

**PROFILE OF FAMILY COMPETENCIES FOR THE
PROSPECTIVE ADOPTIVE PLACEMENT OF A MINOR
(SPECIAL NEEDS CHECKLIST FORM)**

GLOSSARY

The purpose of this Glossary is to assist you in filling out the Special Needs Checklist Form (Profile of Family Competencies for the Prospective Adoptive Placement of a Minor) included in the package of documents you received as part of the documentation requirements needed to open your file and formalize your adoption application.

This Glossary should not be the only reference material used. It is important that families look for further information on topics of interest as well as topics you are not sure about and need more clarity. We recommend you seek specialist support and consult reliable bibliographic and documentary sources.

Below, you will find the definitions of each of the items included in the Profile of Family Competencies Form. They are not arranged alphabetically, but rather in the same order as they appear in the form.

General Aspects

1. **Age:** Refers to the age range of the minor(s) under legal age that the family is willing and capable of adopting.
2. **Sex:** Refers to biological sex –either male or female- assigned at birth and based on genitalia.

Ambiguous genitalia: A very small percentage of minors may exhibit sexual ambiguity, a condition in which an infant's external genitals do not appear to be clearly either male or female, and these do not match the child's genetic sex. This condition does not refer to the minor's sexual orientation. At birth, the baby may have reproductive organs of both sexes that are incompletely developed. Medical or surgical treatment may be necessary. Ambiguous genitalia can be associated with congenital adrenal hyperplasia or sexual organ malformation. **Intersexuality**, on the other hand, from a gender perspective, refers to people with intersex bodies. In other words, bodies with a combination of male and female biological traits. When filling out the form, the two are considered synonyms. However, in the event of such a case, the family will be notified and any decision will be made on a case-by-case basis.

3. **Number of children they want to adopt:** The number of minors a family is emotionally, physically, mentally and financially prepared to adopt.

Socio-Legal Status

- 4. Court declaration of abandonment authorized:** A placement authorization is obtained from the judge authorizing PANI to provisionally place the child with a technically selected prospective adoptive family, while waiting for the firm judicial declaration of abandonment.¹
- 5. Firm judicial declaration of abandonment:** The termination of parental rights by a Family Court judge prior confirmation that the rights of a minor are at risk or have been infringed. This is an irrevocable court decision and cannot be cancelled or changed. In other words, the child's biological family cannot appeal the Court's decision.
- 6. Need to maintain ties with siblings who remain with an adoptive family or institutionalized:** The family that accepts and checks this box is willing that their future child maintain periodic or occasional contact with siblings with whom the child had an emotional bond prior to his/her adoptive placement (of both the child and his/her siblings). This contact can be through different means of communication, visits on special dates or other occasions deemed appropriate by both families.
- 7. Interruption of previous adoption:** These are cases where a minor is placed with a family from the registry of eligible families. However, placement is interrupted for reasons that prioritize the child's best interests. This interruption may occur either due to professional intervention upon detecting that the adjustment process is not proceeding adequately, or because the family decides to discontinue the process and hand the child back to PANI. The interruption process usually requires psychological work with the child after the interruption in order to assess the emotional impact and to prepare them again for a new adoptive placement.

¹ Article 38 of the Regulation on the Placement Processes for National and International Adoption of the Patronato Nacional de la Infancia. Costa Rica.

Racial Characteristics

8. **Mestizo:** A person with characteristics that reflect the multiethnic blend typical of Latin Americans. It does not refer to nationality or a specific skin color. It does not apply to individuals of African descent or indigenous peoples.
9. **Afrodescendant²:** “Afro” is the broad umbrella term for black people. Therefore, Afrodescendant is a person whose parents, or one of their parents, is black or Mulatto. It does not refer to the many variations in skin color, but expressly to ethnic origin.
10. **Asian:** Born in an Asian country or with a parent of Asian origin.
11. **Indigenous origin or ancestry:** A person having origins in any of the original peoples of Costa Rica: Bribri, Cabécares, Térrabas, Brunca, Ngöbes, Maluku, Chorotegas and Huetares.³

² <https://drea.co.cr/sites/default/files/Contenido/La%20Afrodescendencia%20en%20Costa%20Rica.pdf>

³ <https://8pueblosindigenascr.wordpress.com/>

Background Information on the Minor

12. Negligent care: This occurs when the parents or persons in charge of the minor fail to meet their basic needs, despite being capable of doing so. This form of abuse deprives the underage person of protection, food, hygiene, clothing, education, medical care and supervision, or the minor is abandoned.⁴

13. Physical abuse: This occurs when a person that is in a position of power and control over an underage person inflicts non-accidental internal and/or external injuries on the child. Examples include concussions, bruises, burns, lacerations or abrasions that do not match what caregivers say happened; bite marks, tearing, fractures that are not consistent with the explanation provided. Continued use of non-severe physical punishment also constitutes abuse.⁵

14. Emotional or psychological abuse: Non-verbal or physical acts that damage the minor's self-esteem or potential development. These can include constant insults, ridicule, rejection, manipulation, comparisons, and unreasonable expectations.⁶

15. Sexual abuse: An act in which an individual takes advantage of their position of power (strength, age, knowledge or authority) to sexually abuse and exploit an underage person. For the perpetrator, gratification is more about power and oppression. "Most definitions agree that the sexual abuse of girls, boys and adolescents takes the form of unwelcome conduct of a sexual nature—from touching, exposure of sexual organs, being forced to watch someone masturbate, to rape— by an adult, regardless of how

⁴ Fundación PANIAMOR. 1998. Programa PAN. Manual de contenidos: violencia y abuso contra personas menores de edad. Editores Raymundo Brenes Rosales y Milena Grillo Rivera. Editorial Proniño. 2da. Edición. San José, Costa Rica.

⁵ Idem

⁶ Idem

coercion is exercised (physical violence, threats, abuse of trust or confidence, among others)".⁷

Several forms of sexual abuse that may or may not be documented at the time of the placement of the minor with the family:

- **Rape:** Sexual intercourse or other sexual penetration of the vagina, anus or mouth, with or without force or coercion, by a sex organ, other body part or foreign object, without the consent of the person subjected to such penetration, regardless of their sex.
- **Exposure to pornography or other sexual acts:** Refers to an instance where the minor, either intentionally or inadvertently, has watched others perform sexual acts, or has been forced or coerced to view any type of pornographic material.
- **Touching or fondling:** Touching the private body parts of a minor (including genitalia, anus and/or breasts) over the top of or under the minor's clothing. Getting a minor to touch an adult's genitalia, anus and/or breasts (in the case of female offenders) over the top of or under the adult's clothing.
- **Verbal and non-verbal sexual harassment:** Any repeated unwanted or unwelcome sexual behavior having negative impacts on those who experience it. Harassment may become a condition of continued employment, prevent an individual from learning, and negatively impact an individual's overall health and wellbeing. If serious enough, a single isolated incident of harassment negatively affecting the individual as indicated above could be considered sexual harassment.⁸

⁷ [AbusoSexual+AnexoMédico_Digital_Nov2018.pdf \(unicef.org\)](#)

⁸ [Microsoft Word - Ley N°7476 Contra el Hostigamiento Sexual.doc \(cso.go.cr\)](#)

- **Victim of incest:** Sexual abuse perpetrated by one or more members of the family group. For the purposes of this Glossary, it not only refers to abuse by blood relatives but also by those related by affinity (step-parent, step-uncles, brothers-in-law, etc.).
- **Commercial sexual exploitation:** A form of systematic sexual abuse for the financial benefit of a person or intermediary –from an individual exploiter/pimp to organized criminal groups.⁹

16. Conceived under a situation of incest: The minor was conceived as a result of a sexual relationship between two blood relatives or two individuals related by affinity.

17. Childbirth complications: Any difficulties or complications faced by the mother when giving birth. Some of the more common childbirth problems include: rupture of the membranes, prolonged labor, placental problems, abnormal fetal heart rate, umbilical cord problems, abnormal position and presentation of the fetus, oxygen deprivation (perinatal hypoxia), fetal distress, had to be resuscitated, both Apgar scores below 8.

18. Prematurity (babies born between 33 and 36.6 weeks of gestation): Birth occurs before 36.6 weeks of gestation.

19. Extreme prematurity (less than 32 weeks of gestation): Birth occurs before 32 weeks of gestation.

20. Low birth weight: Baby's weight at birth is below the weight expected for their gestational age at birth. It is related to the "Family History" Section in terms of alcohol/drug use.

⁹ Idem

21. Fetal exposure to drugs or alcohol: Related to the “Family History” Section in terms of alcohol/drug use. It occurs when there is active use of addictive substances by the mother while pregnant, even for short periods of time. Potential harmful effects include malformations, future behavioral problems, among others.

22. Neonatal abstinence syndrome (NAS): A group of problems that can happen when a baby is exposed to opioid drugs for a length of time while in the womb. The baby becomes dependent on the drug along with the mother. If the mother continues to use the drugs within the week or so before delivery, the baby will be dependent on the drug at birth. Because the baby is no longer getting the drug after birth, withdrawal symptoms may occur as the drug is slowly cleared from the baby's system. Withdrawal symptoms also may occur in babies exposed to alcohol, benzodiazepines, barbiturates, and certain antidepressants (SSRIs) while in the womb. Babies of mothers who use opioids and other addictive drugs (nicotine, amphetamines, cocaine, marijuana, alcohol) may have long-term problems. While there is no clear evidence of a NAS for other drugs, these may contribute to the severity of a baby's NAS symptoms.¹⁰ Even in the absence of diagnosis, the child may have exhibited NAS if exposed to drugs or alcohol. It is a condition occurring at birth, but once overcome does not cause any further inconvenience. However, having been exposed to drugs and/or alcohol in the womb may result in health and social problems later in life.

23. Minor has witnessed violent deaths: There is a possibility that the biological family may have had to deal with violent deaths (e.g. homicides, femicides or suicides) within the family (blood relatives or by affinity) or of people with whom there was an emotional connection.

¹⁰ [Abstinence at Birth Syndrome: MedlinePlus Medical Encyclopedia.](#)

Medical aspects documented at time of placement with the family

- 24. Asthma:** Asthma is a chronic disease that causes the airways of the lungs to swell and narrow. It leads to breathing difficulty such as wheezing, shortness of breath, chest tightness, and coughing. When controlled, the person will not experience severe asthma attacks that require their hospitalization or ongoing medical management.¹¹ Asthma may become severe despite medication, and the minor has persistent attacks, requiring frequent medical management. **It is important to determine whether asthma triggers are present in the home environment of the potential adoptive family,** such as pets, dust mites, pollen, mold, cold weather, etc.
- 25. Allergies:** Allergies are caused by antibodies that the body's immune system produces, which react to a component of a particular food and then release chemicals that cause allergic symptoms like a runny nose, sneezing, coughing, and itching. Allergies can vary throughout life and may manifest as reactions to certain foods (food allergies), to certain environmental conditions such as the presence of pollen, mold, temperature changes, animal fur, etc. Atopic dermatitis is characterized by an overactive immune response to environmental factors –a mosquito bite, for example. Reducing exposure to allergy triggers is key to management; however, allergies will often improve as the body matures and grows, and many people outgrow them by early adulthood.¹²
- 26. Digestive Disorders:** Conditions affecting the digestive tract. For the purposes of this Glossary, digestive disorders are treatable, and recovery is possible. The most common digestive disorders or diseases in children include: gastroesophageal reflux, lactose

¹¹ [Asthma: MedlinePlus Medical Encyclopedia.](#)

¹² [Atopic Dermatitis: MedlinePlus Medical Encyclopedia.](#)

intolerance, constipation, chronic abdominal pain, colitis in adolescents, and celiac disease.

27. Malformations that restrict mobility and/or autonomy: A malformation is a structural defect in the body due to abnormal development. For the purposes of this Glossary and considering the wide spectrum of signs and symptoms that each type of malformation may entail, families who feel capable of adopting a child with a malformation that does not restrict his/her autonomy and whose mobility or autonomy can be managed with assistive devices, will always be consulted regarding specific cases that arrive to the Department and that appear to be a good fit. This is done to ensure these children are matched with a family that is truly capable of meeting their specific needs.

Other disorders or health conditions documented at time of placement with the family

28. Type 1 diabetes: Diabetes mellitus is a serious metabolic disorder that causes problems with the body's ability to change food, especially sugars (carbohydrates), into fuel for the body. It can damage the heart, blood vessels, kidneys, eyes and nervous system over many years. Children with this disease can lead normal lives if it is kept under control. Correct management of diabetes is essential in order to avoid complications. Managing the disease focuses on the regular monitoring of blood glucose levels, treatment such as insulin therapy (given as multiple injections per day or through an insulin pump), and maintaining a healthy diet.¹³ When filling out the Checklist Form, remember that a child with Type 1 diabetes will likely require daily injections coupled with a structured meal pattern routine.

¹³ Diabetes in Children - HealthyChildren.org

- 29. History of convulsive crisis (has occurred at least once):** A convulsive crisis or seizure is a sudden, uncontrolled burst of electrical activity in the brain, causing the person to fall to the ground, have convulsions or other temporary changes in brain functioning, which are often accompanied by decreased consciousness or full loss of consciousness.¹⁴
- 30. Epilepsy:** A brain disorder in which a person has repeated seizures over time. A seizure is a sudden change in the electrical and chemical activity in the brain. A single seizure that does not happen again is NOT epilepsy.¹⁵
- 31. Strabismus (squint):** Strabismus is a common eye condition in children, and it occurs when the eyes are misaligned, pointing in different directions. This misalignment can shift from one eye to the other. Strabismus affects vision, since both eyes must aim at the same spot together to see properly. It can be corrected with visual therapy, corrective lenses or surgery.¹⁶
- 32. Myopia:** It is not a disease. Myopia (nearsightedness) is a refractive error, occurring when the eyes do not focus light correctly and distant objects look blurred.¹⁷
- 33. Astigmatism:** Astigmatism in children is a vision problem that makes it hard for a child to see objects clearly at near and far distances. This condition can be treated when diagnosed early. It is neither an eye disease nor an eye health problem. It is an imperfection in the curvature of the eye's cornea or lens that causes blurred vision.¹⁸
- 34. Cancer in remission:** Remission is defined as a period of time when cancer is under control. It is sometimes described as "partial", which means that it is responding well

¹⁴ [Seizures \(for Parents\) - Nemours KidsHealth](#)

¹⁵ [Epilepsy in Children: MedlinePlus Medical Encyclopedia](#)

¹⁶ [Strabismus in Children: Types and Treatment - Oftalvist](#)

¹⁷ [Nearsightedness: What is myopia? - American Academy of Ophthalmology \(aao.org\)](#)

¹⁸ [Astigmatismo en niños, todo lo que debería saber - Eres Mamá \(eresmama.com\)](#)

to treatment and is under control. In some cases, remission is “complete”, which means that cancer cells cannot be found by any tests. When cancer has been in complete remission for several years, doctors may say that the child is cured. Remission is an important milestone in cancer treatment. From a physical standpoint, it means that the child most likely feels better, has an improved appetite and more energy. From an emotional standpoint, it is a ray of hope. It is not uncommon for families whose child is in remission to want to make changes in their life style that may benefit their child’s health in the future.¹⁹

This does NOT include children who are undergoing cancer treatment such as chemotherapy, radiotherapy, immunotherapy, surgery, etc. Should a family believe they are also capable of handling this process, they should inform the professionals in charge of their case.

35. HIV infection: Human immunodeficiency virus (HIV) infection results from 1 of 2 similar retroviruses (HIV-1 and HIV-2). It progressively weakens the immune system, increasing the risk of certain infections and opportunistic cancers. This condition requires strict monitoring and follow-up of disease progression given its significant clinical and psychosocial consequences. In children, it entails a lengthier and more complex process than in the adult population. Despite the risk of various comorbidities, human immunodeficiency virus infection is no longer considered inevitably fatal thanks to current treatment regimes. This condition must be considered a chronic pathology that must be closely monitored by infectologists.²⁰ **In Costa Rica, vertically acquired HIV infection (mother-to-child) was eliminated more than five years ago** with the help

¹⁹ [How to Keep Your Child Healthy during Cancer Remission \(rchsd.org\)](https://www.rchsd.org)

²⁰ Vista de Abordaje de la infección por VIH en el paciente pediátrico | Revista Médica Sinergia

of protocols that allow the detection and treatment of HIV infection before pregnancy.

36. Any type of infections that have been treated: Any infection for which the minor has been treated and included in their personal health record.

37. Food-related issues: For the purposes of this Glossary, food-related issues are not the same as those eating disorders included as checklist items 58 and 59. Food-related issues refer to various forms of **malnutrition** and these include, low weight-for-height, low height-for-age, and low weight-for-age (underweight)²¹; as well as **obesity**²², understood as a complex and multifactorial disease that is influenced by physiological, environmental, socioeconomic, and genetic factors, and often begins in childhood and adolescence. There is an imbalance of energy intake and energy expenditure that results in an excessive accumulation of body fat.

Development and Learning

38. Delayed psychomotor development: A delay in development occurs when a child fails to attain developmental milestones expected for their age.²³ It is common for children with developmental delays to have difficulty in other areas such as language, social interaction, and autonomy, among others.

39. Problems with language development: A person has significant, on-going difficulties understanding and/or using spoken language. In most cases, unless there is some type

²¹ [Malnutrición \(who.int\)](http://www.who.int)

²² https://www.observatoriodelainfancia.es/ficherosoia/documentos/2624_d_obesidad_infantil.pdf

²³ [Retraso psicomotor: causas, diagnóstico y tratamiento | Faros HSJBCN \(hsjbcn.org\)](http://faroshsjbcn.org)

of physical impairment that makes this impossible, these are difficulties that can and must be addressed and, of course, must be prevented.²⁴

40. Learning difficulties: A child that has a learning disorder has an unexpected, specific and persistent difficulty in one or more areas of learning, despite an appropriate overall intelligence level and adequate sociocultural opportunities.²⁵

41. Specific motor skill developmental delay: These are delays affecting one area of the child's development, regardless of what area. A developmental delay is not the same as a developmental disability. These are usually children under two years old who lag behind their peers but only in motor skills development (sitting, crawling, walking). This is not necessarily going to be a permanent condition. However, should it persists after two years of age, it is no longer a delay, and it is considered paralysis.²⁶

42. Need for specialist care with different medical/education specialists: The child has a specific need that requires professional support services such as language therapy, occupational therapy, physiotherapy, sensory stimulation, psychiatry, psychology, psychopedagogy, and special education, among others. This can also refer to the need for stimulation through participation in sports and/or artistic activities depending on the child's interests.

It is assumed that any family considering adoption is aware that their adopted child could need psychological or psychiatric support even before arriving at their new home. Therefore, upon arrival, the necessary accompaniment must be provided. It is safe to say that all adopted children will, at some point, need the help of a

²⁴ [Dificultades del lenguaje \(epssura.com\)](https://www.epssura.com/)

²⁵ [Dificultades de aprendizaje ▷ Tipos y causas más frecuentes \(psicogoya.com\)](https://www.psicogoya.com/)

²⁶ Dra. Tatiana Barrantes. 2021. Sesiones y consultas de análisis para sobre Hoja de Reflexión.

psychologist. From the onset, the family should be attentive to the child's needs in order to provide timely assistance.

Expression of Emotions and Behaviors Associated with Developmental Trauma Disorder

- 43. Difficulty expressing emotions:** A person has difficulty experiencing, identifying and expressing emotions. It can be caused by a lack of emotional learning or presence of complex trauma in childhood, which is very common in children placed for adoption.
- 44. Difficulty receiving affection:** This refers to situations where an individual's psycho-emotional maturation is stunted due to emotional deprivation and insecure/disorganized attachments beginning in the womb and during the first months after birth.
- 45. Trouble falling asleep, night terrors:** The child experiences recurrent episodes of abrupt terror arousals from sleep, usually beginning with a panicky scream. There is intense fear and signs of autonomic arousal, such as tachycardia and sweating, during each episode. Children are unresponsive during night terrors and will not respond when someone tries to comfort them.²⁷
- 46. Difficulty accepting limits:** This is not a disorder. Children will test the limits of their environment, and this is a normal behaviour throughout childhood. Defiant behaviours are to be expected and will vary depending on the developmental stage they are at.
- 47. Constantly demands attention:** Children need emotional connection, but even more so when they are adopted. They need their parents to be "present", attentive to their needs. This should not be mistaken for a whim or being deliberately annoying. The

²⁷ Idem

more time spent with the child, both in terms of quantity and quality, the less they will feel the need to exhibit inappropriate, attention-seeking attitudes or behaviors.

48. Tantrums: These occur when a child is trying to obtain something they want or need.

The child is overwhelmed by emotion or by the circumstances and needs an adult, who is in control, to help them deal with these emotions and model the behavior they want the child to display.

49. Tells lies or makes up stories: Children lie for many reasons. Some do so to gain

approval or because they find it hard to admit having made a mistake, whereas others might lie to avoid punishment. These are exactly the same reasons why adults also lie. In general, children under nine years of age have not yet fully developed a sense of morality.

50. Aggressiveness: Aggressive behaviors are intentional behaviors that can cause harm,

whether physical or psychological. It is normal for aggressive outbursts to occur in childhood (hitting others, insulting them, mocking them, having tantrums, or name-calling).

51. Stealing: Stealing is common and normal among preschoolers. Young children under

the age of six tend to be self-centered. Therefore, most preschool-aged children find it difficult to understand the concept of ownership, and that they have no right over things that belong to others. They have not fully developed a sense of morality and believe they can take whatever they want. They do not yet understand that stealing is wrong. Stealing can be an indicator of underlying psychological issues. The child has the need to "control" the environment or fill an emotional or physical void in their life. This should be addressed with the help of a trauma-informed psychologist.

52. Hyperactivity: It involves excessive motor activity. Children, particularly younger ones,

may have trouble sitting quietly for a prolonged period of time (e.g. school or church

or in a restaurant). To others, they may seem restless or uneasy. They often talk excessively and often seem “on the go” acting as if “driven by a motor” (fidgets or taps hands or feet, or squirms in seat; often leaves seat in situations where remaining seated is expected).²⁸

53. Impulsiveness: Impulsive children have difficulty controlling their attitudes and behaviors. Symptoms can be expected to interfere with how the child functions in social settings, in school and on the playground. They blurt things out, do not wait their turn and will interrupt conversations or activities. They may do things without asking for permission and take things that are not theirs.

54. Isolation: Child exhibits lack of interest in social interaction with others, even with family members, wants to be alone and rejects the company of others in specific situations or for no reason at all. (Does not refer to disorders).

Specific conditions associated with Developmental Trauma Disorder

Only if documented at the time of placement with the family (on the understanding that if not documented, they may appear later). Some of these conditions may entail a clinical diagnosis.

55. Oppositional defiant disorder: A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months and exhibited during interaction with at least one individual who is not a sibling.²⁹

56. Attention deficit disorder: A persistent pattern of inattention that is not consistent with level of development and has a direct impact on social, recreational and academic

²⁸ Idem

²⁹ American Psychiatric Association (2013). DSM-5 Diagnostic Criteria, Arlington, VA

activities (carelessness, seems not to listen, does not follow instructions, has difficulty staying on task and avoids those that require greater effort, loses and forgets items).

57. Reactive sexualized behaviours: These must be understood as possible sequelae of past experiences as the child may have witnessed or experienced sexual abuse. Parents need to pay attention to these warning signs.

58. Eating disorders: "Eating disorders can be recognized by a persistent pattern of unhealthy eating or dieting behavior. These patterns of eating behavior are associated with emotional, physical, and social distress. Eating disorders do not discriminate on the basis of gender, age, or race. They can be found in both genders, all age groups, and across a wide variety of races and ethnic backgrounds".³⁰ Disorders such as bulimia and anorexia nervosa typically have their onset during adolescence (12-13 years old), but they can affect children as young as 9 years old.³¹

59. Avoidant/Restrictive Food Intake Disorder: A condition characterized by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both. It can range from mild to severe, from a lack of interest in eating and food, to fear of aversive consequences. Food rejection can be because of their texture, taste or smell.³² Unlike anorexia and bulimia nervosa, it does not entail having a disturbed body image.³³

³⁰ <https://www.med.unc.edu/psych/eatingdisorders/learn-more/informacion-en-espanol/bfque-son-los-trastornos-de-la-conducta-alimentaria/#::~:~:text=Los%20trastornos%20de%20conducta%20alimentaria,g%C3%A9nero%2C%20edad%2C%20o%20raza.>

³¹ Idem

³² 427-Texto del artículo-837-1-10-20161221.pdf

³³ <https://www.msmanuals.com/es/hogar/trastornos-de-la-salud-mental/trastornos-de-la-conducta-alimentaria/trastorno-por-evitaci%C3%B3n-restricci%C3%B3n-de-la-ingesta-de-alimentos>

60. Enuresis: An elimination disorder that is defined as repeated involuntary or intentional wetting of the bed and/or clothing in children who are toilette trained and are older than five years of age (or the developmental equivalent).³⁴

61. Encopresis: An elimination disorder that is defined as the repeated involuntary or intentional passing of stool into inappropriate places (e.g. underwear, floor) in children older than four years of age (or the developmental equivalent).³⁵

62. Mood disorders: These are mental health disorders that involve emotional disturbances consisting of long periods of excessive sadness (depression), excessive joyousness or elation (mania), or both. Depression and mania represent the two extremes, or poles, of mood disorders.³⁶ These are often present in children with a history of trauma and can take a variety of forms.

63. Anxiety disorders: Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). The person finds it difficult to control the worry, causing them clinically significant distress or impairment in social, academic, or other important areas of functioning.³⁷

For the treatment of any of these conditions, or specific emotional and behavioral symptoms associated with developmental trauma disorder, it may be necessary to resort to the short-, medium-or long-term use of pharmacologic treatment (psychiatric medication). This medication is prescribed to the minor for an undefined or defined period of time with the objective of managing a physical or mental health condition identified as needing treatment.

³⁴ Idem 32

³⁵ Idem

³⁶ [Introduction to Mood Disorders – Mental Health Disorders – DSM Manual for the general public \(msdmanuals.com\)](https://www.msdmanuals.com/pt/children/psychiatry/mood-disorders)

³⁷ Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

Presence of a Disability

Presence of a disability: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".³⁸

64. Motor paralysis Level 1: Walk and move on their own.

65. Motor paralysis Level 2: Some sort of mobility aid is required.

66. Down syndrome: A genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features of Down syndrome. Down syndrome varies in severity among individuals, causing lifelong intellectual disability and developmental delays.³⁹

67. Physical impairment: A condition in which a part of a person's body is damaged or not working properly, limiting the person's ability to function in a conventional manner.⁴⁰

68. Mild cognitive impairment: It can be associated with early traumatic experiences in development. "Persons exhibit a delay in cognitive functioning and mild motor and sensory impairment. Learning abilities are slightly delayed; they can go to a regular school, learn to read, write and do math; and, under the right conditions, there is no significant difference with their peers. They succeed at adapting to the environment since they develop very good social skills. Many are able to lead independent lives

³⁸ Article 1 of the Convention on the Rights of Persons with Disabilities

³⁹ [Down Syndrome – Symptoms and causes – Mayo Clinic](#)

⁴⁰ [Tipos de Discapacidad que Existen y Clasificación | Disiswork Blog](#)

and do not need permanent assistance; however, emotional intelligence can be poor, requiring adequate guidance."⁴¹

Sensory disabilities

A disability of at least one of the five senses (sight, hearing, smell, touch or taste). A sensory disability mainly affects a person's ability to interact with the world around them. Sensory disability is mainly used to describe persons who have experienced loss of vision or hearing, making it difficult for them to communicate or use language.⁴²

69. Blindness or visual impairment: Visual impairment is a term used to describe any kind of vision loss, whether partial or complete. Blindness refers to complete or nearly complete vision loss. Some cases are reversible, but not the majority. **Low vision** refers to vision loss that cannot be corrected by glasses, surgery or medication. People with low vision have residual vision with some light perception.⁴³

70. Deafness or hearing impairment: A person is said to have hearing loss if they are not able to hear as well as someone with normal hearing, meaning hearing thresholds of 20 dB or better in both ears. It can be mild, moderate, moderately severe, severe or profound, and can affect one or both ears and leads to difficulty in hearing conversational speech or loud sounds. "Hard of hearing" refers to people with hearing loss ranging from mild to severe. People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices as well as captioning. "Deaf" people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for

⁴¹ [Tipos de Discapacidad que Existen y Clasificación | Disiswork Blog](#)

⁴² Idem

⁴³ Idem

communication.⁴⁴ In Costa Rica, the deaf culture has its own sign language called LESCO, which is also taught to people who can hear.

71. Sensory Processing Disorder (SPD): A condition often linked to early childhood trauma.

Sensory processing is the neurological process of organizing and interpreting sensory input from the environment and the body itself. Children with SPD have problems processing sensory information, which affects their ability to respond appropriately to their environment (energy level, emotions, behaviors and attention).

72. Autism spectrum disorder (ASD): A diverse group of conditions characterized by some

degree of difficulty with social interaction, communication and language and restricted interests and repetitive behaviors. ASDs start in childhood but tend to persist in adolescence and adulthood. The most common age of diagnosis on the autism spectrum is in the first five years of life.⁴⁵

Biological Family History

It is important to realize that, in most cases, the biological families of those children who might eventually become yours have not one, but several of the family background characteristics listed here. Keep in mind that a reciprocal relationship tends to exist between biological family background and the adopted child's medical background, development and learning, and how he or she expresses emotions and behaves.

There is no way of assuring adoptive families that their adopted child's personal history or traumatic circumstances will not manifest later in life, despite not being evident at the time of their adoption. Therefore, it is recommended that you consult specialists and do

⁴⁴ [Deafness and hearing loss \(who.int\)](http://who.int)

⁴⁵ [Autism Spectrum Disorder \(who.int\)](http://who.int)

your own research on the effects of each of these issues so you are able to address their possible consequences.

73. Alcohol use by mother (and/or father): For the purposes of filling in the Special Needs Checklist Form, alcohol use shall be understood to mean, maternal alcohol consumption during pregnancy, documented or not, and regardless of whether the baby was diagnosed with neonatal abstinence syndrome. It is important to bear in mind that there is no known safe amount of alcohol use during pregnancy. Therefore, it is not possible to assure adoptive families that the mother did not drink alcohol while pregnant.

74. Drug use by mother (and/or father): For the purposes of filling in the Special Needs Checklist Form, drug use shall be understood to mean, illicit drug use by the mother before and during pregnancy, documented or not, and regardless of whether the baby was diagnosed with neonatal abstinence syndrome. It is not possible to assure adoptive families that the mother did not use illicit drugs while pregnant.

75. Parents of a different nationality than Costa Rican: This refers to parents whose country of origin is not Costa Rica.

76. Criminal history of the parents or other close relatives: The child's biological parents may have had run-ins with the law. However, this does not necessarily imply criminal conduct or incarceration. Criminal history includes typical family dynamics and behavior through which criminal conduct may have been normalized, becoming an everyday part of life.

77. Intrafamily/domestic violence: Any action or omission, direct or indirect, exercised against a relative by blood, affinity or adoption within the third degree, by marriage or common-law or by a guardian or custodian that harms their physical, sexual,

psychological or patrimonial integrity. A relationship by affinity shall remain even after termination of the relationship that created it.⁴⁶

78. Homelessness or spending time on the street: For the purposes of filling in the Special Needs Checklist Form, homelessness shall be understood to mean that the mother or father of the minor experienced situations that led them to live on the street for a prolonged length of time; or they are engaged in informal livelihood activities (e.g. street vending, sexual exploitation, prostitution or criminal activities) mostly in public space, with little or no access to health services, education, culture, decent work opportunities, experiencing material deprivation, malnutrition, exposure to severe weather, and with high vulnerability and exposure to risk, such as drug use, alcoholism, all types of violence, involvement in illicit activities, among others.

79. Street violence by the biological family: For the purposes of this Glossary, street violence shall be understood as the heightened expression of the need for control, dominance, subjugation, and coercion by adults, in this case the parents, over others in public settings, through actions such as brawls involving physical blows, threats, profanity, and foul language. Often, street violence is part of survival strategies that are normalized among adults living in more vulnerable socioeconomic environments.

80. Prostitution: Work of a sexual nature through which an adult person sells access to their body for erotic purposes and sexual intimacy in exchange for money. It differs from commercial sexual exploitation in that the latter refers to the crime of selling the bodies of underage persons for sex in a relationship of power, even if it appears consensual. Prostitution, on the other hand, encompasses a broad spectrum of situations that tend to be related, causing harm to the person who sells their body, such as alcoholism,

⁴⁶ [Sistema Costarricense de Información Jurídica \(pgrweb.go.cr\)](http://pgrweb.go.cr)

drug use, homelessness, exposure to all types of violence, sexually transmitted infections, and depression, among others.

Other background information associated with the biological family

81. Parents with HIV/AIDS: HIV (human immunodeficiency virus) infects cells of the immune system, resulting in its progressive deterioration. The immune system is considered deficient when it can no longer fulfil its role of fighting off infection and diseases. Acquired immunodeficiency syndrome (AIDS) is a term that applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of the more than 20 life-threatening cancers or “opportunistic infections”, so named because they take advantage of a weakened immune system.⁴⁷

82. Complete absence of information: This occurs in those cases where the child is abandoned after birth, and there is no way of knowing who the parents are. These cases are rare in our country. When open to complete absence of information, the adoptive family is also open to all points included under Family History above, from 73 to 88. Any of these could have been present in the mother. Therefore, the future adoptive family is fully aware of this and feels capable of responding to any developmental difficulties their child might exhibit.

Documented history of mental illness in the biological family

This is information on record related to the presence of mental illness in members of the child’s biological family.

⁴⁷ [WHO | HIV/AIDS \(who.int\)](http://who.int)

83. Cognitive impairment in the parents: Cognitive impairment (also known as an intellectual disability) is characterized by a series of limitations in intellectual functioning and adaptive behavior (life skills).⁴⁸

84. Schizophrenia and other psychotic disorders in the parents or other blood relatives:

Schizophrenia is characterized by distortions of thinking, perception, affect, language, self-awareness and changes in behavior. Some of the most frequent symptoms of schizophrenia include hallucinations (hearing or seeing things that do not exist) and delusions (persistent false beliefs).⁴⁹ There are other psychotic disorders, such as dementia.

85. Anxiety disorders in the parents: People with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks).⁵⁰

86. Mood disorders in the parents: Mental health disorders that involve emotional disturbances consisting of long periods of excessive sadness (depression), excessive joyousness or elation (mania), or both. Depression and mania represent the two extremes, or poles, of mood disorders.⁵¹

87. Personality disorders in the parents: These are characterized by long-lasting, pervasive patterns of thinking, perceiving, reacting, and relating that cause a person significant distress and/or impair the person's ability to function.⁵²

88. Autism spectrum disorders in the parents: (as defined in item 72)

⁴⁸ [La discapacidad cognitiva: qué es y cómo abordarla en el aula \(unir.net\)](#)

⁴⁹ [Schizophrenia \(who.int\)](#)

⁵⁰ [Anxiety disorders – Symptoms and causes - Mayo Clinic](#)

⁵¹ [Overview of Mood Disorders – Mental Health Disorders – DSM Manual for the general public \(msdmanuals.com\)](#)

⁵² [Overview of Personality Disorders – Mental Health Disorders – DSM Manual for the general public \(msdmanuals.com\)](#)