International Conference

Deinstitutionalisation of Childcare: Investing in Change

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Psychopathology and Competence Following Severe Early Deprivation: Early and Subsequent Experiences

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Overview

Part 1 Mental health outcomes following the conclusion of the randomized controlled trial.
Part 2 Mental health outcomes at 12 years.
Part 3 Mental health outcomes at 16 years.
Part 4 Factors reducing mental health problems.
Part 5 Competence at 8, 12 and 16 years.
Abbreviations to remember...

- **NIG** never institutionalized group (community children in families)
- **FCG** foster care group (children institutionalize in infancy and later randomized to foster care)
- **CAUG** care as usual group (children institutionalized in infancy and randomized to care as usual—placements determined solely by child protection authorities)
- **EIG** ever institutionalized group (FCG + CAUG)
BEIP Study Design

187 Institutionalized Children
6-30 months

136 Institutionalized Children
6-30 months

68 Foster Care
6-31 months

68 Care as Usual
6-31 months

72 Never Institutionalized Children

30 months
42 months
54 months
8 years
12 years
16 years

RCT Follow-ups
CAUG placement at different ages
Assessing Psychopathology

• Structured psychiatric interviews
  • PAPA at 54 months
  • DISC at 12 and 16 years

• 4 types of disorders:
  • Internalizing disorders (depression and anxiety disorders)
  • Externalizing disorders (oppositional and conduct disorders)
  • ADHD
  • Substance use disorders (only at 16)
Mental health outcomes at the end of the randomized controlled trial (54 months)
Main effects of the intervention at trial completion

Psychopathology

- Significantly more impairing mental health problems in 4.5-year-old children raised in institutions than children raised in families.
- Fewer psychiatric symptoms
- Fewer psychiatric disorders
- Less impairment from disorders
- Primarily accounted for by reductions in internalizing disorders for girls only
Caregiving reduces psychopathology through effects on attachment
Mental health outcomes at age 12
Psychiatric Disorders at 12 Years

![Bar chart showing the percentage of psychiatric disorders at 12 years.

The chart compares the prevalence of any disorder, any internalizing disorder, any externalizing disorder, and ADHD between two groups: EIG and NIG. The percentages are indicated by blue and gray bars.]

- **Any disorder**: EIG > NIG
- **Any internalizing disorder**: EIG > NIG
- **Any externalizing disorder**: EIG > NIG
- **ADHD**: EIG > NIG
Externalizing Signs in Boys

CAUG  FCG  NIG
Signs of Reactive Attachment Disorder

Guyon Harris et al., 2019, *Attachment and Human Development*
Disinhibited Social Engagement Disorder

Guyon Harris et al., 2018, JAACAP
Examining Stability of Placements at age 12

- Foster Care – Stable: N=26
- Foster Care – Disrupted: N=28
- Care As Usual: N=55
- NIG: N=49
- Foster Care: N=54
Internalizing Signs

Humphreys et al., 2015, *Lancet Psychiatry*
Externalizing Signs

Girls

Boys

Humphreys et al., 2015, *Lancet Psychiatry*
Mental health outcomes at age 16
Diagnoses at 16 years in Children Ever and Never Institutionalized

Humphreys et al., under review
Intervention effects at 16 years on psychiatric disorders

*
Disruptive Mood Dysregulation Disorder

Chi-square (2) = 13.73, p < .001
Stress sensitization is a later emerging effect of early experiences

CAUG (22mos) → Age 12 Stressors → Age 16 Externalizing Problems (controlling for age 12 externalizing)

FCG

Independent stressful life events

Wade et al., in press
Examining Stability of Placements at age 16

- Care As Usual (N=55)
- Foster Care (N=54)
  - Foster Care – Disrupted (N=27)
  - Foster Care – Stable (N=24)
- NIG (N=49)
Any Dx  Any Int Dx  Any Ext Dx  ADHD Dx

CAUG (n=48)  FCG-MFC (n=29)  FCG+MFC (n=21)  NIG (n=46)

Age 16 Stability and Psychopathology

Humphreys et al., under review
Age 16 Stability and Total Symptoms

- CAUG: 10.72
- FCG-MFC: 8.73
- FCG+MFC: 5.59
- NIG: 2.18
Stability of placements over time (4 years to 16 years)
Quality of Caregiving and General Psychopathology at 8 and 16 Years

The graph shows the changes in General Psychopathology Score from Age 8 to Age 16. The lines represent different caregiving groups:

- **CAUG-Low** (blue line)
- **CAUG-High** (dark blue line)
- **FCG-Low** (orange line)
- **FCG-High** (red line)
- **NIG** (green line)

Significance is indicated by asterisks: *p < 0.05.
Competence
Domains of competence

• Family relations
• Peer relations
• Academic competence
• Physical health
• Impairment from psychopathology
• Tobacco and alcohol use
• Risk-taking
Percent in each competence group by institutional care history

Chi-square (1) = 31.31, p < .001

Humphreys et al., 2018, JCPP
Percent competent in CAUG and FCG

Chi-square (1) = 10.06, p = .002

Humphreys et al., 2018, *JCPP*
Competence within FCG

<table>
<thead>
<tr>
<th>Placed by Age 20 months</th>
<th>Placed After Age 20 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.3</td>
<td>42.1</td>
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</tbody>
</table>

p < .05

Humphreys et al., 2018, *JCPP*
Competence at 8, 12 and 16

- **Age 8**
  - Family relations
  - Peer relations
  - Mental health
  - Physical health
  - Academic performance
  - Risk taking
  
  **Overall 5/6**

- **Ages 12 and 16**
  - Family relations
  - Peer relations
  - Mental health
  - Physical health
  - Academic performance
  - Risk taking
  - Substance use
  
  **Overall 6/7**
Longitudinal perspective on competence 8-16 years

Consistently Competent

Inconsistently Competent

Never Competent
Consistently competent FCG v. CAUG
Earlier placements increases likelihood of consistent competence

Guyon Harris et al., in press, *Development and Psychopathology*
Psychopathology and Competence Following Early Deprivation: Factors Affecting Risk and Recovery

• Deprivation inherent in institutional rearing increases risks for serious psychopathology and decreased competence.

• Recovery is enhanced by:
  • Placement into families
  • Family placement as early as possible
  • Higher quality of care
  • Stability of placements over time
Thanks!