

Effects of Institutionalization

Finding homes for children

Reading the Report

- **REPORT ABOUT THE CHILD MOJ 3445**

- - Full name: Maria Yankova Radulova

- - Year of birth: 2008

- - Place of birth: the city of Pleven

- - PIN: 1990755566

- - Gender: female

- - Citizenship: Bulgarian, Roma

- The child is in injured general condition, with moderate psychic delays and hypotrophic cerebral palsy resulting in severe motor delays. After several consultations with neurosurgeons and testings in infant and toddler age it was determined that the child is delayed in all spheres. The child does not get ill frequently. She has delayed physical and psychological development. She is enrolled in preschool of an auxiliary school (but is being educated in the orphanage setting). The child needs systematic medical supervision, active rehabilitation activities and systematic pedagogical stimulation. Developmental coefficient - 24. Her control her movement is improved. She is interested in new toys and is willing to demonstrate how one should be playing with them. Her skills to manipulate with objects is still underdeveloped. She speaks and has good understanding. The child is prone to tantrums and aggressive outbursts. She does not adhere to the regime of the institute. Child is oppositional with other children over preferred objects. Child is fearful and withdrawn with unknown adults. She eats well but has difficulty using a spoon.

Key Factors

- Location/quality of care/ethnicity
- Normal developmental issues (hypotrophy, anger, sadness)
- Subjective/non correlative information (coefficient of development)
- Seek positive information (speaks, understands language, plays with toys)

Medical Information

- The child was born from a second pregnancy, in the 37 gestation week through normal mechanism. Birth weight 3.4kg and height 38 cm. The child was born in a severely depressed condition. Due to a doubt about a mother-foetus infection, the child was prescribed an antibiotic treatment. There is a family history of ophiophreny.
- No allergies to foods or medications have been detected.
- There is no information that the child has suffered from any of the usual children's diseases such as measles, rubella, and mumps.
- The child has been vaccinated against the diseases listed in the Immunization Calendar of the Republic of Bulgaria. During her stay in the specialized institution the child has been hospitalized.
- The results of the tests for syphilis and AIDS are negative.
- There are no symptoms of tuberculosis.
- The head of the child normal configuration-stationed. As regards the child's vision, she has no abnormalities; papillae- with clear borders; maculas-pale, without reflexes.
- There are no anomalies affecting her hearing.
- The development of the genitals is correspondent to the child's age.
- Internal organs: Heart-rhythmical cardiac activity, clear tones. Lung- clear vesicular breathing. Abdomen-soft. Liver- not enlarged. Spleen-not enlarged. Kidneys- no irregularities.
- The skin of the child is clear.
- The child has hypotrophy.
- The child has been diagnosed with the following diagnoses: Infantile cerebral palsy-hypotrophy. Severe delay in the psychological and in the physical development.
- An expert opinion of a Territorial Medical Expert Commission from 2012 consist of the following diagnoses: Moderate retardation. Tumor disorder. Hypotrophy; A degree of disability of 100% with outside help was set for a period of 5 years.

Decoding the Medical

- Ogliophreny= mental disease
- Hypotrophy= muscle weakness
- Retardation= delay (term for over 3 years)
- Disability= greater funds for the orphanage!

Nurture influences nature



The Institutionalized Child



- Malnutrition. Three propped bottles a day, no solid food.
- Anemia
- Abuse
- Sensory deprivation through confinement inhibits development of neural pathways.
- Neglect. Brain pathways develop in infants initially through touch.
- Total lack of therapeutic intervention is common.

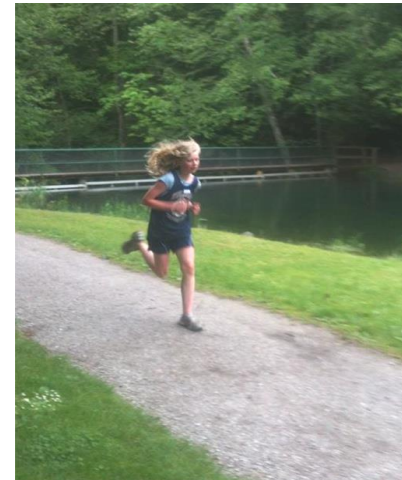
Child Raised in a Family from Birth

- When a child has the benefit of early intervention and loving care many deficits can be overcome
- Physical therapy
- Occupational therapy
- Equine therapy
- Attachment parenting
- Tutoring



Potential is Impossible to Judge

Zoe has overcome virtually all of her initial developmental issues. She is one of the top distance runners in our county, She rides horses competitively, is a straight “A” student and takes honors classes.



Overcoming Institutionalization



- Learning to chew, swallow and feed herself
- Learning to sign and speak
- Walking independantly
- Overcoming self stimulating behaviors
- Maia's future is impossible to predict. With 8 years of neglect she has already exceeded developmental expectations in only 7 months. Resiliency is what separates successful outcome from predicted outcome.

Ella



- When Ella was 2 years old she weighed 15 lbs and was at the developmental age of a 3 month old.
- At 4 years of age, after having a feeding tube for over a year Ella weighed 18 lbs and was still at the developmental age of a 3 month old. She came home unable to lift her head and barely had the strength to hold a small toy.
- She had to be fed from a syringe because she had no suck reflex. She did not vocalize or cry.

Ella after Seven Weeks in a Family

- Drinking from a bottle
- Able to feed herself finger foods
- Sitting with support
- No physical issues indicated on her medical were found to be accurate. She is deaf, but has no underlying health issues.



Ella 8 Months Home



- Smiling, signing, laughing, crawling, pulling up, eating solid foods, attending preschool....



Zahari 5 weeks home



Zahari is 7 years old and he is blind. He weighed less than 20 pounds one week ago when his family picked him up from the orphanage. He is making **AMAZING** progress learning to communicate and explore. The amount of weight he has put on with adequate food is simply amazing.

Autism and Institutional Autism



- Cassie was reunited with her family at 3 years of age and weighing 16 pounds. Her developmental age was assessed at 3-6 months.
- She would not make eye contact, did not vocalize, could not chew, did not crawl, stand or walk
- In one year her developmental age is assessed at 18 months. Current theory does not distinguish Institutional Autism and from Autism. Both are treated with the same therapies.

Stereotypical Stimming Behaviors

- **Visual:** Staring at lights; repetitive blinking; moving fingers in front of the eyes; hand-flapping, gazing at nothing in particular; tracking eyes; peering out of the corners of eyes; lining up objects; turning on and off light switches.
- **Auditory:** Vocalizing in the form of humming, grunting, or high-pitched shrieking; tapping ears or objects; covering and uncovering ears; snapping fingers; making vocal sounds; repeating vocal sequences;
- **Tactile:** Scratching or rubbing the skin with one's hands or with another object; opening and closing fists; tapping surfaces with fingers.
- **Vestibular:** Rocking front to back; rocking side-to-side; spinning; jumping; pacing.
- **Taste:** Placing body parts or objects in one's mouth; licking objects.
- **Smell:** Sniffing or smelling people or objects.
- **Successful treatment involves extinguishing undesirable behavior gradually over time through replacing and redirecting to more desirable behaviors like appropriate play.**

Malnutrition

- Anemia
- Poor growth
- Reduced bone age
- Muscle weakness
- Brain atrophy
- Cardiac arrest
- Refeeding syndrome



Chronic Failure to Thrive

- Even with adequate nutrition children deprived of loving care will not grow or develop normally.
- These children tend to have huge growth spurts once they are in a family.



Outcomes

Many of the effects of institutionalization can be partially or fully overcome. Families need to be prepared for the worst case scenario and to put the work in to have the best outcome possible.