

# Saving precious Aurelia

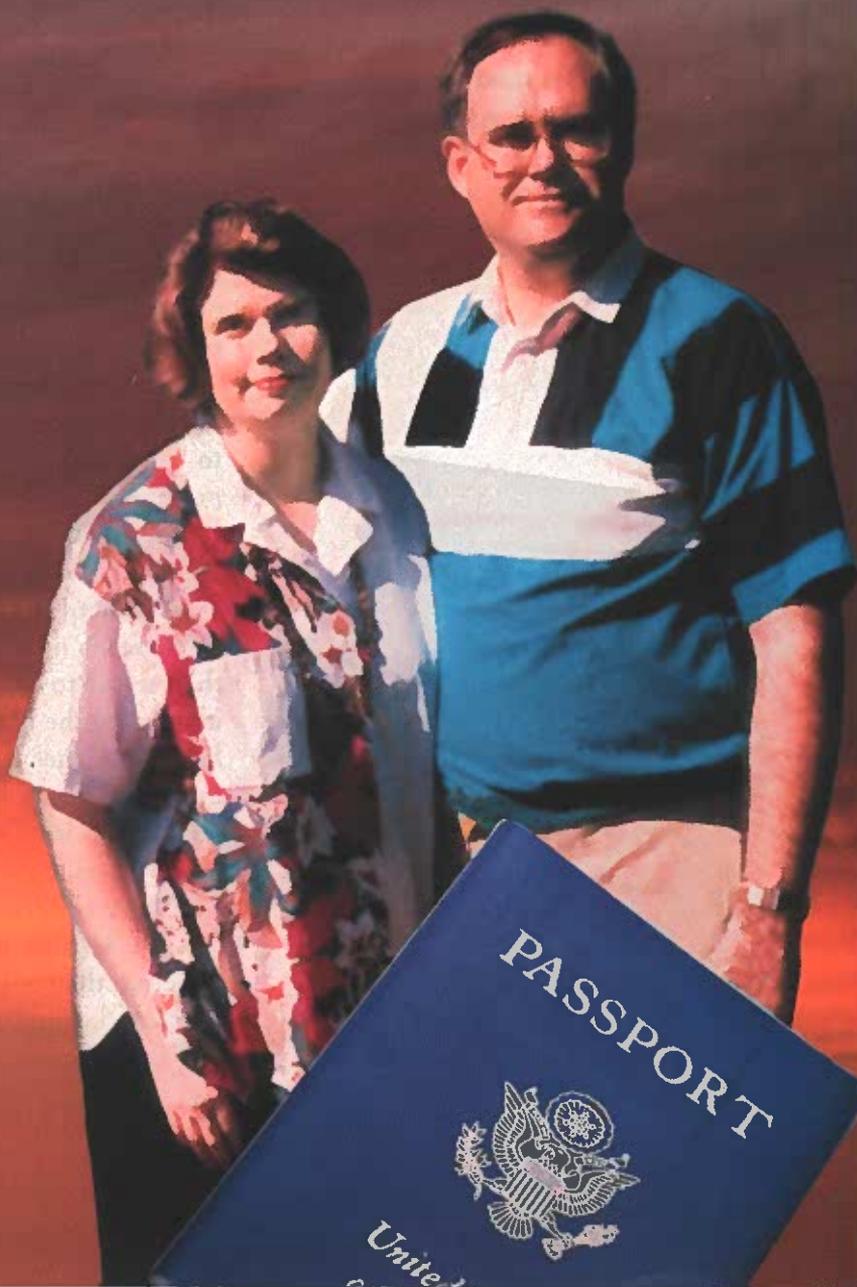


By Lori Williams

**M**y husband, Dean, and I negotiated a gauntlet of police checkpoints and begging porters before driving to our Bucharest apartment. The 36-hour trip to Romania felt longer than our year of anticipation and preparation for this time. It wasn't until much later that we realized this was God's way of training us for what lay ahead.

We were in Bucharest to adopt our daughter Aurelia. Our first surprise came almost immediately: Because of May Day celebrations, the orphanage would be closed at our appointed meeting time. We hastily gathered together Aurelia's clothing and chocolates for the workers and hurried to the orphanage two days early.

We were shocked when we met Aurelia. Warned by our lawyer not to overwhelm our daughter with affection, my husband and I sat down together on a couch and invited Aurelia to join us. Aurelia approached Dean for a serious inspection of his eyeglasses and hairy arms, broadcasting her apprehension through grinding teeth. She was five-and-a-half-years-old and weighed just 27 pounds. Aurelia had never held a spoon or





*Aurelia plays with bubbles inside the Bucharest apartment.*

eaten solid food.

We trembled at her condition as we returned with her an hour later to our Strada Rovine apartment. Aurelia bit her wrist continuously, and this behavior reached its zenith at our eighth floor apartment. We entered our rooms, and Dean and I quietly sang "Jesus Loves Me" as we opened a package of bubble toys. Aurelia was enthralled. Bubbles floated and gleamed before bouncing twice and popping softly in her outstretched hands.

My husband and I had been certain that the orphanage visit would be our greatest hurdle, but Aurelia's mandatory blood work was even more difficult to endure. Our child screamed as the required milliliters of blood dripped into a test tube, and she would not accept efforts to comfort her. As parents, we felt comfortless.

## Home in Oklahoma

Typical of most children adopted from Eastern European orphanages, Aurelia benefited dramatically from improved nutrition and medical care. When we set out on our first neighborhood stroll in 1995, Aurelia was so unwilling to

walk that she immediately plunged to her knees. Her nutrition was so bad that we had to lift manually our daughter's feet up the rungs of the ladder at early park outings.

So we made Aurelia's nutritional needs a top priority. The most immediate obstacle to improved health was her lack of oral motor skills—we had to teach her how to chew. My husband and I thought this would come naturally, but we were mistaken.

Aurelia hoarded solid food chipmunk-style, and advice we received from an inexperienced developmental pediatrician to "just put some food on her plate and she'll learn to chew" was highly inadequate. We consulted a speech therapist who suggested the use of a NUK® brush and

Chewy Tubes™ for oral-motor treatment (both available from *Beyond Play* at 1-877-428-1244). This definitely helped to develop her ability to chew. Aurelia now enjoys solid foods like hamburgers and salads, but still prefers soft foods like rice and macaroni. Within six months, the little mute girl who was labeled "irrecoverable" in Romania was vastly improving. Two years later, she gleefully zigzagged through puddles with her bicycle and began taking strolls through the zoo for more than three hours at a time.

## SID and RAD

Many children in orphanages in Eastern Europe, where child to caregiver ratios can be as much as

## Addressing the needs of a post-institutionalized child:

**Be patient.** Develop realistic expectations for a post-institutionalized adopted child. One way is to use developmental checklists as guidelines, not timelines. For example, Aurelia was at the chronological (not developmental) age of ten before she learned her colors. Comparing our daughter to children who knew their colors at a much earlier age would only have created anxiety and frustration.

**Be connected.** Network with other adoptive parents who might recommend a doctor specializing in adoption medicine. Check out Adoption Medicine at <http://naic.acf.hhs.gov> and browse a list of physicians who do pre-adoption medical consultations as well as evaluations of children who are already adopted.

**Be optimistic.** Children who have lived in an institution for months or years are true survivors. Such stubborn determination is a positive force that can spill over into other areas, i.e., learning how to tie shoes, talking, and reading.

**Be informed.** At the time of Aurelia's adoption nine years ago, we wish we had known about—and been better prepared for—the treatable disorders common to many post-institutionalized children.

**Be creative.** Sometimes simple adaptations can help children master new skills. Aurelia had difficulty pedaling a bike equipped with training wheels. So Aurelia's dad attached a pair of oversized sneakers to the bike pedals. Aurelia slid her feet into the shoes and was soon pedaling with confidence.





*Aurelia and her father Dean share a smile as they prepare for the flight home.*

60 to 1, experience severe neglect. Such heartbreaking circumstances often cause Sensory Integration Disorder (SID) and Reactive Attachment Disorder (RAD) in post-institutionalized children. Children who experience SID are often oversensitive or under-responsive to touch and/or movement experiences—they cannot relate to, or assess accurately, the world around them.

Children with RAD, on the other hand, show indiscriminate friendliness or an inability to form attachments with other children. This tendency is often precipitated by abuse or the loss or physical or emotional separation from one primary caregiver during the first three years of life. The disorder was once such a problem for Aurelia that she called out “Hi man!” to any strangers within earshot.

My husband and I consulted professionals to learn how to handle SID and RAD effectively. They recommended a combination of speech and Sensory Integration Disorder therapies in addition to the following books: *The Out-of-Sync Child* and *The Out-of-Sync Child Has Fun*, both by Carol Stock Kranowitz. Each are highly read-

able and informative books about SID. *When Love is Not Enough*, by Nancy L. Thomas, outlines an effective home program for parenting kids with RAD. Portions from the book and information about the disorder can be read at [www.nancythomasparenting.com](http://www.nancythomasparenting.com).

### Creative solutions

After seeking advice from a qualified therapist, it is relatively easy for a parent to implement daily activities that target particular sensory concerns. In our home-based SID program, for example, we have used a variety of materials (drum music, scented markers, bean-bag letters) as well as activities (joint compression, brushing therapy, swinging, and drum music) to instill a sense of order, or continuity, in our child. Dean and I also began teaching Aurelia to slow down. This type of parental encouragement, when

consistent, will help a child to learn to express himself clearly and effectively.

Nine years after adopting Aurelia, there are few absolutes. Some have asked my husband and I, “Would you still adopt if you knew what challenges you’d face?” “Yes,” we reply, “but we’d focus more on Aurelia’s emotional development.” We had assumed that our daughter’s social skills would improve along with her advancements in other areas, but we were wrong. Aurelia can name obscure zoo animals like the okapi, yet she cannot consistently greet her classmates. For many post-institutionalized children, emotional maturation will lag behind other areas of development.

Still, there is one absolute. Our family of three has strong emotional ties. With an impromptu pirouette, Aurelia adds exclamation points to “I love you, Mom and Dad!” We cannot help but respond in kind. Our spins may be unsteady, but between the three of us, we offer enough support to hold each other up.

Lori Williams writes from Bethany, Oklahoma.

