

Description of Special Needs

This description of special needs is designed to help prospective adoptive parents gain understanding of the challenges that many of the children who are waiting for permanent families may be facing. This guide presents basic information and a brief description of some of the special placement needs of Alberta's Waiting Children. Anyone planning to adopt a child with special placement needs is encouraged to do further research on topics pertaining to the special needs they are considering. Consultation with social workers, physicians, geneticists, therapists, etc. is recommended prior to accepting an adoptive match. You may refer to <http://pbsc.info/through-their-eyes/> "Parents and Professionals Talk About Certain Disabilities and How They May Affect Children's Perceptions of the World".

Children with special needs typically have three or more of the following:

- part of a sibling group of two, three or more;
- born to parents who have a psychiatric diagnosis or a family history of schizophrenia or mood disorders;
- diagnosed with cognitive disability;
- unknown prenatal care or prenatal exposure to drugs or alcohol;
- diagnosed with Fetal Alcohol Spectrum Disorder;
- medical or mental health diagnosis;
- learning disabilities;
- physical, sexual and/or emotional abuse or neglect;
- significant emotional and/or behavioural problems.

Children come into the care of Alberta Children's Services for a variety of reasons and may be affected by the following:

Abuse or Neglect

The child may be fearful, slow to trust others and have attachment difficulties. Depending on the severity of the abuse, therapeutic intervention may be required.

- **Emotional Abuse** is the chronic abusive behaviour by an adult that injures a child's intellectual, psychological and emotional capacity.
- **Neglect** results when a child's parent or caregiver fails to provide for a child's physical and/or emotional needs. Neglect can be **physical (lack of food, clothing, shelter, safety, supervision, education and/or medical attention)** or it can be **emotional (lack of attention to a child's emotional and social needs)**.
- **Physical Abuse** is the use of physical force that is on-accidental and beyond reasonable discipline on a child. Examples of physical injuries inflicted on a child include bruises, burns, broken bones and/or multiple injuries.
- **Sexual Abuse** inappropriate sexual behaviour towards children. It most frequently involves adults, but can also involve older children or siblings, or youth. Sexual abuse includes sexual intercourse, sexual exploitation, sexual assault and incest. Children who have been sexually abused can be affected physically, developmentally and psychologically.

Developmental Delays

A developmental delay may be cognitive or physical.

- **Developmental Delays** are when a child is achieving developmental milestones at a later age than is normally expected. These delays may be in the areas of motor skills (rolling, sitting, crawling and walking), speech and language and/or social-emotional growth.

Behavioural or Emotional Issues

Children who experience trauma through abuse and separations react in different ways. Past traumatic experiences can revisit and affect the child at different stages of development. These reactions may be displayed through behaviours such as:

- Anxiety
- Lying
- Stealing
- Temper tantrums
- Bed-wetting
- Soiling
- Nightmares
- Aggression
- Hyperactivity
- Destructiveness
- Withdrawal
- Profound dependency
- Inappropriate sexual behaviour

Sensory Loss

A sensory loss most often refers to a child who has a hearing or vision impairment. This loss is more than wearing glasses to correct vision or tubes placed in the ears.

- **Hearing Impaired** refers to a child who is deaf or whose sense of hearing is nonfunctional. These children communicate primarily through signing/technology – may use hearing aids or other technology.
- **Vision Impaired** refers to a child with vision impairment that is so severe that they are considered legally blind.

Prenatal Exposure to Drugs or Alcohol

How drugs or alcohol impact a child prenatally varies greatly and is dependent on:

- Type and amount of drugs used;
- The stage or pregnancy the drug or alcohol use occurred;
- How frequently the drugs or alcohol were used;
- Genetic makeup of the birth mother;
- The psycho-social factors that impacted the birth mother's pregnancy (diet, disease, poverty, housing, violence, an general prenatal care).

Children can be impacted by a number of these factors, thus making prediction of a child's future needs difficult as all children are not affected in the same way. However, children prenatally exposed to drugs or alcohol benefit greatly from an early diagnosis and support along with continuing medical and developmental surveillance.

If a birth mother uses drugs prenatally, most of the drugs pass from the mother's blood stream through the placenta to the unborn baby. Substances that cause addiction to the mother also cause addiction in the unborn baby. When the baby is born the dependence on the substance continues and because the drug is no longer being provided, the baby experiences withdrawal. Some common symptoms of withdrawal include tremors, excessive and/or high pitch crying, sleep problems, seizures, vomiting, sweating, diarrhea, dehydration, poor feeding and tight muscle tone. Children who have been prenatally exposed to drugs benefit from a nurturing and structured home and learning environment with a stable and predictable routine.

- **Drug Exposure-Limited** refers to children whose birth mothers used limited amounts of certain prescription and/or illegal drugs during the first 3 months of pregnancy, or small amounts on limited occasions during a later stage of the pregnancy.
- **Drug Exposure-Prolonged** refers to children whose birth mothers had a sustained pattern of drug use throughout the pregnancy.

An infant whose birth mother used alcohol and/or drugs during pregnancy can appear healthy at birth, but remains at risk for developing symptoms later in life. It is not possible to predict future effects because of the many variables that influence the impact on the child.

- **Alcohol Exposure-Limited** refers to occasional alcohol use in limited amounts. This is generally not a pattern throughout the pregnancy. **Research indicates that even small amounts of alcohol consumed during pregnancy may cause damage to the unborn baby.**
- **Alcohol Exposure-Prolonged** refers to continuous and/or heavy drinking throughout the pregnancy. Children whose mothers demonstrate this pattern of alcohol use are at high risk for alcohol-related birth defects.
- **Fetal Alcohol Spectrum Disorder** refers to disorders that occur as a result of maternal alcohol consumption (limited or prolonged) during pregnancy. Although diagnosis, treatment and support can improve a child's outcome the effects of prenatal alcohol are permanent.

Failure to Thrive

A term that describes infants and children who fail to gain weight or even lose weight for no apparent reason.

There are many possible causes of **Failure to Thrive**. It is considered to be a form of "infant depression" caused by emotional deprivation or environmental disruptions.

Learning Disabilities

Refers to a collection of learning problems/difficulties that children experience especially when cognitive disability has been ruled out.

These children may be hyperactive, have perceptual motor problems, attention problems or disorder of memory and conceptual thinking.

- **Oral Language or Speech Impairment** may include difficulty in producing speech sounds, maintaining speech rhythm, or controlling voice production.
- **Reading/Writing Disabilities** are the most common type of learning disability.

Multiple Placements/Attachment Issues

Attachment and separation are significant issues that affect the majority of children in care who await adoption. For many of these children, the normal development attachment process has been disrupted by separation from parents and/or caregivers, often on more than one occasion.

Being separated from parents or caregivers to whom there is an attachment is traumatic for children at any age. They may experience a range of intense feelings in relations to their individual circumstances. Abrupt separations for children create grief and loss issues that can, if left unresolved, interfere with new attachments. Each new placement holds an element of uncertainty for a child. This uncertainty can contribute to the child's stress and anxiety, can inhibit the development of trust in relationships and may impede the development of self-reliance.

Legal Risk

Prior to the granting of an Adoption Order by the Alberta Court of King's Bench, legislation allows a child's former guardian(s) to initiate a review of the Permanent Guardianship order. This review allows the former guardian(s) to attempt to regain guardianship and have the child returned to their care.

All adoptions of children in care are considered Legal Risk.

Developmental Conditions

- **Asperger's Disorder** is a general category called **Pervasive Developmental Disorders**. Although it has some similarities to Autism Spectrum Disorder, there are some distinct differences. The essential features are severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour or interests.
- **Autism Spectrum Disorder** is a complex developmental disability that becomes apparent in the first three years of life. Autism is characterized by significant and ongoing impairment in social interaction and communication, as well as a very restricted range of activities and interests. In most cases there is also a cognitive disability that can range from mild to profound. A child diagnosed with Autism may be hyperactive, have a short attention span, be impulsive, be aggressive, have temper tantrums, and exhibit self-harming behaviours. A child with Autism can exhibit a wide range of these characteristics ranging in degree from mild to severe.
- **Cognitive Disability** is used to describe significant deficits in an individual's intellectual functioning. Levels of cognitive disability include mild, moderate and severe, based on I.Q. ranges. The vast majority of people with a cognitive disability are in the mild range (I.G. 50-70). A cognitive disability may be due to prenatal infections, birth delivery complications, childhood illness, trauma from abuse and deprivation, accidents, toxins and genetic or chromosomal disorders. Children with cognitive disabilities are delayed in all areas of developments, including thinking, speaking, motor skills, social-emotional growth and self-help.
- **Down Syndrome** refers to children born with an extra #21 chromosome, which causes global developmental delays and distinctive physical features. The level of cognitive functioning varies significantly. Medical concerns related to Down Syndrome include congenital heart defects, gastrointestinal blockage, vision problems, hearing loss and respiratory infections.

Physical Disabilities

Some examples include:

- **Cerebral Palsy (CP)** is a general term for a group of disorders caused by damage to the brain. The cause is often not known but the brain damage can occur during pregnancy, as a result of birth trauma, in childhood meningitis, head trauma or poisonings. Symptoms include muscle weakness, inability to control muscle movement, muscle stiffness, spasticity and/or balance and coordination problems. Additional difficulties may include seizures, vision, hearing or speech problems., learning disabilities, behavioural problems, global developmental disabilities, respiratory problems, bowel and bladder problems, and bone abnormalities.
- **Spina Bifida** is a condition where some of the vertebrae of the spinal cord are not completely formed and the spinal cord and its coverings usually protrude through the opening. Early surgical correction can help prevent infection, but it cannot correct the condition. Spina Bifida is associated with a range of disabilities including physical abnormalities and learning difficulties.

Medical Diagnoses

- **Allergies** are unusual reactions to substances that are ordinarily harmless. These may be take into the body by being inhaled, swallowed or through contact with the skin.

- **Asthma** is an allergic disorder of the respiratory system in which the airway becomes temporarily constricted. There is no known cure for asthma.
- **Cleft Lip/Palate** is a separation or slit in the upper lip. The condition ranges from a minor notching of the upper lip to a complete slit which extends from the edge of the lip to the nostril, and involves the bone that forms the framework for the upper gums and teeth. Cleft palate is a length-wise slit in the roof of the mouth, forming one cavity for the nose and mouth. This abnormality can affect the development of teeth and also affect speech and nutrition.
- **Diabetes** is a condition that occurs when the body either does not make enough insulin or does not use the insulin properly. Diabetes is a serious, chronic disease with no cure. However, with careful management, some of the health complications such as heart and kidney disease can be delayed or avoided.
- **Epilepsy/Seizures** is a disorder of the nervous system. The three most common types of epilepsy are Grand Mal Seizures, Petit Mal Seizures and Psychomotor Seizures. Anti-convulsive drugs can control most epileptic seizures.
- **Heart Defects** may be present at birth and may self-correct or may require surgery and annual monitoring. In some serious cases, a child's heart condition may require extensive medical intervention and daily monitoring.
- **Hepatitis B (HBV)** is a virus that causes the liver to become inflamed. It is more contagious than HIV and is transmitted when blood or body fluids from an infected person enter the body of a person who is not immune. HBV can progress to chronic liver disease, cirrhosis and less frequently, liver cancer. The best protection against Hepatitis B is through vaccine.
- **HIV Positive/AIDS** refers to the "Human Immunodeficiency Virus" (HIV) and is the agent responsible for causing "Acquired Immune Deficiency Syndrome" (AIDS). If an infant is born to a birth mother who was HIV positive, then the baby will be HIV positive at birth. Because it takes babies 15-25 months to develop their own immune systems, they should be tested every six months for the first two years of their lives. If they continue to test positive at the end of that time, they have been infected and will likely develop symptoms of AIDS during their early years of life. If they test negative, they have not been infected and have no further risk of becoming HIV positive from the pre-natal contact.
- **Hydrocephaly** is a condition that is usually diagnosed at birth or shortly after and is characterized by the abnormal accumulation of spinal fluid in the brain. The accumulation of fluid increases the head size and causes pressure against the brain tissue. This pressure has the potential to cause permanent brain damage. Early treatment which involves implanting a shunt to drain fluid from the brain, and good medical management, can reduce or eliminate the risk of brain damage.
- **Tourette Syndrome** is defined as a neurological disorder characterized by tics: involuntary, rapid, sudden movements or vocalizations that occur repeatedly in the same way. The cause has not been established and as yet, there is no cure. (*Tourette Syndrome Foundation of Canada, 2014*)

Mental Health Disorders

- **Anxiety Disorder** is the general term given to disorders that are characterized by anxiety that is chronic and pervasive enough to impair an individual's daily functioning. These disorders have both psychological and physiological components. Although children and adolescents can develop a number of Anxiety Disorders, some of the more common ones are **separation anxiety, social phobia/social anxiety and generalized anxiety disorder**. Children or adolescents with anxiety may have trouble sleeping, experience nightmares, have stomach aches, fear separation from parents, seek lots of reassurance, be excessively fearful about something or be depressed.
- **Attention Deficit/Hyperactivity Disorder (ADD/ADHD)** consists of inattention, hyperactivity and impulsivity behaviours. Depending on the types or combination of behaviours, the child may have a low tolerance level, become easily frustrated, be rejected by peers and experience low self-esteem. There is some research that suggests there may be a genetic role in levels of hyperactivity, impulsivity and inattention.
- **Bipolar Disorder** is characterized by extreme mood fluctuations. It is often referred to as **manic depression**. The highs are called manic episodes were the individual experiences an elevated euphoric or irritable mood. During a manic episode the individual is hyperactive and distractible, and the need for sleep decreases. The lows are like episodes of major depression. In between the mood swings are periods of "normal" mood. The average age of onset is the early 20's.
- **Obsessive Compulsive Disorder (OCD)** is defined as "an anxiety disorder that affects about 1-2% of the population. People with OCD experience both obsessions and compulsions. (*Anxiety BC, 2007*)
- **Oppositional Defiance Disorder (ODD)** is defined as "a pattern of disobedient, hostile, and defiant behaviour directed toward authority figures".
- **Reactive Attachment Disorder (RAD)** is associated with persistent neglect of a child's emotional and/or physical needs, as well as frequent changes in a child's primary caregivers. RAD can result when a child's bonding process

with a primary caregiver is interrupted during the early stages of development. Some children may be extremely watchful, inhibited or inconsistent in their responses to others. Other children may be overly friendly or affectionate with strangers. Children with a diagnosis of RAD may show lack of trust, be unable to give and receive affection and have a need to control their circumstances.

- **Schizophrenia** is a thought disorder that interferes with an individual's ability to think clearly and to discern what is real from what is not. Schizophrenia can occur at any age, but the typical age of onset is the adolescence to mid-30's.

References

- American Academy of Child and adolescent Psychiatry, 2009
- Anxiety BC, 2007
- <http://pbsc.info/through-their-eyes/> "Parents and Professionals Talk About Certain Disabilities and How They May Affect Children's Perceptions of the World".
- Ministry of Children and Family Development, *Adopt one of BC's Waiting Children Adoption Questionnaire Reference Guide*.
- Tourette Syndrome Foundation of Canada, 2014