

Passport

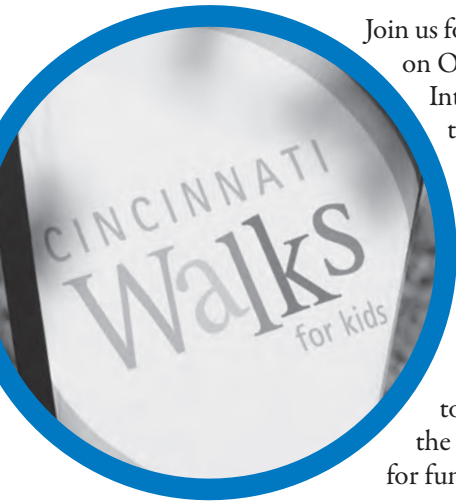


to the International Adoption Center

September 2012

www.cincinnatichildrens.org/iac

Be A Walker or Virtual Walker for International Adoption; Join Cincinnati Walks for Kids on October 20, 2012



Join us for a “No Sweat Virtual Walk for International Adoption” on October 20, 2012. Families and friends of the International Adoption Center (IAC) will gather as a team virtually for the 7th annual Cincinnati Walks for Kids! No need to get out your walking gear; you can give without breaking a sweat (let us know if want to join our team and walk in person).

Be a Virtual Walker

Because we know our IAC families are busy and have other commitments, or live out of town, we invite you to participate as a Virtual Walker! You'll have access to the same great tools as attending walkers, and you'll qualify for fundraising prizes such as the following:

Prizes:

- Raise \$25 and receive an IAC T-shirt, as well as a Cincinnati Walks T-shirt.
- Raise money for the IAC and Earn a
 - \$100 VISA gift card for 1st place
 - \$50 VISA gift card for 2nd place
 - \$25 VISA gift card for 3rd place
- Raise \$200+ and be entered to win other prizes from Cincinnati Children's.

How to Register as a Virtual Walker:

Please register for the walk by going to giving.cincinnatichildrens.org/netcommunity/virtualwalkforadoption.

How to Register to Walk In Person:

For those of you who may be able to attend the walk in person, we would love to have you. You can still give to our team on line by going to giving.cincinnatichildrens.org/netcommunity/virtualwalkforadoption, and then contact Tracie Williams, walk team leader, so she can give you further details.

Every donation helps, in furthering the work of the IAC in bringing families together.

If you have questions, want help to register as a virtual walker, or want to walk in person, contact Tracie at tracie.williams@cchmc.org or 513-803-1363.



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International
Adoption Center

IAC STAFF MEMBERS

Robin Gordon
post-adoption coordinator
Kelly Hicks, RN, MSN
nurse coordinator
Irina Parkins, PhD
staff psychologist
Christina Ramey
pre-adoption coordinator
Mary Allen Staat, MD, MPH
IAC director
Tisha Way, LISW-S
mental health therapist
Tracie Williams
customer service representative, billing

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Jane Howie
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Maggie Gieseke
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Nancy Kayes
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Brandy Pence
Herman Rumpke
Autumn Schmidt
Paul Sparling

IAC MISSION

The mission of the International Adoption Center is to uniquely address the health and wellness needs of internationally adopted children, their families, and their communities so that international adoption will be more widely embraced as a way to build families.

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Passport is published three times each year. To be added to or removed from the mailing list for this newsletter, contact Christina Ramey at christina.ramey@cchmc.org or 513-636-2877, opt. 2.

To give feedback about the newsletter or if you have a story idea, contact Jane Howie at jane.howie@cchmc.org or 513-636-0158.

Save the Date – Mark your Calendars!



2012 Walk or Virtual Walk for International Adoption: Cincinnati Walks for Kids

When: Saturday, October 20, 2012
(see front page for details)

2012 Passport to Forever - Passport to Asia

When: Saturday, November 3, 2012 (see back page for details)

IAC In the Spotlight

The IAC has captured the attention of the multi-award winning producer Patricia Zagarella of "Lost in Vision Entertainment." Patricia recently interviewed Dr. Mary Staat and three families who have adopted older children, as part of a documentary she is creating about internationally adopted older children. Please look for updates about this documentary in upcoming newsletters.

International Adoption Center Contact Information

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For overnight deliveries: 3333 Burnet Ave., Building Location S8.600
Cincinnati, OH 45228

Phone: 513-636-2877; Toll Free 1-800-344-2462, ext. 62877

Fax: 513-636-6936

- Pre-adoption services: Option 2
- Post-adoption services: Option 3
- Post-adoption appointments: Option 1 to speak with the Call Center
- Medical Questions: Option 4
- Mental Health Services: Option 6
- Billing or Insurance Questions: Option 7

Older Child Adoption Section

Stories of Hope, Love and Family

Adopted at 11: Zach's Story

Zach Then:

Zach grew up in a Bulgarian orphanage where he had to look out for himself for the most part and didn't have a typical childhood. That was, until Nancy and Joe Kayes adopted him into a family of what would be 19 children, of which 16 are adopted.

Nancy and Joe had adopted older children, as well as children with special needs, starting with babies and working their way up to older children. Nancy said, "Older children deserve to be part of a family, just as much as any child. They don't ever give up on the desire to be part of a family, to be loved and to love." Zach was adopted, along with another 12-year old boy – Brian – who he grew up alongside in the orphanage.

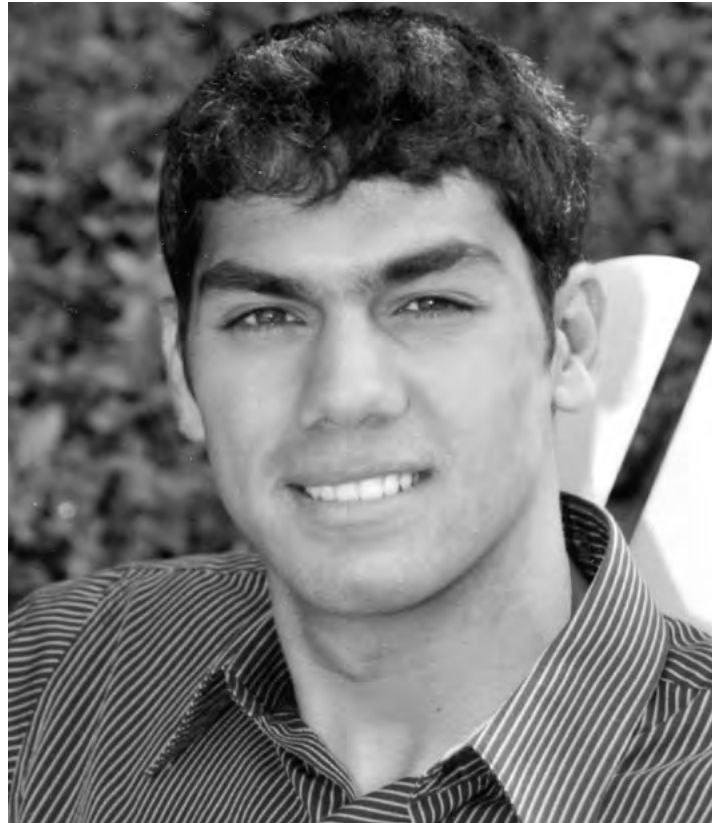
Of course, there were obvious attachment emotional barriers that Zach would have to overcome, but he also had to learn the basics of living in a new world. At 11 years old, Zach would have to learn a new language and culture, but with so many brothers and sisters, he soaked up English in his new home and dove in when he started school.

It is no surprise that Zach was behind in school, but he was determined and anxious to learn and worked hard in ESL (English as a second language) classes, as well as his other classes. He studied year-round in school to catch up, seeking extra work. He was resilient and applied himself in every aspect of his life, from school to sports.

In terms of letting down his guard to be part of a family, Nancy said, "It took some time for him to attach to us, as he was used to taking care of himself. Zach said that it was really tough for him to go from having almost total freedom in the orphanage to having to be accountable to his family. Learning to trust us took some time, since it meant he had to surrender the idea that if he didn't take care of himself, no one would. It was scary for him to go ahead and trust that things would be ok if he let his Dad and me be more responsible for him. With time, he has become very close to us, and we are blessed to have him as part of our family."

Zach Now:

In his eight years since he was adopted, Zach has learned English, graduated from Roger Bacon High School with a 3.4 GPA where he was a 2-year varsity soccer player, and started his college journey. He is studying Nursing at the College of Mount St. Joseph and plans to be a nurse practitioner.



In Zach's Own Words:

What should parents adopting older children know?

"Parents who are making the decision to adopt older children should realize that it takes time for older kids to adapt to new culture, as well as to a family atmosphere. Change is difficult for older children, at least this was true for me."

Who are your role models?

"My brothers and sisters who were born with disabilities are my role models. They appreciate the small things in life and have taught me to do the same."

What do you want adoptive families to know?

"I have been blessed with a family that encourages me to pursue my goals in this world. My family has given me a new opportunity in life and that, I believe, is one of the best gifts parents can give an adopted child."

Parenting Your Adopted Older Child

Tisha Way, LISW-S, Mental Health Therapist

About Tisha Way:

Tisha graduated with a Masters of Social Science Administration (MSW) concentrating in Mental Health from Case Western Reserve University in Cleveland, OH.

She completed her undergraduate Bachelor of Science degree in Social Work at Xavier University.

As the IAC mental health therapist, Tisha conducts diagnostic assessments of children recently adopted and counsels children and parents to foster post-adoption support and enhance well-being. Her areas of focus include:

- Anxiety
- Adjustment issues
- Attachment issues
- Trauma
- Executive functioning skills
- ADHD
- Depression

If you would like to find about more or schedule a meeting with Tisha, call the IAC Call Center at 513-636-2877, option 1.



Tisha Way, IAC Mental Health Therapist

While there are many positive aspects in adopting an older child, post-adoption adjustment poses unique challenges for the child and his or her family.

Many older children are longing to have a family. It is exciting to watch them blossom with language, friendships, and activities. While they may experience typical adjustment issues, these children can often do very well in a supportive family.

Children can be incredibly resilient. As parents, it is important to be mindful of the unique challenges that they face.

The older a child is at adoption, the greater the risk for cognitive and emotional difficulties.

We are each shaped by our experiences and relationships (or lack thereof). During their lives, they have already developed personalities, interests, and

coping strategies which are highly influenced by their surroundings. Children experience feelings of grief and loss associated with their lives in their birth country. Older children often leave behind many friends, family, and caregivers. Regardless of their quality of life, these relationships and experiences are significant, traumatic losses. Art and creative play can be good outlets for children to express grief.

Many children fear that parents do not want to hear about their past families and experiences, therefore it is important to acknowledge their feelings. Allow them to know that you are interested in learning about these important parts of their lives, when they are ready to share them.

Older children in orphanages or foster homes are often expected to take care of themselves in many ways. This “freedom” can make it very difficult to adjust to life in a family, where, perhaps for the first time, adults are providing rules, expectations, and consequences.

For many older children, even the ability to acknowledge the need for assistance can be challenging, as it feels incredibly vulnerable to depend on someone.

Some children may also present with the idea that being too much of a burden will jeopardize their place in their new family. Many older children that I have worked with have shared these frustrations and the perception that these boundaries mean that their new family does not trust them. While they are happy to have a family and new opportunities, their adoption often comes with feelings of loss of control. Rules, routines, and responsibilities are necessary.

Positive reinforcements are most effective with children. Whenever possible, provide choices and flexibility.

Consider natural consequences when necessary. Learning best occurs in the context of a relationship; therefore consequences that are done alongside a parent can be very effective.

Another contributing factor is that an internationally adopted child's chronological age often does not match their emotional and developmental level of functioning. This factor, combined with language barriers and academic challenges, can greatly impact the child's self-esteem and their ability to effectively manage stress and challenges. It is important to gear parenting strategies and expectations at their emotional level of functioning. Increase this as the child advances.

In *Beneath the Mask*, a new book from the Center for Adoption Support and Education, Debbie Riley identifies “stuck spots” with adopted adolescents and their families. One fact that

Ms. Riley synthesizes well is how the developmental tasks of adolescence causes substantial challenges for the adopted teen. I find this to be particularly true for children who are adopted at an older age. As a child progresses through adolescence, they typically develop greater independence, become more socially driven, and identify future goals.

As parents, your job is to foster this process by providing opportunities for independence, getting them to graduate, identify future goals, and learn skills to live independently. Despite their desire for independence, this can be very scary for them. Just as they have begun to develop an attachment (or quite possibly before these has been sufficient time for this to occur), they begin to feel the push to disconnect from their family. This can feel like a mixed message, and often feels like another experience of rejection.

To best support your child, it can be very helpful to meet with a therapist to discuss how their unique background may impact their overall functioning.

The family can also learn strategies to best respond to the child's needs. Even without extreme behavioral issues, a therapist can help provide anticipatory guidance and strategies for relationship enhancement. Many families have also found it to be very helpful to connect with other families who have adopted older children. This can provide support, as well as normalize the feelings you may be experiencing.



The Medical Condition of Children Adopted From Africa: The IAC's Study Results - Out of Africa

Dr. Mary Allen Staat, IAC director



There has been an increase in the number of U.S. families adopting from Africa over the past decade. While much has been published about the medical conditions of internationally adopted children from other regions of the world, there has not been much data about the medical condition of African adoptees upon arrival to the U.S.

Children from Africa may have different risks for medical conditions compared to children arriving from Russia, China and Guatemala. We felt it was important to specifically examine the medical conditions of children internationally adopted from Africa and then compare these results to the results from our past studies in internationally adopted children from other countries.

Here is the breakdown of the study:

Included in the study were children adopted from Africa who were seen for an initial visit at the IAC from November of 1999 to June of 2011.

During the 12- year-study period, there were 150 children from Africa seen in the IAC of which:

- 72% were from Ethiopia.
- 9% were from Liberia.
- 19% were from other countries including Benin, Cameroon, the Congo, Eritrea, Ghana, Kenya, Lesotho, Nigeria, Senegal, South Africa, Rwanda, Uganda and Zambia.
- 50% of the children were girls.
- About 69% of children were at least one year old, but the age range was wide (3 months to 17 years).

Study Findings

Overall, 27% of children from Africa had evidence of latent tuberculosis (inactive) compared to 6% of children from Korea and 32% from Guatemala. However, 2% of children from Africa had active disease, while no children from other countries have had active disease.

Children from Africa were most likely to have intestinal parasites of any type (49%) compared to other countries (0% for Korean, 10% for Guatemalan, 14% for Chinese and 44% for Russian children). African adoptees were much more likely to have tapeworms (10%) or roundworms (5%), compared to

children from other countries (less than 1% for both). The IAC has been evaluating African children for other parasites through blood testing. We found 18% of children had strongyloides, 17% had schistosomiasis, and 1% had filariasis.

Hepatitis A was also much more common in African adoptees. Two percent of children had active infection and could easily transmit the virus to family members and other close contacts. Most (68%) had evidence of past infection which was much higher than the other countries (0% in Korea, 9% in China, 18% in Russia and 32% in Guatemala).

Identifying active hepatitis A is important so that family members can be immunized, and identifying children with past infection is important so that we don't unnecessarily immunize them.

Children from Africa were much more likely to have:

- Chronic hepatitis B (3%)
- HIV (2%)
- Syphilis (5%)

These numbers are compared to less than 1% of children from Russia, China, Guatemala or Korea being positive for any of these infections, with the exception of China with 2% having hepatitis B. Most of the hepatitis B and all of the HIV infections were known prior to adoption, while none of the syphilis infections were known ahead of time.

Last, similar to results from other countries, children from Africa who had documentation of immunizations were likely to have good protective antibody levels to those vaccines.

Overall Findings

Through our work at the IAC, we found that African adoptees are at increased risk for infectious disease issues, compared to adoptees from other countries.

We also found that additional screening with blood tests identified children with parasitic disease that otherwise would not have been found.

Thus said, it is even more important for families adopting from Africa to work closely with the IAC, both pre-and post-adoption. All of the infectious diseases that we identified in children adopted from Africa can be managed with medications in the United States, so identifying these infections is important to prevent long-term complications.



Save the Date

Mark your calendars!

Tear or cut here

What: 2012 Passport to Forever
Passport to Asia
The Year of the Dragon

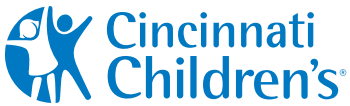
Date: November 3, 2012

Time: 6:15 pm: Cocktail Reception and
Silent Auction Begins
8:00 pm: Dinner and Program

Where: The Oscar Event Center at Jungle Jim's

Why: To celebrate international adoptions
while raising money for the IAC

***Invitations to Follow**



International
Adoption Center

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