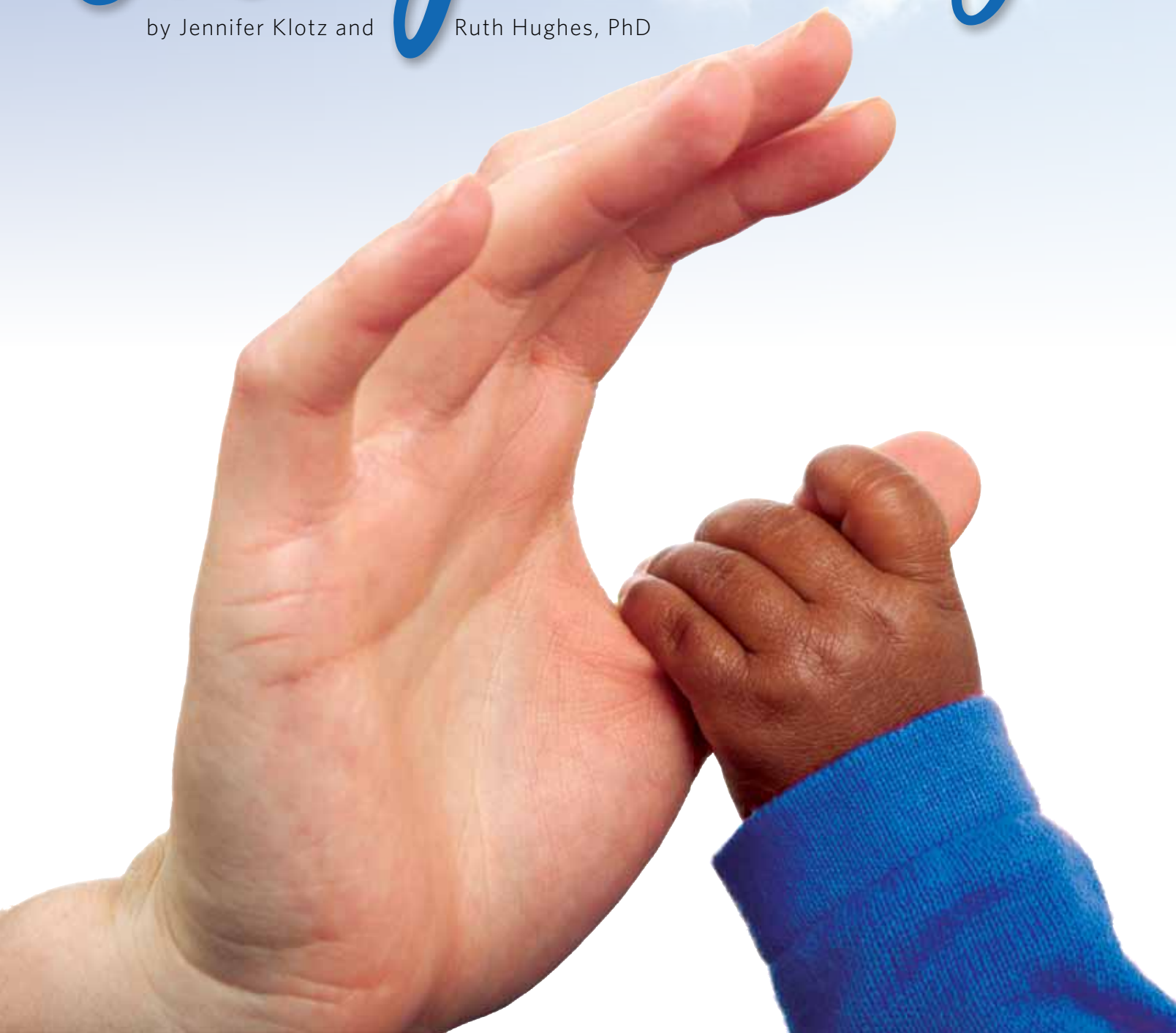
ADHD & Adoption

Two Journeys

by Jennifer Klotz and Ruth Hughes, PhD



Hughes family photos: A portrait photo of Ruth and Chris; Chris after skydiving during a trip to South Africa; proud mother and son at Chris's high-school graduation.

COURTESY OF RUTH HUGHES

Ruth's ADOPTION STORY

OCTOBER 12, 1987 was Christopher Columbus Day and the most important day of my life. With family and friends I descended upon Reagan National Airport to meet my son, Christopher Ujjal Hughes, who was journeying from India to the Americas. Chris had been born prematurely in Calcutta, weighing only three pounds and six ounces three months earlier. On that day we started a journey that has been incredibly enriching, challenging, loving, frustrating, and humbling. It was my journey into motherhood, adoption and ADHD, and it eventually led me to CHADD. I had no information about his birthparents or the circumstances of his birth.

At age two it was clear that Chris was ahead on some milestones, behind on others, and missing others altogether. He was first diagnosed with a speech delay and treated by a speech therapist. Within a year he was talking nonstop. Of course he also never stopped moving. Even in his sleep the bed would move across the room, because doing anything quietly wasn't his thing. He never even made it to the zero percent level of the U.S. growth chart until he was six.

Despite several years in preschool, kindergarten was a major challenge. Sitting, listening, and taking turns were not Chris's strong points. But he was engaging, inquisitive, happy, and never met a stranger he didn't like.

In first grade Chris began to fall behind his peers in reading and arithmetic, and he had his first evaluation for ADHD. Despite being a clinical psychologist, I was certain the only problem was a little immaturity—just a little denial on my part. But he was rapidly diagnosed and began treatment. Immediately his ability to learn at school was vastly improved, as was his classroom behavior. But improvement did not mean the symptoms of ADHD disappeared.

Through the years we have had our share of academic and behavioral challenges. The number of near disasters is legion—fires, accidents, wild parties, and calls from the principal were not unknown in my household. IEPs and 504 plans, visits to the psychiatrist, therapy, and support groups were part of the mix. But there was also lots of love, exuberance, and excitement.

Today Chris is a twenty-three-year-old young man and, at five feet ten inches, no longer the smallest kid around. He has two years of college under his belt and is now preparing to go to Thailand for six months to volunteer at an orphanage for children with disabilities. He is caring, loving, level-headed and, of course, still has ADHD with all its challenges.

DSZC / ISTOCK

Ruth Hughes, PhD, *is CHADD's Interim CEO.* **Jennifer Klotz** *is CHADD's Training Coordinator.*

COURTESY OF JENNIFER KLOTZ

Klotz family photos: Two photos of Matt enjoying outdoor activities; Kate's high-school graduation photo; and Jennifer with Matt and Kate.

Jennifer's ADOPTION STORY

I AM THE PARENT OF TWO CHILDREN who joined my family through adoption. Both of my children have the diagnosis of ADHD. They are from two different biological families. My daughter was adopted domestically and placed with me at twelve weeks old. My son was also adopted domestically and placed with me at twelve days old.

Medical history obtained by the adoption agency revealed that there were family members in my daughter's biological family with the diagnosis of ADHD. My son's biological family is much the same. My daughter was evaluated and diagnosed with ADHD at the age of seven and my son at the age of four.

Our family has had many difficulties as well as many happy times. Over the years, I have used a variety of treatments and interventions for my children. We consulted a treating child psychiatrist for medication management. We also have used the services of weekly counseling, including social workers and psychologists. I worked very closely with my children's schools. My daughter never had an official IEP or 504 plan, but her teachers did make accommodations for her throughout her school years. My son attended a pre-kindergarten program at the local public school. By the first day of kindergarten, I had an IEP for him, which has continued into middle school. We also used a variety of behavior management techniques at home.

Parenting is challenging, and even more so with the added layers of transracial adoption and special needs. We have a complicated family. Over the years, I have found support through adoptive parent groups as well as CHADD's support groups. I found it so much easier to parent my children when I had the support of other families like mine. I attended monthly educational and support groups, as well as social events. It was important for my children to know that there were other families just like theirs.

My son Matt is now thirteen and in the seventh grade and continues to succeed in school with an IEP. My daughter Kate has now graduated from high school and is eighteen years old. ADHD has not disappeared. She is now working and thinking about college.

Adoption and ADHD

November is National Adoption Awareness Month. This is a time to bring about awareness of adoptive families in the United States. Children join families through private and public adoption, as well as domestic and international adoption. There are about 120,000 adoptions each year, and a significant number of those children will eventually be diagnosed with ADHD. Research has consistently shown that adopted children are two to three times more likely to be diagnosed with ADHD than their peers without ADHD. With the ADHD prevalence rate at seven to eight percent of all children, studies of adopted children find rates from *fifteen to thirty* percent.

Is there a connection between ADHD and children who have joined their families through adoption? ADHD is highly heritable and runs in families. Impulsive teens live in the moment. If left untreated, teenagers are at greater risk for making poor choices, including substance abuse and pregnancy. Russell Barkley and his colleagues have found earlier initiation of sexual activity, less use of contraceptives, and a significantly higher rate of teen pregnancy among adolescents with ADHD, particularly those with hyperactivity, compared to their non-ADHD peers. An individual with the diagnosis of ADHD may have more challenges and difficulties raising a child and be more likely to allow that child to be adopted.

WATCHA / ISTOCK, BONOTOM STUDIO

Many children who are placed for adoption have special needs in addition to ADHD. Those special needs can be physical, emotional, or mental. A child may have a history of abuse or neglect, test positive for HIV, have prenatal exposure to drugs or alcohol, and have learning disabilities or any of the many conditions that may lead to current or future problems. Research has also shown that that some environmental variables such as prenatal exposure to drugs, alcohol, cigarettes, low birth weight, and lead poisoning may place a child at higher risk for ADHD. And a child who was adopted from an orphanage may be a greater risk for ADHD due to malnutrition, lack of nurturing, and other environmental factors. Often adoptive parents do not know about these risk factors at adoption.

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In addition, all adoptive children have questions and uncertainties about being adopted. *Will my parents keep me if I'm bad? Why did my birthparents give me up? Who am I really?* Both of our families are multicultural, and it is not unusual for adoptees to look nothing like anyone else in the family. All of these issues must be dealt with. In Ruth's household, Chris repeatedly wanted to take their dog, Buddy, back to the pound because he was bad. And each time mom would explain that adoption was forever. When his English teacher asked the class to make a birth certificate, Chris had a major meltdown and ended up in the principal's office. "How am I supposed to know who my birthparents are?" he yelled at his mother. For some children these problems are much more serious; they have attachment disorders, arising from a failure to form normal attachments to primary caregiving figures in early childhood.

Those of us with family members who are adopted and also have ADHD have a special bond. We have very complex families with many challenges, but we also feel blessed. We have chosen these children to be part of our lives. Once the ADHD is diagnosed, the need for information, treatment and support is similar to so many other families with some extra surprises thrown in. The evaluation and treatment process must deal with more unknowns and take into consideration the possible traumas and circumstances that may have taken place prior to the adoption. Support from other parents is crucial—both ADHD support groups and adoption support groups. Information and effective parenting strategies are essential. It is not surprising that both of our family journeys brought us to CHADD and to working closely with CHADD's Parent to Parent program. It is where we are meant to be.