



Behavior problems in adolescence among international adoptees, pre-adoption adversity, and parenting stress[☆]

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ABSTRACT

The evolution of behavior problems from school age to adolescence and their relationships with early risk factors and parenting stress were examined among 71 international adoptees. Children's health status and development were assessed soon after arrival in their family to provide indices of early adversity. At ages 7 and 15, self-report measures (DI and DIA) were used to evaluate behavior problems while mothers completed the CBCL. Mothers also completed the Parenting Stress Index and Stress Index for Parents of Adolescents. A lower percentage of children reported internalizing problems during adolescence than at school age while mothers reported a decrease in externalizing problems over age. A few correlations were found between internalizing and externalizing symptoms and early risk factors. However, these links were sequentially mediated by parenting stress at school age and in adolescence. The potential impact of parenting stress on international adoptees' psychological adjustment is discussed.

Introduction

With the increasing number of international adoptions during the last decades, the impact of the numerous risk factors faced by children prior to adoption has become a major concern for developmental psychologists. International adoptees often lacked the physical, medical, and affective care, as well as social and cognitive stimulation essential for healthy development (Gunnar, Bruce, & Grotevant, 2000). Upon their arrival in their adoptive families, many of these children were experiencing serious health and behavior problems as well as developmental delays (MacLean, 2003; Pomerleau et al., 2005).

Adoption can be seen as a chance to recover from the obstacles faced early on and progress is typically evident in the first months and years following adoption (Palacios & Brodzinsky, 2010; Pomerleau et al., 2005). Adoptive parents are usually well educated, have good incomes, and are well-prepared to welcome their child, offering him or her a stimulating and warm environment. Adaptation to a new

environment can nevertheless be difficult and experiences prior to adoption can still impact children's physical, socioemotional, and cognitive development, as well as their mental health many years later (e.g., (Johnson, Browne, & Hamilton-Giachritsis, 2006); O'Connor, Rutter, Beckett, Keaveney, & Kreppner, 2000; (Palacios & Brodzinsky, 2010; Sonuga-Barke et al., 2017)). However, the impact of early adversity on international adoptees' psychosocial adjustment during adolescence remains unclear.

The challenges faced by adopted children during the preschool period and at school age have been the focus of numerous studies (Brodzinsky, 2011). More recently, the period of adolescence has been gaining more and more attention. Adolescence is a period of significant and rapid changes in cognitive abilities, autonomy, identity, and sexual maturity. In addition to these normative changes, teens who were adopted internationally as children have a better understanding of the meaning of adoption and become more aware of the differences between themselves and their parents and peers. Adolescence could

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therefore be a critical period for them with a dramatic increase in behavior problems (Brodzinsky, 2011; Friedlander et al., 2000; Grotevant, 1997).

However, according to Juffer and van IJzendoorn's meta-analysis (Juffer & van IJzendoorn, 2005), although adopted children show more behavior problems than non-adopted children their total behavior problem score is lower during adolescence (13 to 18 years) than during childhood (0 to 12 years). Many factors could explain this decrease but, as suggested by Juffer and van IJzendoorn (Juffer & van IJzendoorn, 2005), internationally adopted children might question their identity earlier than the general population in regards to their ethnic and cultural differences and this precocity could confer them a long-term advantage. According to Brodzinsky (Brodzinsky, 2011), teenagers also begin to understand the legal permanence associated with adoption. This awareness can reduce the anxiety found in younger children. The greater use of mental health services by adopted children and their family could also prevent the exacerbation of symptoms during adolescence. Adoptive parents tend to be more educated and wealthier than biological parents making them more sensitive to their child's problems and more likely to seek mental health services (Miller, 2005).

More recently, in their review of the literature, Palacios and Brodzinsky (Palacios & Brodzinsky, 2010) concluded that adopted children have more adjustment problems during childhood and early adolescence than non-adopted children, while very little difference is evident in late adolescence and early adulthood. However, according to another review of studies based on the *Child Behavior Checklist*, internalizing problems seem to increase during adolescence among internationally adopted children while the evolution of their externalizing, attention, and thought problems do not show a clear trajectory (Hawk & McCall, 2010). A closer look at longitudinal studies also reveals complex trajectories of behavior problems.

For instance, internalizing and externalizing problems were found to increase from early adolescence to late adolescence among children adopted in the Netherlands from various countries (Verhulst, 2000; Verhulst & Versluis-Den Bieman, 1995). A more recent longitudinal study also found an increase in behavior problems from 8 to 15 years of age among girls but not among boys adopted from the USSR (Robinson, McGuinness, Azuero, & Pallansch, 2015). The English and Romanian Adoptees Study Team (the ERA study) also reported an increase in conduct problems between 11 and 15 years of age, but only among children who had spent > 6 months in institutions and when self-reports measures were used ((Sonuga-Barke et al., 2017; Sonuga-Barke, Schlotz, & Kreppner, 2010)). No changes were observed in emotional problems according to both parents' and children's reports (Sonuga-Barke et al., 2010; Sonuga-Barke et al., 2017). Many factors could account for the discrepancies in these findings but some of them seem to be particularly salient: age at adoption, country of origin, and experiences prior to adoption.

The length of institutionalization and experiences of extreme deprivation seem to constitute important risk factors (e.g., (Harwood, Feng, & Yu, 2013; Hawk & McCall, 2011; MacLean, 2003; Sonuga-Barke et al., 2010)). Children who suffered from extreme deprivation during institutionalization have more externalizing and total behavior problems than those who lived under more favorable circumstances (Juffer & van IJzendoorn, 2005). Merz and McCall (Merz & McCall, 2010) compared their sample of children adopted from Russia, categorized as the «psychosocially deprived group», with samples from two other studies: children adopted from Romania (Groza & Ryan, 2002), described as the «globally deprived group», and children from various countries, mostly from Asia and Latin America (Gunnar, Dulmen, & Team, 2007), characterized as the «various levels of deprivation group». Children from the «globally deprived group» had more behavior problems when they were adopted after 9 months of age while children from the «psychosocially deprived group» and the «various levels of deprivation group» had more problems only when they were adopted after 18 months of age (Merz & McCall, 2010). Both the severity of

deprivation and age at adoption may play a role in children's behavior problem.

Moreover, according to Hawk and McCall (Hawk & McCall, 2011), living in an institution for > 18 months can have noxious effects which are visible only in adolescence. Institutionalized children adopted from Russia were evaluated using the *Child Behavior Checklist*. Those who had spent 18 months or more in an institution, who were more likely to have experienced serious hardships, had more problems during adolescence than those adopted at a younger age (Hawk & McCall, 2011; Merz & McCall, 2010). According to the authors, these findings suggest a «*sleepier effect*» of institutionalization. Children who suffered from institutional deprivation for a longer period may be more vulnerable to changes occurring in adolescence (Hawk & McCall, 2010; Merz & McCall, 2010).

In spite of the long-term impact of early adversity, several studies suggest that this impact declines over age. For example, McGuinness and Pallansch (McGuinness & Pallansch, 2007) reported that pre-adoption risk factors, except for birth weight, had less impact on behavior problems at age 11 than at 7 years of age, among children adopted from the former Soviet Union, with post-adoption factors such as family climate gaining more importance over age. Similar findings were reported by Tan and his colleagues (Tan, Camras, & Kim, 2016; Tan, Rice, & Mahoney, 2015b). Although pre-adoption risk factors had an impact on behavior problems in adolescence among children adopted from China, their predictive power was found to decrease over age.

Moreover, post-adoption factors could mediate the impact of early risk factors. For instance, parenting stress has been found to mediate the relationship between children's risk factors at arrival in their adoptive family, such as neurological signs and low weight/height ratio, and behavior problems at age 7 (Gagnon-Oosterwaal et al., 2012b). Could parenting stress have the same impact during adolescence?

Although adoptive parents do not usually report higher level of parenting stress than biological parents, children's developmental delays (Judge, 2003; Viana & Welsh, 2010) and severe medical problems (Judge, 2003; McGlone, Santos, Kazama, Fong, & Mueller, 2002) have been related to higher levels of parenting stress among adoptive parents. Parenting stress can affect parents' psychological well-being, attitudes toward their child, and actual interactions with their child (Crnic & Low, 2002). Parenting stress could then have a negative impact on children and activate a cycle of negative parent–child interactions. Effects are most likely bidirectional, such that parenting stress is not only influenced by child problems, but also has a negative impact on child functioning (Crnic & Low, 2002).

The present study is part of a longitudinal study on international adoptees' psychosocial adjustment (Gagnon-Oosterwaal et al., 2012a; Gagnon-Oosterwaal et al., 2012b; Pomerleau et al., 2005). Its aim was to further investigate the evolution of behavior problems from 7 to 15 years of age among international adoptees and their relationships with pre-adoption risk factors and parenting stress. Because there is no gold standard when assessing children's symptoms of behavior problems, the need of using multiple informants, including the child him/herself, is now widely acknowledged in the literature (Achenbach, McConaughy, & Howell, 1987; Bergeron et al., 2010; Costello, Egger, & Angold, 2005; De Los Reyes & Kazdin, 2005; Jensen et al., 1999; Moss et al., 2006). We therefore used self-report measures of internalizing and externalizing symptoms as well as mothers' evaluations of behavior problems.

Based on previous findings, and given that our children were adopted at a relatively young age and that few of them came from countries and institutions providing very limited care (e.g., (Albers, Johnson, Hostetter, Iverson, & Miller, 1997)), we hypothesized that behavior problems would decrease from school age to middle adolescence. To further investigate the long-term impact of pre-adoption adversity, the links between children's condition at arrival and their internalizing and externalizing symptoms in adolescence were examined.

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