprocated love
- Idealistic view of adoption vs reality

### **Child Losses**

- Loss of biologic family
- Multiple losses in institutional care with multiple caregivers
- Loss of culture
- Loss of country
- Loss of language
- Loss of self worth

# Wizard of Oz effect

“There’s no place like HOME”

- KNOWLEDGE like the scarecrow
- COURAGE like the lion
- COMPASSION like the tin man

Understand the issues in IA

Inform without overwhelming

Don’t be afraid to counsel that

“Love DOES NOT Cure Everything”

Hope doesn’t go away, it changes direction





# Respectful Adoption Language

## Positive

- Birthparent
- Birth Child
- Parent
- Born to unmarried parents
- Terminate parental rights
- Make an adoption plan

## Negative

- Real Parent, Natural Parent
- Own child
- Adoptive parent
- Illegitimate
- Give up
- Give away



# Respectful Adoption Language

## Positive

- To parent
- Children in need of adoption
- Child in need of a family
- International adoption
- Child who has special needs
- Child from another country
- Was adopted

## Negative

- To keep
- Unwanted child
- Adoptable/available child
- Foreign adoption
- Hard to place child
- Foreign child
- Is adopted

# Four Adoption Terms Defined

This short poem attempts to point out humorously the impact of negative language in adoption

**Poem by Rita Laws**

**Natural Child:** any child who is not artificial

**Real Parent:** any parents who is not imaginary

**Your Own Child:** any child who is not someone else's child

**Adopted Child:** a natural child, with a real parent, who is all my own

# Resources and Web Links

- The Handbook of International Adoption Medicine. Laurie Miller. 2005
- Adoption Medicine Caring for Children and Families. AAP. Eds Mason, P, Johnson, D, Prock. 2014.
- Red Book®: 2015 Report of the Committee on Infectious Diseases, 30th Edition. American Academy of Pediatrics Committee on Infectious Diseases
- Yellow Book 2016. Health Information for International Travel.

<http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014/>

# Resources and Web Links

- Tuberculosis Screening

<http://www.cdc.gov/immigrantrefugeehealth/exams/adoptees-tuberculosis-screening-faq.html>

## Immunization schedule

<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf#page=3>

- FAS/FAE/ARND/ARBD

<https://depts.washington.edu/fasdpn/htmls/fas-face.htm>

- Language acquisition

<http://www.bgcenter.com/adoptionPublication.htm>

# Resources and Web Links

- United States State Department

[www.adoption.state.gov](http://www.adoption.state.gov)

- Pediatricians with international adoption medicine interest and

International Adoption Clinic websites

[www.aap.org/sections/adoption/directory/map-adoption.cfm](http://www.aap.org/sections/adoption/directory/map-adoption.cfm)

- Jane Aronson <http://www.orphandoctor.com/>

- University of Minnesota <https://adoption.umn.edu/>

# Resources and Web Links

## Trauma and Attachment

- National Child Traumatic Stress Network [www.nctsn.org](http://www.nctsn.org)
- Attach China/International <http://www.attach-china.org/>
- ATTACH <https://attach.org/>
- Attachment and Trauma Network, Inc.  
<http://www.attachmenttraumanetwork.org/>

# Resources - Books

- Attachment

- Adopting the Hurt Child, Keck and Kupecky
- Parenting the Hurt Child, Keck and Kupecky
- The Connected Child, Karyn Purvis
- Hope for Healing: A Parent's Guide to Trauma and Attachment, Association for Treatment and Training in the Attachment of Children (ATTACH)
- Beyond Consequences, Logic and Control, Forbes and Post
- And many others....