

International Adoption Project

The International Adoption Project

Institute of Child Development
51 East River Rd.
Mpls, MN 55455

Phone: 612-624-9322
Fax: 612-624-6373
Website:
<http://education.umn.edu/icd/iap>

Greetings from Prof. Gunnar

We are sending you this letter as a way of thanking you for participating, or being willing to participate, in research with the International Adoption Project. This letter is being sent to all of the parents who have joined our international adoption registry as well as parents who have participated in international adoption research with their birth children. We would like to thank all 3,100 of you for your willingness to participate in research. Unfortunately, due to funding restrictions we may not be able to send a yearly newsletter next year. If you do not receive a similar letter next fall please visit our website at: <http://education.umn.edu/icd/iap> for future results. You may also access past newsletters from our website.



Are Behavior Problems Tied to Early Life Experiences?

By Dr. Megan Gunnar & Dr. Manfred Van Dulman

There have been many studies that have addressed the question of whether or not internationally adopted children have more behavioral problems than children who grow up in their birth families. The results from these studies show that being adopted does not by itself significantly increase the risk of behavior problems. What seems to be more predictive is the experience children have before adoption. Now that we are seeing many internationally adopted children coming from orphanages or other difficult situations, researchers and parents have shifted their question to, "How likely are these children to develop serious behavior problems as a result of their *pre-adoption circumstances*?"

Parents, adoption professionals, and the media have all heard the sensational stories of internationally adopted children with very serious behavior problems. Many of the studies regarding international adoption and behavioral problems have been specific to children coming from Russia/Eastern Europe. These studies have shown that there is an increased risk that these children (compared to children who grow up in their birth families) will develop behavior problems.

Behavior Problems continued on page 6

IAP New Arrivals Study

By Dr. Megan Gunnar, Nikki Madsen, & Allison Kamin

Over the past year, parents who have joined the International Adoption Project (IAP) have been asked to fill out a smaller version of our 2001 IAP survey. For this study, which we are calling the "New Arrival" study, we are collecting information about the children's pre-adoption histories and immediate post-adoption health. We decided to conduct the "New Arrival" in order to create a picture of the changes that may occur in international adoption over time. By contacting parents soon after adoption, we are also able to see how children are doing shortly after their arrival. Since this is the first year of this study, we are not yet able to present a year-by-year picture of these changes; however, in this newsletter we will compare New Arrival findings to those of the 2001 IAP survey. The IAP survey was conducted with children who were adopted through Minnesota agencies between 1990 and 1998. Thus, information from that survey reflects issues in international adoption during the 1990's. Since October of 2002, we have contacted over 300 new families and received 292 surveys from families whose child arrived between October of 2001 and June of 2003. Information from the New Arrival study, thus, reflects international adoption in the first years of the 21st Century.

IAP New Arrival Study continued on page 7

The Prevalence of Culture-Specific Parenting

By Dr. Richard Lee

Parents who create their families through international adoption are increasingly aware of the importance of raising their children with knowledge, understanding, and appreciation of their ethnic heritage and culture. However, there is little research on the extent to which adoptive parents are actually engaged in these types of culture-specific parenting behaviors. Using the 2001 International Adoption Project survey data, my research team and I have begun to compare the cultural experiences of children adopted from different regions of the world. Specifically, children who were adopted from Asia, South and Central America were grouped together as *children of color* and were compared to a group of children adopted from Eastern Europe identified as *white children*.

Noticeable differences were found in the number and types of cultural activities that parents involved their children in over the past year. These activities included learning the ethnic language, celebrating ethnic holidays, playing with ethnic friends, attending culture camp, eating ethnic meals, associating with group of ethnic children, and any other activities involving their own ethnicity. Parents with children of color had their children participate in more cultural activities than parents with children from Russia/Europe (3.5 vs. 2.5 activities/year). Perhaps more striking, 27% of parents who adopted from Russia/Europe did not have their children participate in any cultural activities, compared with just 8% of parents with children of color (see Figure 1 in the right column). When we looked at which cultural activities were most popular, we found that playing with ethnic friends, associating with ethnic groups, and eating ethnic meals were the most common activities among all families. However, many more children of color participated in one of these three activities compared with children from Russia/Europe.

Another way that parents expose their children to their birth culture is to travel to the birth country, often through participation in homeland tours. 8% of children of color were reported to have visited their birth country, as compared to 4% of children from Russia/Europe. This low percentage among both groups is not surprising given the young age of most children and the cost to travel abroad. However, among the children of color, 11% of the children of color between 13-18 years old had visited their birth country.

It is possible that these group differences are due to the fact that one-third of the IAP sample consists of children adopted from South Korea. Specifically, it could be argued that the large Korean adoptee community in Minnesota presents more opportunities for these families to participate in cultural activities, compared to families with children adopted from South and Central America, Russia, and Eastern Europe. Thus, we compared the experiences of children from Central and South America with children from Russia/Europe, and it was found that the group differences are still present. That is, parents with children from Central and South America have their children participate in more cultural activities than parents from Russia/Europe.

We plan to further examine the parental attitudes and beliefs about race, ethnicity and culture and how these factors might help to explain the ways in which parents culturally raise their children. We also intend to conduct a survey focused specifically on the adjustment and cultural experiences of children adopted from South Korea, as the majority of this adoptee population is now entering into adolescence and adulthood and “coming of age” as ethnic and racial minorities in the United States.

Cultural-Specific 2001 IAP Survey Results

- 84% of children internationally adopted are children of color

Figure 1: Participation in Cultural Activities by Race

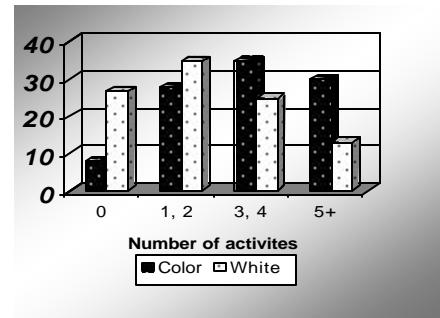


Figure 2: Total # of Cultural Activities in last year by Age and Race

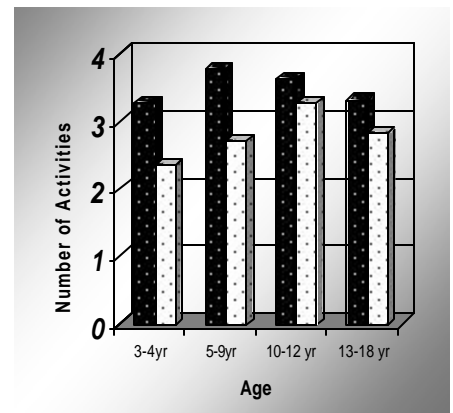
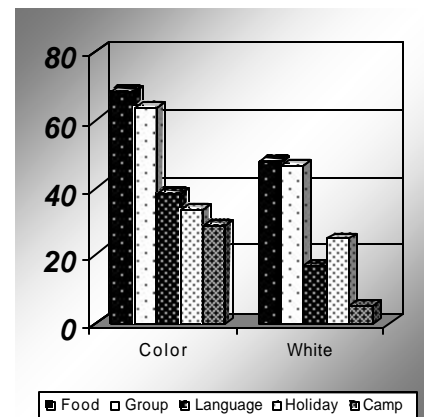


Figure 3: Specific Cultural Activities by Race



Daytime Cortisol Rhythm: “The Spit Study”

By Darlene Kertes, PhD Student at the Institute of Child Development

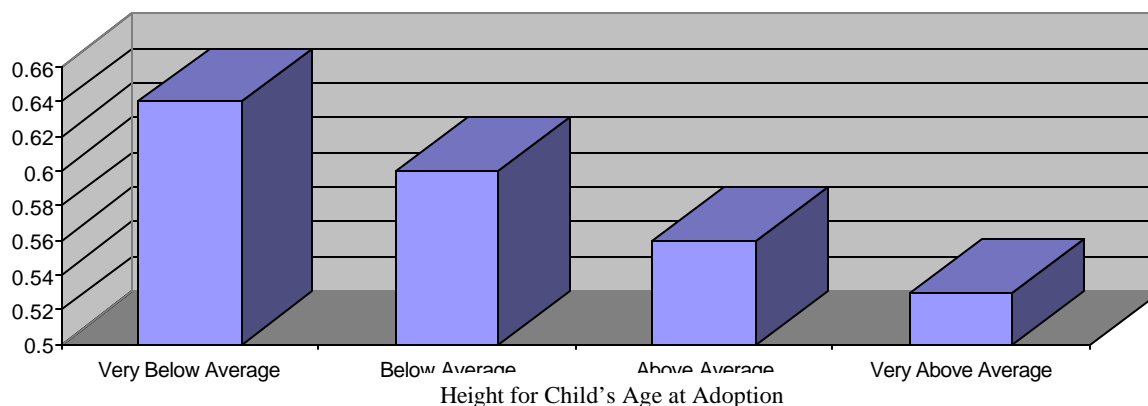
In a recent study, the IAP researchers worked with a group of over 200 seven- to eleven-year olds to study the daily cycle of cortisol in children who come to their families through international adoption. Cortisol, often called the “stress” hormone, is produced every day on a daily or diurnal cycle to support healthy functioning. In a typical daily cycle, cortisol is at its highest levels around the time we wake up, and at its lowest levels around the time we go to sleep at night. There is some evidence in studies of animals that early experiences can set the tone for this daily cycle. When early experiences have been challenging or stressful, the system is “toned up” to produce higher levels of the hormone and to react more strongly to challenges or stressors. Because some internationally adopted children may have experienced neglect and other stressful experiences before adoption, we wanted to see whether this would raise their every day cortisol levels several years after adoption.

We measure cortisol in small samples of saliva. In this study, the children collected their saliva by chewing on a piece of gum and then spitting through a straw into a vial. The children spat for us twice a day; once soon after waking up and once before bedtime. They did this for 3 days and then mailed the samples back to us. Their parents helped by filling out questionnaires and keeping track of their child’s progress. Children completing this study earned gift certificates to Target.

We found that the vast majority of children showed higher cortisol levels in the morning than the evening, which follows a typical daytime pattern. Children whose parents responded that their child received poor or very poor care prior to adoption had slightly higher cortisol levels in the morning soon after waking up. These levels, however, were still well within the normal range. We also found that children who were more growth delayed at adoption had higher wake up levels of this hormone. Of course, the children who were more poorly cared for before adoption were also the ones who were more growth delayed.

Why are our cortisol levels high around the time we wake up? High early morning cortisol levels help to stimulate our interest in carbohydrates and in exploring our environments in search of food. Although all of the children in this study now live in homes with plenty of nutritious food to eat, the children who were more growth delayed at adoption still reveal this slight signature of their early privation. For some of the girls there was also another signature of their early experiences. Those girls who were more growth delayed at adoption were also beginning to show signs of pubertal development earlier than girls who were less growth delayed. Other researchers have also noted this phenomenon. We also found that although the type of pre-adoptive care children received was related to their height and weight at adoption as well as to growth following adoption, it was not related to children’s current weight or height.

Cortisol Levels by Height at Adoption*



*Please note that ALL cortisol levels are within the normal range

As part of this study, we also asked parents to describe their children’s behavior and emotional reactions. When we looked at whether early experiences and cortisol were related to current behavioral adjustment, we found several things. Children’s emotional reactions and behavior were not related to their cortisol levels. However, children who experienced poor care prior to adoption were now having more trouble controlling their emotions, regulating their attention, and getting to bed and to sleep. We will be continuing to study how the experiences of children prior to adoption influence such basic processes as daily cortisol rhythms and sleep in order help parents to understand and support the healthy development of their children. If you would like more information about this study please contact Darlene Kertes at kerte001@umn.edu or IAP at 612-625-6472

Developing Communication Skills

By Dr. Maria Kroupina

Previous studies have shown that many internationally adopted children who are adopted from an orphanage setting may exhibit deficits in the areas of language and cognitive skills. These problems seem to become particularly apparent when children enter the school system. With the hopes of creating some assessment tools to help identify these problems earlier, The International Adoption Clinic and Project began the Neurobehavioral Study of Internationally Adopted Children in 2001.

Families were approached to participate in this study at their first post-adoption visit to the International Adoption Clinic, thus most children came into the study within 2 months of joining their families and were between 6 to 28 months of age. Since almost all of the children who participated in this study were pre-verbal and/or were exposed to another language prior to adoption, we looked at their nonverbal communication skills. The 78 children who participated came from a wide range of countries including: China, Russia, Ukraine, Romania, Bulgaria, Latin America, Korea, Vietnam and India.

At the initial visit, preverbal communication skills were assessed during a natural interaction between child and experimenter, in which the child was presented with new toys and experiences. We focused on three major behavioral categories: the ability to use social skills in order to obtain a toy or other desired object, the ability to respond to another person's social cues (such as pointing), and the ability to initiate social interactions and to share an experience with another person by pointing or showing a toy to another person. During the second visit, we repeated the tasks from the initial visit and also tested the children's cognitive skills (such as the ability to remembering information for a short period of time).

You will not be surprised to find out that older children were more capable of responding to social cues and use social behavior to get what they wanted. However, we found that children adopted at an older age, particularly those adopted at fourteen months or older, were less likely to try to share their experiences with another person. We also found, at the time of the second visit - six months after adoption, that the child's ability to initiate interactions and share their experience with another person was predictive of the rate at which the children learned English. Lastly, we found that some children, particularly those older than 20 months at adoption, had difficulty retaining information over a short period of time.

These findings suggest the need for early verbal and cognitive assessment, particularly for children adopted over 12 months of age. Unfortunately, 78 children is not a large enough sample to suggest physicians begin practicing these techniques post-adoption. We will continue to research with a broader group of children in with the hopes of developing appropriate assessment tools as well as age appropriate recommendations.

Physical Growth Spurts in Newly Arrived Children: Many children go through large spurts in growth soon after they reach their families. These growth spurts help children get back on their normal growth trajectories. These spurts are especially marked in children who were growing poorly because of lack of nutrition and/or social stimulation prior to adoption. In this study we will look at whether this growth is affected by the levels of the stress hormone cortisol, found in their saliva, that children produce. This study will involve collecting a few saliva samples and measuring physical growth in the months immediately following adoption. If you are in the process of adopting a child internationally or know someone else who is and might be interested in participating in this research please contact Maria Kroupina (krou0010@umn.edu or 612-624-6609) for further information.

People, Faces, and Emotional Expressions: Children growing up in families learn a great deal about reading the faces of those around them through being held, talked to, and fed during infancy. Children who spend their first months or years in orphanages or baby homes often do not get as much opportunity to study faces as do family-reared children. Thus, in the first months after they join their new families, they will be getting used to reading all the social and emotional information that is conveyed in the faces of their parents, siblings and others around them. In this study we will be looking at how internationally adopted children read faces soon after adoption and whether or not this relates to how much they attempt to share their own emotions. If your child is younger than 18 months of age and you are interested in learning more about this study please contact Amanda Tarullo at taru0007@umn.edu or 612-624-6002.

Adoption Narratives: How Adopted Children Construct their Adoption Identity During Adolescence.

By Dr. Harold Grotevant

As a Professor of Family Social Science, I have spent my career studying how children who enter their families through adoption come to understand their adoption and themselves as an adopted child. Much of my work has been done with domestically adopted children. For several years I directed, along with Dr. Ruth McRoy, a large adoption study called the *Minnesota/Texas Adoption Research Study*. Although the following results do not specifically look at internationally adopted children, these children must also sort out their understanding of adoption and how being adopted fits into their identity development in adolescence and young adulthood. I believe that the following information on domestically adopted children may be relevant for internationally adopted children and their families.

When the children in the Minnesota/Texas Adoption study were 12-18 years old, they were interviewed in their homes about their adoption-related feelings, beliefs, and knowledge. These interviews revealed that there were four distinct groups of adolescence:

- 1) Those who were not actively considering the meaning of adoption to their identities
- 2) Those who had thought about their adoptive identity to a modest degree but did not feel that it was very important in their lives. This group downplayed the difference between adoptive and nonadoptive families, but generally viewed adoption as positive for all concerned.
- 3) Those who thought a great deal about adoption and harbored feelings of rejection and anger
- 4) Those who had thought a great deal of adoption and had developed a coherent, positive view of adoption and what it meant in their lives.

Gender and age seem to play a role in which of these groups adolescent's identified. Boys and younger adolescents were more likely to say they were not actively considering the meaning of adoption to their identities. Girls were more likely to say that they *both* harbored feels of rejection and anger *and* had developed a coherent, positive view of adoption. Since the latter was also associated with being an older girl, this result may mean that girls arrive at a positive view of adoption by first working through their negative feelings. We plan to look into this theory when we interview these same children again in the future. Also of note is that neither age nor gender played a role for children who identified as having thought about their identity to a modest degree.

This research highlights the complexity of the identity development process in adopted children and implies that parents, teachers, and other professionals who work with adopted children need to understand and accept the diversity of ways in which adolescents think about themselves as persons who joined their families through adoption. For more information about this study, please contact me at hgrotevant@che.umn.edu or visit our website at <http://fsos.che.umn.edu/mtarp>

Join Your Friends

The IAP registry was established two years ago to encourage researchers to write more grants and work on more issues of concern to families who had adopted internationally. As of right now, 2200 families have registered over 3100 children to participate in future adoption research. It is important that we continue to gather families who have recently welcomed home a child so that our registry continues to represent the current international adoption community.

If you know any family whose child has just come home, or has yet to join our registry we would appreciate your making them aware of this registry. The families do not have to live in Minnesota, nor do they have to have adopted in Minnesota in order to be included in this registry. Any family with a child up to the age of 18 is welcome.

To learn more about this registry please contact us at 612-624-9322 or email us at iap@umn.edu.

Our Website Has Moved!

Over the winter our website address was changed to <http://education.umn.edu/icd/iap>
Please come visit us at our new address to access research and results as well as our updated resource directory.

Social-Emotional Development of Children: A Progress Report

By Jackie Bruce, PhD student at the Institute of Child Development

In this study, we were interested in looking at the social-emotional development of 6- and 7-year old children. Among other things, we wanted to better understand children's reactions to an unfamiliar adult. As every parent knows, children's responses to unfamiliar people are extremely varied. Some children immediately feel comfortable talking and playing with others while some children need time to feel comfortable around new people. We were also interested in children's ability to understand emotions (e.g., identify another person's feelings in different situations) and regulate their behavior (e.g., wait patiently for a prize). The study will include 80 children who were internationally adopted and 40 children who were born into and raised with their birth families. Therefore, we will be able to look at the impact that early experience has on later social-emotional development as some internationally adopted children lived with challenging conditions before they were adopted and others lived under less challenging conditions or were adopted at a very young age.

The study began at the end of November in 2002, and thanks to all of the interest and support that we have received from families, we have already seen 110 children!! We hope to see the remaining families in the next few weeks. Over the next few months, we plan to begin data analysis and hope to have our findings available to families by the end of the year. So, look forward to the results in the next newsletter or get an early preview on the International Adoption Project website: <http://education.umn.edu/icd/iap>

Behavior Problems continued from front page

Since children from many countries, not just Eastern Europe, experience negative pre-adoption experience, we asked parents who participated in the Minnesota International Adoption Survey (IAP Survey) to fill out the Child Behavior Checklist (CBCL). The CBCL is a checklist of behavior problems that has been widely used. Children scoring above a certain cut-off on this checklist have significant behavior problems. In the general population, about 10-15% of children have problems that can be described as serious or significant. By asking parents who participated in the IAP survey to fill out the CBCL we were able to collect data on children from a wide variety of countries and pre-adoption experiences.

In our analysis, we examined whether pre-adoption risk factors predicted the likelihood that children would score in the significant problem range. To maintain objectivity, the factors we used in these predictions were a) health at adoption, b) age at adoption, and c) whether or not the child spent 6 or more months in an institution/orphanage. We also included post-adoption information, such as family income and parents' education. These latter factors were included because it has been found that higher family income and parent education are related to a reduced risk of serious behavior problems among children in the general population.

We found that children in the IAP survey were no more likely to be anxious, withdrawn or depressed than children in the general population. This was true with one exception. Children who had more health problems at adoption were a bit more likely to be fearful, anxious, or withdrawn than children in the general population. However, the increased risk was small.

As in other studies of adopted children, we found an increased risk of attention and aggression problems. These types of problems are often called "externalizing" problems. But this was true only for children with more health problems at adoption, those adopted at older ages, and those adopted from orphanage/institutions. Interestingly, institutional/orphanage rearing prior to adoption increased the risk of these behavior problems only for the children from Russia/Eastern Europe. For children from all areas of the world, though, being older at adoption and being less healthy at adoption increased the risk that the child would develop significant externalizing problems.

What do we mean by a significant increase in risk? Recall that in the general population we would expect about 10-15% of children to have significant behavior problems at some point in their development. This was the same rate we found for children adopted under one year of age who had less than 2 minor health problems at adoption. With increases in age and relative health at adoption, the rate of children with significant externalizing problems increased. More than one third of the children adopted when they were over 3 years of age and who had multiple health problems had significant behavior problems.

We also found that behavior problems increased in adolescence. That is certainly not news! In the general population there is an increase in behavior problems in adolescence. However, we found that for the children who were older at adoption, and therefore more likely to have behavior problems, adolescence was a special challenge. These children showed a greater increase in the risk of externalizing problems in adolescence than did children adopted at younger ages. This finding has made us very interested in conducting a follow-up to the IAP survey so that we might see how these same children are doing as they grow up. Our objective for such a study would be to better understand the special challenges faced by internationally adopted teenagers as they navigate the issues common to adolescence, such as struggles with their identity.

In closing, it is very important to note that approximately 80% of the children in the survey did not have serious behavior problems. Please see our website for past newsletters which describe information on rates of internationally adopted children in programs for the gifted and talented, children's special strengths, and other positive findings from our research.

IAP New Arrivals Study continued from front page

Many of the results we have found in this new survey support our findings from the IAP survey. You can download these findings from the results portion of our website: <http://education.umn.edu/icd/iap>. In this newsletter we will acknowledge those results that stayed the same but use the majority of the text to tell you about changes which have occurred. Please keep in mind that the IAP survey involved many more families and was therefore more representative of all of the children adopted internationally in the 1990's than the New Arrival study is of children adopted today in Minnesota. We estimate that the 292 families in the New Arrival study represent approximately 30% of the children adopted through a Minnesota agency between October 2002 and June 2003.

Who Are the Parents?

The backgrounds of the parents choosing to adopt internationally has not changed much since the 1990's. The overwhelming majority of these parents still fall into the upper middle-class (over half making more than \$76,000 per year), are Caucasian (95%), and married (86%). As in the 1990's, most of the mothers are working full or part-time, although around one-third say they are full-time, stay-home parents. The percentage of stay-home parents is slightly higher in the New Arrival study than in the IAP study, but then nearly all of the New Arrival children are still under the age of three. Fathers/partners are most likely to be working full-time. Mothers were much more likely to fill out the surveys than fathers (90% vs. 10%), thus mothers provided most of the information on the survey. This is the same as in the IAP survey from the 1990's.

One noticeable difference between parents adopting today and those adopting in the 1990's is mother's age at adoption. The median age of mothers in our IAP survey was 38, while the median age in the New Arrival survey was 40. Overall, the age range for moms in the New Arrival survey was 24 to 56 and for dads it was 26 to 61. Over 80% of parents were between the ages of 32 and 45.

Another difference from the IAP survey was that New Arrival parents were more likely to have achieved advanced degrees. This is remarkable considering parents in the IAP sample were extremely well educated. The percentage of college graduates increased from 70% in the IAP survey to 80% in the New Arrival survey. The percentage with advanced degrees (masters, doctorates, etc.) increased from 30% to 40%. In both surveys, moms and dads had very similar levels of education. However, we should point out that only one-third of parents who adopted in the past year joined our registry. Thus this statistic may more clearly reflect who decided to join our registry rather than a change in parent's education levels.

The Adoption Process

Were parents offered pre-adoption informational classes? Approximately, the same percentage of New Arrival parents were offered pre-adoption information classes as in the IAP survey, about 65%.

What effect do these preparation classes have? We compared the responses of families who took pre-adoption classes to those who did not to find out what effect these classes may have on families who adopt internationally. Families who took these classes were more likely to: 1) Attempt to familiarize their child with themselves and their family prior to adoption (44.2% vs. 32.3%), 2) Maintain the child's typical daily schedule during the transition from pre- to post-adoption (71.7% vs. 64.4%), 3) Reduce unnecessary stimulation/excitement during the transition into their family (75.1% vs. 66.3%) and 4) Gather information about child's country of origin (93.5% vs. 86.9%). These results were similar to those in the IAP survey with the exception that more parents in the New Arrival study kept their child's pre-adoption routine similar during the child's transition (59% vs. 50%) and prepared themselves for a sick or developmentally delayed child (30% vs. 21%). Of the parents who tried these common recommendations; consistently, 90-95% said that they found these recommendations helpful. The only exception was "familiarizing your child to you prior to adoption", only 71% of parents found this recommendation helpful.

Families who were offered preparation classes were more likely to have their child's referral reviewed by a medical professional than were those who were not offered classes (88.2% vs. 77.2%). However, parents today (in the New Arrival study) were significantly more likely to have their child's referral reviewed compared to parents in the 1990's (84% vs. 50%). This is great news because in our IAP survey of families adopting in the 1990's we found that parents who had their child's referral reviewed were less likely to be surprised by unanticipated medical and/or developmental problems.

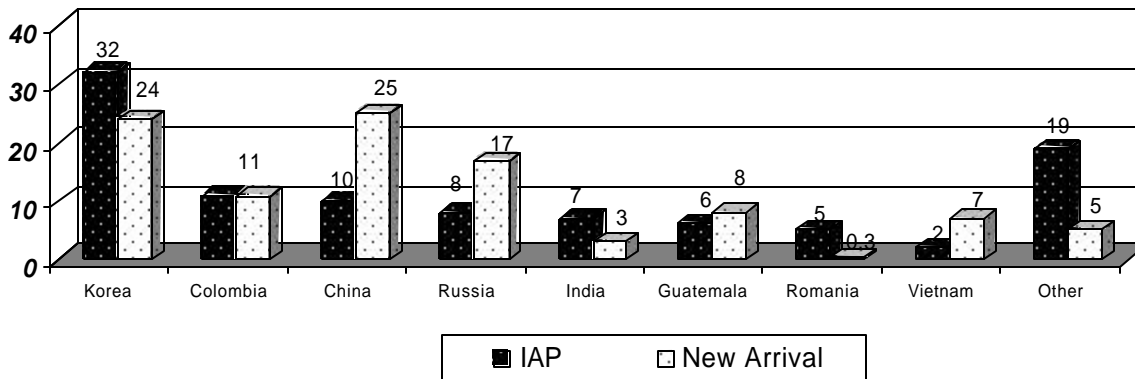
Bringing the Children Home

Were families able to get parental leave when they brought the child home? During the child's first months in the home, most of the families managed to have at least one parent home with the child. This number has significantly increased since our last survey (97% vs. 88%), with the average parent taking 3 months off of work. Many more parents (77% vs. 48%) are also reporting that parental leave benefits are available to them through their work. Unfortunately, twice as many parents who were offered parental leave benefits said they were not treated the same as birth parents. *81% of the parents surveyed said that parental leave is an important issue that needs to be addressed for parents who adopt internationally.*

IAP New Arrivals Study continued from page 7

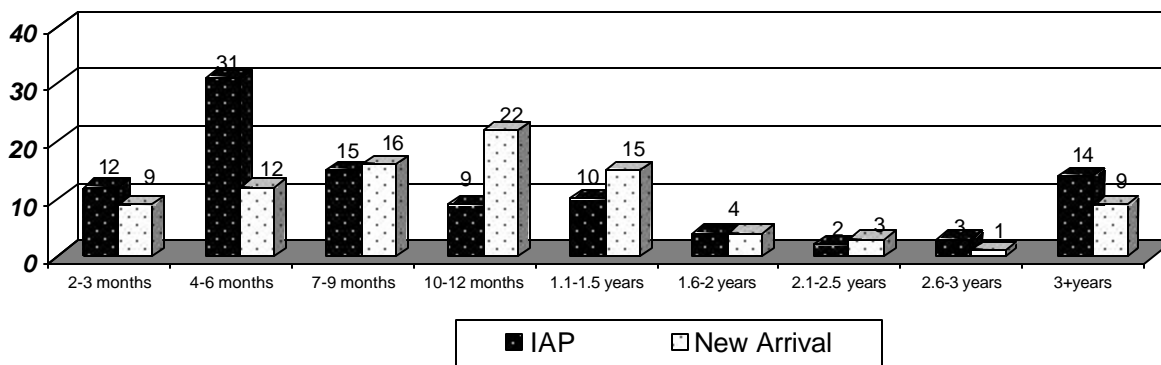
Who are the Children?

Where do they come from? Similar to national trends, more children are coming into Minnesota from China, Russia and Vietnam, and fewer from Romania and Korea.



How many children live in orphanages? 64% of the children in the New Arrival study spent more than a month in some kind of institutional care (hospital, orphanage, or baby home) prior to adoption. This is up 10% from the IAP study. This rise reflects more children coming into Minnesota from countries such as China and Russia where the primary type of care prior to adoption is orphanage care, and fewer children coming from Korea where children tend to be cared for in foster homes. We should mention that even in Korea, there is a trend towards more children spending time in institutional care prior to adoption.

How old are children at age of placement? The change in country or origin is also reflected in age children are being placed into a family. In the graph below, we can see that the modal or most typical age for children coming into Minnesota families during the 1990's was between 4 and 6 months. Today the most typical age is 10-12 months. Since many children who come to their families from Korea get to their families prior to 6 months and most of the children coming from China and Russia come to their families around 10 months, this shift probably reflects a change in children's country of origin. In our IAP study we found that the younger the child at placement into their family the fewer medical and behavioral problems they had at the age their parents filled out the survey, so this statistic may be of some concern.



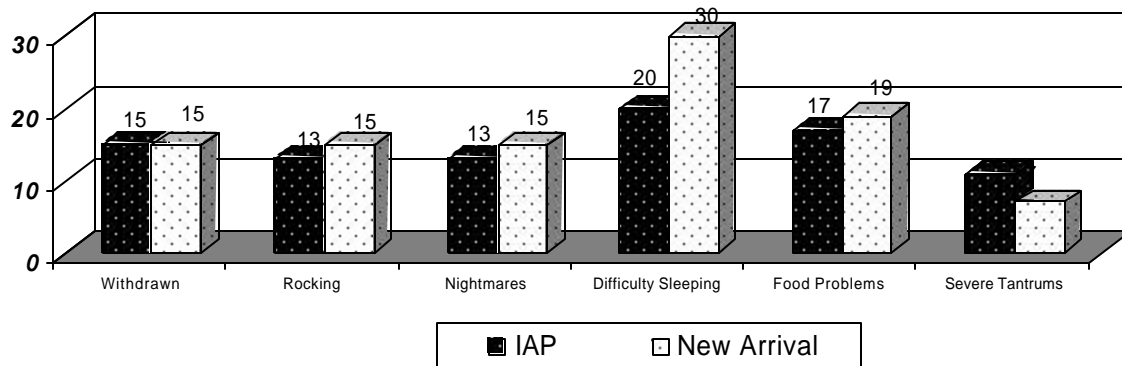
Child Health Pre-Adoption

How well are children cared for pre-adoption? Approximately 75% of parents whose children were adopted under one year of age in both the IAP and New Arrival study felt that their child was well or very well cared for prior to adoption. These data suggest that even though more children today are coming from orphanages or other institutions, this shift has not affected the parent's perceptions of the quality of care their children received prior to adoption. One reason for this may be that New Arrival parents are reporting that: their children received less pre-birth exposure to alcohol or other drugs, fewer birth mothers were malnourished during pregnancy, and their children experienced less abuse and neglect than parents reported in the IAP study. Parents from Eastern Europe still report that their children experienced more of these pre-adoption experiences than children from Asia or Latin America; however, all countries' numbers have decreased over all. The only area where we saw an increase was in the number of pre mature births for children from Eastern Europe, the number increased from 30% to 42% over this time frame.

IAP New Arrivals Study continued from page 8

Post-Placement Health

The New Arrival children coming into this country were very healthy. Only 10% of parents said their child had more health concerns than they anticipated. Like in our IAP survey, parents whose children were having health problems reported that these problems were most often in the areas of hearing, vision, intestinal parasites and speech/language delays. We also asked parents about behavior problems they have seen post-placement. The most common problems parents reported were being withdrawn, exhibiting rocking behaviors, experiencing nightmares, difficulty sleeping, food problems and severe tantrums. The occurrence of these problems has increased slightly since the original IAP survey (see graph below); however, this might be attributed to the fact that parents in the IAP answered these behavioral questions approximately 6 years after placement compared to the New Arrival parents who answered these questions within the first year after placement.



Conclusion

The information from the New Arrival study was for the most part consistent with findings from the larger IAP survey. We did, however, learn that more and more children are spending time in institutions and are joining their families on average 4 months later than children who came to their families in the 1990's. As long as we have the funding to do so, we will continue sending out this survey to new families so that we can continue to track changes in international adoption over time. We also hope to follow up with these same families as their children grow; researching their health, well-being, transition into school, and overall progress, which will allow us to continue to provide families, adoption professionals, and people considering adoption information that will help children succeed.

Future Research...

The International Adoption Project and the Child Emotional Research Lab, at the University of Wisconsin Madison, have recently submitted a grant to the National Institute of Health. The overall goal of this grant is to further study the impact of early experiences of internationally adopted children on their brain development. To make comparisons we plan to look at three groups of children who are 8 to 11 years of age at time of the study. The groups are as follows: 1) children adopted over the age of 12 months who have spent the majority of their pre-adoption life in an orphanage or hospital, 2) children who were adopted under the age of eight months and who spent the majority of their pre-adoption lives in foster care, and 3) non-adopted children raised by their birth families. We have designed 7 studies in this grant that will look at aspects of the brain that control attention, sensory integration, and stress regulation. Together, these studies will provide a relatively comprehensive and specific picture of how the brain develops differently in response to different early life experiences, as well as highlighting those aspects of brain-behavior development that appear to be unaffected.

We should know more about whether or not we will receive the funding for this new grant sometime around the New Year. If we receive the funding, we hope to begin calling parents to participate in the spring of 2004. This research is planned to run both in Madison and in Minneapolis for approximately four years. Thus, if you live in either of these areas, are a member of our IAP registry and have a child between the ages of 4 and 10 that fit the groups mentioned above you may be contacted with further information about this study in the future. If you are not part of our registry or know of others who are not part of our registry but might be interested in participating in this research, please contact Nikki Madsen at 612-624-9322 or iap@umn.edu and she will send you further information about joining our registry. We will also update our website with further information regarding whether or not we receive funding for this grant when more information is available to us.

IAP Investigators and Staff

Megan Gunnar, Principal Investigator
Institute of Child Development
iap@umn.edu

Dana Johnson, Co-Investigator
International Adoption Clinic
Clinic Phone: 612-626-6777
iac@umn.edu

Harold Grotevant, Co-Investigator
Family Social Science
hgroteva@umn.edu

Wendy Hellerstedt, Co-Investigator
Epidemiology
hellerstedt@epi.umn.edu

Rich Lee, Co-Investigator
Psychology
richlee@umn.edu

Nikki Madsen, Research Coordinator
Institute of Child Development
612-624-9322
iap@umn.edu

Meg Bale, PR Coordinator
Institute of Child Development
612-624-9322
balex002@umn.edu



International Adoption Project

University of MN, 51 East River Rd. Minneapolis, MN 55455

Return Service Requested



The International Adoption Project Fund

An opportunity to support our work through your tax deductible contribution

Since 2000, the University of Minnesota's International Adoption Project has been dedicated to providing answers and resources to families created through international adoption. Over the last three years more than 3,000 parents have joined our registry – an amazing response – giving researchers opportunities to explore questions specific to families created through international adoption. Unfortunately, the funding that has been providing for our registry, research, and distribution of our results (such as the costs of this newsletter) is coming to an end. We will continue to write grants in the hopes of securing further funding; however, the costs to maintaining our registry and distributing our results alone are \$10,000 per year and rising. It is extremely important to continue these services because they encourage research on topics specific to families created through international adoption, a group that has been neglected in many research fields. By contributing to the IAP fund, you can help support continuation of the registry, IAP research, and the distribution of our information to families, adoption professionals, researchers, and physicians.

Enclosed in this newsletter you will find an envelope that allows you to support our efforts through your tax deductible contribution. Any amount that you are willing to give is greatly appreciated. Because the University Foundation is overseeing this account, 100% of your donation will go directly to our work and your contribution will be anonymous to IAP staff. We feel that providing this research information to families is worth the cost and we hope you feel the same. Thank you for considering supporting our work through your tax deductible contribution. If you have any further question about this fund please feel free to contact Nikki Madsen at 621-624-9322 or by email at iap@umn.edu