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Additional Support Needs and Adopted Children

Who are today's adopted children?

The reality of adopted children today is very different from what it was 40-50 years ago and also from their portrayal in the media[1]. Today's adopted children have almost all come from the care system having been removed from their birth parents for their own safety, and placed in foster care before being adopted. The average age for adoption is 4 years old with very few children being adopted as babies.

Why are adopted children more likely to have ASN?

The simple answer is, because they have suffered trauma. Trauma is a commonly used word but in this context it means that adopted children have had experiences that were disturbing, distressing or life-threatening (or at least, that's how they were perceived by them). These experiences could have been in utero if their birth mother drank alcohol or took drugs or was exposed to violence or the threat of violence. They might have been neglected, i.e. their basic needs for food, hygiene and affection have not been met. They might have been actively abused physically, mentally and sexually. They have been separated from their birth family and may have had many moves in and out of foster care. So, children who have been adopted from the care system will have been traumatised, not by a single event like a train crash, but repeatedly and at the most vulnerable and developmentally active time of their lives. It shouldn't be surprising then that they can present a bewildering variety of problems.

Common ASN of adopted children •

- Affect regulation (poor self regulation); the primitive fight/flight/freeze response is easily triggered due to children's over developed instinctive brain[2] and under developed emotional and rational brain. In response to particular triggers from their past experience, e.g. a tone of voice or adult facial expression children are unable to process the information their senses are giving them and interpret it as not a danger. In a situation that other children would cope with, e.g. being told to stop what they're doing because it' s time for bed, they may react with extreme anger and hitting out. Child may be hypervigilant and unable to relax. •

- Attachment issues (due to basic needs not being met); will tend to have very poor cause and effect thinking. They can present as:
    - Avoidant - emotionally independent, self-sufficient, compliant, doesn't want help.
    - Ambivalent - attention seeking, clingy, loud, anxious, desperate for attention.

[1] TV shows such as Long Lost Family, Films like The Magdalene Sisters, musicals like Oliver and Annie

[2] See triune brain model of the evolution of the vertebrate forebrain and behaviour, Paul MacLean 1990

- Disorganised - aggressive, manipulative, controlling, immature. Sees adults as unreliable and threatening. Needs to be in control and is full of rage.

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- Executive functioning (EF) can be profoundly affected by trauma, which may impact on subsequent ability to learn. Babies are not born with EF skills, they learn them (emotional and rational brain functions). Children with poor EF appear younger developmentally than their chronological age. They may find following a list of instructions difficult, have a very poor sense of their place in relation to time, be unable to block out distractions and control their impulses
- Foetal Alcohol Spectrum Disorder (FASD) (maternal alcohol consumption). Poorly recognised in absence of distinctive facial features. Key area of damage is brain wiring. Often have difficulty concentrating, understanding, memory and motor skills.
- Neonatal Abstinence Syndrome (maternal drug use); babies exhibit a range of signs and symptoms of neurobehavioral dysregulation that are variable in both expression and intensity between infants. These may include muscle tremors, difficulty feeding, difficulties with state regulation impacting on their ability to attach to their main caregiver, they can be irritable and have a characteristic, high pitched cry. It has been established that these children are at higher risk for medical, developmental, emotional and behavioural concerns as they grow.
- Permanence (lack of). Child doesn't realise he can still be kept in mind by adults even when he can't see them. He may feel he doesn't exist if he's not moving or making a noise. Fear of abandonment/ceasing to exist. Hasn't done the developmental stage of throwing his toys out of the pram and learning that they still exist as care giver returns them. May use negative behaviour as an effective method of keeping parent's attention.

When child is placed into foster care or adoption having experienced trauma their brain will have wired up in response to their negative experiences. Although young brains remain plastic (able to make new connections, grow and develop) for longer than we once thought, it takes a long time to reverse the original hard wiring. Sometimes, it still remains as the default setting. Unfortunately we can't turn children off and on again, or restore their factory settings. We can just help them to make new connections and to avoid using the old ones.

Children can also have physical difficulties due to their experience of inadequate care. For example, they may be overwhelmingly frightened of being hungry and will hoard food; they may fear being cold and will need to be wrapped up tightly in a fleecy blanket; they may not recognise when they need the toilet or when they have hurt themselves.

When dealing with an adoptive family, don't be too quick to dismiss them as over anxious and under experienced. Never say, 'All children do that.' Put on your thinking cap and get your inner detective active to work out what is going on. Here's a little A B C reminder: •

- Age – chronological, emotional, developmental (can be a mixture). What age is the child's behaviour appropriate for. That indicates the developmental stage they are at. Will have to deal with them as if they were that age.

- Behaviour is the child's primary form of communication. They tend to be unable to explain what they are feeling verbally. Asking them why they are doing something is unlikely to be helpful. Interpret the behaviour.

- Child's history before joining their adoptive family (including in utero) and what else is going on in their life at the moment, e.g. contact with birth family, problems at school etc.

Visit the Adoption UK websites www.adoptionuk.org.uk/Scotland and https://adoption.scot/ or call our helpline on 0300 666 0006.

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