

## Why Love Isn't Enough: Part Eight – Genetics

*This is another in a series of posts on related challenging topics. You may want to print this post or others in the series (Introduction, Part One, Part Two, Part Three, Part Four, Part Five, Part Six, Part Seven.) Study them, returning to them over time. Review the resources that are embedded within the articles. Keep them handy! They will make valuable references post-adoption. As you educate yourself, ask, “What does this information mean for me as the parent?” “What will this mean for the children I already parent?” “What does this mean for the child I am adopting?”*



The topic of genetics brings us to the “nature vs. nurture” debate. Certainly, there seems to be agreement that traits—a notable feature or quality in a person—are often passed from generation to generation (Learn.Genetics™, online.) There are physical traits that are inherited—hair color, eye color, height, etc. There are heritable traits that predispose us to an increased risk of getting diseases like sickle cell anemia, cystic fibrosis, heart disease, cancer and certain types of mental illness. Studies of twins who have been separated at birth and raised apart show that many have similar behavioral traits in the areas of food preferences, fashion, political beliefs, religious participation and so on (Minnesota Center for Twin and Family Research, online.)

Yet, the environmental influences in our lives are just as important in shaping our traits, and sometimes these environmental factors can even change a trait (Learn.Genetics™, online)! So, the nature vs. nurture debate is far less dichotomous today! This is fabulous news for adoptive parents!

Coming to light in the study of genetics is that human development is a biological, cognitive and socioemotional process. The three spheres are inextricably intertwined (Santrock, 2008.) Our genes exist in an environment, and the environment shapes their activity (Santrock.)

- *Biological processes* produce changes in an individual's physical nature. Genes inherited from biological parents, the development of the brain, height and weight, the hormonal changes in puberty, etc. reflect the role of biological processes in development.
- *Cognitive processes* are changes in the individual's thought, intelligence and language.

- *Socioemotional processes* involve changes in the individual's relationships with other people, changes in emotions and changes in personality (Santrock.)

## Intelligence

Let's look at intelligence, an area that is often of concern for prospective adoptive families. The concept of heritability attempts to tease apart the effects of heredity and environment in a population. Heritability studies conducted by the American Psychological Association determined that the heritability of intelligence is about .75 (1.00 is the strongest correlation), which suggests a strong correlation between intelligence and heredity. Yet, studies looking at adopted children, who are moved into better environments than the child had in the past showed an increase in IQ by an average of 12 points (Santrock.) In essence, much existing research regarding heredity and environment has failed to take into account the radically different environment provided the child post-adoption. Environmental influences we provide children (and adults) do make a difference!

*Key Point:* Research changes what we think we know! Intelligence is a wonderful example of an area of study that has advanced as time marches forward. In your lifelong journey with your child, new information will become available as will new treatment approaches! Adoptive families who stay abreast of current trends can utilize an array of services over the long-term. Each service provides a healing piece for your adopted son or daughter, and your entire family!



For more interesting reading about the impact of environment on IQ, see [“Stereotype Threat: How Your Child’s Beliefs about People can Hinder His Performance in School...and Life “](#), and [“The Abecedarian Project”](#)

On the other hand, according to [Ira Chasnoff](#) in [The Nature of Nurture](#), school aged drug- and alcohol-exposed children, whether living in their biologic home or an adoptive home, demonstrated significantly higher levels of

- *anxiety/depression* (The child feels the need to be perfect, feels unloved, feels others out to get him, feels worthless or inferior, is nervous/high strung/tense; seems sad-unhappy, worries, is nervous/anxious.)
- *social problems* (The child acts too young for age, is clingy, doesn't get along with others, gets teased a lot, not liked by other kids.)

- *thought problems* (The child is unable to get his mind off certain thoughts, repeats certain actions over and over, stares, has strange ideas, exhibits strange behavior.)
- *attention problems:* (The child can't concentrate for long, can't sit still, restless; confused; daydreams; impulsive; poor schoolwork; stares.)
- *delinquent behavior* (The child shows no guilt after misbehaving, lies/cheats; prefers older kids; steals; hangs around with kids who get in trouble.)
- *aggressive behavior* (The child argues a lot; demands attention; destroys things of his own or others, is disobedient at home and/or school, is stubborn, has sudden changes in mood, talks too much, is unusually loud, displays temper tantrums/hot temper.)

Part three of this series described similar and unique behaviors that plague the child with a history of sexual abuse. Parts two and five made clear behavioral difficulties resultant from neglect and the impact of trauma on neurological development. Overall, the child with behavioral problems may have “normal” intelligence, yet because of his or her negative behavioral problems, he may be unable to learn! His socioemotional and biological experiences continue to affect his cognitive capacities long after his being placed in a healthy environment.

Thus, in this area of intellect, parents need to understand the interplay of all three spheres of development on their child's ability to learn and grow academically. Many factors contribute to the child's school performance. Pre-adoption is a good time to examine your expectations in this area. Can you accept a child who is “bright” or “smart”, but who may not live up to his potential until the negative behaviors are alleviated? Keep in mind, behavioral change takes time! You only have to think about making and keeping a New Year's resolution to understand this!



*Key Point:* Trauma and traits co-mingle to bring into the family a child for whom the concept of “psychological fit” is important. Psychological fit relates to the interplay between parental experiences, expectations, desires and wishes, and the child's capabilities and performance ([Trout](#), 1986). Experiences, expectations, desires and wishes will have to be tailored to “fit” with the unique characteristics of the adoptee. This will be a process for each member of the adoptive family—parents, the children already in the family and the child about to move into the family. Read more about this process in our previous post, “Psychological ‘Fit’: A Place Where Parents, Brothers, Sisters and the Adoptee Must Come Together.”

## Mental Health Diagnoses

Mental health is another area influenced by both genetics and environment. For example, adopted children seem to have higher rates of [Attention-Deficit/Hyperactivity Disorder \(ADHD.\)](#) While all of the causes for this mental health disorder are unknown, 30% to 50% of children diagnosed with ADHD have a relative with ADHD (Santrock.)

The [new science of addictions](#) describes drug addiction as a chronic disease characterized by changes in the brain, which result in a compulsive desire to use a drug. A combination of many factors—including genetics, environment and behavior—influence a person's addiction risk. Returning to the content of parts three and four of this series, the correlation between abuse and addiction was noted. Those families adopting children with a history of physical and/or sexual abuse, or who learn about such terrible experiences post-placement, or wherein there is a birth family history of substance abuse want to understand these links. Services immediately post-placement can contribute to mitigating the effects of the early environment, and thus reduce the potential for your beloved son or daughter to utilize illicit substances. Therapeutic interventions can resolve the trauma, and help parents reduce the environmental risk factors that contribute to substance abuse.

If we peruse websites such as those of the [Mayo Clinic](#), the [American Academy of Child and Adolescent Psychiatry](#), and the [National Institute of Mental Health](#), we find the same physical and environmental factors influencing such mental health conditions as [Bi-Polar Disorder](#), [Obsessive-Compulsive Disorder](#), [Depression](#), [Anxiety](#) and so on.

*Key Point. Many families will adopt children with mental health disorders.* In some cases, these needs will be identified prior to the adoption. In other cases, the mental health needs will be identified as the family becomes familiar with the child or as the child matures. [Mental Health America](#), the nation's leading nonprofit organization dedicated to helping people live mentally healthier lives, has concluded that Americans are more likely to view mental illnesses as personal or emotional weaknesses rather than real health problems. Certainly, how an illness is viewed affects how the condition will be treated.

Further, it is important to recognize that there is a trend to decrease support to the adoptive family once a placement has been made and the adoption has been finalized. It is not unusual for the placing agency to view their task as complete at this point: the child has a home and the family has a child. The agency moves on to facilitate matches for other children and families. So the task of identifying, locating and implementing services often falls to the family.

Think about the following:

What are your views on individuals with mental health issues? Do you see a mental health disorder as a “health problem” or an “emotional or personal weakness?”

Do you know anyone with a mental health issue (i.e., depression, anxiety, alcoholism, etc.)? If so, what have you learned from this experience that would be applicable to parenting a child with special needs?

Are you aware that children receive medication for various mental health issues (i.e., depression, anxiety, impulsivity, attentional difficulties, etc.)? Do you have a perspective on this?

Are you willing to seek professional mental health services?

What type of mental health coverage do you have through your health insurance policy?



Have you ever utilized therapy or support groups? Do you know if adoptive parent support groups exist in your area?

Do [adoption—trauma—attachment—focused services](#) exist in your community? What is the cost of these services?

Do you have any experience with special education?

Do you have the capacity to be assertive? Do you mind being persistent? Acquiring services is best described as being the “squeaky wheel getting the grease.” That is, parents often have to advocate for services.

Who comprises your personal support system? Are they learning about adoption along with you?

How well do you acquire new information?

How much effort have you made to seek out information specific to adoption and trauma at this point in time?

If married, is your spouse participating in this learning process, or, is this endeavor one-sided?

The above list of questions is taken from Chapter 3, “Taking Stock: Are We a Family for a Child,” in *Brothers and Sisters in Adoption*. Other thought provoking questions, to ask yourself pre-adoption, abound in this resource. A main purpose of *Brothers and Sisters in Adoption* is to overlay adoption and mental health issues. Each member of the adoptive family—Moms, Dads, brothers, sisters and the adoptee—benefits when the family is prepared for the arrival of the traumatized child.

As this series has made clear, trauma leaves in its path a residue that love alone cannot erase. Preparation and early intervention are the two main keys to post-adoption outcome.

*“It is very apparent that families who make an informed decision and are prepared beforehand do better once the child arrives and feel more positive about the adoption.” (Iverson and Johnson, 2005).*

In conclusion, know that I’ll be here blogging or I’ll be at ABC of Ohio providing therapy. I’ll also be available on [facebook!](#) I’ll continue to put forth quality information to help you meet any challenges you may face! Good luck on your journey!



#### References:

Iverson, Sandra and Dana Johnson. (2005.) “Medical concerns for international adoptees: A guide for pediatricians and other health care providers.” Report on Intercountry Adoption. Adoption Resource of Connecticut. Glastonbury, CT  
[http://www.med.umn.edu/img/assets/17664/med\\_concerns\\_intl\\_adoptees.pdf](http://www.med.umn.edu/img/assets/17664/med_concerns_intl_adoptees.pdf)

Learn.Genetics™, Genetics Science Learning Center <http://learn.genetics.utah.edu/>

Mental Health America. 10-Year Retrospective Study Shows Progress in American Attitudes about Depression and Other Mental Health Issues.  
<http://www.nmha.org/index.cfm?objectid=FD502854-1372-4D20-C89C30F0DEE68035>

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<http://mctfr.psych.umn.edu/research/research%20home.html>

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Trout, Michael. (1986.) *The Awakening and Growth of the Human Unit IV: The Newborn, the Family, and the Dance* (VHS or DVD). Champaign: IL, The Infant-Parent Institute.