

The Goodenough Syndrome[©]

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The *Goodenough Syndrome* uses the lowest common denominator of achievement to define success, promoting policies that are grounded in financial rather than human costs.

Foster and Adopted Children with FAS/ARND

N	63
Age	6 – 12 years
Male	70%
Racial distribution	
Caucasian	25%
African American	52%
Native American	2%
Hispanic	3%
Mixed race	18%
Adopted	70%
Average number of placements	1.9 (1-7)

Reason for Removal from Birth Home

Neglect	48%
Risk of harm	29%
Abandonment	13%
Physical abuse	13%
Sexual abuse	6%
Voluntary	8%

Birth Outcomes

Preterm (<36 weeks)	25%
Low birth weight (<2500 g)	45%
Head circumference <3 rd %	40%

Diagnostic Criteria

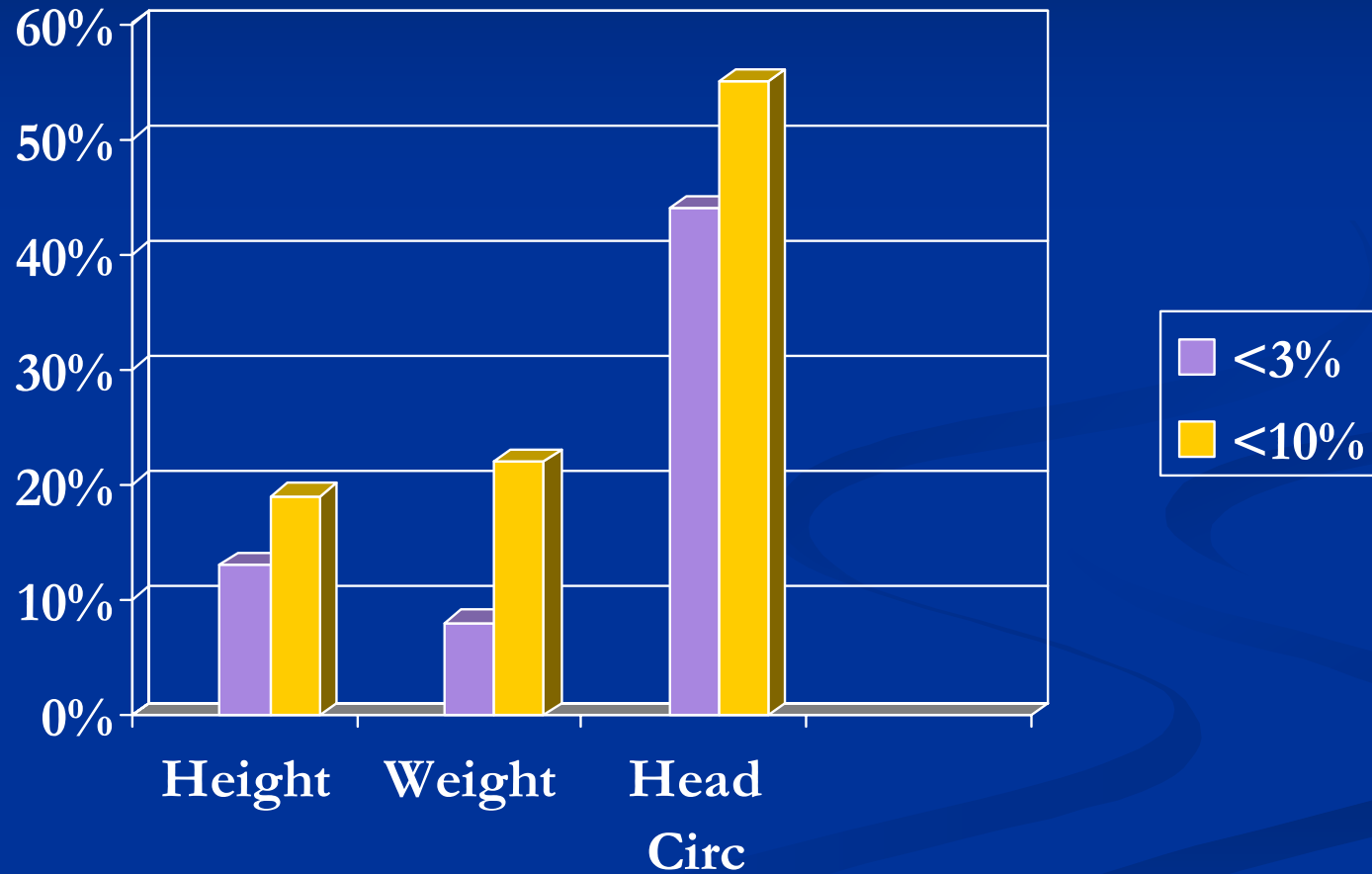
- I. Growth retardation
- II. Facial malformations (>1): short palpebral fissures, thin upper lip, flat elongated philtrum, hypoplastic midface
- III. Neurodevelopmental disorder

FAS *Confirmed* or *unconfirmed* history of prenatal alcohol exposure
Meets criteria in all three categories: I, II, III

ARND *Confirmed* history of prenatal alcohol exposure
Meets criteria in III

NIAAA, 2001
Hoyme et al, 2005

Current Growth Parameters



Cognitive Functioning

Mean IQ 91.9

Head circumference >3% 35 97.4

Head circumference <3% 27 84.8

t test, P<.001

Head circumference and IQ

ANOVA, P<.002

Co-Occurring Disorders

Attention Deficit Hyperactivity Disorder	75%
Post-Traumatic Stress Disorder	19%
Mood Disorders	19%
Learning Disorders	16%
Communication Disorder	14%
Developmental Disorders	13%
Reactive Attachment Disorder	11%
Depression	8%
Anxiety Disorder	8%
Disruptive Behavior Disorder	6%

Research Question:

Nature vs. Nurture

*What factors – biologic or environmental –
predict co-occurring disorders in foster
and adopted children with
FAS/ARND?*

Independent Variables

Biologic markers: FAS/ARND

- Facial features
- Head circumference

Independent Variables

Biologic markers: FAS/ARND

- Facial features
- Head circumference

Environmental markers: child welfare system

- Number of placements
- Time in current placement

Dependent Variables:

Domains of *Co-occurring Disorders*

Behavior

- ADHD
- Disruptive behaviors (ODD, Conduct Disorder, Disruptive Behavior Disorder NOS)

Anxiety / Mood

- Anxiety (Generalized, Separation Anxiety)
- Depression (Major Depression, Bipolar)

DSM-IV criteria

Dependent Variables:

Domains of *Co-occurring Disorders*

Processing

- Communication (Expressive Language, Receptive Language, Mixed, Articulation Disorder)
- Learning disability (Reading, Math, Written, Expression)
- Developmental disorder (PDD)
- Sensory processing disorder

Relational

- PTSD
- Attachment

DSM-IV criteria

Analytic Approach: ***Discriminant Analysis***

Purpose

- Determine which biological or environmental factors predict the presence of various co-occurring disorders

Information obtained

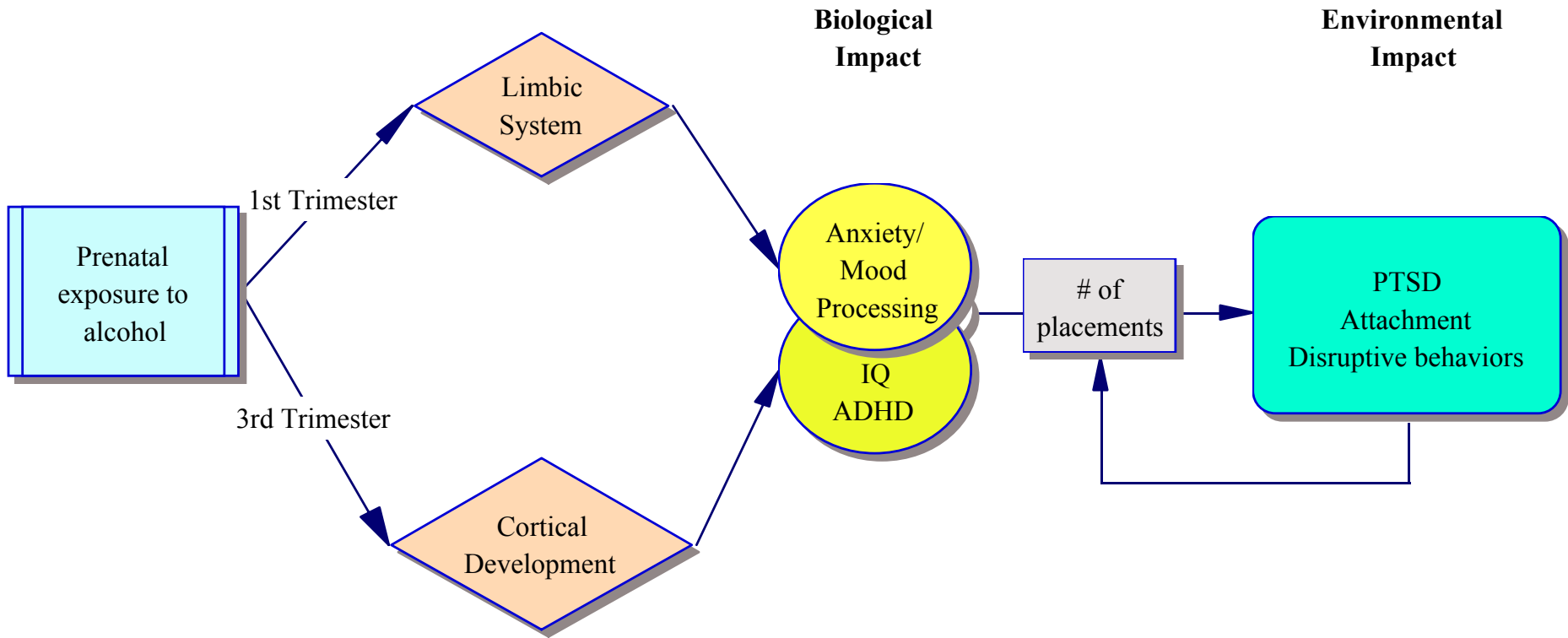
- Which single biological or environmental factor is most heavily weighted in the prediction of the presence of the co-occurring disorders?
- What relative weights are contributed by the biological and environmental factors when considered simultaneously?
- How much of the variability is explained by the group of independent variables?

Analytic Outcome: *Discriminant Analysis*

Co-occurring disorder	Highest correlation & Greatest weight	
ADHD	Head circumference <3%	Biological
ADHD / Disruptive behaviors	# foster placements	Environmental

Analytic Approach: *Discriminant Analysis*

Domain of Co-occurring disorders	Highest correlation & Greatest weight	
Anxiety / Mood	Facial features	Biological
Processing	Facial features	Biological
Relational	# foster placements	Environmental



The *Goodenough Syndrome* and Children in the Child Welfare System

Practice / Policy	Example
Use lowest common denominator for success	Placement decisions based on 2 out of 3: <i>good, fast, cheap</i>
Grounded in financial rather than human costs	
Define success in terms of quantitative measures geared to participation and contact rather than child-oriented outcomes	“Parenting” classes

The *Goodenough Syndrome* and Children in the Child Welfare System

Practice / Policy	Example
Dependence on inadequate but easily classified criteria	Toxicology studies
Service access based on eligibility rather than need	<i>CAPTA</i> : ignoring prenatal alcohol exposure as a risk factor
	<i>IDEA</i> : Using developmental scores to define eligibility
Reactive vs. proactive	Prevention, Prevention, PREVENTION

The Future:

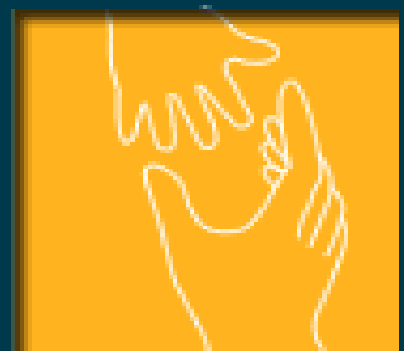
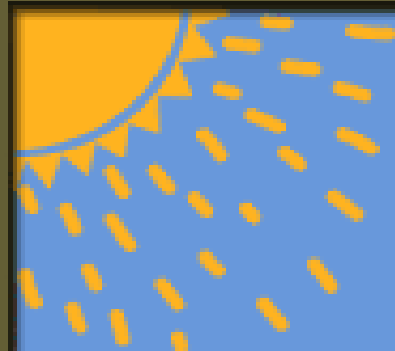
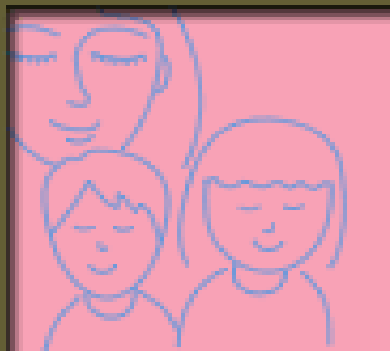
Addressing the *Goodenough Syndrome*

- **Public Health**
 - prevention through universal prenatal screening and treatment for substance using women
 - screening as a tool for engagement
- ***CAPTA***
 - include prenatal alcohol exposure as a risk factor
 - create national guidelines re: “affected” infant
- **Child Welfare**
 - research-based policies for decision making regarding placement
 - supportive education and training for foster and adoptive parents
- **IDEA**
 - service access based on the child’s needs rather than eligibility
 - Expand early intervention to include infant mental health approaches
- **Ethical Principles**
 - create a **vision** for children in this nation founded on ethical policies and practices

The Ethics of Prevention and Early Intervention:

Four Basic Principles

- Therapeutic intent
 - Is the purpose to report to CPS or is it to access services?
- Do no harm
 - What impact does separation of the child from his or her mother have on early brain development?
- Justice
 - Why do we allow racial and social biases drive identification of “high risk” populations?
- Respect for autonomy
 - How do we balance the right of parents to raise their child as they wish vs. the obligation of the state to protect the child?



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