

Jessica Risch, Communication Science & Disorders

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Hometown: St. Louis, MO

Faculty Mentor: Dr. Dana Fritz, Communication Science & Disorders

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Investigating the impact of early intervention on an internationally adopted child

International adoption (IA) has grown rapidly in the United States within the last decade. In the past fourteen years, 150,000 children have been internationally adopted and in the past ten years, international adoption rates have increased by 271% (Glennen et al, 2005). Parents of the recent adoptee need to become increasingly aware of the special needs of IA children because of the possibilities of developmental delay that their child will most likely face. It has been discovered through many studies that IA children are at risk for abnormalities in growth stunting, abnormal behaviors, and significant delays in motor, speech, and language development, especially in pragmatics (Mason and Narad, 2005). Several studies investigated the health status of IA children and found higher rates of infections, untreated medical conditions and physical deformities. These risks may include infections and illnesses such as hepatitis B, HIV, intestinal parasites, and fetal alcohol syndrome (FAS). Vince is a child adopted from the Ukraine at twenty months of age who was diagnosed with Fetal Alcohol Syndrome (FAS). A child born with FAS will be at risk for attention deficit disorders, hyperactivity, fine-motor impairment, hearing impairment, visual impairment, behavior problems and speech and language disorders. These disorders will most often be accompanied by stunted growth and congenital abnormalities including distinct facial and cranial features. Many medical evaluations are recommended for IA children, especially hearing screenings and speech and language development evaluations. We examined Vince on several measures including a hearing screening, speech and language evaluations, as well as an orthopedic evaluation.