
EARLY DEPRIVATION AND BEHAVIOURAL ADAPTATION IN A SAMPLE OF ITALIAN ADOPTED ADOLESCENTS



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Abstract

Introduction: Adoption is one of the major protective factors for the adjustment of children who experienced abandonment and institutionalization (Zeanah et al., 2009). Studying the effects of early deprivation in adolescence is particularly useful, because adolescence is a critical period of development and because this period allows to consider the effect of an enduring positive experience in the adoptive family. Moreover, parents' secure attachment representations can help to repair early negative experiences, particularly considering their reflective function.

In this paper we will analyse the effect of adoption in relation to early deprivation in a sample of 27 Italian adolescents, adopted before the age of 6 and observed in adolescence (11-16 years). These results are part of an international research project (Pierrehumbert, 2009), aiming at collecting information on internationally adopted children.

Method: Early deprivation was rated from biographical informations provided by parents

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(age at adoption, changes in pre-adoptive care, period in institution, etc.) and from a retrospective form of the Disturbance of Attachment Interview (DAI)(Smyke. A. & Zeanah, 1999). Adolescents' adaptation was rated by CBCL/YSR(Achenbach & Rescorla, 2001), filled by both parents and by adolescents. Measures of different aspect of parental caregiving representations, were derived from the Parent Development Interview (PDI)(Aber, Slade, Berger, Bresgi, & Kaplan, 1985), a semi-structured interview, which explores the parental representations of the ongoing relationship with their children, addressed to adoptive mothers and fathers separately. Each interview has been video-recorded, transcribed, and rated on a 4 point scale. Through correlation, we analyzed the relationship between early deprivation and adaptation in adolescence, considering the effect of parental attachment measures. We hypothesized that risk factors in pre-adoptive experience negatively correlate with adolescents' adaptation rated by CBCL/YSR, and that parental positive caregiving representations, particularly parental competence, could moderate this relationship.

Results and conclusions: Contrarily to our preliminary hypotheses, the level of pre-adoption risk was not associated with the behavioral adjustment in adolescence. This could be due to the protective effect of having lived for a number of years in a supporting adoptive family. With respect to the caregiving characteristics, our results are apparently less encouraging: maternal competence does not influences adolescents' adjustment, and only the relationships between actual difficult experiences are evident. Further research could help to disentangle the influence of different variables affecting adopted adolescents' behavior adaptation.

Keywords: adoption; adolescence; behavioural problems; Parent Development Interview; Disturbances of Attachment Interview; CBCL; YSR

1 Introduction

Adoption is one of the major protective factors for the recovery and adjustment outcomes of children who previously experienced abandonment and institutionalization (Zeanah, 2009).

Age at adoption and the experience of institutionalization have been largely considered as risk factors for the adoptees' later adjustment (Gunnar, &all. 2007; Judge, 2003; Verhulst, &all. 1990). Since the interest towards adoptive sample comes from the experience of attachment disruptions lived by these children, it is also important to test whether multiple changes in caregiving could affect the

adolescents' adjustment (Erich, &all., 2009).

David Brodzinsky, one of the most important American experts in the psychology of adoption, considers family relationships as the most important background factors in the adopted child's adjustment (Schechter, & Brodzinsky, 1990). Through continuous reiteration over time, the offering of a new and positive relational model can play a significant role on the change of the child's attachment representations (Schofield & Beek, 2006). It is within the context of sensitive, thoughtful and reflective relationships with their caregivers that adopted children learn to

feel safe, to explore, to make sense, and to grow (Howe, 2006).

Studying the effects of early deprivation in adolescence is particularly useful, because adolescence is a critical period of development and because this period allows considering the effect of an enduring positive experience inside the adoptive family. Indeed, adolescence represents a critical period for adopted children. In addition to the typical issues faced by each individual in this period of life, the variety of physical and cognitive changes of adolescence implies, among adoptees, the development of concerns about identity issues such as who they are, where they come from and what they will become (Bimmel & all., 2003). Literature has also shown that adoptees, in the urgency of developing a stable identity, tend to face the typical adolescence issues before their non-adoptive peers (Juffer, & van Ijzendoorn, 2005). Thus, among adoptees the possible difficulties linked to this period of life may occur even before entering the teen-ages.

In this perspective, our research will analyse the effect of adoption in relation to early deprivation in a sample of 27 Italian adolescents (11-16 years), adopted before the age of 6. These results are part of an international research project (Pierrehumbert, 2009), collecting information on internationally adopted children.

We hypothesized that risk factors in pre-adoptive experience negatively correlate, and that time spent in the adoptive family positive correlate, with CBCL/YSR adolescents' adaptation. Moreover, we explored the relationship between parental characteristics and adolescents' adaptation.

2 Method

2.1 Procedure

The sample recruitment was carried out through social services and agencies for international adoption. Eligibility criteria were to be 10 to 16 years old at assessment and to have been adopted internationally (between birth and 9 years of age). Informed consents were given by both parents and each adolescent before collecting the data.

2.2 Sample

Participants include a total of 27 adolescents (51.9% boys) and their adoptive parents. The adolescents' average age at assessment was 13 years old (SD=2 years). They had been internationally adopted from various geographical areas (52% from Asia, 22% from South America, 19% from Eastern Europe and 7% from Africa). For most of the parents, the choice of adoption was due to infertility (82%). At placement, adolescents were 13 years old (SD=2 years). With respect to siblings, 14.8% are only children, whereas the remaining adolescents have one or more siblings (biological siblings, biological children of the adoptive parents -18.5%-, and adopted as well) (see Table 1).

Table 1
Sample (N=27)

| | M | DS | Range | N | % |
|--|----|----|-------|----|-------|
| Girls | | | | 13 | 48% |
| Age | 13 | 2 | 10-16 | | |
| Age at adoption (months) | 44 | 31 | 1-111 | | |
| Adopted for infertility | | | | | 81,5% |
| Siblings | | | | | 85,2% |
| Years spent within the adoptive family | 10 | 3 | 3-16 | | |

2.3 Measures

Early deprivation was rated through biographical informations provided by parents (age at adoption, changes in pre-adoptive care, institutionalization, etc.) and through a retrospective form of the Disturbance of Attachment Interview (DAI) (Smyke & Zeanah, 1999). Adolescents' adaptation was rated by both parents and their adolescents through CBCL/YSR (Achenbach & Rescorla, 2001). The scores for each parent attitude were derived from the Parent Development Interview (PDI) (Aber, & all., 1985), a semi-structured interview exploring the parental

representations of the ongoing relationship with their children, addressed to adoptive mothers and fathers separately. Each interview has been video-recorded, transcribed, and rated on a 4 point scale. On the basis of PDI, 5 scales have been created in order to synthetize the numerous informations present in the interviews. To this purpose, items were chosen on a theoretical basis as well as looking at their inner correlations. Thus, their internal consistency was controlled through Cronbach's alphas (>.70, see Table 2).

Table 2. PDI Scales

| | Scale composition | Cronbach's alpha |
|------------------------------|---|------------------|
| Parental capacity | 6 items (Coherence; Richness of perceptions; Reflective functioning; Parental competence; Level of child focus; Attachment awareness and promotion) | .922 |
| Positive parental experience | 2 items (Joy/pleasure; Warmth) | .867 |
| Negative parental experience | 3 item (Anger degree; Disappointment/despair; Hostility) | .883 |
| Child's positive description | 2 items (Child happiness; Child affectionate) | .735 |
| Child's negative description | 2 items (Child aggression/anger; Child controlling/manipulating) | .760 |

2.4 Data Analyses

First, descriptive analysis of risk factors and different informant adolescents' adaptation were performed. Using correlation analysis the relationships between early deprivation and adaptation in adolescence

were examined, considering the effects of the length of the adoptive experience, of the parental experience and of their perceives competence. Due to the ordinal level of some variables, in order to compare dichotomous

risk groups, we used non-parametric exact tests (Mann-Whitney Exact Test, Montecarlo Method).

3 Results

3.1 Descriptive analyses

3.1.1 Pre-adoption risk factors

Age at placement is very heterogeneous in our sample (M=4 years old; SD=3). 85% of the adoptees had experienced institutionalization, at least for few months. It is hard to control

for the number of changes in caregiving, but we can state that they range between one and three.

With respect to the level of attachment disturbance during the first year of placement, 21 families answered the retrospective form of DAI (10% of respondents were fathers, 90% were mothers). At placement, the average score of attachment disturbances were 7.4 (SD=3.2) whereas one year later the same scores decreases to 2.3 (SD=2.3) (see Table 3).

Table 3. Pre-adoptive experience

| | M | DS | Range | N | % |
|----------------------------|-----|-----|-------|---|-------|
| Pre-adoptive care | | | | | |
| - Biological family | | | | | 25,9% |
| - Foster-care | | | | | 22,2% |
| - Institution | | | | | 85,2% |
| - Placements | | | 1-3 | | |
| DAI inhibited disturbs: | | | | | |
| - At placement | 2.4 | 2.0 | 0-8 | | |
| - After 1 years | .6 | 1.0 | 0-3 | | |
| DAI disinhibited disturbs: | | | | | |
| - At placement | 2.4 | 2.0 | 0-7 | | |
| - After 1 years | .7 | 1.2 | 0-4 | | |
| DAI selective attachment: | | | | | |
| - At placement | .3 | .7 | 0-2 | | |
| - After 1 years | .1 | .5 | 0-2 | | |

3.1.2. Behavioural adjustment

Data for adolescents' adjustment, rated by self-report (YSR) and parent-report (CBCL, filled by mothers) are reported in Table 4, both for the total sample and for boys and girls separately. Internalizing scores are significantly higher for girls, as underlined

also on normative samples. On average, behavioral problems in our sample are similar to those observed in a cross-country comparison on adopted adolescents (Roskam, I., & Al., *in preparation*).

Table 4. *Behavioural problems scores: self- and parental-reported*

| Problem scale | Max score | Our sample | | | | Roskam et al., <i>in preparation</i> | | | |
|---------------|-----------|-----------------|-------|------------------|-------|--------------------------------------|-------|-------------------|-------|
| | | YSR (N = 25) | | CBCL (N = 24) | | YSR (N = 309) | | CBCL (N = 309) | |
| | | M | SD | M | SD | M | SD | M | SD |
| Internalizing | 62 | 13,88 | 10,94 | 11,38 | 8,45 | | | | |
| Boys | | 7,77* | 6,21 | 10.18 | 8.07 | 10.44 | 10.32 | 9.69 | 9.60 |
| Girls | | 20,50* | 11,27 | 12.38 | 0,96 | 11.78 | 9.30 | 8.54 | 8.24 |
| Externalizing | 64 | 11,48 | 9,43 | 7,50 | 8,08 | | | | |
| Boys | | 12,08 | 11,98 | 8,73 | 10,84 | 13.46 | 8.86 | 12.21 | 11.31 |
| Girls | | 10,83 | 6,07 | 6,43 | 4,98 | 12.56 | 8.94 | 8.76 | 8.68 |
| Total | 210 | 45,52 | 24,56 | 30,92 | 22,58 | | | | |
| Boys | | 37,15 | 24,16 | 31,64 | 24,83 | | | | |
| Girls | | 54,58 | 22,52 | 30,31 | 21,88 | | | | |

(*) Mann-Whitney Exact Test, Monte Carlo Method, $p < .005$ (Two tails)

3.1.3 Parental representations

In Table 5 the average scores for the five major scales derived from mothers' interviews are reported.

Table 5. Mothers' PDI principal scores (N = 27)

| | Range | Mean | SD |
|------------------------------|-------|-------|------|
| Parental capacity | 6-24 | 16.26 | 4.39 |
| Positive parental experience | 2-8 | 5.74 | 2.30 |
| Negative parental experience | 3-12 | 5.33 | 1.98 |
| Child's positive description | 2-8 | 5.19 | 1.73 |
| Child's negative description | 2-8 | 3.81 | 1.52 |

Parental capacity highlights aspects linked to parental attachment, investment in the parenthood, coping strategies and sensitivity towards the child. Parental experience and the description of the child, both divided into positive and negative, respectively refers to the perception of the pleasure linked to the experience of being a parent, and to whether the parent describes the adoptee in a positive or negative way.

3.2 Risk factors and adjustment during adolescence

In order to highlight the effect of possible risk factors, correlations between variables concerning pre-adoptive experience and behavioral problems have done. Contrarily to our hypotheses, no significant results emerged ($p > .05$). Since possible differences could be found within adoptees who have experienced a higher amount of pre-adoptive distress, risk

variables (institution, number of changes, age and level of attachment disturbances at placement) were recoded into dichotomous variables, considering their distribution within the sample (half subjects in the higher range and the other half in the lower range). By comparing them through the Mann-Whitney Exact test, a unique significant result emerged: adoptees who differed with respect

to the DAI scores (high *versus* low presence of disturbances at placement), showed significantly different internalizing problems (see Table 6). Adoptees who scored higher on attachment disturbances, during adolescence showed a higher level of internalizing problems, even when controlling for gender.

Table 6. *Maternal-reported behavioral problems with respect to high/low DAI scores*

| DAI at adoption | Internalizing * | | | Total M (DS) |
|-----------------|-----------------|---------------------|-------------------------|-----------------|
| | N. | M (DS) | Externalizing M (DS) | |
| Lower score | 9 | 6,67 (5,39) | 5,44 (4,82) | 20,11 (17,21) |
| Higher scores | 10 | 14,60 (8,67) | 10,20 (11,35) | 39,60 (25,90) |
| Total | 19 | 10,84 (8,19) | 11,35 (8,94) | 30,37 (23,81) |

(*) Mann-Whitney Exact Test, Monte Carlo Method, $p < .05$ (Two tails)

On the contrary, having lived in an institution, having experienced multiple changes in caregiving, and having been adopted later does not influence, in our sample, the rate of behavioral problems in adolescence.

3.3 *Parental competence and experience*

Concerning the relationships between parental competence and experience, and adolescents' adjustment (see Table 7), we found a systematic correlation among the externalizing problems (both self- and maternal-reported), the parents' negative perception of child, and their negative experience as parents.

Table 7. *Parental caregiving representation and adolescents' adjustment*

| Mother PDI Scales | YSR (N=25) | | | Mother's CBCL (N=24) | | |
|------------------------------|------------|--------------|-------|----------------------|-------------|-------|
| | Intern. | Extern. | Total | Intern. | Extern. | Total |
| Parental capacity | -,14 | -,19 | -,25 | -,11 | -,07 | -,11 |
| Positive parental experience | ,01 | -,36 | -,26 | -,22 | -,42 * | -,35 |
| Negative parental experience | -,17 | ,50* | ,24 | ,02 | ,23 | ,19 |
| Child's positive description | -,20 | -,25 | -,34 | -,10 | -,31 | -,19 |
| Child's negative description | -,30 | ,56** | ,19 | -,07 | ,47* | ,23 |

Contrarily to our hypothesis, higher scores on parental capacity do not correspond to lower behavioral problems among adoptees. Parental experience is negatively associated with externalizing problems, and positively associated with child's negative description, meaning that adoptees who show higher externalizing problems have mothers who describe their parenthood experience as more negative and their child as more difficult and aggressive.

4 Discussion and conclusions

Our results are preliminary and descriptive, as our sample size is limited. Nevertheless, we can highlight the absence of relationships between early risk factors and adjustment in adolescence. Indeed, contrarily to our preliminary hypotheses, the level of pre-adoption risk was not associated with the behavioral adjustment in adolescence in our sample. Only the high rate of attachment disturbances at placements seems to be correlated with a higher level of internalizing problems during adolescence. Since just a few studies analyzed the effect of pre-adoptive risks among adolescents, this unexpected result could be linked to the reparatory value of having lived several years (on average 10) within the adoptive family. The daily and continuous experience in a good familiar environment could limit or even help canceling the effects of the negative experiences, underlined by the adoption literature (Schofield & Beek, 2006). Nevertheless, this effect could be enhanced by a selection bias: although we cannot control for the number of request sent by adoption agencies and services, we know that only few

of contacted families accepted to take part in our study, and these families could be the better adjusted.

Concerning the caregiving characteristics, our results are less encouraging, as it seems that parental competence does not influence the adolescents' adjustment. In our sample only the correlations among actual the experiences are evident. Deeper analyses are need in order to better differentiate the maternal and paternal role, the individual profiles, and the possible relations among different risk and protective factors. For instance, analyzing in a longitudinal perspective each individual path will allow a deeper understanding of the time spent in the adoptive family.

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