

Overzicht 3e kwartaal 2019	Auteur en titel	Korte samenvatting	Oorspronkelijke abstract
Effect kindertehuis op risicogedrag in puberteit	Herzberg, M. P., Hodel, A. S., Cowell, R. A., Hunt, R. H., Gunnar, M. R., & Thomas, K. M. (2018). Risk taking, decision-making, and brain volume in youth adopted internationally from institutional care. <i>Neuropsychologia</i> , 119, 262-270. doi:10.1016/j.neuropsychologia.2018.08.022	Veel geadopteerde kinderen hebben vroeg kinderlijk trauma meegemaakt als gevolg van hun verblijf in een tehuis als jong kind. Eén van de effecten hiervan is dat de ingewikkelde management (executieve) functies van het brein, zoals plannen, ordenen, en je in kunnen houden, minder goed functioneren. Vanaf de puberteit heeft iedereen deze management vaardigheden extra nodig. Uit dit onderzoek van Herzberg bleek dat pubers die op latere leeftijd uit een tehuis waren geadopteerd minder goed ingewikkelde taken konden uitvoeren en dat het deel van het brein dat voor management functies nodig is, ook kleiner was. Maar zij bleken ook minder geneigd te zijn tot het risicogedrag dat vaak bij pubers optreedt.	Early life stress in the form of early institutional care has been shown to have wide-ranging impacts on the biological and behavioral development of young children. Studies of brain structure using magnetic resonance imaging have reported decreased prefrontal volumes, and a large literature has detailed decreased executive function (EF) in post-institutionalized (PI) youth. Little is known about how these findings relate to decision-making, particularly in PI youth entering adolescence—a period often characterized by social transition and increased reliance upon EF skills and the still-maturing prefrontal regions that support them. As decision-making in risky situations can be an especially important milestone in early adolescence, a clearer knowledge of the relationship between risky decision making and prefrontal structures in post-institutionalized youth is needed. The youth version of the Balloon Analogue Risk Task and a two-deck variant of the Iowa Gambling Task were used to assess risky decision-making in post-institutionalized youth and a community control group (N = 74, PI = 44, Non-adopted = 30; mean age = 12.93). Participants also completed a structural MRI scan for the assessment of group differences in brain structure. We hypothesized that participants adopted from institutions would display poorer performance on risky-decision making tasks and smaller brain volumes compared to non-adopted youth. Results indicated that later-adopted participants made fewer risky decisions than those experiencing shorter periods of deprivation or no institutional rearing. Further, decreased prefrontal volumes were observed in later-adopted youth and were significantly associated with task performance. Our results suggest that changes in risky-decision making behavior and brain structure are associated with the duration of early institutional care.
Informatie over trauma nodig	Hartinger-Saunders, R., Jones, A., & Rittner, B. (2019). Improving Access to Trauma-Informed Adoption Services: Applying a Developmental Trauma Framework. <i>Journal of Child & Adolescent Trauma</i> , 12(1), 119-130.	Steeds meer wetenschappelijke artikelen bevestigen het negatieve effect van trauma en vroege negatieve ervaringen op de ontwikkeling van het brein. Geadopteerde en pleegkinderen hebben vaak meervoudige trauma's en negatieve ervaringen meegemaakt, waardoor zij aanspraak zouden moeten kunnen maken op hulp die gespecialiseerd is in effecten van negatieve jeugdervaringen, complex trauma en ontwikkelingsproblematiek. Adoptieouders zouden hierop voorbereid moeten worden, ondersteund wanneer nodig en zij	Foster and adopted children often experience multiple traumatic and adverse experiences. A growing body of literature indicates the negative impact of trauma on developmental milestones and brain development, which supports the need to address complex trauma among this vulnerable population of foster and adopted youth. This paper presents an overview of the unique needs of children adopted from the foster care system from the perspective of adverse childhood experiences (ACEs), complex trauma, and developmental trauma disorder (DTD) . There is an increasing number of evidence-based trauma-focused services and interventions for children and youth. However, many adoptive parents have limited trauma-informed training and limited access to trauma-informed and adoption-competent professionals, particularly long-term supports across developmental stages, making them ill-prepared to meet the needs of children in their care. This paper contributes to the understanding of how access to these trauma-focused services can be increased through new technologies, to better prepare and empower adoptive parents to deal effectively with difficult adoption issues when they arise and to improve outcomes for children and youth adopted from the public

		zouden makkelijker toegang moeten krijgen tot gespecialiseerde hulp.	child welfare system. Several innovative approaches toward this end include harnessing technology to: (1) improve access to suitable adoption resources , (2) improve mechanisms to track critical events, behaviors, emotions, functional abilities, strengths, etc., in order to determine timely, on-demand contextual services , and (3) extend professional, supportive environments beyond the adoptive family context by proposing the use of technology to build interdisciplinary, virtual community partners
Zorg voor verzorgers	Leake, R., et al. (2019). "Factors influencing caregiver strain among foster, kin, and adoptive parents." <i>Journal of Public Child Welfare</i> 13(3): 285-306.	Pleeg- en adoptieouders die zorgen voor kinderen met psychische problemen hebben meer stress dan andere ouders. Het gaat hier om "objectieve spanning" zoals verstoring van de gang van zaken in het gezin en financiële lasten en 'subjectieve spanning' zoals gevoelens van angst, schuld en vermoeidheid. Goede toegang tot ervaren, adoptie- en pleegzorg competente hulpverlening binnen de GGZ is van groot belang om de stress van deze ouders te verminderen en hun toe te rusten voor goed ouderschap voor deze kinderen.	A better understanding of how to support resource (foster, kinship, and adoptive caregivers) is needed to ensure high-quality home-based care for children who cannot reside safely in their homes. Using the Caregiver Strain Questionnaire, this study examined factors that predicted the extent to which caregivers experienced <i>Objective Strain</i> (the disruption of family routines and financial burdens) and <i>Subjective Strain</i> (feelings of guilt, anxiety, and fatigue). Regression analyses suggest that resource parents who are caring for children who need mental health services experience higher levels of stress than other parents. Factors that mitigate strain include access to quality mental health services provided by child welfare and mental health professionals who are adoption-competent and trauma-informed, and the provision of adequate financial support. Findings suggest that supports from skilled service providers are critical for preventing stress and burnout in resource parents.
Geïnteresseerd in de cultuur van het land van je adoptiekind	Zhang, X., & Pinderhughes, E. E. (2019). Depth in Cultural Socialization in Families with Children Adopted from China. <i>Family Process</i> , 58(1), 114-128.	Hoewel veel adoptieouders zich realiseren dat het belangrijk is om hun kinderen kennis te laten maken met de cultuur van hun land van herkomst, geven veel volwassen geadopteerden aan dat deze culturele socialisatie voor hen niet voldoende aan bod is gekomen. Onderzoek liet zien dat adoptieouders veel waarde hechtten aan de herkomstcultuur van hun geadopteerde kinderen, maar dat zij er eigenlijk niet zo veel mee deden. Wat het beste bleek te werken was zorgen dat de geadopteerde kinderen op een natuurlijke manier hechte relaties konden opbouwen met mensen die dezelfde achtergrond hadden als zij.	Parents raising children adopted from a different racial/ethnic group usually engage in cultural socialization-providing activities in adoptees' birth culture- hoping to instill pride and help adoptees develop a positive identity. Adoptive parents engage in a wide variety of socialization activities, yet adult adoptees have reported not having deep enough exposure from their parents. The present study explored the depth of cultural socialization in transracial adoptive families. Informed by Pinderhughes' Ethnic-Racial Socialization model, this study developed a continuum examining the depth in cultural socialization with three indicators: (1) the depth of cultural activities , (2) parents' motivation for cultural socialization , and (3) parental cultural attitudes. Qualitative analyses of 41 White parents raising children adopted from China found that parents' motivation and acknowledgement of cultural differences reflected deep appreciation of adoptees' birth culture, however, activities they provided were not as deep. Activities that facilitated close relationships with people who shared adoptees' background in a natural context appeared to provide the deepest cultural connection. Despite limitations, the study demonstrated that the depth continuum was able to capture variations and nuances in cultural socialization. Suggestions for future research and recommendation for practice were also included.
Gezondheid en	Paniagua, C., Moreno, C., Rivera, F., & Ramos, P.	Dit artikel keek naar de rol van sociale contacten op de algemene gezondheid	Despite its importance, few studies have analysed the influence of social support on the global health of adoptees , especially during adolescence. Considering research claiming

<p>steunbronnen bij geadopteerden</p>	<p>(2019). The sources of support and their relation on the global health of adopted and non-adopted adolescents. <i>Children and Youth Services Review</i>, 98, 228-237. Retrieved from <Go to ISI>://WOS:000460851000028. doi:10.1016/j.childyouth.2019.01.010</p>	<p>van pubers. Omdat emotionele en sociale ontwikkeling na vroeg kinderlijke ontberingen als laatste herstellen vroeg men zich af of voor geadopteerden andere sociale contacten belangrijk waren dan voor niet geadopteerde pubers. En ja, het bleek dat voor geadopteerden steun van de familie belangrijker is dan voor niet-geadopteerden, terwijl steun van klasgenoten en leraren voor niet-geadopteerden belangrijker is. En zo was de relatie met hun familie bij geadopteerde pubers belangrijker voor hun algemene gezondheid dan bij niet-geadopteerden</p>	<p>that the emotional and social development is one of the last areas to recover from an initial adversity in life, it would be expected that the influence of the social support received by adoptees would follow a different logic to that which characterises the normative population. The present study aims to analyse the roles of the family, friends, classmates and teachers and their relationship with global health, by exploring whether there are any differences between adoptees and non-adoptees. The sample consists of 28,768 adolescents aged between 11 and 18, who participated in the Spanish cross-sectional study Health Behaviour in School-Aged Children (HBSC) 2014. In this sample, 394 were adopted. The results show that family support is more relevant for adoptees than non-adoptees, and classmate and teacher support is more relevant for non-adoptees than adoptees. In addition, in the case of adopted adolescents, there is no direct relationship between the school context and their global health; instead, the relationship is mediated by family and friends support.</p>
<p>HIV</p>	<p>Corbin, V., Frange, P., Veber, F., Blanche, S., Runel-Belliard, C., Lalande, M., . . . Lesens, O. (2018). Clinical, virological and immunological features of HIV-positive children internationally adopted in France from 2005-2015. <i>Plos One</i>, 13(9), e0203438. doi:10.1371/journal.pone.0203438</p>	<p>Een check van 41 kinderen met HIV-besmetting, tussen 2005 en 2015 geadopteerd in Frankrijk, de meesten vanuit Oost Azië. Bij 83% van de kinderen was de behandeling al in het land van herkomst gestart en bij 74% was het virus bij aankomst al zo laag dat het niet meer gemeten kon worden. Een paar kinderen hadden bij aankomst ook andere infecties, zoals hepatitis. Na 6 maanden behandeling steeg het aantal kinderen met onvindbare viruslast; 6 kinderen waren resistent tegen bepaalde antiHIV behandelingen.</p>	<p>To describe the clinical, virological and immune characteristics of internationally adopted children on arrival in France and after 6-months follow-up. Multicenter retrospective study. 30 centers from 24 cities were asked to include, after informed consent, HIV+ children living in France and internationally adopted between 1st Jan 2005 and 1st Jan 2015. Sociodemographic, medical and biological variables collected during the first medical evaluation in France and 6 months later were analyzed. 41 HIV+ adoptees were included (female: 56%; median age: 3.91 years) in 14 centers. Adoptees tend to represent an increasing part of newly diagnosed HIV positive children over the years. The majority came from East-Asia. At arrival, one child was diagnosed with lymphobronchial tuberculosis and three with latent chronic hepatitis B, cleared HBV infection and chronic active hepatitis C, respectively. The mean CD4% was 32.8 ± 9% (range: 13-49%). The 34 children (83%) have been initiated on treatment from their countries of origin. Of these, 25 (74%) had an undetectable viral load (VL) on arrival. Resistance to ART was detected in five. At 6 months, 36 adoptees received ART, and the VL was undetectable in 29 children (71%), with one acquired resistance to NRTI & NNRTI.</p>
<p>Open adopties, contact met geboortelouder</p>	<p>Grotevant, H. D., Wrobel, G. M., Fiorenzo, L., Lo, A. Y. H., & McRoy, R. G. (2019). Trajectories of birth family contact in domestic adoptions. <i>J Fam Psychol</i>, 33(1), 54-63. doi:10.1037/fam0000449</p>	<p>In dit doorlopende onderzoek naar contacten tussen binnenlands geadopteerden en hun geboortefamilie, zijn de geadopteerden nu jongvolwassen. Het blijkt dat 42% van de geadopteerden geen contact had, 13% was gestopt met contact, 26% had beperkt contact en 18% had het contact uitgebreid.</p>	<p>Emotional distance regulation theory (Broderick, 1993; Grotevant, 2009) guided this examination of the changes in family structure and process in adoptive kinship networks experiencing different arrangements of contact between birth and adoptive family members. Group-based trajectory modeling was used to reveal four trajectories of postadoption contact experienced between adoptive and birth family members in adoptive kinship networks of same-race, domestic infant adoptions. Data were drawn from the Minnesota Texas Adoption Research Project, a study of 190 adoptive families and 169 birth mothers followed across four longitudinal waves (middle childhood, adolescence, emerging adulthood, young adulthood). Three aspects of the</p>

			<p>birth family adoptive family relationship measured at four times were used to create the groups: frequency of contact between the adopted person and birth mother, satisfaction of the adopted person with the openness arrangements, and number of adoptive and birth family members involved in the contact. Four trajectory groups emerged: no contact (41.6% of sample), stopped contact (13.7%), limited contact (26.3%), and extended contact (18.4%). Group membership was validated by coders who matched interview transcripts with group descriptions at levels significantly above chance. Knowledge of trajectories will assist professionals providing postadoption services.</p>
Hogere sterftেকansen bij latere adoptie	<p>Petersen, L., Andersen, P. K., Sorensen, T. I. A., & Mortensen, E. L. (2018). Delayed age at transfer of adoptees to adoptive parents is associated with increased mortality irrespective of social class of the adoptive parents: a cohort study. <i>Bmc Public Health</i>, 18(1), 435. doi:10.1186/s12889-018-5338-4</p>	<p>Een onderzoek naar sterftecijfers bij meer dan tienduizend tussen 1924 en 1947 binnenlands geadopteerde Deense kinderen bestudeerde de relatie tussen de sterftecijfers en de leeftijd van het kind bij adoptie. Geadopteerden werden gemiddeld ouder als ze direct na geboorte waren geadopteerd. Het sterftecijfer door natuurlijke doodsoorzaken (39% van de onderzoeksgroep) was hoger als adoptie later plaatsvond, maar werd niet hoger naarmate de kinderen ouder waren tijdens de adoptie. Het sterftecijfer door niet-natuurlijke doodsoorzaken (3,6% van de onderzoeksgroep, hierbij gaat het bijvoorbeeld om een ongeluk) en zelfmoord (1,7% van de onderzoeksgroep) nam wel toe naarmate de kinderen ouder waren tijdens de adoptie. Hoe welvarend het adoptiegezin was, maakte niet uit.</p>	<p>Adverse early life experience and development may have long-term health consequences, but later environmental conditions may perhaps protect against the effects of such early life adversities. The aim was to investigate whether cause-specific and overall mortality rates among adoptees are associated with the age at which they were transferred to the adoptive family and whether the social class of the adoptive family modifies this association. A cohort of 10,592 non-familial adoptions (biologically unrelated adoptee and adoptive parents) of Danish-born children formally granted in 1924-47 and with follow-up of total and cause-specific mortality through ages up to 85 years. The rates of death after the age of 16 from all causes combined, all natural causes, all external causes, and suicide were compared according to the age at which adoptees were transferred to their adoptive family by estimating hazard ratios in Cox regression models. Death rates from all causes were significantly higher in adoptees transferred between age 1 month and 4 years compared to those transferred immediately after birth with the hazard ratio peaking at 1.19 (95% confidence limit: 1.08 to 1.32) for adoptees transferred between 6 and 11 months. This result was primarily driven by a similar pattern for natural causes of death. For death from external causes and for suicide the hazard ratios were increasing with increasing age at transfer, and tests for trend were statistically significant. The social class of the adoptive family did not significantly modify these associations. Transfer to an adoptive family later than at the time of birth may have adverse long-term consequences affecting overall and cause-specific mortality. These effects were not modified by the environment provided by the adoptive family as indicated by the social class of these families.</p>
	<p>Pace, C. S., et al. (2019). "Late-adopted children grown up: a long-term longitudinal study on attachment patterns of adolescent adoptees and their adoptive mothers." Attachment & Human</p>	<p>In dit doorlopende onderzoek werd gekeken naar hechting tussen laat-geplaatste geadopteerde kinderen (tussen de 4 en 8 jaar) en hun adoptiemoeders. Het bleek dat ook later geadopteerden in de loop van de tijd een toename lieten zien van veilige gehechtheid en een afname in de risicovolle gedesorganiseerde</p>	<p>This paper reports on a long-term follow-up of a longitudinal study conducted in Italy that assessed attachment patterns of late-adopted children (placed between 4 and 8 years old) and their adoptive mothers, in three phases: T1, at placement; T2, in childhood (7–8 months after adoption); and T3, in adolescence (current study). The following hypotheses were tested: 1) children' IWMs will shift from insecurity towards security in a long-term follow-up; and 2) there will be a significant association between adoptees' and adoptive mothers' IWMs in adolescence. Participants were 22 late-adopted adolescents (aged 11–16) and their adoptive mothers, all assessed in previous phases. Participants completed several measures of attachment, including the Separation-Reunion Procedure</p>

	Development 21(4): 372-388.	gehechtheid. De gehechtheid van de later geplaatste kinderen bleek in de puberteit samen te hangen met de veilige gemoedstoestand van de adoptiemoeder.	(T1, T2), Manchester Child Attachment Story Task (T2), Friends and Family Interview (T3), and Adult Attachment Interview (T1, T3). Late-adopted adolescents showed both an increase in attachment security and a decrease in disorganized attachment from childhood to adolescence. Adoptive mothers' (T3) secure states of mind were associated significantly to their adopted children attachment security in adolescence. These findings reinforce the importance of taking attachment into account for adoptive families from the beginning of adoption.
Screening gedrag	Goemans, A., et al. (2018). "Psychosocial screening and monitoring for children in foster care: Psychometric properties of the Brief Assessment Checklist in a Dutch population study." http://journals.sagepub.com/doi/abs/10.1177/1359104517706527 .	Wanneer kinderen worden gescreend op gedragsproblematiek, worden vaak de Strengths and Difficulties Questionnaire (SDQ) of de CBCL (Child Behavior Checklist) gebruikt. Maar deze doet geen recht aan de specifieke achtergrond van pleegkinderen. Goemans laat in haar onderzoek zien dat de Brief Assessment Checklist (BAC), goed werkt bij screening en monitoring, en omdat deze lijst ook kijkt naar problemen rond hechting en trauma, is deze beter geschikt voor kinderen met vroeg-kinderlijke ontberingen zoals pleegkinderen. Omdat adoptiekinderen hierin vergelijkbaar zijn met pleegkinderen, zou deze lijst ook bij adoptiekinderen beter bruikbaar zijn dan de meestal gebruikte CBCL en SDQ.	Children in foster care experience higher levels and rates of psychosocial difficulties than children from the general population. Governments and child welfare services have a responsibility to identify those children in care who have need for therapeutic services. This can be achieved through systematic screening and monitoring of psychosocial difficulties among all children in foster care. However, general screening and assessment measures such as the Strengths and Difficulties Questionnaire (SDQ) and Child Behavior Checklist (CBCL) might not adequately screen for the range of difficulties experienced by foster children. The Brief Assessment Checklists for Children (BAC-C) and Brief Assessment Checklists for Adolescents (BAC-A) are measures designed to screen for and monitor attachment- and trauma-related difficulties among child welfare populations. This article reports psychometric properties of the BAC-C and BAC-A, estimated in a population study of 219 Dutch foster children. The results suggest the BAC-C and BAC-A perform both screening and monitoring functions well. Their screening accuracy, internal reliability and concurrent validity are comparable to those estimated for the SDQ within the same child and adolescent sample. Future research is needed to assess the value of the Brief Assessment Checklists (BAC) compared to other measures and to validate cut-points for the BAC. This study further establishes the BAC-A and BAC-C as valid and useful mental health screening and monitoring measures for use with children and adolescents in foster care.