Mental Health Needs of Adopted Children

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Outline

• How common are mental health problems in adopted children?
• The impact of beliefs re attachment, trauma and brain damage
• Limitations and benefits of psychiatric diagnosis
• What is effective in the way of intervention?
• Models of service provision
Children with at least 1 ICD-10 diagnosis:

Common problems
Ford et al 2007: LAC children versus community

• Behavioural disorders (39% versus 4%)
• ADHD (9% versus 1%)
• Anxiety Disorders (11% versus 4%)
• PTSD (2% versus 0.1%)
• Neurodevelopmental problems (13% versus 3%)
• Autism (3% versus 0.3%)
Educational profile
Ford et al 2007 re LAC children

• Significant intellectual delay (11% versus 1%)
• Literacy/numeracy problems (34% versus 10%)
• Statements of Educational Need (23% versus 3%)
GOSH Bedfordshire adoption study

• Approached all adoptive families in Bedfordshire, 2011-2
• Recruited less than 50%
• Used same methodology as Ford et al study with additional semi-structured questionnaire of parents
• Results being analysed
Initial impressions from our research

• Most adopted children with mental health problems have not been assessed properly
• Poor understanding of the nature of their difficulties and how to treat them
• Difficult to access CAMHS
• Experience of CAMHS often unsatisfactory
Myths

• Adopted children's problems are mainly due to attachment difficulties (post adoption SW)
• Because the difficulties are mainly due to social adversity the solutions are social care related (CAMHS)
• Love and a good home cures all (prospective adopters)
Impact of research: powerful themes

• Attachment
• Trauma
• Brain damage

Seems to have led to the belief that these psychological problems are unique and require specialist long term therapy. This can be misleading.
Assessment issues

• Focus must be on psychological development, not limited to psychiatric diagnosis
• Need for a broad ranging assessment considering multiple and complex aetiologies
• Consider family context
Unusual and complex aetiology

- Trauma relating to primary care giving relationship, affecting attachment processes
- Abuse/neglect often occurs at a formative time of development and has neurobiological consequences (McCrory et al 2010)
- Exposure to known familial risk factors (MH problems, criminality, substance abuse, DV)
- Highly unusual social adversity – removal from family, disrupted placements.
Pre-natal influences

- Maternal stress during pregnancy appears to affect aspects of infant development
- Effects of substance abuse
- Research into cocaine – physiologic dysregulation at 13 months
- Foetal alcohol syndrome
Problems with psychiatric diagnosis

- Doesn’t capture all the symptoms and problems that children adopted from care present with
- Doesn’t always give a good indication of psychological development and impairment
Sub-threshold presentations

- Clinical presentations may be very impairing but not reach threshold for diagnosis
- Follow-up over time shows that many do eventually reach threshold
- Children that we see may be sub-threshold on a number of diagnoses such as ADHD, Conduct Disorder, PTSD. Impairment much greater than suggested by a lack of diagnosis.
Symptoms that do not fit a diagnosis

- Sexualised behaviour
- Smearing faeces
- Resistance to change

Many symptoms require a contextual understanding, such as disturbed behaviour related to attachment needs. May not be seen at school.
Abnormal eating patterns: significant but undiagnosed

Tarren-Sweeney (2006) in a review of 400 children in kinship or foster care found:

• 25% ate excessively and 23% gorged on food while maintaining normal weight
• Hiding or storing food (14%)
• Stealing food (18%)
• Pica – associated with LD
Areas of diagnostic confusion

- Autism versus Quasi autism
- Complex trauma
- Reactive Attachment Disorder

Further clinical research is needed
Benefit of psychiatric diagnosis

• Better recognition and communication around a child’s needs
• More likely to lead to an evidence based treatment
A good assessment underpins treatment

• Psychological formulation of an adopted child’s difficulties should include psychiatric diagnosis but not be limited to it

• Formulation should draw together an understanding of diverse and interacting aetiologies and point the way to treatment recommendations
What works in terms of treatment?

• Common psychiatric disorders have effective treatments (ADHD, Conduct Disorder, Anxiety Disorder, PTSD)

• A growing evidence base to treat developmental deficits such as affect dysregulation and attachment problems

• Liaison with schools is important
Importance of an evidence based approach to treatment

• In scientific research there is a hierarchy of research evidence, beginning with case descriptions, case studies, and then trials of treatment with no comparison group.
• The gold standard is a randomly allocated and controlled trial (RCT)
• Vulnerable children deserve treatments that are proven to work!
Treating attachment problems

• Essential to work with carers
• Improve sensitive responding based on education about attachment triggers and maladaptive patterns (Mary Dozier)
• RCT’s using video clips (Femmie Jueffer) and parent-child psychotherapy (Alicia Lieberman)
Liaison with schools

- High level of undiagnosed learning difficulty
- Very high level of executive dysfunction relating to early trauma
- Attachment difficulties and emotional/behavioural problems impact on learning
- A risk that school will accept these difficulties as part of the picture, although accurate identification and intervention will help significantly
A modular approach to tackling developmental deficits

- Attachment
- Affect Dysregulation
- Social Competence

(Blaustein & Kinniburgh, ARC model, 2010. See also Marilyn Cloitre)
The ARC Framework

• Attachment;
  – Caregiver affect management (focusing on the caregivers ability to recognise and regulate emotional experience)
  – Attunement (the capacity of the caregivers and children to accurately read each others cues and respond effectively)
  – Consistent response
  – Routines and rituals (developing predictable routines to increase a child’s perceived safety and help with self regulation)

• Self Regulation;
  – Affect identification (building vocabulary for emotional experience)
  – Modulation (the child's ability to tune in to and sustain a connection to internal states)
  – Affect Expression (works to increase a child's ability to identify safe resources and communicate emotional experiences)
The ARC Framework

• Competency;
  – Primary Components – executive function and self development (increasing a child's ability to effectively engage in problem solving, planning and anticipation. Working to develop the child's sense of self that is unique and positive and incorporates experiences from the past and present).

• The final aspect of the ARC framework is ‘Trauma Experience Integration’ which aims to integrate all the range of skills developed during the intervention to support children in building a coherent and integrated understanding of self and for them to engage more fully in present life.
Framework showing levels of intervention

Psycho-education → Developmental expectations

Emotional sensitivity ↔ Parent representations ↔ Behaviour management

Trauma focus ↔ Emotional Regulation ↔ EF SST ↔ Narrative
Aims of treatment

- Treat identifiable psychiatric disorder
- Address educational difficulties
- Treat impairing developmental deficits
- Support families through education and involvement in treatment
- MUST help parents to manage behaviour as well as focus on sensitive responding
Models of intervention

- Mental health screening for children in care
- Psychoeducation and support for adoptive parents
- Specialist CAMHS/LAC teams with expertise in this area of work
Current provision

Takes a Village, Adoption UK report.
455 adopters, 700 children
24% accessed CAMHS for support
47% thought they needed CAMHS
There was a lack of clarity as to whether mental health or other services were needed.
Problems with CAMHS provision

• High threshold of entry, often defined by presence or absence of psychiatric diagnosis
• An acute service, not well adapted to chronic problems
• Inconsistent level of training/knowledge in this specialist area
What is needed?

• A multidisciplinary specialist team structured in a way which supports close interagency working
• The capacity to consult to schools, social workers, paediatricians and general CAMHS
• The capacity to develop evidence based interventions which are not exclusively diagnosis- based
Impact of adoption on families

- Research suggests that despite a good home, adopted children may continue to present with problematic behaviour.
- There can be a considerable burden on families.
- Our research suggests that most families find adoption highly rewarding but equally very challenging.
Changes in attachment over time

• Research using Story Stem representations (Jill Hodges et al 2009) show that changes occur over time but are superimposed on earlier attachment representations, which never entirely disappear
Other factors affecting long term prognosis

- Genetic loading for mental illness
- Pre-natal influences (drugs, alcohol, stress)
- Multiply disrupted attachments
- Length of exposure to adversity
- Age of permanent placement
Final messages

• Attachment, trauma and neuroscience are all important but we mustn't overlook common psychiatric disorders which are very treatable.
• There is a high level of unrecognised mental health need in this population which needs proper assessment and treatment. This will lessen the burden on families.
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