



Mixed

Blessings

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Mixed Blessings—Part I

The past four years have been grueling for both you and your spouse. You have been trying to conceive a child, but have had no success. As an early childhood educator, you have studied child development and just *know* that the two of you would make wonderful parents.

In your attempt to conceive, you have been to countless doctors and fertility specialists. You have endured being pricked, poked and prodded over and over again. And now, you and your spouse have decided that this torture *has* to end!

After lengthy discussions and countless hours of research, you have decided to try to adopt a child.

Guiding Questions:

1. What are some of the reasons that might be causing you/your spouse to have difficulty with conceiving?
2. Describe some of the tests/procedures that you might have experienced trying to conceive.
3. Describe the full range of emotions you might experience as a couple as you try to conceive and then come to grips with the decision to proceed with adoption.
4. Why would understanding principles of child development be helpful to you as a parent?



Mixed Blessings—Part 2

Three never-ending years have passed since you made the decision to adopt a child. You are so weary from conducting research, waiting, filling out applications, waiting, talking with adoptive families, waiting, getting your hopes raised and dashed, and waiting.

During this time, you learned that thousands and thousands of people are trying to adopt children all over the world. As a result, you and your spouse informed your adoption attorney, Carol Riley, that you were willing to consider a child from another country as well as a child who might have some special needs.

One Wednesday afternoon you arrive home from work to find a message on your answering machine from your adoption attorney, Carol Riley. And the news is incredible. She has not one, not two or three, but *four* children for you to consider!

Just as the message ends, your spouse arrives through the back door. You share the remarkable news and call your attorney immediately. You agree to meet with her the first thing Friday morning at 9:30.

Thirty-nine interminable hours have elapsed since you and your spouse received the news that you are about to become parents. Carol is on the phone as you arrive at her office. She motions to you to sit in two dark brown leather chairs next to a small round work table in one corner of her office.

As Carol concludes her call, she gets up from behind her desk while removing several files from her briefcase. She then pulls a third chair over to the small work table where you are seated and settles next to you and your spouse.

“I know that you’ve been waiting for a very, very long time to hear that there is a child available for you,” Carol says sympathetically. “And to have four children available at the same time is something that has, quite frankly, never happened in all my years of practice.”

Carol opens the top file in front of her. Even though it is upside down, you can see that the picture clipped to the top of the inside cover of the folder is a photograph of an infant with jet black hair. Your heart skips a beat.

“Before I share the details of each of these four children’s lives, please know that I do not expect you to make a decision today. What I plan to do this morning is share with you a little about each child and then let you take the next week making your decision.” Scanning your faces, Carol adds, “I know how overwhelming this can be so I have also prepared a file for each child that you can use at home while you’re deciding. There is so much to consider.”

Having taken the day off from work, you and your spouse emerge from Carol's office an hour later and head for home to begin studying the files. After putting on a pot of your Starbucks Verona, you sit down and begin to read.



Enrico

Child's DOB: January 18, 2004

Sex: Male

Weight/Height at birth: 4 lbs 1 oz./17.2"

Weight/Height at 6 months: 7.5lbs./20.2"

Race/Country: Latino – Filipino

ID #: CF987-4207

Enrico was his biological mother's third pregnancy. She was not under medical supervision during her pregnancy until the 35th week when she developed strong Braxton-Hicks contractions and went to the hospital emergency room.

Enrico's biological mother, age 22, has two other children—a girl born in 1999 and a boy born in 2001. Both children were placed for adoption as infants. Enrico has lived with the same foster care family since birth.

Enrico's biological mother reports that she drank 2 to 3 beers "most days" during the earlier part of her pregnancy until she found out that she was pregnant. After learning she was pregnant, she reports that she "tried to cut it to just 2 to 3 beers a week." She further reports that she "really didn't know [she] was pregnant" until she was about 22 weeks into her pregnancy.

Enrico was born at approximately 37 weeks. His 1-minute APGAR score was 5 and his 5-minute APGAR was 6. The 10-minute APGAR was 7. During the first 24 hours, nurses documented that he was a poor feeder who demonstrated some difficulty with sucking. It was noted during his neonatal checkup in the hospital that he possessed tight muscle tone and demonstrated somewhat weak reflexes.

Enrico's foster mother reports that he has been a "fussy, jittery baby" with frequent crying and somewhat irregular sleep patterns, but that he is quite affectionate and loves adult attention. His caseworker reports that Enrico and his foster mother have developed a close bond and that the child seems to be securely attached to her.

Additional Developmental Information

Rolled over at 4 months

Expresses unhappiness through crying and happiness through smiling

Still requires some assistance to sit up

Reaches for objects and holds onto them

Can shake a rattle

Enjoys examining objects

Started babbling around 7 months

Smiles when someone smiles at him

Enjoys being read to

Knows familiar faces

Sometimes quiets at the sound of a familiar voice; at other times has difficulty quieting



(Hannah and her foster brother)

Hannah

Child's DOB: January 2, 2001

Sex: Female

Weight/Height at birth: 4 lbs 8 oz./17.5"

Weight/Height at 1 year: 12.5 lbs./27"

Weight/Height at 2 years: 17 lbs 2 oz/30"

Weight/Height at 3 years: 24.5 lbs/35"

Race: Caucasian

ID #: CF47-8913

Hannah's biological mother (single, age 20) began to have prenatal care when she first suspected she was pregnant at approximately 6 weeks following conception. This was her first pregnancy. The pregnancy continued without incident until the 20th week.

At 20 weeks, an ultrasound revealed that the fetus had sustained a fracture of the right femur and humerus bones in utero. Following consultations with a pediatric geneticist, it was determined that Hannah and her biological mother both had Type IV Osteogenesis Imperfecta.

Following this diagnosis, the mother's boyfriend, with whom she was living at the time, broke off the relationship, and the biological mother moved into her mother's apartment. During this time the biological mother decided to place the baby for adoption.

Hannah was full-term when delivered by cesarean section. No fractures were present at birth. The fractures that had been sustained in utero had healed. Hannah's 1-minute APGAR was 6 and her 5-minute APGAR was 8. Her neonatal exam in the hospital revealed that with the exception of OI, she appeared healthy.

Hannah's progress in all developmental domains during the first 18 months was typical with the exception of her physical development. She was unable to sit up by herself until 10 months of age. She was able to pull herself up to a standing position at 15 months. She began to walk at 18 months.

At 20 months, 25 months, and 26 months, Hannah sustained fractures of her right femur. Following the third fracture, she underwent rodding surgery. She has not refractured her right femur since the surgery. At 30 months, Hannah sustained a fracture of her left femur and the bone was rodded immediately.

At 34 months, Hannah fractured her left humerus. She fractured the right humerus at 35 months, on the first day of preschool. She spent the first two weeks of preschool with both arms casted.

Following her first rodding surgery, Hannah's foster family decided that her needs were too great, and they requested that she be moved. At 28 months, she was moved to a

nurturing foster home where she has been very happy. This was, however, a very difficult move for Hannah as she had become attached to the family members. While she has attached to her new foster mother, she occasionally mentions members of her previous foster family and seems to have periods where she misses them.

While she is quite small for her age, Hannah's preschool teacher and foster mother report that she is a loving, affectionate child. She makes choices easily and follows the classroom routines. She particularly enjoys having stories read to her. At times, Hannah appears timid or shy in social situations and is cautious about undertaking certain physical activities. She shows a definite preference for interaction with adults rather than children, but is very friendly in play situations with peers.



Jamar

Child's DOB: May 11, 2003

Sex: Male

Weight/Height at birth: 7 lbs 12 oz./20.5"

Weight/Height at 1 year: 22.5 lbs./31"

Race: African-American and Caucasian

ID #: CF54-0531

Jamar's biological mother was 14 when she conceived. She decided in her 2nd trimester of pregnancy to give the baby up for adoption. She received regular prenatal care and was healthy throughout her pregnancy. She reported that Jamar's biological father, 21 years old, is an alcoholic and that he has been using crack cocaine for 5 years.

Jamar was delivered vaginally as a full-term, healthy baby. His 1-minute APGAR was 7 and his 5-minute APGAR was 9. He was immediately placed with a nurturing foster family.

Jamar has had regular checkups with the pediatrician and is showing typical growth and development patterns in all domains. Jamar's foster mother reports that he is a happy, engaging, energetic child.

Developmental Information

Begins to make cooing sounds: 1½ months

Begins to put a rattle in his mouth: 4½ months

Begins to transfer his rattle from one hand to the other: 5 months

Raises head and chest when lying on stomach: 5 months

First tooth erupted: 5½ months

Starts to repeat "Bababa" over and over: 6½ months

Can sit alone without support: 6 months

Begins to frown and seems uneasy with strangers: 9 months

Waves "Bye-bye": 10½ months

Hands his foster mother a ball when she says, "Give the ball to mommy": 11 months

Favorite thing to do is to put clothespins into a plastic bowl: 11 months

Looks at correct picture when the image is named of a "ball" and "dog": 11 months

Begins to walk holding onto the coffee table: 11 months

Begins to cry nearly every time he is left with foster grandparents: 12½ months

Begins to pull up on the coffee table to standing position: 13 months

Speaks his first word "Ball": 13½ months

Takes first steps alone: 14 months

Now beginning to use a crayon to make marks on paper



Kayla

Child's DOB: September 18, 2002

Sex: Female

Weight/Height at birth: 5 lbs 14oz./ 18.5"

Weight/Height at 1 year: 11 lbs. 2 oz./ 24.4"

Weight/Height at 2 years: 19 lbs. 8 oz./28"

Race: Caucasian

ID #: CF70-3628

Kayla's biological mother, "TS," lived with her elderly grandmother. TS's mother died of complications from surgery when TS was 14 years old. At 16, TS became pregnant with Kayla and moved in with her 17-year-old boyfriend, Kayla's biological father.

TS's boyfriend wanted her to have an abortion, but she refused. She reports that they had numerous disagreements about this issue during the pregnancy. She received regular prenatal care and with the exception of some "minor depression," was healthy throughout her pregnancy.

Kayla was delivered vaginally as a full-term, healthy baby. Her 1-minute APGAR was 6 and her 5-minute APGAR was 7.

Six months after the birth, Kayla's biological mother was diagnosed with severe postpartum depression. She had difficulty sleeping, eating and was unable to care for her child. Kayla was then placed in foster care while TS received treatment.

When Kayla was seven months old, her biological father left town and TS moved back in with her grandmother. At 7 1/2 months, Kayla was returned to her biological mother. Kayla remained with TS until she was 12 months old. At that time Kayla was removed from the home due to physical and emotional neglect. TS then decided to place Kayla for adoption.

Kayla's foster parents report that she is an "affectionate child who will hug anybody and everybody." They also report that she does have times when she is "sullen," but that these periods do not seem to last.

Additional Developmental Information

Begins to make cooing sounds: 3 months

Begins to put a rattle in her mouth: 6 months

First tooth erupted: 6 months

Starts to repeat "Mamama" over and over: 9½ months

Can sit alone without support: 8 months

Takes first steps alone: 16 months

Speaks first word "Daw" (dog): 19½ months

Based on the information presented in this problem, your research, and group discussion:

1. Select a facilitator and recorder for this problem.
2. Identify what you know about the problem (use group worksheet).
3. Identify what you need to know to be able to decide which child you want to adopt. What criteria are you going to use to decide which child to adopt?
4. Analyze and discuss each child's developmental profile. What are the potential developmental concerns/problems that you could expect given each child's profile?
5. Conduct research that helps you answer your questions. Discuss with your group.
6. Make your decision about which child you wish to adopt and identify the rationales for this decision.
7. As a parent who is a student of child development, what would you do and to maximize this child's potential for further successful development? Provide rationales for your comments.

As an adoptive parent who is also an early childhood educator, it would be expected that your decisions would be based on your knowledge of the principles of child development and the most up-to-date, research-based information on what is known about the developmental domains.

You will share your decision in class. Every member of your group should be prepared to justify your decision based on the research and discussion you have conducted. I will choose which group member presents to the class!