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Sylena B. Goodman
Bank Street College of Education

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Internationally Adopted Children & Language-Based School Difficulties

By

Sylena B. Goodman

Mentor:

Naomi Weiss

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Abstract

Within the last twelve years, over 250,000 children from overseas orphanages have been adopted in the United States. Research findings on the uniquely abrupt language shift and potential negative consequences of this shift for the internationally adopted child are discussed. Research based studies of internationally adopted children’s potential school difficulties, special education needs, and the similarities to Specific Language Impairment (SLI) and cumulative cognitive deficit (CCD) are examined. Potential causes of cognitive language delays in internationally adopted children are also considered. Recommendations for policy solutions and medical, behavioral, and academic interventions are presented. A brief personal reflection and recommendations for future research are included.

Keywords: international adoption; orphanages; institutional care; language acquisition; language impairment; language development; circumstantial bilinguals; cognitive language delays; school performances; specific language impairment; cumulative cognitive deficit; cognitive education; IDEA; educational interventions
Table of Contents

Central Findings

Abrupt Language Shift..............................................................p. 6
Consequences of Rapid Language Arrest.................................p. 9
Circumstantial Bilinguals..........................................................p. 10
Potential Cognitive Language Delays........................................p. 14
Studies on Internationally Adopted Children’s School Difficulties...p. 15
Similarities to Specific Language Impairment (SLI).....................p. 19
Special Education Needs.........................................................p. 20
Causes of Cognitive Language Delays........................................p. 22
Cumulative Cognitive Deficit (CCD).........................................p. 23

Relevant Services & Protections for Internationally Adopted Children........p. 27

Recommendations

Policy Solution ........................................................................p. 28
Interventions & Supports.........................................................p. 29
  Adoption Agency Programs......................................................p. 30
  Medical Interventions.............................................................p. 31
  Attachment Interventions.......................................................p. 31
According to the U.S. Department of State (Bureau of Consular Affairs, 2011), over the past twelve years in the United States nearly 250,000 entry visas were issued to orphans born overseas. Second only to California and Texas, New York State has consistently had the highest number of international adoptions in the country. The top countries from which children were adopted in 2011 were China, Ethiopia, Russia, South Korea, and the Ukraine. As the number of international adoptions in the U.S. continues to rise, so too does the need for teachers to understand these children's unique language processes and their potential for school difficulties. My reason for pursuing this particular independent study is a personal one. In 1983, my family adopted my younger brother at the age of 30 months from South Korea. Though he learned to speak English at a rapid speed, my brother struggled throughout his academic career. He was afforded all the opportunities of a private school, tutors, professional speech and language assessment, but yet, he continued to struggle in school. While conducting my research, it started to become apparent that my brother experienced a very common scenario for internationally adopted children. Internationally adopted children's language development process is unique – they lose their native language at an extraordinarily rapid pace and learn their new language (English) also very quickly. Their rapid social language development, however, can often mask delays in their cognitive language development. As a result of these cognitive language delays, internationally adopted children seem to be more susceptible to language-based school difficulties. Because this information about internationally adopted children is not common knowledge amongst the educational community, when internationally adopted children do have academic struggles, they are often educationally misclassified, thereby being denied services under IDEA. This paper will provide teachers with essential information
on internationally adopted children’s unique language acquisition process and their common language-based school difficulties. The paper will also address the potential for educational misclassification of internationally adopted children and provide suggestions for IDEA language modifications in order to ensure proper classification of internationally adopted children. Lastly, the paper will discuss a variety of potential supports and interventions for struggling internationally adopted children.

Central Findings

Abrupt Language Shift

Though internationally adopted children are part of a larger diversified group of English Language Learners, internationally adopted children have two distinct differences. First, internationally adopted children are often misclassified as bilingual. This is incorrect. Scott, Roberts and Glennen (2011) explain that:

children who are internationally adopted are exposed to one language early in life and then, upon adoption into their new homes, are exposed to a second language, with the first language largely unavailable to them. As such, adoptees cannot be considered to have ‘true’ bilingual language development, nor do they have true monolingual language development. Several researches have referred to this language acquisition pattern as a second first-language acquisition pattern. (p. 1153)

Internationally adopted children are monolingual upon their arrival in the U.S. and within a brief period of time, are monolingual in English. Gindis (2009a) also explains that
“language attrition in international adoptees follows the general pattern found in bilingual children from immigrant families: literacy skills disappear first (in older children), then expressive language, and after that receptive language” (p.1). The major difference, however, is that internationally adopted children’s language becomes arrested at an extremely fast rate. In a study (Gindis, 2009a) from 1992 to 2004 of 800 children adopted from Eastern Europe and the former Soviet Union, children 3.5-4 years of age lost their expressive language within seven to twelve weeks after arrival and lost their receptive language within another four to six weeks. Within three months, expressive language in the 6-9 year old children was almost wiped out. In this age group, there was no trace of receptive language within six months of arrival. Even children as old as nine lost the vast majority of their native language within a year after their arrival.

Though the study’s original hypothesis was that children with literacy skills would avoid language attrition longer, the hypothesis proved to be false. For an internationally adopted child, even knowing how to read and write was not a safeguard against losing their mother-tongue. Hough and Kaczmarek (2011) use the term abrupt language shift and explain that when an internationally adopted child arrives in his or her new country:

their entire linguistic context changes; not only are the words different, but so are the gestures, sounds, and stress patterns. In essence, the learning of the first language abruptly halts, and that of the second language immediately begins. Unlike most children learning English as a second language (ESL), the first language is not supported in the new environment. International adoptive parents are rarely fluent in the native language. Adoptive parents are generally
unable to provide a language transition for their child beyond perhaps a few isolated words or phrases. (p. 53)

Unlike an immigrant child whose first language is supported by their families, internationally adopted children are essentially completely cut off from their native language.

Hough and Kaczmarek (2011) explain that many Eastern European internationally adopted children will have a delay in their first language “probably attributed to institutionalization and environmental deprivation” (p. 69). Speech and language development risk factors for children adopted from the former Soviet Union can include “intrauterine alcohol exposure, caregiver aspects such as abuse/neglect and institutionalized care, and preterm birth and low birth weight” (Beverly, McGuiness, & Blanton, 2008, p. 303). According to Beverly, McGuiness, and Blanton:

(u)nderstanding the relationship between international adoption and speech-language development is complicated because each of these preadoptive factors places any child at risk for speech and language delays. For example, low birth weight is associated with higher incidences of language disorders, attention problems, and negative academic outcomes for all children from age 7 years through adolescence. (p. 303)

Gindis (2005a) explains that rapid language loss can be due to the lack of support of the first language once children are adopted, no motivation to retain their native language, and negative emotional responses to hearing their first language. The abrupt and
The profound nature of the first language loss can be the cause for little to no transfer of skills to the child’s second first-language.

**Consequences of Rapid Language Arrest**

Potential negative consequences of rapid language arrest can include deterioration in communication, cognitive, and/or behavioral skills. Gindis (2009b) asks:

What are the consequences of rapid language loss? Language is a tool, a mediator, a key element in most cognitive and behavioral skills. If the tool is taken away in an abrupt manner, all these skills can deteriorate, too. As a result, we see regression in behavioral patterns (when a 6-year-old behaves like a 3-year-old), in communication (when a verbal child reverts to a pre-verbal stage, using mostly gestures and undifferentiated sounds), in cognition (when basic mental skills such as patterning, sequencing, discriminating, etc. vanish completely or become ineffective), and in the loss or weakening of academic skills and knowledge. (p. 44)

The extreme rate at which internationally adopted children lose their native language is somewhat inevitable result of complete immersion into a second first-language. However, the potential harm that such rapid first language loss can cause is something that parents and educators alike need to be especially cognizant of.

The consequences of rapid language loss for internationally adopted children, however, are not necessarily all negative. Gindis (2005a) discusses the fact that language can be a trigger for Post Traumatic Stress Disorder. He writes that, “(t)his should not
be a surprise, because language is the single most powerful representation of a person’s individual life history: it is the compelling link between the present and the past, and it is the most prominent ‘marker’ of belonging to a certain ethnic and cultural group” (p. 300). Many internationally adopted children, especially ones adopted when beyond infancy, have experienced extraordinarily difficult life circumstances in their native countries, including neglect, deprivation, and abuse. For many older adoptees, “(t)he easiest way to cut ties with the past and to identify with the present is to destroy the most obvious link with the past, namely language….forgetting the language seems to have a positive therapeutic value” (Gindis, p. 300). Though there is the potential for many negative outcomes from the rapid loss of a first language, the negative associations with that first language may also be extremely traumatic for an internationally adopted child.

**Circumstantial Bilinguals**

Internationally adopted children tend to be classified into the larger mixed group of “English Language Learners,” “Limited English Proficiency,” “English as a second language,” or “Bilingual.” However, in addition to internationally adopted children’s first language arresting at a more rapid rate than the rest of these groups, another major distinction is that internationally adopted children tend to acquire English at a faster pace. Second language learning in children is usually acquired either by an “additive” model (typical of ‘elective bilinguals’) or a “subtractive” model (typical of ‘circumstantial bilinguals’). In the additive model, the second language is “added” without a reduction in
native language skills. In the subtractive model, first language skills weaken as the second language is acquired. Gindis (2005a) writes that:

(i)nternationally adopted children are the extreme case of circumstantial bilingualism: they have no choice but to learn the language. They do not learn English as a foreign language; they live within this language. School teachers for them are only one source of learning English, while their adoptive families, peers, media, and the culture at large are the most influential and effective sources of language. Internationally adopted children appropriate their new language with an urge and motivation that cannot be compared to ‘elective’ bilinguals. For them the situation of language acquisition is more akin to the natural ways in which first languages are developed: they acquire their new language in the process of authentic activity and as a byproduct of meaningful communication. (p. 299)

While an immigrant child will often continue to use her first language at home or in her neighborhood, the internationally adopted child is suddenly surrounded by English in all facets of her life.

In addition, an internationally adopted child needs to learn English concurrent with undergoing an extraordinarily emotionally taxing situation – a complete and total life change (Geren, Snedeker, and Ax, 2005; Tabors, 2008). The unique circumstances of internationally adopted children’s language development is illustrated in Figure 1.
For the internationally adopted child, communicative fluency is usually achieved within the first year of arrival. Internationally adopted children’s language acquisition seems to more similarly parallel that of infant learners rather than immigrant children. Internationally adopted children develop English naturally through intense language exposure and social interactions. The “typical” rate of English acquisition in the internationally adopted child can be seen in Figure 2.
Figure 2

<table>
<thead>
<tr>
<th>Child's Age at Time of Adoption</th>
<th>When the child should start using English</th>
<th>When the child should start using 50 words/two-word phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth – 12 months</td>
<td>At same rate as native-born English speakers</td>
<td>By age 18 months</td>
</tr>
<tr>
<td>13 – 18 months</td>
<td>Within 3-6 months</td>
<td>By age 24 months</td>
</tr>
<tr>
<td>19 – 24 months</td>
<td>Within 3-6 months</td>
<td>By age 28-30 months</td>
</tr>
<tr>
<td>25 – 30 months</td>
<td>Within 3 months</td>
<td>By age 31-33 months</td>
</tr>
</tbody>
</table>

Source: (Tabors, 2008, pp. 196-197)

In some cases, the rate of acquiring English and that of losing their native language do not align, therefore, “(i)n some children this ‘linguistic gap’ may lead to a period of ‘communication regression’ (e.g.: pointing, gesturing) and ‘functional mutism’ (not using any language for some time)” (Gindis, 2005a, p. 300). Hough and Kaczmarek (2011) explain that “losing the first language generally occurs much faster than does mastering a new one, resulting in a period in which children say little or nothing upon arriving in their new homes” (p. 54). Though a fast rate of language development may be seen as a benefit, what is essential to understand is that internationally adopted children are acquiring social language not cognitive language.

Language mediates other psychological abilities, such as emotion, memory, cognition, perception, motivation, and goal-oriented behavior. Gindis (2005a) explains that “(f)rom an educational perspective, there are three major domains of direct
language application: communication, regulation of behavior, and cognitive operation (thinking)” (p. 300). Communicative or social language is language that is needed for social interaction, daily communication, pronunciation, vocabulary, and grammar. Cognitive language, however, is what is used as a tool for reasoning, literacy, and academic learning. Social language is “highly contextual and is supported by extra-linguistic means such as gestures, facial expressions, intonation, body postures, etc.” (Gindis, 2005a, p. 301). Gindis (2005a) distinguishes this from cognitive language by explaining that cognitive language “requires specific conceptual and semantic knowledge of the language itself. This language function emerges and becomes distinctive with formal schooling and developing literacy skills” (p. 301). Therefore, it is essential when examining language delays or difficulties to distinguish between social or cognitive language.

**Potential Cognitive Language Delays**

Unfortunately, the rapid acquisition of social language in internationally adopted children can often mask delays in their cognitive language development, especially if parents and educators are not aware of the distinction. An all too common story is that of an internationally adopted child who quickly learns English – the newly adoptive parents are ecstatic! However, at some later point, teachers begin to report that this child is having difficulty comprehending a more detailed story; he may not be able to understand more inferential questions, or follow multi-step directions. Beverly, McGuinness, and Blanton (2008) write that “(o)f interest is how internationally adopted children perform over time given increasing speech-language expectations associated
with later developmental stages and upper elementary and secondary grade levels (p. 304). The speed of internationally adopted children’s English acquisition often disguises cognitive language development delays. These delays may in fact be responsible for the internationally adopted child’s proclivity for lower school-achievement.

Though no studies on the length of time it takes to acquire cognitive language specifically in internationally adopted children exist, research has been conducted on how long it takes school-age immigrant children to develop cognitive English language skills as compared to that of a native English speaker of the same age. The variables are many, however, dependent on factors such as age at time of exposure to the second language, language(s) of school instruction, and membership in a language minority or majority, students on average take 4-7 years to “become proficient in a second language for schooling purposes and to reach native-speaker norms in academic achievement” (Collier, 1989, p. 526). Without any educational background in a native language, achievement can take 7-10 years. Though this study was not conducted with internationally adopted children, the results reveal that the length of time it takes to acquire cognitive versus social language is significantly longer. Additional studies, however, are needed to determine the typical path for cognitive language development of internationally adopted children.

**Studies on Internationally Adopted Children’s School Difficulties**

The delays in cognitive language are in fact what may be responsible for many of the school difficulties of internationally adopted children. A Scandinavian study (Dalen, 2001) examined school competence in 193 internationally adopted children from
Colombia and Korea as compared to 193 Norwegian-born children. The study emphasized the fact that as a group, internationally adopted children are different from non-adopted children. For example, internationally adopted children have had a change in their primary care givers, are often born under problematic conditions, many had poor physical and emotional care, and all experienced a disruption in their natural language acquisition. As part of the study, Dalen (2001) makes a distinction between “day-to-day language” and “school language.” Dalen explains:

‘day-to-day language’ as the contextualized language in which meaning and understanding are anchored in the here-and-now situation to the same extent as in the words themselves….School language is the de-contextualized language, in which meaning and understanding are not imparted through the communication situation itself to any great extent. Examples of this are oral communication in the form of lecture-like teaching, messages given to the entire class, and written texts. (p. 42)

Dalen’s study intended to compare school performance between the adopted and non-adopted group, as well as to compare the performance between the two adopted groups from different countries.

The hypotheses of Dalen’s (2001) study were:

1. Adopted children as a group will have lower school performances than non-adopted children.

2. Adopted children from Korea will have higher school performances than children adopted from Colombia.

3. Children with low adoption age will have better school performances than children adopted at later ages.
4. Adopted children will show more hyperactive behavior and have more language difficulties than non-adopted children.

5. Hyperactive behavior and language difficulties will influence the adopted children’s school performances.

(p. 43)

Some of the results of the study revealed that:

- The internationally adopted children had lower school achievement as compared to the non-adopted group.
- Children from the adopted group had more hyperactive behavior than children from the non-adopted group.
- There were no differences in the social language of the two groups.
- The non-adopted group had better cognitive language skills.
- The children adopted from Korea had better school performance than the children adopted from Colombia.
- Korean-born children performed the best on social language scales, but Norwegian-born children performed best on cognitive language scales.
- Children born in Colombia had the lowest scores in both social and cognitive language skills.
- A higher percentage of children from the adopted group received special needs education.
- Age of adoption did not explain variance in school performance.

(pp. 47-50)

The study had predicted the adopted group would have lower school performance than the non-adopted group, and this proved to be true. Also as
predicted, children born in Korea performed better than children born in Colombia. However, as opposed to the hypothesis, “age of adoption…did not play a crucial role in explaining the variation in adopted children’s school performances” (Dalen, 2001, p. 52). Dalen concluded that:

children’s language problems seemed to be particularly linked to using language at a higher cognitive level (the school language). The present study showed that there was no link between the adopted children’s day-to-day language skills and their school results. On the other hand, there was a significant link between their school language skills and their school performances. Parents and teachers should therefore be aware that adopted children’s good daily language skills can conceal some deeper language difficulties. (pp. 52-53)

This study is significant in revealing that one of the main causes for internationally adopted children’s higher percentage of school difficulties may be their tendency for delays in their cognitive language skills and development.

In addition to the Dalen study, Hough and Kaczmarek (2011) conducted a study of 44 children adopted from Eastern European orphanages to determine if they had language and/or reading issues. Children ranging in ages from 5-11 were included in the study. These children had to have lived with their adoptive families for a minimum of two years. The average amount of time children had lived in Eastern European orphanages was 22.3 months. Tests conducted as part of the study included: a hearing screening, language samples, The Leiter International Performance Scale-Revised, Test of Language Development-Third Edition, The Pragmatic Judgment subtest of the Comprehensive Assessment of Spoken Language, The Children’s Communication Checklist, and Woodcock Reading Mastery Tests. According to the study’s authors, the
study “empirically identified the presence of language deficits among Eastern European children who lived in orphanages before their adoption by families in the United States” (Hough and Kaczmarek, p. 64). Approximately one-third of the children in the sample exhibited language impairments and one-third exhibited reading disabilities.

**Similarities to Specific Language Impairment (SLI)**

According to Hough and Kaczmarek (2011), the children in the study and the nature of their language deficits were similar to those of children diagnosed with specific language impairment (SLI). SLI is a:

- disorder in the acquisition of expressive and/or receptive language that is not related to or caused by other developmental disorders, hearing loss, or acquired brain injury…(the) absence of mental retardation, physical abnormalities, and sensory deficits is essential to the profile of children with SLI….SLI is identified when there is a significant discrepancy between nonverbal cognitive ability and language abilities, with evidence that the child’s language negatively affects one’s social functioning and/or academic achievement. (p. 66)

The results of the study revealed similarities between the language deficiencies of the internationally adopted children and children with SLI. “When differences in performance on the formal language areas were examined, syntax, morphology, and semantics were notable areas of concern, whereas receptive language was less impaired” (Hough and Kaczmarek, p. 66). Of note were the children’s difficulties with higher-order cognitive level language skills. Some examples included “staying on topic (cohesiveness) and understanding context (context), indicating significant difficulties with
indirect language in particular (i.e., subtle hints were often not comprehended)” (Hough and Kaczmarek, p. 67). The authors of the study emphasized that children be “assessed as language disordered rather than language delayed” (Hough and Kaczmarek, p. 66) because delay implies that time alone will remediate the issue, whereas these children truly need immediate and targeted intervention.

**Special Education Needs**

Another study on internationally adopted children’s school difficulties was conducted by Tirella, Chan, and Miller (2006). The study looked at 81 children adopted from Eastern Europe between the ages of eight and twelve and was meant to determine:

- the children’s educational achievements (including the proportion of children with language delays and learning disabilities); the proportion of children with neuropsychiatric disorders; the service provided by the school system and the number of children with individualized educational plans (IEPs); and the children’s social functioning among peers and family. (p. 246)

Of the 81 children in the survey,

- 61% received special education services under individualized education plans (IEPs)
- 52% had “various language problems, including difficulties or delays in expressive language, written language, abstract reasoning, understanding humor, and auditory processing” (Tirella, Chan, & Miller, p. 247)
- 40% received speech and language services
• 36% had learning disabilities, including issues with visual perception, written language, reading, and/or math
• 32% received occupational therapy
• 38% were diagnosed with ADHD
• 35% had multiple diagnoses

Of extreme importance was the fact that 80% of the parents of these internationally adopted children reported that their children’s needs for special education services had grown over time. “As children grew older, language deficits, impaired social interaction, and auditory processing difficulties became more obvious” (Tirella, Chan, & Miller, p. 248). The children in the study demonstrated:

rapid acquisition of language, developmental catch-up, and adjustment to their new homes and schools. As children progress through the school system, the academic, social, and communication demands placed on them increase. Children must process and produce progressively more complex language (both written and spoken), process a multitude of sensory inputs, follow rules, and socially engage with peers and school staff. We found that learning difficulties became more evident as children age. Parents reported that these were difficult challenges for many of the children participating in this project. (p. 252)

As also revealed in the Hough and Kaczmarek study, time did not remediate these internationally adopted children’s struggles, but in fact, only exacerbated them.
Causes of Cognitive Language Delays

Upon learning that cognitive language delays are most likely responsible for many internationally adopted children’s academic struggles, the next logical question is why internationally adopted children tend to have cognitive language delays. As touched upon earlier in this paper, some of the reasons for internationally adopted children’s cognitive language delays can be explained by their time spent in institutional care.

Tirella, Chan & Miller (2006) explain that perinatal complications are common among children adopted from Eastern Europe. Issues can include premature birth, low birth weight, limited prenatal care, exposure in utero to alcohol or drugs, exposure to infections, environmental and emotional deprivation, malnutrition, and micronutrient deficiencies (Tirella, Chan & Miller, p. 245-251). “Nearly all resided in orphanages or other institutional care prior to adoption. Many experienced malnutrition, lack of stimulation, and neglect during institutionalization. Some children…experienced severe deprivation during institutionalization” (Tirella, Chan & Miller, p. 245). Hough and Kaczmarek (2011) discuss the “minimal language exposure in the orphanage environment” (p. 69). From birth, children begin to develop their language skills through being surrounded by language and having language rich interactions. Early language and communication experiences lay the groundwork for cognitive language development. Hough and Kaczmarek write that “(e)ven if a child did not speak a single word of his or her native language, the receptive language” begins developing at birth (p. 69).
Cumulative Cognitive Deficit (CCD)

According to Glennen (2002; 2006), children in institutional care are at a severe disadvantage in terms of cognitive-language development. Some reasons include:

- Children tend to be grouped by age or ability and have little interaction with other age groups, thus eliminating the chance for older children to model language for younger children.
- Older children generally eat meals without adult caregivers.
- While feeding younger children, caregivers rarely speak to the children.
- When children are spoken to, it is usually in the form of brief commands. During an eight-day visit to a Russian orphanage, Glennen (2006) observed that there were “only 3-4 instances of interactions where the caregivers described objects, actions, or provided other types of ‘teaching language’ experiences” (p.2).
- Toys are limited and “(b)ecause staff didn’t have time to provide…monitoring, appropriate developmental toys were placed out of reach most of the time” (Glennen, 2006, p.2).
- Children are carried facing away from the caregiver, thus limiting interaction.
- Children are never taken outside of the orphanage, therefore, are unable to benefit from other potential language models.

A lack of language interactions, little cognitive language stimulation, a slow rate of language development pre-adoption, minimal exposure to print and symbols, and rapid
language arrest can all be contributing factors to internationally adopted children’s tendency to have school difficulties.

According to Gindis (2005a), over half of internationally adopted children in the U.S. and Canada require special education services or academic support services in the first two to four years of school. Although some internationally adopted children may have truly learning disabilities, some may have “cumulative cognitive deficit” (CCD). This disorder was named by psychologist Martin Deutsch in the 1960s and “refers to a downward trend in the measured intelligence and/or scholastic achievement of culturally/socially disadvantaged children relative to age-appropriate societal norms and expectations” (Gindis, p. 304). The theory of CCD is that children who experience a deprivation of cognitive experiences early in life will have a mismatch between their cognitive schemata and the demands of higher order cognitive demands. The major ideas of CCD are: cognitive language delays or struggles can impede cognitive processing, cognitive struggles can exacerbate cognitive and/or behavioral incompetence, a lack of intrinsic motivation to complete cognitively demanding activities may contribute to attention and memory difficulties, and there may be a chronic mismatch between a student’s unique learning style and abilities and the learning setting, including teaching style and type of instruction (Gindis, p. 304). In addition, CCD may contribute to emotional or behavioral problems as cognitive struggles and chronic failure may result in frustration, lack of motivation, low interest, and low self-esteem.

The exact nature and causes of CCD in internationally adopted children, however, may be different than those of other children. Traditionally, the main cause has been ascribed to a “‘culture of poverty,’ that is, ongoing cultural/educational deprivation resulting from poverty” (Gindis, 2005a, pp. 304-305). The causes of CCD,
however, in internationally adopted children could be various, including medical, neglect, abuse, poor nutrition, or cultural and educational deprivation. The very common period of “regression” between the loss of the internationally adopted child’s first language and the acquisition of their second first-language may also be a root cause or exacerbation of CCD. According to Gindis, there appears to be a strong correlation between CCD and emotional and behavioral disorders amongst internationally adopted children.

When children are diagnosed with multiple difficulties, it is often hard (if not impossible) to determine which is the primary difficulty. For example, with internationally adopted children, it is often hard to determine whether the primary concern is academic or emotional/behavioral. Gindis explains that tightly intertwined “emotional/behavioral and cognitive/language difficulties…constitute a very important characteristic of cumulative cognitive deficit in post-institutionalized children” (p. 305). The overarching question, however, for parents and teachers is in the face of growing academic requirements and slow cognitive language growth, what are the most effective remediations?

Remediation for CCD in internationally adopted children should be targeted to the individual child’s needs. CCD is so complex because it is an:

interweaving of internal (language, cognition, motivation) and external variables, including teaching methods, learning environment, and peer interaction. This makes the phenomenon a challenge for educators. To complicate the picture further, due to the ‘summative’ nature of cumulative cognitive deficit it may not be found in the early stages of a child’s educational experience. It takes time for cognitive deficits to become ‘cumulative;’ therefore, when cumulative cognitive deficit is properly diagnosed, it may not be responsive to even heroic efforts from parents and school alike if they use traditional remediation methods.
Much of internationally adopted children’s cognitive deficits are deeply rooted in their time in institutional care. As each cognitive experience and understanding is founded upon a prior one, eventually, there is metaphorically a “bottle-neck” affect. The issue becomes “cumulative.” Without a solid cognitive foundation, each progressively more complex cognitive idea, concept, or challenge becomes all the more difficult for the internationally adopted child. The cumulative nature of this issue may cause serious issues when trying to remediate CCD in internationally adopted children. In the following sections, I will attempt to address some possible recommendations for how to help the internationally adopted children and their specific learning struggles.
Relevant Services & Protections For Internationally Adopted Children

One of the most crucial issues facing internationally adopted children who are experiencing school difficulties is that when being evaluated for special education and related services, they are commonly educationally misclassified. Unfortunately, internationally adopted children are often denied services under IDEA because of two main reasons. First, one of the goals of an evaluation is to determine if the child is having school difficulties due to a bilingual issue (Gindis, n.d., a). It is essential for whoever is evaluating the child to understand that internationally adopted children are not bilingual. Very shortly after arrival, an internationally adopted child’s first and only language is English. Second, under IDEA, a child does not qualify for services if a disability is determined to be due to “environmental, cultural, or economic disadvantage”. Many internationally adopted children are denied services if it is concluded that an orphanage is a “disadvantaged environment’ that has caused the child’s delays” (Gindis, n.d., a). This argument for denying services also needs to be ruled out. The majority of internationally adopted children were adopted under the age of two; therefore, most of their lives have been spent living “in a middle class family within the mainstream culture” (Gindis, 2005b). The best way to ensure an internationally adopted child is granted services is to prove that their school difficulties are not due to bilingual nor environmental issues.
Recommendations

Policy Solution

For children adopted as infants and toddlers, any learning problems and classification criteria should be viewed the same as they would for a “typical child born into an American family who is experiencing difficulty with reading and writing” (Gindis, 2005b). In an ideal world, language specifically referring to the unique circumstances of internationally adopted children would be added to IDEA – this would ultimately help to minimize misinterpretation of the law. Ethica (n.d.) (self-described as ‘an independent voice for ethical adoption’) suggests a modification of the language in IDEA Sections 602 and 614. These clauses deny services if educational disabilities are the result of English language learning, environmental, cultural, or economic factors. Ethica argues that the language should be clarified by adding the phrase “this requirement shall not be used to deny services to a child who has experienced an abrupt cultural, familial and language transition” (Ethica, n.d.). Another issue for internationally adopted children is IDEA Section 614’s specifications for assessment. A possible amendment would be to add: “The absence of standardized tests or assessment tools and strategies validated for use with children who have experienced abrupt cultural, familial and language transitions or the difficulty in evaluating children experiencing atypical second-language acquisition should not be used to deny services” (Ethica, n.d.). In addition, language could be added speaking to: “whether relevant information about a child’s history may indicate a need for additional consideration of factors that may result in atypical second language acquisition” (Ethica, n.d.). As the number of international adoptees continues to increase, the unique educational circumstances of these children will hopefully be taken
into account in order to ensure that they are afforded the services to which they should be legally entitled.

**Interventions and Supports**

Though changing the language in IDEA is an aspirational long-term goal, a more accessible ‘solution’ for internationally adopted children’s school difficulties is to consider possible interventions. Unfortunately, there is a lack of research-based studies of interventions that are effective in preventing and remediating some of the learning difficulties specific to internationally adopted children. As with any student, a conclusion as to what “disabilities” or “weaknesses” a child is experiencing should never be made on a generalized basis; the more specific the “conclusion”, the better. Knowing that an internationally adopted student may be more apt to experience academic difficulties prepares adults both at home and at school to be aware of potential “red flags” that may show an internationally adopted student needs additional support.


Our initial intent was to describe studies indicating that a program had been rigorously evaluated and had demonstrated effectiveness with IA populations. Unfortunately, very few such studies exist. Most interventions currently used with IA children and families lack empirical validation. Those approaches that have been validated were often developed for other groups, such as US-born children in foster care or domestic public welfare adoptees. The effectiveness of these approaches for IA children remains unknown. (p. 286)
In the past few years, there has been a growth in research on the specific types of learning disabilities and struggles that an internationally adopted child may be more apt to experience. However, it is apparent that the next step needs to be the development of research-based studies on interventions that are successful in supporting internationally adopted children’s specific needs.

Though possible academic interventions will be addressed, I feel it appropriate to first briefly discuss other types of supports and interventions that may be benefit the internationally adopted child. Because the causes of internationally adopted children’s language-based school difficulties may be many and varied, it is important when addressing their educational needs to consider a range of potential solutions. According to Dr. Boris Gindis (2005a) of the Center for Cognitive-Developmental Assessment and Remediation, “(w)ith international adoptees, remedial efforts should be as diversified as the causes of their cumulative cognitive deficit…. The overall body of research data indicates that the cognitive difficulties due to early malnutrition and environmental deprivation are treatable only through interventions that include nutritional, medical, and developmental/educational components” (p. 306). Therefore, in addressing possible interventions, it is important to consider if any non-academic interventions may also be beneficial.

**Adoption agency programs.** The amount of pre- and post-adoption support that an agency may provide a family varies greatly. Some merely provide child-placement, while others provide a full range of social work, family education, and support services. In addition, there are a growing number of agency-offered online parent preparation courses, including topics on attachment, child advocacy, transracial issues, the impact of institutional care on child development, and identity development.
Some of these courses include ones offered by Adoption Learning Partners (n.d.) and an online course offered by the Attachment and Bonding Center of Ohio named “Abroad and Back” (Welsh et al., 2007).

**Medical interventions.** Internationally adopted children may have unique and specific medical needs due to their pre-adoption life conditions. These medical needs may certainly be the cause of some developmental and cognitive delays. For example, premature birth, malnutrition, neglect, and infection may all contribute to internationally adopted children’s difficulties. In more recent years, the American Academy of Pediatrics (AAP) has developed a subspecialty of adoption medicine. Most medical interventions would not be possible to implement until after adoption, therefore, a full health assessment is necessary upon arrival in the United States. One medical book in particular, *The Handbook of International Adoption Medicine* (Miller, 2004) is appropriate for both medical professionals and parents. It addresses the more common medical issues and treatments of internationally adopted children.

**Attachment interventions.** Though the possibility of attachment difficulties has only been specifically mentioned in this paper, it is the most commonly discussed problem that internationally adopted children may face. Welsh et al. explain that:

> While some attachment based interventions (e.g., ‘holding therapy’) have no evidence of effectiveness, there are others, particularly from the foster care literature, which have some empirical validation. Effective programs generally target caregiver sensitivity to child signals (which may be abnormal due to previous abuse and neglect), development of predictable and stable caregiving
environment, and caregivers’ own interpersonal characteristics (such as adult attachment style) that may impact their caregiving. Unfortunately, most of the empirically based literature has focused on infants and toddlers, providing few insights into the best methods for remediating attachment difficulties in older adoptees. (pp. 297-298)

There are quite a number of potential interventions for internationally adopted children experiencing attachment disorders. It would be important to do thorough research to determine which one(s) may be best suited to a particular child’s needs.

**Behavioral problem interventions.** Again, though not extensively addressed within the realm of this paper, behavioral problems may have a higher rate of incidence among internally adopted children, especially children who lived in institutional care. In addition, ADHD may be diagnosed in internationally adopted children at a higher rate than in the general population (Welsh, et al., 2007). Though the effectiveness of various interventions has not been empirically analyzed specific to internationally adopted children, some of the treatments may include “psychotropic medications and various behavioral interventions (including play and family therapy, parent training, behavior modification and applied behavior and analysis programs, psychiatric inpatient and long-term residential care, and juvenile justice interventions) that represent current best-practices with non-adopted groups” (Welsh, et al., pp. 298-299).

**Parent support networks.** Online parent support groups may have potentially positive effects for families struggling with difficulties specific to internationally adopted children. These support groups are not research-based
solutions, however, they may provide much needed support and advice to struggling families. Some of the possible online groups include Eastern European Adoption Coalition (eadopt.org), Parents Network for the Post-Institutionalized Child (adoptions-research.org), Families with Children from China (fwcc.org), Latin American Parents Association (webring.org), and Families for Russian and Ukranian Adoption (frua.org) (Welsh, et al., 2007, pp. 300-301).

**Academic Interventions.** As previously mentioned, there are very few academic interventions that are specifically targeted to the unique circumstances of the internationally adopted child. Though general special education and speech and language services may be effective in helping internationally adopted children, ideally, empirically-based research would and should be conducted to determine exactly which interventions would help internationally adopted children. For internationally adopted children, their cognitive struggles may be deeply rooted in their pre-adoptive experience. Traditional remediation may not be effective for internationally adopted children, as it “‘assumes’ the presence of the appropriate base in cognition upon which one tries to build the compensatory structures. The lack of the proper cognitive foundation constitutes a major source of difficulty in reversing the negative trend in cumulative cognitive deficit” (Gindis, 2005a, p. 307). Gindis uses Piaget and Vygotsky to further explain that “all cognitive abilities are developmentally hierarchical, that is, the appearance of more complex cognitive structures rests upon the prior appearance of simpler cognitive components” (p. 307). Indeed, this is what may make many internationally adopted children’s struggles so deep-seated and difficult to repair. One cognitive experience builds on another, and should the base cognitive experiences be
lacking, this could indeed contribute to a *cumulative* cognitive deficit in internationally adopted children.

Gindis (2005a) does explain that “cognitive education” should be used as an intervention for internationally adopted children with cumulative cognitive deficit. Some of the specific programs he cites are “Instrumental Enrichment,” “Bright Start,” “PASS Remedial Program,” and “Cognitive Instruction System” (p. 307). All of these programs are based on the assumption that cognitive processes are acquired mental operations that can be mastered through appropriate learning.…. ‘Cognitive education’ methodology assumes that whereas children with cumulative cognitive deficit have difficulty in generating cognitive strategies spontaneously, they can be taught how to create cognitive algorithms and to apply them to cognitive tasks. Through carefully crafted methods, they may be taught to inhibit impulsive responses, to analyze problems using certain ‘algorithms’, and to experiment mentally with alternative possible solutions to problems. In other words, they must be specifically taught ‘how to learn’ (this is the core of cognitive education) and how to apply their learned cognitive skills (‘generalization’ of cognitive processes). In order to compensate for the detrimental effect of cumulative cognitive deficit in international adoptees, cognitive intervention must be age-appropriate, well-planned, and persistent. It should be applied through four closely connected directions: (a) enriching cognitive language, (b) teaching specific cognitive processes (thus increasing cognitive competence), (c) facilitating task-intrinsic motivation, and (d) providing appropriate (optimal) learning settings. (p. 307)
Though in order to utilize “cognitive education” as a primary means of intervention, it would seem that a specific program must be used or professional training must be obtained. It does, however, seem possible to at least partially “unwind” the “cumulative” nature of internationally adopted children’s learning struggles. Through systematic, repetitive, individualized, and age-appropriate interventions, the negative effects of early childhood medical, psychological, and cognitive disadvantages may be reversed in internationally adopted children.

One such program that is more specifically targeted interventions for the needs of internationally adopted children is the “SmartStart Program.” The SmartStart Program is an online course available through Dr. Boris Gindis' Center for Cognitive-Developmental Assessment & Remediation:

The primary goals of the SmartStart program are to help children to become self-regulated learners, to develop a planful, strategic approach to complex and novel situations, and to become effective symbol manipulators….The main ideas derive from the work of two twentieth century psychologists: Vygotsky from Russia and Feuerstein from Israel….The SmartStart Program was created with the basic needs of typical problems of the internationally adopted children in mind….the parents, school and agency professionals, working with the internationally adopted children find it most beneficial (Lidz, 2011).

Based on a child’s age, emotional maturity, and level of English skills, three versions of the online course are offered. The SmartStart program offers eight units that address topics such as:

- Understanding the remedial issues of internationally adopted and post-institutionalized children
Developing a common vocabulary of experience
Making observations
Noticing and producing patterns
Noticing and producing sequences
Thinking about and planning out the steps to obtaining a goal
Developing hypothetical thinking
Working with symbols
Making predictions
Understanding the main idea
Learning to abstract general ideas
Learning to control attention, feelings, and actions
Developing cause and effect relationships
Working on inter-relationships in the family

Though not empirically researched, for anyone trying to support the learning needs of a struggling internationally adopted child, the SmartStart program seems like a potentially user-friendly option in order to provide systematic and thoughtful interventions. Indeed, the root causes of the academic difficulties of internationally adopted children are many. Isolating what intervention(s) would benefit what type of academic difficulty may be a lengthy and arduous task. However, it seems that this is the next necessary step if we hope to truly support the internationally adopted child. Just as the linguistic, emotional, psychological, developmental, and academic circumstances of the internationally adopted child may be a unique situation, so too may be the supports and interventions required to help this group of children.
Reflection

As discussed in the introduction, my rationale for choosing this project was very personal. Many of the negative results of typical cognitive language delays may have contributed to my brother’s school difficulties. I believe that had my parents and my brother's teachers been aware of these issues, my brother may have benefited from more targeted support and therefore, more academic success.

In doing the research for this paper, it was surprising to learn how common school difficulties are among internationally adopted children. Unfortunately, however, even though the problems are common, the scope and depth of information on the topic is still limited. Though there seems to be a good amount of anecdotal information on websites like Dr. Boris Gindis’ “BG Center: Center for Cognitive-Developmental Assessment & Remediation – Psychological services for internationally adopted children,” the number of actual scientific studies on the learning struggles of internationally adopted children are relatively limited. Though a quarter of a million children adopted in the U.S. over twelve years may not seem like a lot, it is important to keep in mind that children are being adopted in other developed and wealthy countries as well. And, no matter what country internationally adopted children live in, using the terminology “school difficulties” is far too broad to be helpful to educators. I would very much like to see further studies be conducted in order to determine exactly what types of school difficulties internationally adopted children are experiencing? What are the “symptoms” that they are displaying?

I believe that in addition to asking teachers to be aware of the academic struggles that internationally adopted children may be predisposed to, at the very least, we need to educate our teachers about adoption and how to be sensitive to and respectful of
unconventional family structures. Sadly, it seems the general “reputation” amongst the adoption community is that educators are neither particularly understanding nor aware of the academic struggles of this unique community of children. As a Bank Street student, each of my classes has made a deliberate effort to make sure that I am educated on how to teach to a diverse population of students and how to be sensitive to my students’ unique sociocultural backgrounds and individual learning needs. Just as with any student who is not “typical,” teachers need to be aware of the unique linguistic, cultural, emotional, and academic perspective of internationally adopted children.
References


Additional Resources


