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EFFECTS OF INSTITUTIONALIZATION ON ROMANIAN ADOPTEES

by
Diane Castano

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University

Approved by _____
Professor

Date Approved 7-10-01

ABSTRACT

Diane Castano
Effects of Institutionalization on Romanian Adoptees
2001
Dr. John Klanderman and Dr. Roberta Dihoff
Master of Arts - School Psychology

The overall health and well-being of Romanian adoptees has deteriorated significantly as a result of the deficient living conditions of Romanian orphanages. Several of the effects of institutionalized children include; developmental delays in speech, gross and fine motor areas, and emotional and behavioral impediments. Moreover, these children may develop mental and/or physical disabilities and an overabundance of health problems. This study reports findings from a survey completed by 38 American families with adopted children from Romania. The results of this study reflect; parents perceptions of their childs' health at the time of adoption and current health status, the childs' behavioral and social roles in and out of the home, and the types of health problems and disabilities in which the subjects have been diagnosed. Eighty-nine percent of subjects have been professionally diagnosed with a disability. Sixty percent of parents stated that they were not comfortable with their child's developmental progress as compared to typical siblings or peers. In addition, 76% of the subjects had participated in an early intervention program. These subjects have been negatively

affected developmentally because of the importance of physical and social motivation and nutrition on development.

MINI-ABSTRACT

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Romanian adoptees have a plethora of delays and/or disabilities as a result of the poor living conditions with Romanian orphanages. This study collected data from 38 American families who have adopted children from Romania. Results reflect parents' perceptions of the overall health of their adoptive children.

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Chapter One

Need And Purpose

International adoption has been steadily rising throughout the past decade thanks in part to Nicolae Ceausescu. Ceausescu, the former dictator of Romania, encouraged Romanian families to have as many children as possible in order to increase population growth. Consequently, birth control was unattainable and abortions were prohibited to Romanian women of childbearing age with fewer than five children (Marcovitch, Cesaroni, Roberts, and Swanson 1995). In fact, childless couples, including those who were unable have children and unmarried persons over 25 who remained childless, were taxed an additional thirty percent of their income (Johnson and Groze 1994). Meanwhile, Romania was suffering from an impoverished economy, resulting in many families abandoning their children at hospitals or residential facilities.

After the Ceaucescu regime ended in Romania in December of 1989, over 100,000 children were forced in orphanages where physical care was insufficient. For instance, Romanian orphanages have been described as having insufficient visual or auditory stimulation, and minimal food, clothing, heat or caregivers. This lack of caregivers and limited opportunity for personal interaction resulted in the children spending most of their time sitting stationary in their cribs (Mc Mullan and Fisher 1992). More specifically, “the environment of the Romanian orphanages was characterized by a room of 20-30 silent children who spent 20 out of 24 hours in their cribs, often rocking

back and forth on their hands and knees, or shifting from foot to foot while standing holding on to their crib railings. The walls were not decorated and the children did not have toys of their own. The caretaker-to-child ratio for infants and toddlers ranged from 1:10 to 1:20 and the routine was rigid and set to the caretakers' schedule. Little interaction took place between caretaker and children at any time. For example, children up to 11/2 to 2 years of age received all their food from a propped or self-held bottle. Prior research on post-adoption problems of children with orphanage experience has not described conditions any more severe than those of Romanian orphanages (Fisher, Ames, Chisholm, and Savoie 1997)."

It was during the overthrow of Ceaucescu that the world became aware of the thousands of children placed in dreadful conditions in Romanian state-run orphanages. Consequently, many Westerners have adopted thousands of Romania's orphans. More specifically, Americans have adopted over 15,000 children from Romania.

Because of the poor health conditions in the Romanian orphanages, many of the adoptive children suffer from developmental and growth delays. Moreover, in regard to the long-term effects of institutionalization, Romanian orphans are described as having difficulties with social and behavioral adjustment (Marcovitch et al. 1995). In addition, two frequently reported health problems associated with institutionalized Romanian children are the prevalence of HIV and the hepatitis B virus.

Given the popularity of Romanian adoption, and the fact that a majority of children adopted from Romania have developmental and growth delays, it is extremely important for adoptive families to understand the needs of such children and to consider

the fact that there is a very good chance of adopting a child with developmental and growth delays if they choose to adopt from Romania.

The purpose of this study is to describe the types and frequencies of health problems Romanian orphans have that come into the United States. It is important for potential adoptive parents to know exactly what the chances are that their Romanian adoptive child carry any emotional or physical disabilities.

Despite recent advances in the health care of Romanian orphanages, thousands of children are still struggling to survive in an environment thriving on the lack of nominal emotional, physical or social encouragement. Thus, Romanian orphans are still entering the United States with some severe disabilities.

The detrimental conditions of these orphanages conspire to delay and at times prohibit normal development. An increased incidence of developmental delays, medical problems, and poor nutrition in adopted children has been established, reflecting the deprived early environments in which these children have lived.

Hypothesis and Research Questions

Do Romanian children who have been institutionalized and have now been adopted possess both long and short-term disabilities and disorders? In order to answer that question, specific information must be obtained regarding these children. The following are questions designed for the adoptive parents to answer that are imperative to this study:

- What is the child's gender?
- What is the present age of the child?
- At what age was the child adopted?

- For how long was the child in an institution?
- Is there any medical information about the child's biological family?
- How do you rate the child's health at the time of adoption?
- How do you rate the child's health presently?
- Has the child had any major illnesses?
- Has the child been diagnosed with any disabilities or diseases?
- At what age did the child start walking?
- At what age did the child begin speaking?
- Does the child interact and play with children of his/her age?
- Has the child had any eating problems?
- Has the child had any difficulty sleeping?
- Has the child had any developmental delays?
- Has the child had any attachment difficulties?
- Does your child have temperament problems?
- Does your child display a wide range of emotions?
- Did you anticipate any developmental problems with your adoptive child?
- What programs/resources have you used in the aid of your child?

Theory

Childhood is a time in which children begin to develop not only the characteristics that make up their personality, but also the qualities that ensure psychological stability. These attributes are obtained through parental love and a stable environment. Children living in orphanages or institutions lack the necessary attention needed in order to live emotionally or physically healthy lives. Previous research

discusses the notion that institutionally reared children can have long and short-term developmental delays and disabilities and/or emotional problems. “There is an assumption of an active interaction between developing individuals and their environments, as well as between the components of the environment, which jointly affect the process of human development (Sloutsky 1997).” Because of the deplorable conditions found in Romanian orphanages, it should be assumed that the children adopted from these institutions will possess both long and short-term delays. Some of the effects of institutionalized children include emotional and behavioral difficulties, developmental difficulties in adaptive, language, gross and fine motor areas. Health problems the children may develop include malnutrition, sleep disorders, jaundice, skin rashes, diarrhea and ear infections. Moreover, it is believed that Romanian orphans will possess attachment problems as well as poor peer relationships. Children adopted from institutions may also have autistic tendencies in which they exhibit the severe inability to relate to others.

Beside the poor living conditions of Romanian orphanages, another reason why Romanian adoptive children may possess both long and short-term delays and disabilities is that until the mid 1990's, most international adoptees underwent no standard medical evaluations in their countries of origin. Therefore, children were entering the United States with disabilities and medical problems that were undetected and adoptive parents were later discovering just how severe these problems were. If they were screened more appropriately then healthier children would be eligible for adoption or at least perspective parents would know before hand what disabilities the child had and be prepared for the necessary medical attention needed.

Definitions

Amaurosis: partial or complete loss of sight occurring especially without an externally perceptible change in the eye.

Anemia: condition in which the blood is deficient in red blood cells, in hemoglobin or total volume.

Aspergers Syndrome: a pervasive developmental disorder characterized by the inability to understand how to interact socially.

Attention-Deficit Hyperactivity Disorder (ADHD): condition seen in children where there is increased motor activity in association with poor attention span.

Autistic: having a mental disorder originating in infancy that is characterized by self-absorption, inability to interact socially, repetitive behavior, and language dysfunction.

Brachial Plexus: a complex network of nerves that is formed chiefly by the lower four cervical nerves and the first thoracic nerve, lies partly within the axilla, and supplies nerves to the chest, shoulder, and arm.

Cerebral Atrophy: wasting of the cerebrum as a result of diminished cellular proliferation, malnutrition, decreased function or hormonal changes.

Cerebral Palsy: a persisting qualitative motor disorder appearing before age three, due to non-progressive damage to the brain.

Craniosynostosis: premature ossification of the skull and fusion of the sutures.

Cysticercosis: infestation or disease caused by cysticerci.

Cysticercus: a tapeworm larvae that consists of a fluid-filled sac containing an invaginated scolex, is situated in the tissues of an intermediate host, and is capable of developing into an adult tapeworm when eaten by a suitable definitive host.

Dyspraxia: a breakdown in learning the movements needed for speech.

Esotropia: Crossed eyes.

Facial palsy: paralysis of the face.

Fetal Alcohol Syndrome (FAS): a highly variable group of birth defects including mental retardation, deficient growth, and defects of the skull, face and brain that tend to occur in the infants of women who consume large amounts of alcohol during pregnancy.

Heart murmur: a sound generated by disturbed blood flow through the heart manifested as “turbulence.”

Turbulence: an irregular condition of motion caused by local vibrations of the wall of a vessel or heart chamber.

Hepatitis B: a disease or condition marked by inflammation of the liver. It is commonly spread through contact with infected blood or from mother to infant.

Hernia: the protrusion of a loop of an organ or tissue through an abnormal opening.

Jaundice: a yellowish pigmentation of the skin, tissues, and body fluids caused by the deposition of bile pigments.

Myopia: a condition in which the visual images come to a focus in front of the retina of the eye because of defects in the refractive media of the eye or of abnormal length of the eyeball resulting especially in defective vision of distant objects.

Neurofibromatosis: a disorder inherited as an autosomal dominant trait and characterized by brown spots on the skin, neurofibromas of peripheral nerves, and deformities of subcutaneous tissues and bone.

Nystagmus: a rapid involuntary oscillation of the eyeballs occurring normally with dizziness during and after bodily rotation or abnormally after injuries (as to the cerebellum or vestibule of the ear).

Obsessive Compulsive Disorder (OCD): an anxiety disorder characterized by recurrent, persistent obsessions or compulsions.

Obsessions: intrusive ideas, thoughts, or images that are experienced as senseless or repugnant.

Compulsions: repetitive and seemingly purposeful behavior which the individual generally recognizes as senseless and from which the individual does not derive pleasure although it may provide a release from tension.

Ophthalmologic: having to do with the eyes.

Optic Atrophy: degeneration of the optic nerve.

Oppositional Defiance Disorder (ODD): a psychiatric disorder characterized by aggressiveness and a tendency to purposefully bother and irritate others.

Papilledema: swelling and protrusion of the blind spot of the eye caused by edema.

Edema: an abnormal excess accumulation of serous fluid in connective tissue or in a serous cavity.

Rickets: a condition caused by the deficiency of vitamin D.

Scoliosis: lateral curvature of the spine.

Sensory Integrative Dysfunction (SID): a neurological disorder that results in inefficient organization of sensory input received by the nervous system.

Assumptions

In regard to the survey, most adoptive parents will respond negatively to the question regarding the child's health at the time of adoption. Of the adoptive children from Romania, an overwhelming majority will have severe disabilities of developmental and/or emotional characteristics. The majority of the children will have attachment problems and difficulties interacting with their peers. Moreover, the child's present health should be characterized as improved compared to that of the time of adoption. It is also assumed that the parents will respond similarly to the questions asked in the survey. That is, most of the data received will be almost identical from child to child.

In regard to the overall results of this study, it is presumed that institutionalization will indeed have a plethora of negative affects on the Romanian orphans. The horrid conditions associated with Romanian orphanages will have had a tremendous affect on the emotional, physical and cognitive development of the children who had lived there. Furthermore, the longer a child was institutionalized the more severe it is believed his/her delays are as compared to a child who was institutionalized only briefly.

Limitations

A major limitation of this study is the lack of information regarding the adoptive child's family history. That is to say, there is a lack of records and documentation on the majority of the subjects in this study and in previous studies conducted in respect to institutionalized children. "Charts did not follow children from institution to institution, and children often were transferred from one location to another without notice to their family (Johnson and Groze 1994)." Some disabilities found in the children may in fact be genetic and not a direct result of institutionalization. What some parents may consider to be severe emotional problems in their child's behavior, in reality may only be temporary adjustment problems to living in a new environment. By using a survey to gather information about these children, this study is partial to the notion that some parents will choose not to comply and disregard the survey. Thus, lowering the number of the sample size.

Overview

The following chapters will further discuss the notion of Romanian adoptees and their disabilities stemming from institutionalization. More specifically, chapter two will focus on previous studies concerning the poor conditions of Romanian orphanages and the long and short-term effects of those conditions. Chapter three pertains to the process in which this study was implemented. It lists the content of the survey in detail and explains to whom and how it was administered. In chapter four, the results of this study are discussed and interpreted. Finally, chapter five will summarize this study and introduce suggestions for further research concerning Romanian children and their disabilities resulting from institutionalization.

Chapter Two

Review of Literature

The adoption of children from Romania is a subject that has been studied by many researchers. Specifically, concerns about the effects of early institutionalization have received reinvigorated attention as a result of Romanian children possessing the long and short-term effects of such deplorable conditions. The following are reviews of literature regarding not only the institutionalization of Romanian children but of the Eastern European and Russian children as well.

Length of Institutionalization

Several studies assume that the longer a child is reared in an institution, the more delays and disabilities that child will endure as compared to a child who was institutionalized only temporarily, or not institutionalized at all. According to a study conducted by Sara Morison, “although amount of time spent in orphanage was not related to the number of delayed areas parents reported Romanian orphan children had when they first met them, it was positively related to the number of areas of delay reported by parents on the R-DPDQ, *Revised-Denver Prescreening Developmental Questionnaire*, at 11 months post-adoption. As well, for the subsample of Romanian children enrolled in the IDP, length of time in the orphanage was related to Gesell DQs in the areas of adaptive, personal-social and language development, indicating that the longer the child spent in the orphanage, the lower the developmental quotient post adoption (Morison, Ames, and Chisholm 1995).”

The children who resided more than 8 months in an institution had considerably more behavior problems. More specifically, a typical behavior of these children involved “rocking back and forth on hands and knees or moving their hands in a repetitive way (Judge 1999).” This repetitive behavior has continually been reported as distinctive of children in and from institutions.

Emotional Behavior

Another consequence of early childhood institutionalization is the impairment of social and emotional behavior. In the areas of social-emotional development, institutionalized children exhibited impairment in: “reaction to peers; impulse control; ability to defer gratification; capacity to transition; ability to persist problem solving; capacity to recognize an adult who can assist in problem solving; ability to generalize learned skills; and construction of original and creative thinking (Doolittle 1995).” Furthermore, Doolittle reported that children who have been deprived of appropriate stimulation may acquire: “indiscriminate affection; extremely demanding or attention seeking behaviors; social unrelatedness with peers; autistic-like behaviors; hyperactivity; aggression (including acts of cruelty); temper tantrums; no cause and effect thinking; and no concept of time past, or future.”

There are even more negative characteristics accompanied with the social and emotional consequences of institutionalization. “Reports of violent behavior, distrust of parents, inappropriate friendly behavior with strangers, ambivalent attachment behavior toward parents, and antisocial behavior have characterized children adopted from Eastern European orphanages (Judge 1999).” According to this study, institutionalization itself does not necessarily lead to emotional problems, but it is the length in which a child is

institutionalized and the age of the child at the time of adoption that influences problems in social-emotional, behavioral and school-related adjustment.

Attachment behavior problems are also a consequence of institutionalization. International adoptees placed in orphanages prior to 4 to 6 months of age displayed normal attachment characteristics. On the contrary, children that have been in an orphanage for 8 months or longer had lower attachment scores upon arrival of their adoptive families. "One-third displayed atypical, insecure attachment patterns 3 years after arrival, particularly children with lower IQs or significant behavior problems and those adopted by families with lower socioeconomic status (Johnson and Dole 1999)."

The previous study also stated that the children in their study labeled as having behavior problems were described as being aggressive, antisocial, under-controlled, rageful, and oppositional. Moreover, in the classroom these children were described as being both distractible and hyperactive.

The following pertains to a study dealing with the changes in affectional relationships of children who left an institution after the age of 4 ½. None of the nine adopted children were thought by their families at age 8 to be either affectionate or attached to them. (Tizard and Hodges 1977) The children who had spent minimal time in an institution were considered by their families to be more affectionate than those who had been institutionalized longer. Tizard also stated that over time almost all of the adoptees despite their time in an institution became attached to their adoptive families. However, Kim Chisholm contradicts Tizard's theory by stating, "although Tizard and her colleagues found that institutionalized children were able to form attachments with their caregivers after having spent their first few years in an institution, it is important to note

that the institutions from which Tizard derived her sample reflected far better conditions than the reported conditions in Romanian orphanages (Chisholm 1998).”

Child-to -Caregiver Ratio

It has been discovered through past research that the child-to-caregiver ratio can effect the development of children within the orphanage system. Children in Romanian orphanages are exposed to insufficient child-to-caregiver ratios ranging from 8:1 to 35:1. Having such a poor child-to-staff ratio allows for minimum personal interaction. “Crying was ignored, both as policy and as a natural reaction to so few staff caring for so many children. The staff provided minimum touching and handling of the children; the children who were left lying in their cribs were not changed in position or stimulated for most of the day (Groza, Ileana and Irwin 2000).” Because of the lack of staff within the Romanian orphanages, educational and recreational activities were practically nonexistent. Many children developed autistic tendencies as a result of the lack of stimulation. The children who displayed active characteristics were restrained either physically with straps or chemically through tranquilizers (Groza, et al. 2000).

It is evident how such a limited staff can contribute to the developmental delays of the children within the orphanage system. Without the chance to develop a healthy attachment relationship with a caregiver, children may not affiliate alleviation of emotional or physical pain with caregivers. In other words, these children may not establish trust, security and attachment toward not only their caregivers but toward their adoptive families as well.

Autism

Previous research states that portions of Romanian adoptees possess autistic characteristics. In one study, 6% of Romanian children in a sample of 111 children displayed autistic-like patterns of behavior (Rutter, Andersen-Wood, et al. 1999). Autistic characteristics include difficulties in social relationships and in communication, limited social awareness, lack of an appreciation of normal social boundaries, and limited empathy.”

Malnutrition

A common result of institutionalization is malnutrition. More specifically, malnutrition is prevalent in internationally adopted children who have been institutionalized. Proper nutrition undoubtedly plays an important role in a child’s development. Without a healthy diet children can exhibit severe delays both physically and emotionally.

According to a study describing the long-term effects of institutionalization on the behavior of children from Eastern Europe, older children typically controlled the distribution of food within the orphanages. Therefore, because of the short supply of food, there was frequent competition between the older and younger children for food (Doolittle 1995). As one might expect, the older children almost always received more food than those who were younger.

Another study focusing on the effects of early institutional care stated that in regard to nutrition, Romanian orphanages have been described as lacking essential nourishment and possessing minimum dietary requirements only. “Almost half the

children (N=59) endured diets rated ‘very poor,’ and only 17 received diets ‘adequately nourishing but monotonous (Castle, Groothues, Bredenkamp, Beckett, O’Connor, and Rutter 1999).”

Many of the children from the orphanages have difficulties eating solid foods because infants and toddlers are fed only pureed food through a bottle. “As a result, children don not develop the muscles needed for chewing, swallowing, sucking and speaking properly (Cermak 2000).”

Growth

The institutionalization of children has an apparent effect on growth during infancy. Length, height, weight, head circumference and weight-for-height ratios all decreased as the length of institutionalization increased. “Children placed in institutions languish from psychosocial growth retardation (abuse dwarfism), falling behind 1 month of linear growth for 3 to 4 months spent in an orphanage irrespective of country of origin (Johnson and Dole 1999).” On the other hand, after children become adopted, linear growth velocity does increase in most children. Despite this growth spurt, “3 years after arrival (in the United States) 31% of Romanian orphans who had spent 8 months or more within institutional care remained below the 10th percentile in height and were an average of 2 inches shorter than children raised by their birth families (Johnson and Dole 1999).”

Head growth development is also impaired from institutionalization. “Head growth lag paralleled linear growth lag during the first year of life. In Romanian children greater than 10 months, 41% had a head circumference more than 2 standard deviations below the mean (Johnson and Dole 1999).”

According to another study concerning the developmental delays of Romanian Orphans adopted into the United Kingdom, at the time of entry to the United Kingdom the children were severely developmentally impaired on all measures. "On both the Romanian and United Kingdom assessments, the mean head circumference and weight were more than 2 standard deviations below U.K. norms and the mean height was approximately at the minus 2 SD point. Moreover, overall, about half were below the third percentile: 51% (N=108) on weight; 34% (N=58) on height; and 38% (N=61) on head circumference on the U.K. measures (Rutter et al.1998)."

Sleeping Problems

Sleeping problems is another characteristic of institutionalization. Children who have been institutionalized have a tendency to sleep excessively, to lie quietly in bed and pretend to be sleeping and/or be restless in their sleep. (Fisher, et al. 1997)

Medical and Developmental Delays

As stated previously, institutionalization causes both long and short-term developmental and medical delays. In a sample of 65 Romanian preschool adoptees assessed by the International Adoption Health Clinic in Minneapolis, 55 children had medical, developmental or behavioral difficulties. Twelve children suffered from neuro-developmental abnormalities. Moreover, there was also a high incidence of hepatitis B, intestinal parasites, and other communicable diseases. (Marcovitch, Goldberg, et al. 1997)

Two frequently reported health problems associated with institutionalized Romanian children are the prevalence of the human immunodeficiency virus (HIV) and

the hepatitis B virus (HBV). According to the World Health Organization, the incidence of pediatric Aids in Romania reached “1,094 documented cases, with 683 infected children (62%) living in institutions (Marcovitch, Cesaroni, et al. 1995).”

In another study of 65 Romanian adoptees that were brought to the United States during a 12 month period beginning in October 1990, only 15% (10 children) were judged to be physically healthy and developmentally normal. Eight of the 10 Romanian children were infants 5 months or younger whose average length of residence in an orphanage was remarkably short, ranging from 1.6 to 4 months. “Fifty-three percent had serological evidence of past or present hepatitis B infection, and 20% of screened children tested positive for hepatitis B surface antigen. In children aged 7 months or older, the overall prevalence of chronic hepatitis B was 23%. Intestinal parasites were found in 33% of subjects (Johnson, Miller, et al. 1992).”

The previous study also reported that the developmental delays the adoptees had (decreased motor development, decreased visual attention, fine motor delays) were largely due in part to a comprehensive lack of stimulation within the orphanage system. And although many of the children’s developmental delays improved over time, most of these children have needed professional intervention.

Children who are deprived of touch, movement, sound and other normal sensory input may exhibit Sensory Integrative Dysfunction (S.I.D.). Characteristics of SID include: “overly sensitive to touch, movement, sights, or sound; under-reactive to sensory stimulation, (such as pain) or seek out intense sensory experiences (body whirling); activity level that is unusually high or low; coordination problems; delays in

speech, language motor skills, or academic achievement; poor organization of behavior; poor self concept (Doolittle 1995).”

This study further reported that a hostile social environment activates the production of hormones that negatively affects brain function, including learning and memory. Previous research has provided information regarding the observation that children who experienced severe stress in the earliest years of life are at a greater risk for developing an assortment of cognitive, behavioral and emotional difficulties.

In a study pertaining to the health of children adopted from Eastern Europe, developmental assessments showed that most adoptive children had delays of function in one or more area. Out of 56 children, gross motor skills were delayed in 70%, fine motor in 82%, social and emotional skills in 53% and language skills in 59% (Albers, Johnson, Hostetter, Iverson and Miller 1997).

According to a study pertaining to the parenting stress of families adopting children from Romanian orphanages, many adoptees had developmental problems. More specifically, by using the Revised Denver Prescreening Developmental Questionnaire, it was established that out of 43 Romanian adoptees, “84% of them were delayed in the area of fine motor-adaptive abilities, 91% were delayed in gross motor development, 96% were delayed in personal social abilities, and all were delayed in language development. Seventy-eight percent of the children were delayed in all four developmental domains (Mainhemer, Gilman and Ames 1998).”

In a study, which focused on medical evaluations of internationally adopted children, it was concluded that most of the children had developmental delays. The sample included 293 children adopted from 15 countries (mean age, 14.0 months)

and all but 4 were seen within one month of their arrival in the United States. In regard to these children, neurologic disease was the second largest category of medical conditions (32 diagnoses or 13%). “Five children were globally retarded in gross motor, fine motor, and cognitive development. Other neurologic conditions, affecting 9 children, included craniosynostosis, cerebral atrophy, brachial plexus injury, facial palsy, neurofibromatosis, seizures due to cysticercosis, and hearing loss in nine children. Twelve children had ophthalmologic corroboration of visual problems, including 4 with myopia, five with esotropia and one each with nystagmus, optic atrophy and papilledema, and amaurosis (Hostetter, et al. 1991).” Moreover, in 27 children, two or more serious medical diagnoses were made. A final conclusion from this study stated that 57% of the 293 children adopted from abroad who were evaluated in this study had a serious medical condition. In fact, 81% of the children studied had “silent diseases, predominantly of an infectious nature, that were not otherwise evident from the medical history or physical examination (Hostetter, et al. 1991).”

According to a study executed by Sandra Kaler in which both orphaned and non-orphaned children were being compared, the two groups of children had conflicting Bayley mental scales scores. The following are the scores of the orphanage sample (N=25). “As the median chronological age of the children was 35 months, these scores indicate severe cognitive delays. In an attempt to assess the severity of delay relative to age, quotients were derived from these scores by dividing the mental age by the chronological age. The resultant scores ranged from .04 to .77 (median .31). None of the children was functioning at age level; 20 were functioning at levels less than half their chronological age (Kaler and Freeman 1994).”

An additional factor affecting Romanian orphans development of delays and disabilities was the lack of knowledge about certain medical problems. Most of the doctors who worked at these institutions knew very little about developmental disabilities. Caregivers knew even less than the doctors in regard to medical and/or developmental delays. Childcare was usually assigned to unskilled workers who had many children to look after. As stated previously, it was common for a caregiver to oversee up to 35 children. The support staff at the orphanages did not have adequate records on most of their orphans. As a result, many of the children's disabilities were never addressed and proper medical attention was never met. (Johnson and Groze 1999)

Summary

The purpose of the research studies described above was to illustrate the types and frequencies of disabilities and/or delays of Romanian orphan children after they had been adopted. Institutionalism has profound effects on the physical, cognitive, social and emotional development of children. According to previous research, length of stay within an institution is related to both developmental status and behavior problems. In addition, length of stay is correlated with growth and malnutrition. It is evident from the studies described above that without a secure attachment relationship in infancy or stable, healthy environment, these Romanian adoptees do not have the resources to resolve future developmental issues adequately.

Chapter Three

Design of Study

Sample

Of the 100 surveys distributed to families who have adopted Romanian children, 38 surveys were returned. The 38 Romanian children consisted of 12 males and 26 females. At the time of this survey, the mean age of males was approximately 10 years old. The mean age of females was 11 years old. The mean age of both males and females was 11 years-old, ranging from 5 to 21 years old. The mean number of months spent in an institution was 37 months, ranging from less than 1 month to 135 months. One parent responded informally and reported positive health related development of her child. However, this particular response was not incorporated into the results of this study because the parent did not want to partake in the completion of the survey.

Measures

A survey designed specifically for this study was implemented. However, two professionals reviewed and revised the survey before it was distributed. This survey was chosen for the following reasons: This survey is easy for parents to comprehend. The questions consist of fill-ins, yes or no, and a scale ranging from 1-3. The survey is also divided into specific sections such as; child information-presently; background information; and parental observations. In addition, the survey focuses on issues such as behavior, nutrition, developmental delays, emotional delays, history of the child's

institutionalization, and health. This survey is comprised of 54 questions. The five domains have the following number of questions; background information has 14 questions, medical history has 9 questions, developmental history is comprised of 9 questions, parental observations has 9 questions, and attachment has 13 questions. A copy of the survey used in this study is located in the Appendix on page 41.

Procedure

Families were asked to complete a survey mailed to them incorporating a number of fixed response and open-ended questions categorized in five main domains (e.g., child information-present, background and parental observations). Along with the survey was a statement regarding the purpose of this survey and the importance of researching Romanian adoptive children. The participants were also ensured confidentiality and anonymity of all data collected. The surveys were sent to the Parent Network for the Post-Institutionalized Child (PNPIC) and then distributed to 100 families on their mailing list that have adopted Romanian orphans. Of the 100 surveys distributed, there was a response rate of 38 percent, consisting of 38 responses. The survey primarily consisted of questions regarding their adoption experiences, their child's health and developmental delays, their child's behavior since coming to the United States from Romania, and their child's progress to date.

Testable Hypotheses

Null hypothesis: There will be no relationship between the health of the Romanian adoptees and their length of stay within an institution.

Alternate hypothesis: There will be a positive relationship between the overall health of the Romanian adoptees and the length of institutionalization.

Null hypothesis: The children will not have delays in areas such as speech, fine motor or gross motor.

Alternate hypothesis: The children adopted from Romania will have delays in areas such as speech, gross motor and fine motor.

Null hypothesis: The adoptive children will not acquire poor socialization skills and/or behavior problems.

Alternate hypothesis: The children will have poor socialization and behavior problems.

Null hypothesis: There will be no physical or mental delays or disabilities of the Romanian adoptees. Their overall health will be equivalent to that of the average child or infant.

Alternate hypothesis: They will have mental and physical disabilities and be regarded as having poor health. Romanian adoptees will suffer with these medical disadvantages as a result of the negative effects of institutional care.

Analysis

This study is descriptive in nature. Furthermore, this study used the survey developed by the examiner in order to test the previously stated hypothesis. It is assumed that the completed surveys will demonstrate the severity of disabilities and delays Romanian children acquired as a result of institutionalization. It is also believed that the majority of parents who have completed the survey will respond similarly to most questions. For instance, most parents will characterize the child's health at the time of adoption as poor.

Summary

This focus of this study is to prove that the length of stay in an institution, more specifically, Romanian orphanages, puts children at risk of acquiring a plethora of serious illnesses, or having both cognitive and/or physical delays. In addition, these children will have emotional-social disadvantages stemming from institutionalization. It is the intention of this study to verify the assumptions made in regard to the Romanian adoptees by using the survey developed precisely for this research.

Chapter Four

Analysis of Results

Results of Hypotheses

The first null hypothesis of this study is that there will not be a positive relationship between the overall health of the Romanian adoptees and the length of institutionalization. In regard to length of institutionalization, some of the children institutionalized for short periods of time had equal or more severe types of disabilities as compared to those institutionalized for longer increments of time. In this particular study, length of institutionalization did not lend support in having an effect of the intensity or frequency of the adoptees health status. The average length of institutionalization within the sample was approximately 32 months. The minimum time spent in an institution was less than one month. The maximum time spent in an institution was 137 months. Therefore, this study failed to reject the null hypothesis.

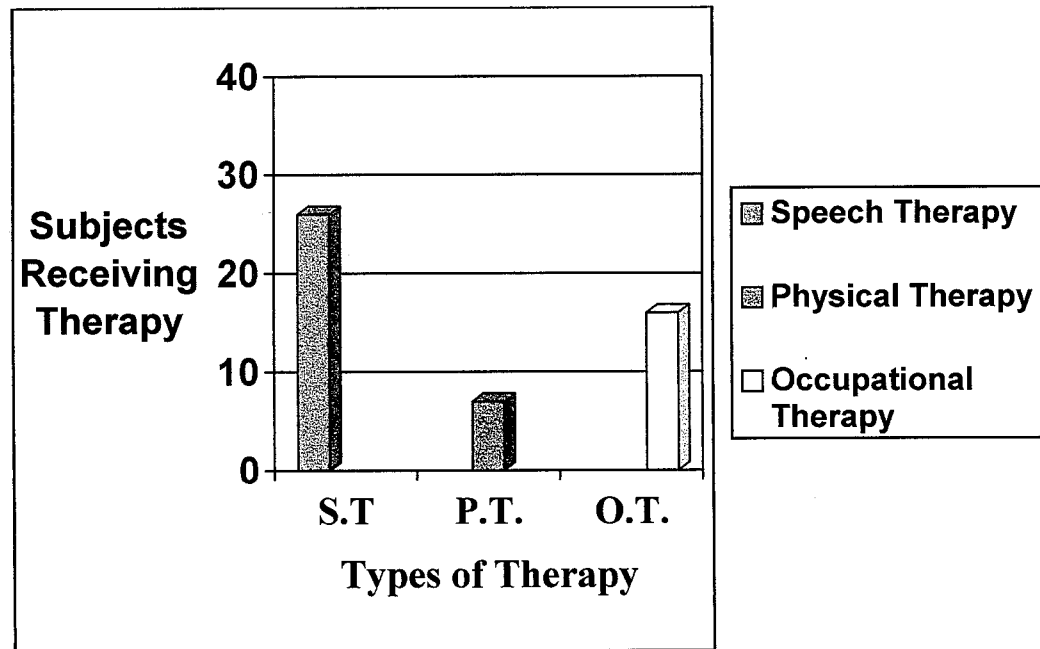
The second hypothesis states that the subjects will have delays in such areas as; speech, fine motor and gross motor. This study rejected the null hypothesis. Of the 38 subjects, 26 or 68% receive speech therapy (S.T.) or equivalent services. Seven children or 18% receive physical therapy (P.T.). And 16 or 42% receive occupational therapy (O.T.). Figure 4:1 shows the number of subjects who receive the types of therapies stated previously.

The third hypothesis states that the children adopted from Romanian orphanages/institutions will have poor socialization skills and behavior problems.

Twenty-three subjects or 60% are able to attend age appropriate activities together with typical peers in and outside their home. However, 5 parents reported that a one-on-one aide was necessary for successful interaction of their children with peers outside of their

Figure 4:1

Frequency of Subjects Receiving Therapy



home environment. The survey asked parents to rate their child's interaction with; yourself, spouse, siblings, teachers, peers and strangers. Twenty-two children or 58% surveyed are rated as having a "good" interaction with their mother. Thirteen or 34% have an "average" relationship, and 3 children or 8% have a "poor" relationship with their mother. In regard to the subjects' relationship with their father, out of 34 responses, 19 or 56% have a "good" interaction, 9 or 26% have an "average" interaction and 6 or 18% have a "poor" interaction. In reference to siblings, out of 29 responses, 8 or 28% have "poor" interactions, 7 or 24% have "average" interactions and 14 or 48% have

“good” interactions. Three subjects or 8% have “poor” interactions with their teachers. Thirteen or 34% have an “average” interaction and 22 or 58% have a “good” interaction with their teachers. In regard to interactions with peers, 14 or 37% have “poor” interactions, 15 or 39% have “average” interactions and 9 or 24% have “good” interactions. The survey also reported that 7 or 18% of children have “poor” interactions with strangers. Twenty-three or 61% have “average” interactions and 8 or 21% have “good” interactions with strangers. Figures 4:2 through 4:7 show the percentages of interaction levels among the subjects and the various groups of people in which they encounter.

Figure 4:2

Subjects' Interaction With Mother

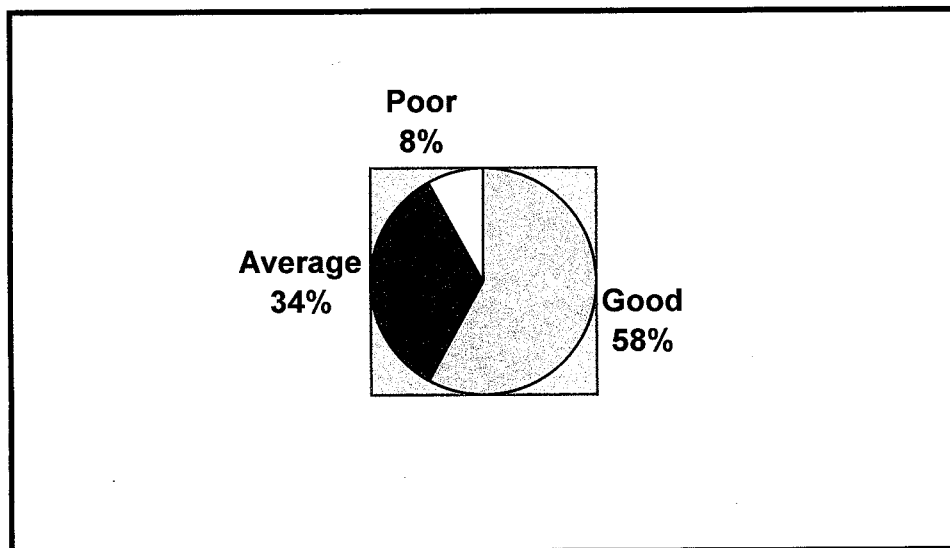


Figure 4:3

Subjects' Interaction With Father

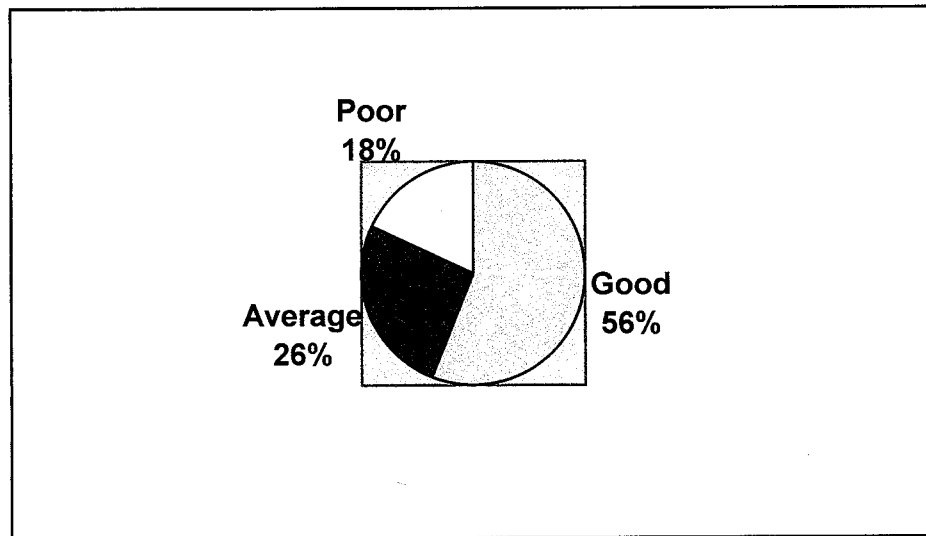


Figure 4:4

Subjects' Interaction With Siblings

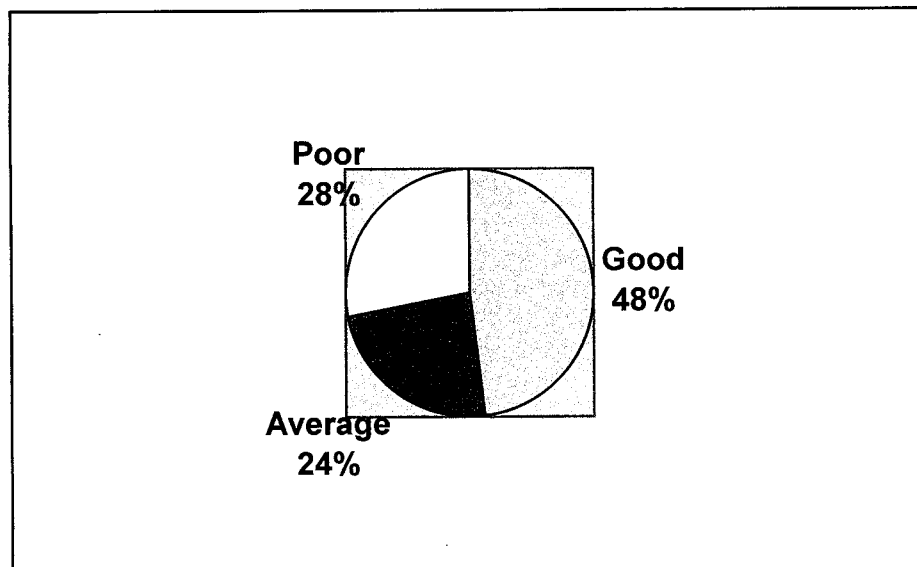


Figure 4:5

Subjects' Interaction With Teachers

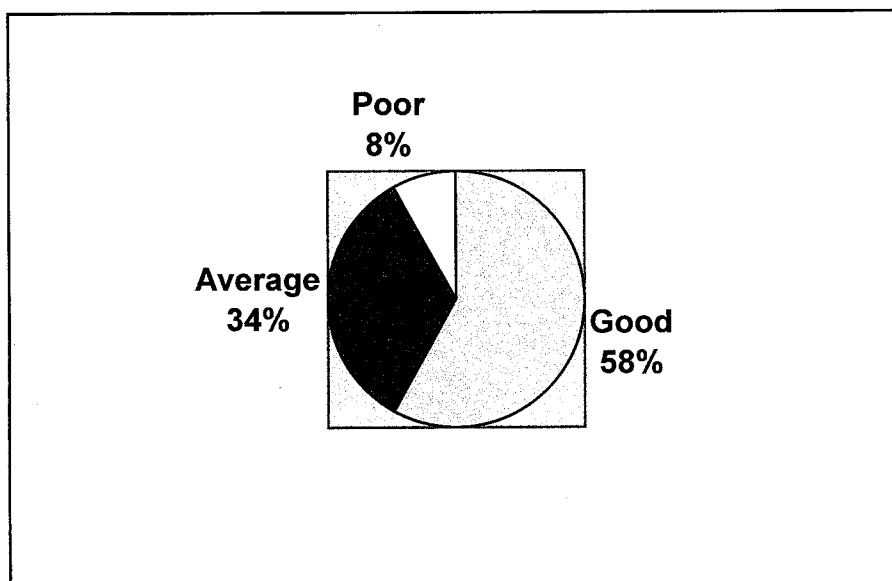


Figure 4:6

Subjects' Interaction With Peers

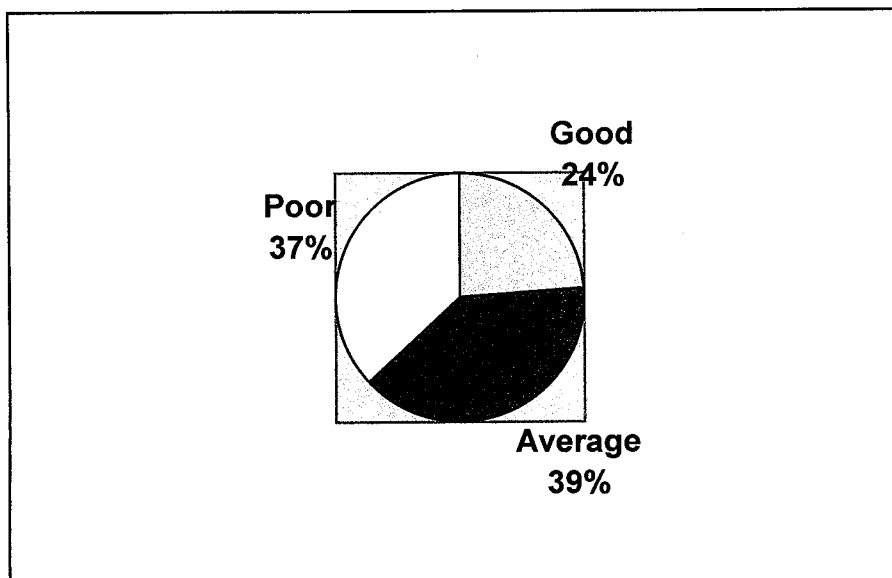
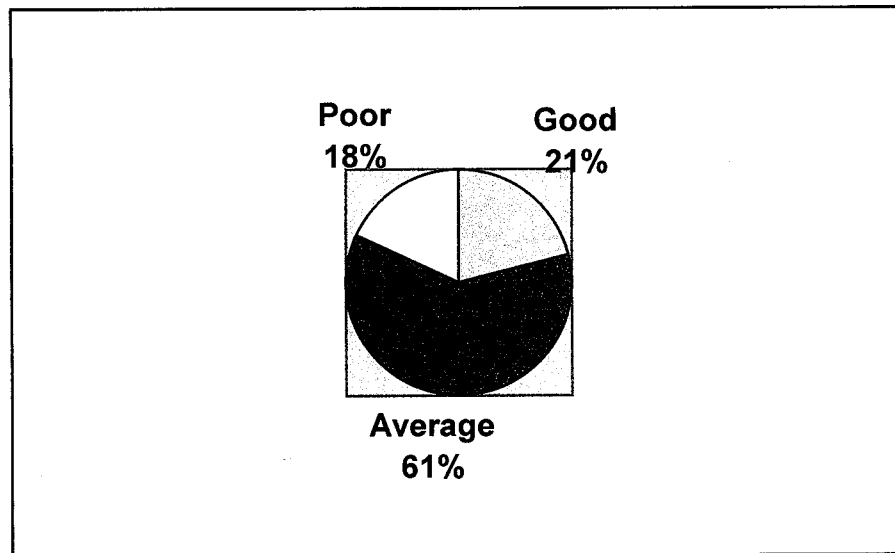


Figure 4:7

Subjects Interaction With Strangers



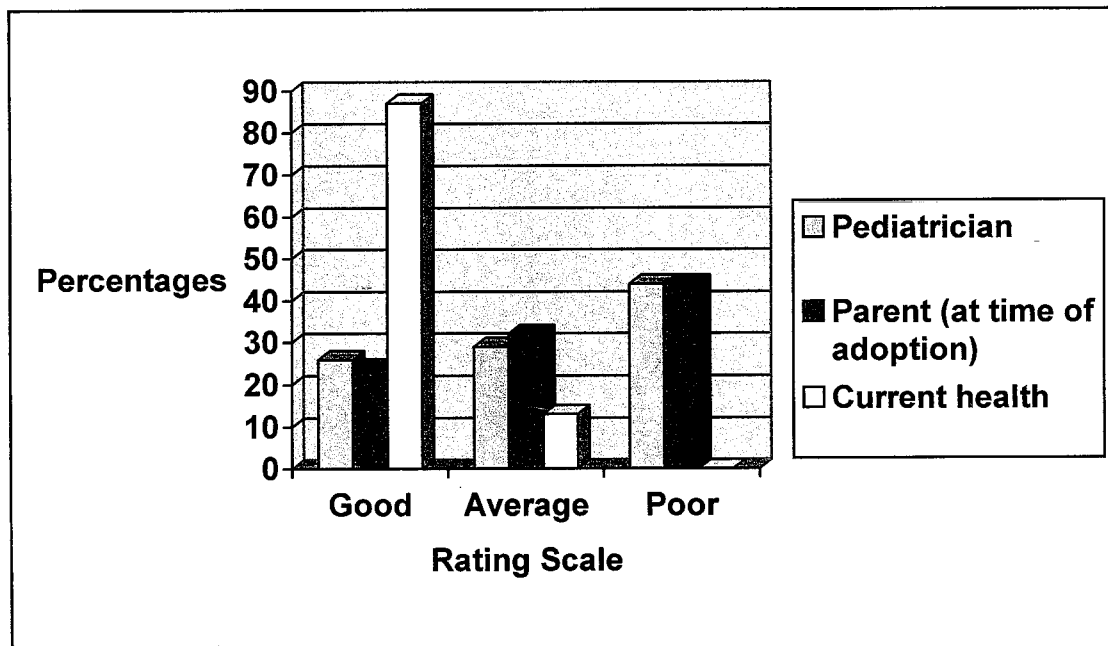
This hypothesis also stated that the subjects would acquire behavior problems as the result of institutionalization. When asked if their child demonstrated unusual behavior problems, 32 or 84% stated yes. Frequent behavior problems reported in this survey by more than one parent are as follows: 10 or 26% reported self abuse; 2 or 16% reported frequent bed wetting; 3 or 8% reported autistic behavior (not including subject's professionally diagnosed with autism); 4 or 11% reported cruelty to others (e.g., hitting, biting, scratching); 11 or 29% reported no or little emotion from child; and 30 or 79% have self-stimulating tendencies. In addition, 6 or 16% of parents indicated that their child exhibited severe temper tantrums. And when asked to rate their child's temperament, 6 or 16% said it was "easy," 19 or 50% rated it as "moderate" and 13 or 34% rated their child's temperament as being "difficult."

The fourth hypothesis stated that Romanian adoptees will have mental and physical disabilities and be regarded as having poor health as a result of institutionalization. When asked the question, “are you comfortable with your child’s developmental progress especially in relationship to typical siblings or peers,” 15 or 40% of parents stated yes, whereas 23 or 60% stated no. The result of the question, “how did your pediatrician view the initial condition of your child at the first examination is as follows; 17 or 44% rated the child “poorly,” 11 or 29% rated the child’s health as being “average” and 10 or 26% rated the child’s health as “good.” The parents rated their child’s health at the time of adoption similarly to that of their pediatrician. Seventeen or 44% rated their child’s health as being “poor,” 12 or 32% rated the child’s health “average,” and 9 or 24% rated their child’s health as good. Parents were also asked to rate their child’s health at the time of the survey or presently. Out of 37 responses, 5 or 13% of parents rated their child’s health as “average” and 32 or 87% rated their child’s health as “good.” For this particular question, there were no “poor” responses. Figure 4:8 displays the percentages of ratings discussed previously regarding health. There were various types of mental/physical disabilities in which the children were diagnosed. However, it is important to note that not all subjects had a delay or disability. In fact, one of the subjects was enrolled in a gifted and talented program within school. The most frequent disabilities reported in the surveys are as follows: 12 or 36% of subjects are diagnosed with ADHD; 6 or 16% have Hepatitis B; 5 or 13% are currently or were at one time severely underweight resulting from malnutrition; 6 or 16% have either hearing loss or severe hearing problems; 7 or 18% reported developmental delays, 2 or 5% are

mentally retarded; 2 or 5% are diagnosed with OCD; 5 or 13% have attachment disorders; 8 or 21% have sensory integration dysfunction; 3 or 8% suffer from anemia;

Figure 4:8

Subjects' Health Ratings

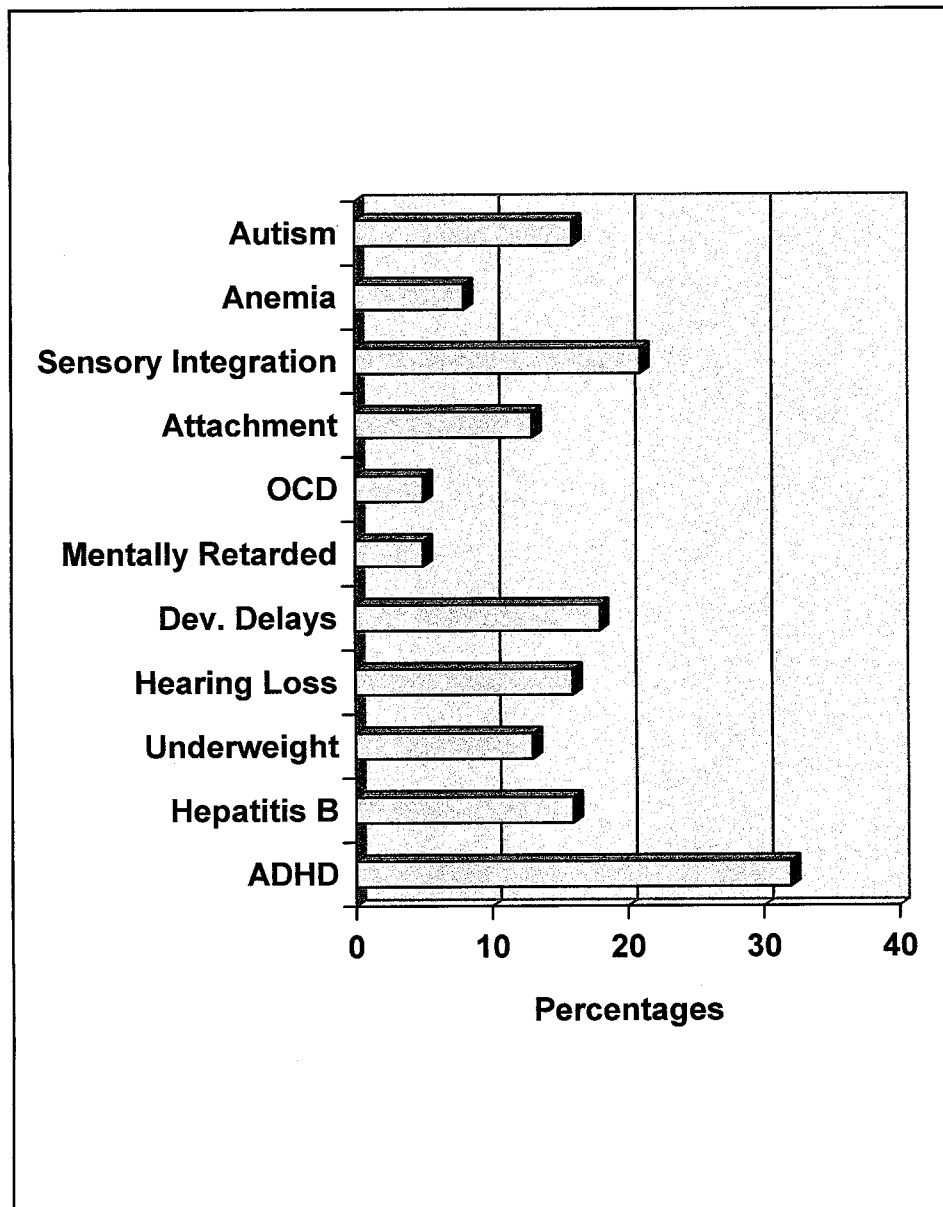


and 6 or 16% are diagnosed as having autism. Some of the surveys received stated that there were too many disabilities to list. Therefore, there are subjects' whose disabilities are not included in the frequencies listed previously. When asked if their children have been professionally diagnosed with a disability, of 37 responses, 33 or 89% responded "yes" and 4 or 11% stated "no." Health related problems reported less frequently from the parents in this study include; cerebral palsy, parasites, ODD, anxiety disorder, exotropia, scoliosis, heart murmur, fetal alcohol syndrome, rickets, brain injury, depression, dyspraxia, hernia, Aspergers syndrome, and seizure disorders. Twenty-nine or 76% of parents also reported that their child had participated in an early intervention program after arriving in their home. Figure 4: 9 displays the most common disabilities

reported from this survey. Twenty-four or 63% of parents feel as though their children are suffering within school. Moreover, parents have reported that their childrens' behavior problems, short attention spans, learning delays, and physical disabilities interfere with their success or progress in school.

Figure 4:9

Most Common Disabilities According to Survey



Interpretation of Results

Length of institutionalization did not lend support in its relationship to severity of delays/disabilities in this particular survey. Therefore, this study failed to reject the null hypothesis regarding length of institutionalization. On the other hand, data did not support the null hypothesis regarding the subjects not having delays in speech, gross motor and fine motor. It also rejected the null hypothesis regarding poor socialization and behavior problems. Finally, this study rejected the null hypothesis of subjects acquiring mental/physical disabilities, and/or having poor health.

Summary

The majority of subjects within this study has had and/or currently has mental and/or physical disabilities/delays. Furthermore, most of these children have poor socialization skills and behavior problems. The hypothesis which stated that the length of institutionalization would contribute to the severity of problems acquired by these adopted children was not supported. Subjects institutionalized for relatively short periods of time have suffered equal or at times more severe disabilities. However, the remaining hypotheses were supported. Subjects experienced: delays in speech, fine motor and gross motor; social and behavioral problems, and health related disabilities as a result of institutionalization.

Chapter Five

Summary and Conclusions

Summary

The Ceausescu government encouraged families to have as many children as possible in order to stimulate population growth. Unfortunately, many Romanian families did not have the economic means to support such large families. Most of these families had no choice to abandon their children. Consequently, there is an estimated 200,000 children within the institutions of Romania. Characteristics common to Romanian orphanages are as follows: lack of visual or auditory stimulation; lack of toys; inadequate child-to-staff ratios; lack of educational and recreational programming; lack of hot water; lack of soap; lack of washing machines; lack of clean bed linen; and an inadequate number of cots and beds (Groza et al. 2000). Because of the above factors, the overall health and well-being of Romanian adoptees has deteriorated significantly since the overthrow of Ceausescu.

Several of the effects of institutionalized children include; developmental delays in speech, gross and fine motor areas, and emotional and behavioral impediments. Furthermore, these children may develop mental and/or physical disabilities and an overabundance of health problems. The subjects in this study are inflicted with many of the health related problems discussed previously in the review of literature. Sixty percent of parents reported that they were not comfortable with their child's developmental progress, especially in relationship to typical siblings or peers. Additionally, only 26%

of pediatricians rated the subjects' health at the time of adoption as "good." Eighty-nine percent of subjects have been professionally diagnosed with a disability. Likewise, 76% of the subjects had participated in an early intervention program.

This study failed to reject the first null hypothesis concerning the length of institutionalization effecting the severity and frequency of the health related problems acquired by the subjects. On the other hand, this survey accepted the remaining three null hypotheses. Most of the subjects did have speech, fine motor and/or gross motor delays. A significant portion of the subjects experienced at one time or currently experiences social and behavioral struggles. As stated previously, most of the adoptees have been formally diagnosed with a mental and/or physical disability. The disabilities reported most frequently in this survey are autism, sensory integration dysfunction, ADHD and hepatitis B.

Conclusion

The subjects of this study do suffer from many health related problems not typical of the average adolescent. The poor living conditions of most Romanian institutions have had an effect on the overall health and well being of the majority of these subjects. Given the importance of physical and social motivation and nutrition on development, it is not surprising that these subjects have been negatively affected developmentally. In summary, children adopted from Romanian institutions are a high-risk group in terms of experiencing health problems or being diagnosed with one or more disabilities. The purpose of this study was to aid potential adoptive families in the realization that statistically a child adopted from Romania will have delays and/or disabilities as a result of institutionalization. This does not mean that North American families should cease to

adopt Romanian orphans. Parents who desire to adopt a Romanian orphan should be prepared for the potential long and short-term struggles that child will most likely endure. Children from Romania should receive a comprehensive physical and developmental evaluation before the adoption process is finalized. Although not all health concerns will be detected that early, parents would know the disabilities the child was suffering from at that time.

Discussion

The majority of subjects within this study endured a variety of delays and disabilities resulting from the inadequate living conditions within Romanian institutions. Only 50% of parents received any medical or developmental history of their child prior to adoption. Moreover, 16 or 42% of parents had the opportunity to visit the orphanage in which their child was located. However, only 8 parents who visited an orphanage got to see their child interact with a caregiver. Therefore, most parents knew of the disabilities and health related problems of their child after the adoption process was completed. Accordingly, many parents reported that their child was diagnosed with a delay/disability after the adoption procedure, despite the fact that 14 or 37% of parents had the opportunity to have their child evaluated by professionals in Romania prior to adoption.

At the time this survey was implemented, no parents rated their child's health as "poor." These parents may be comparing their child's health presently to that of the time of adoption. In that case, it is reasonable for the lack of "poor" responses. Many of the subjects have improved emotionally and cognitively since the time of adoption. However, if an impartial figure rated the subjects' health presently, would they rate the children's health similarly?

This study would have benefited from a greater response rate of completed surveys. Many of the families had moved to a new location with no forwarding address. There were even replies of angered parents who wanted absolutely no part in this study. Perhaps if the sample size was larger, this study would have accepted the hypothesis in which length of institutionalism affects the severity and frequency of the delays and disabilities of the Romanian adoptees.

Implications for Further Research

Future studies may find it beneficial to provide within their survey a checklist of commonly found disabilities and health problems common to Romanian adoptees. This would alleviate responses such as, “too many to list.” In addition, the parent would not have to try to remember every health problem his/her child has acquired. Including a checklist would result in a more accurate, detailed representation of the child’s medical history.

Future studies would also benefit with having a larger sample size. The response rate of this study and length of time of response contributed in failing to reject the null hypothesis concerning length of institutionalization. Past research has repeatedly reported that length of institutionalization is statistically significant in regard to its effect on the intensity and frequency of the health problems of Romanian adoptees.

APPENDIX

Dear prospective participant,

Attached is a survey that is part of a Master thesis at Rowan University. The goal of this survey is to gather information on the types of children who are being adopted from other countries and the needs of these children and their families for dissemination to psychologists who are seeing many of these children. It is the researchers' hope that by inquiring about your experiences, we will gather critical information that will lead to better diagnosis of at risk children and to ultimately provide background data for the implementation of programs that will allow these children to reach their full potential in all areas of their development.

Your responses are a very significant part of this research and the researchers thank you in advance for taking the time to fully respond to the attached questions. Your personal responses and the identity of your child and his/her privacy will be protected as not to cause any difficulties. **This survey was given to your organization for distribution, and we were not given access to any information regarding your family.** The information gathered in this survey will be used solely for the purposes that are outlined above.

Please answer the following questions as accurately as possible. There may be some information that is not available. Please try to answer as many questions as you can. Some questions simply require a yes or no answer. The questions that ask you to describe or rate your child's specific behaviors are placed on a scale. If you have comments or observations regarding a specific question, please make additional comments on the back of this questionnaire and refer to the question number for clarity. We would be happy to share our finding with you and would be happy to call you to discuss this project if you would if you would like further information. Dr. Dihoff can be reached at the Child Development Center at South Jersey Hospital System at 856-696-1035 or 856-696-1014.

Sincerely,

Roberta E. Dihoff, Ph.D.

Diane Castano

Dawn Roy

CHILD'S INITIALS _____
DATE OF BIRTH _____
CHILD'S GENDER _____
TODAY'S DATE _____
YOUR RELATIONSHIP TO CHILD _____
CHILD'S COUNTRY OF ORIGIN _____

I – BACKGROUND

1. How old was your child at the time of adoption?
_____ YEARS _____ MONTHS
2. How old was your child at the time he/she was placed in the institutionalized setting?
_____ YEARS _____ MONTHS
3. How long was your child in this setting?
_____ YEARS _____ MONTHS
4. If your child was not in the institutionalized setting from birth, in what other placements was the child before placement with your family?
5. Were you given any medical history of the biological parents? If so, please describe.
_____ YES _____ NO
6. Were you given any information about the care given to the child in any of the places where the child was cared for before being placed in your home?
_____ YES _____ NO
7. Did you have an opportunity to have this child evaluated by professionals in Romania prior to adoption?
_____ YES _____ NO
8. Were you given any medical or developmental history of the child prior to adoption?
_____ YES _____ NO
9. Did you have the opportunity to visit the orphanage and review the care of your child before adoption? If so, please describe the interaction between the child and caregiver?
_____ YES _____ NO
10. If known, what was the name of the town the orphanage was located in?
11. Are you familiar with your child's diet while in the orphanage? If yes, please describe.
12. Did the child present any eating problems prior to adoption, if known? If yes, please describe.
_____ YES _____ NO

13. Did the child present any sleeping problems prior to adoption, if known? If yes, please explain.
_____ YES _____ NO

14. Do you have any other children? If so, how many?
_____ YES _____ NO _____ AGES

II - MEDICAL HISTORY

15. How did your pediatrician view the initial condition of your child at the first examination?
_____ POOR _____ AVERAGE _____ GOOD

16. How would you describe your child's health at the time of adoption?
_____ POOR _____ AVERAGE _____ GOOD

17. Did your child have any identified health problems at the time of adoption? If so, please describe?
_____ YES _____ NO

18. Have you taken your child to be examined by any medical specialists since the arrival in your home for any reason other than traditional pediatric care? If so for what issues?
_____ YES _____ NO

19. Has your child been diagnosed with any disability or medical condition since arriving to your home?
_____ YES _____ NO

20. Did your child participate in any early intervention programs upon arrival in your home?
_____ YES _____ NO

21. Did your child receive any special or individual attention for any condition or delay upon arrival in your home?
_____ YES _____ NO

22. Has your child received special services from your state, school district or insurance provider in response to any medical or developmental conditions? If yes, please list the type(s) of service(s).
_____ YES _____ NO

23. How would you describe your child's health now?
_____ POOR _____ AVERAGE _____ GOOD

III - DEVELOPMENTAL HISTORY

24. In reviewing the initial experience of your child in your home was the arrival in your home happy and comfortable?
_____ YES _____ NO

25. Did your child enjoy interaction, physical contact and play upon arrival in your home?
_____ YES _____ NO

26. When did your child smile and feel comfortable in your home environment?
_____ YEARS _____ MONTHS
27. When did your child begin to successfully interact with members of your family?
_____ YEARS _____ MONTHS
28. Did your child exhibit unusual behaviors? If so, please explain.
_____ YES _____ NO
29. Did your child participate in activities that were age appropriate upon arrival?
_____ YES _____ NO
30. Did your child exhibit any self-stimulatory behaviors?
_____ YES _____ NO
31. At what age did your child begin to use words?
_____ YEARS _____ MONTHS
32. At what age did your child begin to walk?
_____ YEARS _____ MONTHS

IV – PARENTAL OBSERVATIONS

33. Do you feel that your child exhibits any unusual behaviors, fears or anxieties? If yes, please describe.
_____ YES _____ NO
34. Is your child able to attend to age appropriate activities together with typical peers in your home?
_____ YES _____ NO
35. Is your child able to participate and attend in-group activities with typical peers in programs outside your home?
_____ YES _____ NO
36. Are you comfortable with your child's developmental progress especially in relationship to typical siblings or peers?
_____ YES _____ NO
37. If your child attends school, do you feel as though he/she is struggling? If yes, please explain why.
_____ YES _____ NO
38. How would you rate your child's interaction with other children his/her age?
_____ BELOW AVERAGE _____ AVERAGE _____ SUPERIOR
39. How would you rate your child's appetite?
_____ POOR _____ AVERAGE _____ GOOD
40. How would you rate your child's sleeping patterns?
_____ POOR _____ AVERAGE _____ GOOD

41. Have you now, or in the past, noticed any communication problems?
_____ YES _____ NO

V – ATTACHMENT

42. Please describe the care provided to your child after arrival in your home. I.e. daycare, home-care, etc.

43. Does your child call and seek your help at night when startled or afraid?
_____ YES _____ NO

44. How does your child separate from you in a new environment?
_____ BELOW AVERAGE _____ AVERAGE _____ SUPERIOR

45. Does your child understand the concept of “strangers?”
_____ YES _____ NO

46. Is your child wary of new acquaintances?
_____ YES _____ NO

47. Is your child eager to play and relate to you and members of your family?
_____ YES _____ NO

48. How would you classify your child’s temperament?
_____ EASY _____ MODERATE _____ DIFFICULT

49. Does your child display a wide range of emotions? If no, please explain.
_____ YES _____ NO

50. How would you describe your child’s interactions with:
- | | | | |
|--------------|------------|---------------|------------|
| a. yourself | _____ POOR | _____ AVERAGE | _____ GOOD |
| b. spouse | _____ POOR | _____ AVERAGE | _____ GOOD |
| c. siblings | _____ POOR | _____ AVERAGE | _____ GOOD |
| d. teachers | _____ POOR | _____ AVERAGE | _____ GOOD |
| e. peers | _____ POOR | _____ AVERAGE | _____ GOOD |
| f. strangers | _____ POOR | _____ AVERAGE | _____ GOOD |

51. Would you rate the adoption experience as mutually rewarding to your family as well as the child?
_____ YES _____ NO

52. Would you consider adopting another child from a foreign country?
_____ YES _____ NO

53. Would you consider adopting another child from the United States?
_____ YES _____ NO

54. Has your child received any specific type of testing, if so what kind, what were the results and evaluations of that testing?

55. If you need any information or assistance please supply your name and phone number so that we may contact you.

REFERENCES

Albers, Lisa H., Johnson, Dana E., Hostetter, Margaret K., Iverson, Sandra, and Miller, Laurie C. (1997, September). Health of Children Adopted From the Former Soviet Union and Eastern Europe. Journal of the American Medical Association, 278(11). 922-924.

Castle, Jenny, Groothues, Christine, Brendenkamp, Diana, Beckett, Celia, O'Connor, Thomas, Rutter, Machael, and the E.R.A Study Team. (1999, October). Effects of Qualities of Early Institutional Care on Cognitive Attainment. American Journal of Orthopsychiatry, 69(4). 424-437.

Cermack, Sharon. (2000,). Solving the Problems of Post-Institutionalized Children [electronic data] <http://www.bu.edu/sargent/pub/postinst.html>.

Chisholm, Kim. (1998, August). A Three Year Follow-Up of Attachment and Indiscriminate Friendliness in Children Adopted from Romanian Orphanages. Child Development, 69(4). 1092-1106.

Doolittle, Terri. (1995, March). The Long Term Effects of Institutionalization on the Behavior of Children From Eastern Europe and the Former Soviet Union [electronic data] The Parent Network for Post-Institutionalized Children (Producers). <http://www.rainbowkids.com/europattavch.html>

Fisher, Lianne, Ames, Elinor W., Chisholm, Kim and Savoie, Lynn. (1997). Problems Reported by Parents of Romanian Orphans Adopted to British Columbia. International Journal of Behavioral Development, 20(1). 67-82.

Groza, Victor, Ileana, Daniela F. and Irwin, Ivor. (2000). A Peacock or a Crow: Interviews, and Commentaries on Romanian Adoptions [electronic data] <http://www.cwru.edu/6070400/pubaff/univcomm/authors/groza-3.htm>

Hostetter, Margaret K., Iverson, Sandra, Thomas, William, McKenzie, David, Dole, Kathryn, and Johnson, Dana E. (1991). Medical Evaluation of Internationally Adopted Children. The New England Journal of Medicine, 325(7). 479-485.

Johnson, Dana E., Dole, Kathryn. (1999, April). International Adoptions: Implications for Early Intervention. Infants and Young Children, 11(4). 34-45.

Johnson, Alice K., Groze, Victor. (1994, Winter). The Orphaned and Institutionalized Children of Romania. Journal of Emotional and Behavioral Problems, 2(4). 49-52.

Johnson, Dana E. Miller, Laurie C., Iverson, Sandra, Thomas, William, Franchino, Barbara, Dole, Kathryn, Kiernan, Marybeth T., Georgieff, Michael K., Hostetter, Margaret K. (1992). The Health of Children Adopted from Romania. Journal of the American Medical Association, 268(4). 3446-3451.

Judge, Sharon, Lesar. (1999). Eastern European Adoptions: Current Status and Implications for Intervention. Topics In Early Childhood Special Education, 19(4). 244-252.

Kaler, Sandra, R., Freeman, B. J. (1994). Analysis of Environmental Deprivation: Cognitive and Social Development in Romanian Orphans. Journal of Child Psychology and Psychiatry, 35(4). 769-781.

Mainemer, Henry, Gilman, Lorraine C., Ames, Elinor W. (1998). Parenting Stress in Families Adopting Children from Romanian Orphanages. Journal of Family Issues, 19(2). 164-180.

Marcovitch, Sharon, Cesaroni, Laura, Roberts, Wendy, and Swanson, Cathy. (1995). Romanian Adoption: Parents' Dreams, Nightmares, and Realities. Child Welfare, 74(5). 993-1017.

Marcovitch, Sharon, Goldberg, Susan, Gold, Amanda, Washington, Jane, Wasson, Christine, Krekewich, Karla, and Handle-Derry, Mark. (1997). Determinants of Behavioural Problems in Romanian Children Adopted in Ontario. International Journal of Behavioral Development, 20(1). 17-31.

McMullan, S., Fisher, Lianne. (1992). Developmental Progress of Romanian Orphanage Children in Canada. Canadian Psychology, 33 504.

Morison, Sara J., Ames, Elinor W., and Chisholm, Kim. (1995, October). The Development of Children Adopted from Romanian Orphanages. Merrill-Palmer Quarterly, 41(4). 411-429.

Rutter, Michael, and the English and Romanian Adoptees (ERA) Study Team. (1998). Developmental Catch-up, and Deficit, Following Adoption after Severe Global Early Privation. Journal of Child Psychology and Psychiatry. 39(4). 465-476.

Rutter, Michael, Andersen-Wood, Lucie, Beckett, Celia, Bredenkamp, Diana, Castle, Jenny, Groothues, Christine, Kreppner, Jana, Keaveney, Lisa, Lord, Catherine, O'Conner, Thomas and the English and Romanian Adoptees (ERA) Study Team. (1999). Quasi-Autistic Patterns Following Severe Early Global Privation. Journal of Child Psychology and Psychiatry, 40(4). 537-549.

Sloutsky, Vladimir. (1997). Institutional Care and Developmental Outcomes of 6-and 7-Year-Old Children: A Contextualist Perspective. International Journal of Behavioral Development, 20(1). 131-151.

Tizar, Barbara, Hodges, Jill. (1977). The Effect of Early Institutional Rearing on The Development of Eight Year Old Children. Journal of Child Psychology and Psychiatry. 19 99-118.