UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

AUGUST 2006

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER

In This Issue

3 **My Daughter**
By: Amy Bates
A poem written by a foster parent.

4 **Coaching Children with LD and ADHD in Sports**
By: Schwab Learning
A guide on to coaching those with LD &ADHD.

6 **The Purple Sheets**
By: Joye Henry
A former foster childs story of adoption.

8 **2006 Cluster Events**
Trainings and Events for each Cluster region.

10 **Methamphetamine**
By: Diane Riggs
Giving rise to a new tide of child endangerment.

12 **Talking to Your Children about Adoption Assistance**
By Rita Laws, Ph.D.
How to approach talking about adoption assis tance with your adoptied children.

14 **Which Ones are Yours**
By: Suzanne Dosh, MSW
An article explaining the importance of using appropriate adoption language.

August 2006
Kathy Searle, Editor
Lindsay Kaeding, Design Director

To submit articles or for a subscription, call (801) 265-0444 or toll free outside Salt Lake County call (866) 872-7212. This publication is funded by the State of Utah, Division of Child and Family Services. The Adoption Exchange prepares and prints the newsletter and the Division of Child and Family Services mails the publication. The mailing list is kept confidential. One can be removed from the mailing list by calling: (866) 872-7212 or 265-0444 within Salt Lake County.

My Daughter

I lost my daughter today.
Sadness threatens to overwhelm me.
Grief consumes my every thought.
Pain fills my entire body.

The words send a shock to my heart.
My legs fail me as I fall to the floor
Knowing it was to come,
Realizing it is God's will,
Nothing makes it easier to hear.

My heart crumbles under the weight
I know that all the pieces will never be found.
A wound created that will never heal.
A constant reminder of what is gone.

Desire to become a forever family.
Hope of taking away too much pain.
Dreams of her eyes filling with child like joy.
Plans of holidays, birthdays, and special events
All cause to mourn, all will never be.

I long for the comfort others might have,
Joy with her in the arms of the Father,
Peace in knowing she is cared for,
Sure knowledge that we will be together again.

I lost my daughter today.
There are no flowers to brighten my soul.
No grave to visit and seek refuge at.
The rest of the world will never notice,
For the daughter I lost was never really mine.

–Amy Bates, Foster Parent

*This was written about our daughter that lived with us for two years in foster care.

COACHING CHILDREN WITH LEA

When kids compete in sports, their own mental and emotional issues can quickly become their fiercest competition. This is especially true of young athletes coping with learning disabilities (LD) or Attention-Deficit/Hyperactivity Disorder (AD/HD). Fragile egos and personal struggles make them more prone to internal and external interference. Performance on the tennis court or soccer field takes on undue importance as a host of issues are brought to the fore. Trouble with frustration tolerance, recovery skills, communication, or self-assessment can transform sports into a battleground of negative self-talk and limited self-control.

You may wish to be proactive in coaching the "mental game" to your child who struggles with learning and/or attention problems. Strategies that help kids manage the emotional challenges of competition help preserve the fun and positive contributions sports can make to character development. Also, sensitizing your child's coach to the challenges LD and AD/HD present during sports can further protect your child from future problems.

COACHING YOUR CHILD BEFORE THE GAME

Help your child understand that sports are as much a mental pursuit as a physical game. Explain how having LD or AD/HD poses additional challenges due to the cluster of symptoms that can interfere with one's performance. Such symptoms include:

slow processing of visual and/or auditory stimuli
slower reaction times
distractibility
forgetfulness
poor impulse control

Gently suggest that your child's sense of sportsmanship and teamwork may also take a backseat when these troubles surface. Offer an optimistic forecast that preparing for these hurdles will increase the odds of your child enjoying — and succeeding — at sports. While it's important to carefully consider your child's preferences in sports, don't hesitate to tactfully present your own point of view. Certain roles, such as infielder in baseball or offense in soccer, offer much more "game-time stimuli" to keep your child's attention on the game. However, children with certain types of LD are better served by team roles offering intermittent stimuli since they have more time to prepare themselves for the correct response. Other factors, such as a preference for team vs. individual sports, should also be reviewed in light of your child's unique pattern of strengths and limitations.

Try these strategies to help prepare your child for sports:

Train your child to recognize his self-defeating patterns. A history of academic and/or social struggles may compel children with LD or AD/HD to focus solely upon winning or peak performance to compensate for deeper feelings of inadequacy. This can leave them devastated by disappointment. Consider the child who loses to a younger sibling during tennis and is consequently unwilling to ever play another tennis match. Explain how this narrow view of sports acts as a "blindfold with one small hole," blocking out positives such as athletic improvements, social opportunities, and mental game growth.
Encourage your child to identify his "break points." Break points signify those events that usher in emotional meltdowns. Defeat at the hands of a younger opponent or sibling, repeated strike-outs, or on-field mistakes may bring on a cavalcade of painful emotion. Familiar and negative self-talk or "put-down-myself talk" tied to the chronic frustration of LD or AD/HD, acts as quicksand, pulling some children to the point of self-loathing. Encourage your child to identify his break points and also share what you have observed.
Offer your child "positive self-talk" messages to replace his self-defeating ones. Two of the most important goals in helping a child with LD or AD/HD adjust are to help him develop self-acceptance and set realistic expectations. Sports offer an opportunity to guide him to-

wards these goals. Suggest he practice saying to himself, "I may lose or not always play my best, but I will try my hardest not to beat myself by losing my mental game." Similarly, ask your child to balance effort and expectation with the self-statement: "I will try my hardest to win but be prepared to deal with whatever happens." Ask him to come up with positive self-talk for one of his break points. Write down his response so he can refer to it as needed. Do the same with his other "break point" scenarios so that he is mentally prepared for those situations.

Emphasize the influence of confidence and self-control to success, no matter the score. Athletic competition parallels many of the academic and life challenges faced by all children, including those with LD and AD/HD. Developing skills such as poise under pressure, graceful defeat, and quick recovery from error help build character. Help your child understand the "bigger picture" of how sports provide a training ground for life. Strategize how to handle fooling around by teammates, harassing opponents, and other challenges. Inoculate him to these inevitable experiences by having him rehearse positive self-talk while practicing at home.

Collaborating with Your Child's Coach

Your child's coach is another key player to include in pregame preparation. Because disclosing your child's LD or AD/HD may backfire, it is wise to proceed with caution. However, too much caution can invite problems when your child takes to the athletic field when the coach remains unaware of his difficulties. Informed guidance delivered by a supportive coach will greatly benefit your child.

The challenge is to communicate helpful information to the coach without insulting him or coming across as a pushy parent. In approaching the coach, consider the following:

Define your child's specific problem rather than giving a broad label that is open to misinterpretation. Simply explaining that your child has LD or AD/HD can invite misunderstanding. Well-intentioned coaches may err in the direction of "over-accommodating" the problem, creating the impression your child is receiving preferential treatment. It could also lead the coach to reduce your child's playing time. Here's an effective approach: "My child has AD/HD, which means his ability to pay attention for extended periods and to control distracting behaviors is not as strong as others his age. If these problems surface, please privately discuss them with him and remind him that being on a team carries responsibilities. Also, let me know if this happens." If your child has LD, focus your message on those skills of the sport that are particularly troublesome, such as coordination, quick decision making, or concise communication.

Suggest approaches that are easy to implement, not embarrassing, and linked to home-based strategies. Most coaches will consider suggestions for simple and effective strategies. For example, suggest that the coach emphasize appropriate behavior if he observes your child misbehaving by calling out your child's name and pointing to his own head with a forefinger to signify the need to keep the child's "thinking side" in charge. Tell the coach that having LD or AD/HD makes it hard for children to pick up important clues used by players to give themselves instructions, such as the need to back up the short stop if playing left field. Ask the coach to conference with your child about the role of clues and self-instructions as they apply to the game. Emphasize that when your child's teammates misbehave, your child may be tempted to join in. Suggest the coach address the baiting behavior of your child's teammates.

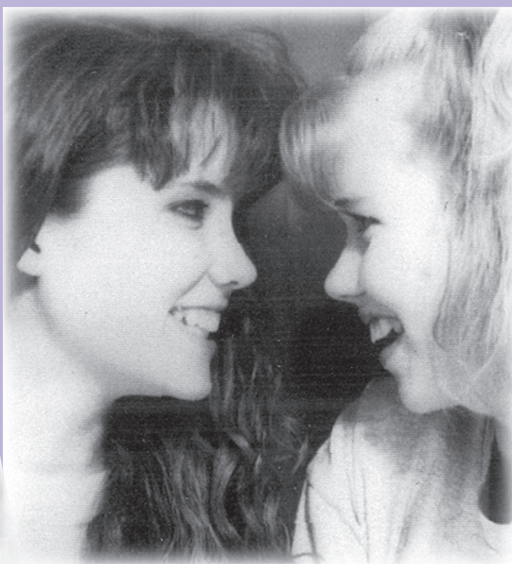
Tactfully stress the value of positive reinforcement, close supervision, and appropriate boundaries and consequences. Coaches should be aware that the behavior of children with LD or AD/HD varies greatly depending upon certain factors. Explain how relaxing the rules and boundaries can be problematic for kids like yours, who need structure. Also mention that when an adult loses his temper, it may trigger a similar reaction in children with LD or AD/HD.

Ensure your child is aware of the discussion and prepared to receive the coach's signals. Remind your child of the importance of "mental game preparation" before games and practices so the coach won't have to provide frequent reminders. Consider including your child within at least part of the conversation with the coach in order to facilitate active participation. Depending upon your child's age and maturity, he can be encouraged to advocate for himself in this process, and learn valuable lessons about seeking helpful accommodations and communicating his needs in a respectful manner.

Express appreciation. Wrap up your conversation with the coach by saying, "I appreciate your willingness to listen to my suggestions and I realize in the heat of competition you won't be able to follow them all. All I ask is that you try and also that you keep me posted."

Careful Coaching for a Winning Outcome

Coaching kids with LD and AD/HD in sports entails considerable challenge and reward for parents and coaches alike. When you offer your child insight and strategies to guide him through the hurdles, sports participation can be a positive experience for your child.



The Purple Sheets

By: Joye Henrie

Fourteen years ago, Arkansas' Division of Children and Family Services (DCFS) did things very differently than they do today. Back then, the caseworker's desks were all squished close together in one large, boxy room with bad lighting. The close proximity of the other caseworkers' desks intensified my anxiety about answering the gruesome questions my caseworker, Betty, rattled off. I was embarrassed by the seemingly perverse nature of her questions, and even though I didn't know what "erect" meant at fifteen years old, I was visibly embarrassed when she used the word in a question.

Things were pretty laid back about placements too. When Betty advised my mother that I could not continue to live in the same house as my abuser, my mother turned to me and calmly asked, "Do you think you could find somewhere to live?"

I trembled as I used Betty's phone to call my church friend, Laurel, to ask, "Do you think your parents would let me come live with you?" She seemed surprised by the question, but she promised to ask them.

It was only about two weeks before I had to leave behind my bedroom, my home, my family, my cat, my school, and my friends. I shoved all of my grandma's and cousin's hand-me-downs into a couple of boxes and felt anxious about leaving behind everything else.

Laurel's parents, Rick and Donna, bought a bunk bed in anticipation of my arrival, as I would be sharing a room with Laurel. After I first arrived and got all of my belongings in Laurel's room, Donna asked me, "What color of sheets do you want?" Wow! What a luxurious question! No one had ever cared before what color of sheets, blankets, walls, or even clothes I wanted! I didn't hesitate to say "purple," as it was my favorite color at the time.

I was surprised when Donna came back from the store with a set! The top sheet matched the bottom sheet, and it came with a matching pillowcase too! It even came in a plastic, zip up package! I hurriedly put the unused, unstained beauties on my bed. I made my bed like I never had before…paying close attention to the hospital corners and the fluffiness of my now purple pillow! I felt that I was in heaven when I drifted down into my brand new sheets that night!

Having come from a small, rural school, I was very nervous to attend my new inner city school on the first day. I was to be a new student in February, a frightening prospect for any teen, and was to experi-

ence an incredible culture shock! My new school had roughly 2,000 students, solid concrete walls with no windows, metal detectors at the entrance, and steel classroom doors.

That first morning, I was speechless when Donna gave me a dollar for a lunch tray. No one had ever done that before. I was accustomed to begging for my friends' leftover carrots or French fries…or stealing money to buy a Frito Pie. Donna's dollar made me feel like I mattered. I humbly put it in my pocket and thanked her before I boarded the bus.

After school, Donna sat down and explained the rules of the house to me. The other girls and I would rotate on chores (each being in charge of a particular room for a week), which I was delighted about. At home, I had essentially been my family's slave…rising at 6:00 a.m. and going to bed at 1:00 a.m. most of my life. When Donna told me that I was in charge of the kitchen for the week, I was just tickled! Only one chore! Wow! We were each in charge of doing our own laundry, which was a treat, too. I was used to doing laundry for six!

We attended bible study in the mornings before school where we were served breakfast…another new little novelty for me.

We were given $10 every other week for allowance, and Donna told me the "pay rate" for good grades. It was all simple enough, but I still found myself blown away the first time I received an allowance! Ten dollars? I was RICH! Donna took us to the store the next day, and I bought pantyhose, razors, makeup, and junk food with my money. I suddenly felt like an "uptown girl"! Afterwards, Laurel and I started a tradition of having our pictures taken in the two-dollar photo booth, which we split the cost of on every allowance weekend.

When I had a string of headaches, Donna took me to have my vision checked for the first time in my life. She took me to the doctor and checked me out of school once a week for therapy. Through every little action…even through each omission…Rick, Donna, and their children made me feel like a human being…like a person worthy of food, clothing, shelter, and happiness.

There are so many foster parents who wonder if they have made enough of a difference in their foster children's lives. They do make a difference! Rick and Donna's impact on me has been infinite and priceless.

Laurel and I have now been close friends for eighteen years. I was in her wedding, and attended her grandfather's funeral as a bona fide "family member." We live in different parts of the country, and my foster siblings are scattered from North Carolina to Arizona. Yet I was there massaging Donna's feet when she lingered in a diabetic coma. I made dinners and cleaned for Rick while he was sick with worry. I introduced my older foster sister to her husband and have even been accepted as family by my foster brothers- and sister-in-law.

My family is rather large now…my birth family, my foster family, my in-laws. They all matter, and my life would be lesser without them. Some things we never forget. Some things we never stop cherishing.

I had my purple sheets when I dropped out of high school. I had them during my two residential treatment stays. I had them when I went to military school. I had them when I relinquished my first daughter for adoption. I had them when I got married and gave birth to my son. I had them when I bought my first house, and I had them when I entered college and made the Dean's List. I had them when I became a foster parent.

Every so often, I pull them out and tell my children the story of the faded purple sheets. They are always in awe to think that I was once a displaced child too, and almost without fail, they rush to put the purple sheets on their own bed.

I'm doing well now. We're all doing well now. And so the hourglass is flipped again. Donna and Rick's legacy continues, as their magical sheets hug the sleeping beauties of a new generation!

eastern region

August

Castle Dale: August 9 from 7 – 9 p.m. Castle Dale DCFS Office
Topic: De-escalation of Rage
Trainer: Kelly Peterson

Moab: August 9 from 6 – 9 pm Moab DCFS Office
Topic: Parenting with Love and Logic
Trainer: Faith Spencer

September

Roosevelt: Sept. 13 from 6 – 9 pm Roosevelt DCFS Office
Topic: Color Code
Trainer: Brian Young

Price: Sept. 6 from 7 – 9pm Price DCFS Office
Topic: Effective Discipline
Trainer: Les Harris

Moab: Sept. 11 from 6 – 8 pm Moab DCFS Office
Topic: Helping Children Succeed in School
Trainer: TBA

October

Vernal: October 11 form 6 – 9 p.m. Vernal DCFS Office
Topic: Parenting Toward Attachment
Trainer: Liz Rivera

Castle Dale: October 11 from 7 – 9pm Castle Dale DCFS Office
Topic: Coping with Behaviorally Challenging Children
Trainer: Les Harris

Moab: October 18 from 6 – 8pm Moab DCFS Office
Topic: Effective Discipline
Trainer: Les Harris

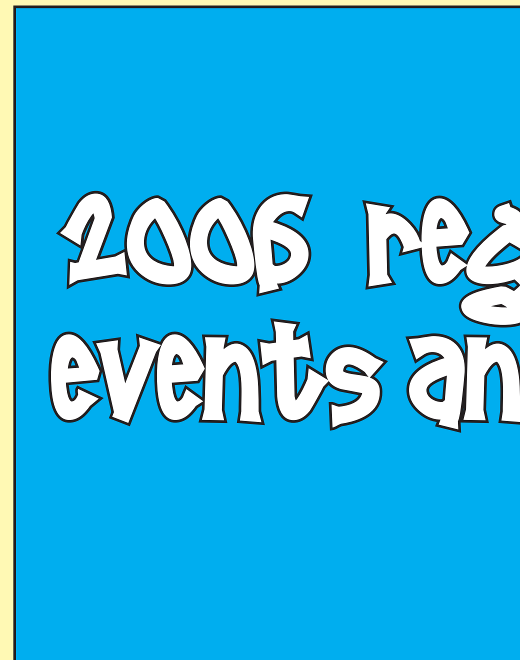
November

Vernal : Nov. 8 from 5:30 – 9:30 p.m. Vernal DCFS Office
Topic: PMT 6
Trainer: Les Harris

Moab: Nov. 4 from 1 – 4 pm, Location TBA
Topic: Recreational Therapy
Trainer:

northern reg

Check www.utah



southwestern region

Check www.utahfostercare.org for upcoming events and trainings.

for more cluster information visit. www.utdcfsadop

western region

Check www.utahfostercare.org for upcoming events and trainings.

gion

fostercare.org for upcoming events and trainings.

gion cluster
d trainings

salt lake region

August

	Magna/SVW:	August 16 Topic: Oppisitional Deffiant Disorder
	Sandy:	August 23 Topic: Working with Bio Families
September	WJ Cluster:	September 6 Topic: ADHD
	Magna/SVW:	September 19 Topic: Birth Visits
	Sandy:	September 20 Topic: Helping Children Understand their Past
	Tooele:	September 26 Topic: Social Development
October	Tooele:	October 24 Topic: Managing Priorities
	Sandy:	October 25 Topic: Oppositional Degiant Disorder
November	WJ Cluster:	November 1 Topic: Advocating for Kids in School
	Magana/Struct.	November 14 Topic: Color Code

pt.org under education or www.utahfostercare.org

METHAMPHETAMINE Gives Rise to a New Tide of Child Endangerment

By Diane Riggs

"Satan dust" is just one of more than 300 slang terms—including meth, crank, crystal, ice, glass, speed, chalk, zip, tweak, Tina, and rocket fuel—used to identify methamphetamine, an old drug that is newly confounding child welfare workers. As we have learned over the past decade, and more fully in the past few years, the risk to children from adults' rising use and manufacture of meth is frightening in scope, and the time to protect them is now.

What's So Bad about Meth?

The link between parental substance abuse and child welfare is nothing new. Meth, however, is different from alcohol, cocaine, and heroin in several important ways. First, the drug is highly potent and almost instantaneously addictive. Users who snort meth feel the effect within five minutes, and many are hooked after just one hit.

Second, the meth high and subsequent fall are more prolonged than with cocaine or heroin. On a steady diet of meth, a user can stay awake for a solid week or more, and then crash correspondingly hard and long. Mood disturbances caused by the drug—such as extreme irritability, depression, and paranoia—can last well beyond the drug-using event. Withdrawal symptoms are also much more severe and enduring.

Another cause for concern is that meth is increasingly accessible. Sometimes described as the "poor man's cocaine," meth costs much less than cocaine or heroin and can be made at home from relatively inexpensive and commonly available ingredients.

How Meth Affects Child Welfare

Initially thought to be a problem mainly in western states, meth use has stretched across the U.S., and child welfare involvement has followed right behind. Published this summer, reports from Kentucky and North Dakota suggest that birth parents' meth use is causing the demand for foster and adoptive families to rise beyond the available supply. Officials in North Dakota estimated that about 15 percent of children who enter foster care have meth-affected family members.

A more recent survey of Minnesota counties revealed that meth production and use is a factor 31 to 81 percent of reported child-protection cases. Tennessee's Department of Children's Services estimates that it will remove about 750 children from meth-affected homes in 2004, a 25 percent increase over last year. And, in a statement made earlier this year, North Carolina's attorney general asserted that children are found in about a quarter of that state's meth lab raids.

But what about children who live with meth? What price do they pay?

During pregnancy, a woman who uses meth passes dangerous chemicals to her unborn child. In the fetus, meth raises blood pressure, may slow growth, and can cause prenatal strokes, heart damage, and even death. For more than a month after they are born, meth babies show signs of withdrawal such as excessive fussiness, failure to suck and swallow properly, and hyper-sensitivity to stimulation.

By the time prenatally meth-exposed children reach school, problems with behavior, language, and learning are often evident. Poor social skills and aggression emerge, and attention deficit hyperactivity disorder is a common diagnosis. Most researchers are still waiting, however, to definitively identify the long-term consequences of prenatal meth exposure.

Children who live with meth-using parents face more dangers. While on meth, parents often don't eat and may not think to feed their children. While high, parents may simply neglect their children, but if provoked, may fly into an abusive rage. Meth also endows many users with a stronger sex drive—an urge that may be turned on children or inappropriately acted out in front of children. When parents fall into a lethargic depression after a high, they are incapable of doing much for themselves, much less a child.

When exposed to the home manufacture of the drug, children inhale toxic fumes and absorb dangerous chemicals into their skin, clothing, and personal possessions—contaminates that cause neurological and respiratory problems. Very young children can ingest toxic materials used in production and frequently sustain chemical burns. And, since meth cooking vapors can ignite without a heat source, the risk of being caught in a fire is substantially magnified.

Protecting Children from Meth

As the tide of meth use broadens and affects an increasing number of children, more jurisdictions are taking strides to protect meth's victims. Through child endangerment teams, legislative action, government task forces, and education, officials are attempting to remove children from danger and combat the drug that is rapidly destroying so many families.

Fortunately, many jurisdictions have realized that situations involving meth and child welfare are best handled by a team of professionals. Formally sanctioned by the White House Drug Policy Office last October, Drug Endangered Children or DEC programs (which have existed in western states for many years) attempt to coordinate the efforts of law enforcement, fire and emergency services, health care, and social services.

Announced this September, for example, Tennessee's new DEC Team has this protocol: Police who bust a meth lab alert fire officials and call a child welfare agency worker to assume custody of any children at the scene. The children are then evaluated and cared for at a medical facility before being placed in a foster home.

Child removal from meth-affected homes, however, poses unique challenges. If a child has been living where meth is cooked, he is contaminated, as are his clothes, and his favorite toys—children must leave everything behind. In some cases, law enforcement or social service workers must literally hose children off and supply them with clean clothes before taking them to a medical facility for a more thorough decontamination.

Recognizing the serious risks to children who live with meth producers, Alabama, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, North Dakota, Oregon, Tennessee, Utah, and Washington State have all passed laws in the past few years expanding their child abuse and endangerment statutes to include drug manufacturing in a child's presence. Just this year, Virginia, North Carolina, and Georgia also passed legislation making meth production in the presence of a child a felony offense.

Effective December 1st, a new law in North Carolina will institute tougher penalties for those who manufacture meth around a child or where a child lives. Illinois' attorney general is also promoting legislation that would double the maximum sentence and fine for any crime involving meth production near or in a manner that endangers children.

Quite few states (including California, Illinois, Indiana, Iowa, Missouri, Montana, New Mexico, North Carolina, Oregon, Pennsylvania, and Tennessee) have set up meth task forces as well. In Oregon—where the governor recently identified meth use and production as the "single biggest factor that leads to the removal of children from their homes"—the Methamphetamine Task Force won approval from the Oregon Board of Pharmacy on October 13th to enact an emergency six-month restriction on the sales of pseudoephedrine, a common decongestant used in homemade meth.

Meth task forces, as well as community groups, are also hosting regular meth trainings and conferences. Aimed both at service professionals (police, social workers, teachers, physicians, etc.) who encounter meth users and meth-affected children at work, as well as the general public, trainings typically focus on community and worker safety as well as ways to help meth-affected children.

Hope for Recovery

For child welfare professionals facing meth's growing threat to child safety and well-being, the priority must be helping young meth victims to heal. Hospitals must learn to diagnose meth exposure in infants and children, and foster parents must understand how the drug affects children. Those who care for meth babies, for example, must have an abundance of patience to endure inconsolable, high-pitched screaming during the long weeks of withdrawal.

Older children present other challenges. As one foster mom explains from her experience with children removed from meth addicts, "They don't think they're going to get fed. If electricity goes out because of a storm, they're sure we didn't pay the bill. They are surprised when we go shopping when the shelves aren't bare." Living in a stable family can be very unsettling for children raised in chaos, and they may create chaos to feel better.

Teachers and child care workers can help too. Child psychologist Dennis Embry encourages teachers to kneel to greet students face to face and model good touching. The touching, he suggests, can help to soften the anti-social nature of meth-exposed children who are programmed to withdraw from or fight against a dangerous and unpredictable world. Embry also recommends programs that teach meth-exposed children how to play appropriately, and those in which volunteers provide extra help with learning.

Other ways to heal meth-affected children include ongoing therapy and support. One northern Minnesota county has even formed an informal support group for foster children, many of whom were removed from meth-addicted parents.

The recovery potential for parents ensnared in meth addiction is less certain. What researchers have learned so far is that 30-day drug treatment programs rarely offer parents enough help to resist the lure of meth for long. Even after two years of staying clean, many users will again succumb to the craving for meth. Even those who don't relapse must still deal with the neurological and organ damage caused by meth, and judicial decisions that may separate them from their children forever.

Fortunately, in Washington State an intensive recovery program is helping to keep some families together. Safe Babies, Safe Moms is available to mothers whose babies test positive for meth or other drugs at birth. To enroll and stay in the program, the women must make a three-year commitment.

In return, program participants receive individual support from a case manager who connects them to drug treatment, transitional housing, education, birth control, and other services. After three years, many of the women have been able to completely break their drug habit, and start a healthy new life together with their children.

Conclusion

As law enforcement officials, medical professionals, and the child welfare community have come to realize, methamphetamine is a uniquely formidable foe, and no single profession or organization can keep it from hurting children. Our best hope lies in raising awareness about the drug's dangers, and supporting partnerships between communities and professionals to both stem meth's use and help children to emerge from the shadow of their parents' addiction. There is no time to lose.

Megan is waiting...

Megan loves being a girl, her favorite color is pink and she enjoys anything that is feminine. She also loves dolphins and talking on her cell phone.

Megan is a very likable young lady that gets along well with adults. She struggles with her relationships with her peers at times but enjoys spending time with those younger than her.

Currently Megan is in the 6th grade where she is doing very well. She is performing on grade level and only needs a little assistance in math. She is very intelligent and enjoys learning and going to school.

Megan has trouble controlling her temper at times but with patience and understanding she is learning to redirect her emotions. She is currently attending therapy weekly to address past and current issues.

Any two-parent family where Megan can be the oldest or the only child in a family are urged to inquire. All families must have an approved homestudy at the time of their inquiry.

Financial assistance for medical, therapy and travel costs may be available.

Talking to Children abo

By Rita Laws, Ph.D.

For years, a friend of mine who has adopted several children with special needs maintained that her kids had no business knowing anything about adoption assistance contracts. I have always had a different view. I have been open with my children about this information. My children have overheard conversations in which I assist other families who need adoption assistance. They know I am indirectly helping waiting and adopted children by directly helping their potential and present adoptive parents.

When my friend's daughter brought in the mail one day and accidentally opened her own adoption subsidy check, the teen assumed the worst. At 16, she was a typical adolescent who regularly viewed her mom more as an enemy than an ally. Further, she had no concept of how much it costs to raise a child. As my friend tried to explain the why and how of adoption assistance, her daughter barely listened. She simply insisted over and over that her mother buy her a car "with all these checks."

Personally, I would rather have control over when and how the information is communicated. If we say nothing to our children, it may seem that we are ashamed or embarrassed about accepting assistance. Assistance has enabled me to adopt multiple times, and I am proud of the assistance I have negotiated for my children just as I am of my self-employed income. Between the two, I can pay the bills. If I communicate pride, my children will share that feeling.

Deception and Adoption

In North America, we have a long, sad history of lying to adopted persons, through outright lies and by withholding the truth. Throughout most of the 20th century, birth mothers were told to keep their experience secret, and adoptive parents were encouraged to pretend that their adopted children had been born to them. I have a second cousin who found out he was adopted when he was in his 50s—at his adoptive mother's funeral.

There is power and healing in the truth, and social work philosophy is slowly moving in that direction. Adoptees' birth certificates are still a strange hybrid of truth and lies, but social work professionals now encourage parents to tell their children about being adopted, and open adoption is more prevalent. In fairness to our adopted children, we must also carefully share other information that, left unshared, could hurt our children or undermine our relationship with them.

Why We Have Assistance

Without a doubt, it is in our nation's and world's best interests to promote the healthy development of well-adjusted children. Children are a priceless societal resource. For this reason, as our government has determined, adoption assistance and Medicaid are practical investments. The support encourages parents to adopt children from foster care and keep those children healthy and out of emergency rooms.

In my state, Medicaid handles basic medical care, nothing fancy or experimental, but that is blessing enough. Sometimes, when I use the card, I say "Thank heavens for Medicaid." My children know that Medicaid takes care of medical treatment and medications so we can spend our money on groceries and other necessities. Recently, my 17-year-old son had his wisdom teeth removed. He asked afterward, "What would this have cost without Medicaid?"

I replied, "Several thousand dollars."

He smiled and repeated my words back to me: "Thank heavens for Medicaid."

Honesty, Developmental Appropriateness, Compassion

Just as we can find honest and appropriate ways to convey difficult or even painful information to our children about past abuse or neglect, we can also find honest ways to convey complex information. Adoption assistance, Medicaid, and other adoption services can be hard for children to understand. On the surface, it may look like mom or dad is being paid to parent.

Few children have any concept of what it costs to maintain a house and raise a child. If an adopted child learns that Mom is receiving several hundred dollars a month to care for her, the child may think Mom receives a small fortune. And if Mom is so rich, why is the child not getting her share of expensive toys and video games?

It might be easier to lie in the short run, but lying to the child or withholding information about his or her adoption assistance is not wise or ethical. The answer is to convey information to your child a little at a time, honestly, compassionately, and in a developmentally appropriate manner.

Real Life Examples*

Jake and Gina adopted Joseph in infancy. Joe's special needs included pre-natal heroin exposure and an orthopedic condition. Joe was five when Gina first heard the term "adoption subsidy." At the time, she and Jake were struggling to make ends meet and pay for their son's health insurance. They immediately applied for post-legal adoption assistance and later signed a contract. On Joe's behalf, the state issued a Medicaid card and a $360 per month subsidy.

Joe always knew he was adopted. His adoption lifebook-scrapbook was one of his favorite bedtime stories. His parents frequently told him how he joined their family and that he was a joy in their lives. After obtaining assistance benefits, Gina added that the Medicaid card was another blessing. Now the government was helping to pay medical bills—a wonderful "gift" given to some children who are adopted. Joe could easily understand this simple idea.

When Joe was eight, he got a brand new bike for his birthday. When he asked his mom how they could afford it, she explained that the state

...ut Adoption Assistance

sent a small check each month to help with the cost of Joseph's food, clothes, and school supplies. With the money they saved on these items, they were able to put some money aside to pay for the bike.

When Joe was 10 and asked how much the "helpful check" was, his dad told him that this was information he would receive when he was older. "Someday, we'll sit down and teach you how to make a budget and plan your spending," his dad said. "We'll show you our family budget and our income and spending."

At 13, Joe asked why adopted kids got to have Medicaid. Gina explained that Medicaid coverage made it possible for more families to adopt children by covering medical costs for kids who had special needs. And adoption is simply a good investment for all of society. Children are the future.

Before Joe left for college, his parents showed him their budget and discussed concepts like saving and economizing to help him handle his money. By this age, Joe had a better grasp of what things cost. He had been working part-time to maintain his car, and was mature enough to realize that the adoption assistance payment was helpful, but no windfall. Most of all, he was grateful that his parents had always been open and honest about every aspect of his adoption.

In another situation, a mother was relieved that her timely explanation of adoption assistance to her daughter Jennifer prevented possible trauma. Jennifer's parents, after a bitter and angry split, divorced when she was a teen. Her dad left town. When she ran into him at a grocery store five years later, she was a mother herself.

After meeting his grandchild for the first time, Jennifer's father attempted to drive a wedge between his daughter and her mother by saying, "I think your mom just adopted you for the money, to get the subsidy payment. That's something you should know."

Jennifer was shocked, but was prepared to respond. 'First of all, Dad," she replied, "it was both you and Mom who adopted me. And secondly, Mom told me about the subsidy long ago. Now that I have a child, I can sure see how a parent could get rich quick on $275 per month."

Later, she and her mom were able to laugh about the conversation in the grocery store, instead of cry. Full disclosure is like a vaccination. It can prevent all kinds of pain.

Recently, Jennifer asked her mom to look up current subsidy rates. She and her husband were thinking about adopting a child and wanted to know if the assistance could make it possible.

Information Sharing Reminders

The sooner you begin to share assistance information with your child, the easier it will be for all involved. When you start sharing early on, you can start small, and add detail as warranted. You don't ever have to lie; you can just share the truth in developmentally appropriate ways. Example: Every once in a while, when a subsidy check arrives, say something to your child like, "Oh, good, the adoption assistance is here. Let's go to the grocery store. And on the way, we'll stop and pay the electric bill." This simple statement conveys the truth about the purpose of adoption assistance. No lecture is required.

Chronologically or developmentally young children do not need specifics. Simple explanations work best: "The Medicaid card helps us pay for doctor visits." "Extra money helps us to buy clothes and food, and save money for back-to-school shopping."

Parents are best equipped to decide when more detail is appropriate for a specific child. When making the call, consider your child's ability to trust you or anyone. Children with trust issues, for example those diagnosed with reactive attachment disorder, often do not believe what their parents tell them. The abuse they suffered early on makes trusting any adult difficult. Such a child probably would not handle detailed subsidy information well because she cannot trust the truth of what she is told.

When broaching the topic of assistance and Medicaid to older, more developmentally mature children, appeal to their interests. Teenagers, for example, may be able to appreciate how oil changes and tune-ups help cars to stay "healthy," and how taking the car to a mechanic at the first sign of trouble can prevent more costly repairs later on. A child who is enamored with the family dog can probably understand how regular vet check-ups and shots can keep the dog from needing expensive emergency care. Older children can also understand simple economics; if you spend all your money on one thing, you cannot buy anything else.

Until your child understands the value of money firsthand (for instance, after she gets a job, buys her own clothing and food, or pays rent), detailed discussions about the exact amount of the assistance payments are not necessary or appropriate. High school is the ideal time to begin teaching a mature teen how to write and keep a household budget. Your budget from the previous month, including all income and expenses, can make for a practical economics lesson.

Final Thoughts

For adoptees, knowledge and truth really are powerful. They can keep the adoptee from being manipulated or having his life-view hijacked by someone who has information the adoptee doesn't. Many adopted persons will also tell you that secrecy and deception hurt, even when well-intentioned. Happily, we don't have to omit the truth. We only need to present it in the right way at the right time. As adoptive parents, we know that adoption assistance is not about money, but about being able to appropriately care for our children and address their special needs. If we are clear about this, our children will be too.

"From Adoptalk, published by the North American Council on Adoptable Children, 970 Raymond Avenue, Suite 106, St. Paul, MN 55114; 651-644-3036; www.nacac.org."

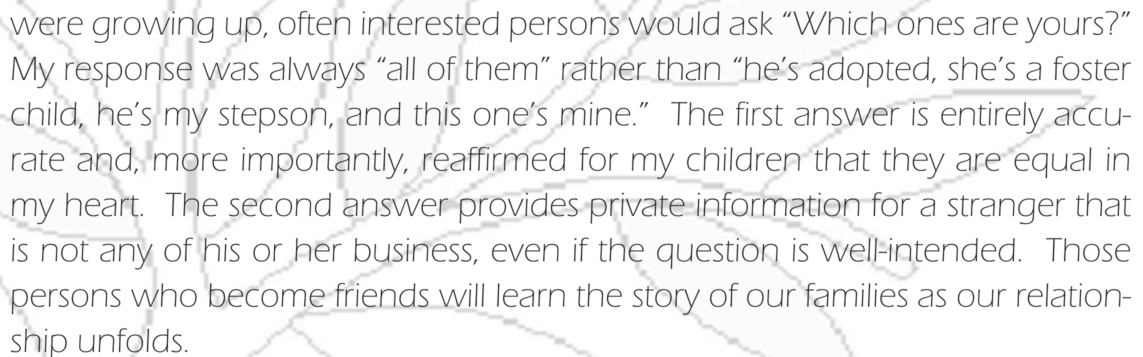
which ones are yours?

BY: Suzanne Dosh, MSW

I could tell something was wrong when my nine-year old daughter walked in the door at the end of the school day. She mumbled a brief "Hi" and went straight to her bedroom. After a bit of encouragement her tears and halting words revealed the depth of her hurt feelings and confusion. On the playground her best girl friends had asked why her "real" mother had "given you away." Despite hearing her birth mother spoken of in nothing but positive terms at home, as well as knowing her birth mother cared for her so much that she made sure her child would grow up in a family who would value and love her, my daughter felt challenged and defenseless. And, not surprisingly, she was wondering what, indeed, was so wrong with her that she was so unlovable that her birth mother did not "keep her."

As an adult my daughter let me know how difficult it was for her in elementary school when the teacher gave her students the oft-used Family Tree exercise. I learned that my daughter had asked the teacher what she should do because she did not have the names of her ancestors to fill in the branches of her tree. Understandably the teacher told my daughter to use the names of her adoptive family members, but it seems she did not understand why the assignment might cause my daughter to feel unprepared for handling an activity which once again caused her to feel different. Cognitively she already understood that she had birth relatives unknown to her yet part of her. But she needed to have her different life experience validated rather than seeming to deny its existence. As she described this event, I could see that the memory still bothered her twenty years later.

Do we think about the language we use when we talk about adoption? Do we realize how we shape society's values about our children with the words we choose? How do we help our communities value adoption as a first-rate option to build a family? Do we remember how much we influence our children when they overhear how we introduce them and respond to the questions of strangers about our families? When my children



were growing up, often interested persons would ask “Which ones are yours?” My response was always “all of them” rather than “he’s adopted, she’s a foster child, he’s my stepson, and this one’s mine.” The first answer is entirely accurate and, more importantly, reaffirmed for my children that they are equal in my heart. The second answer provides private information for a stranger that is not any of his or her business, even if the question is well-intended. Those persons who become friends will learn the story of our families as our relationship unfolds.

A few years ago dozens of organizations and individuals voiced their concerns to the editor of the Associated Press Stylebook about the often erroneous and thoughtless language used by the media when writing about adoption. Eventually A Journalist’s Guide to Adoption, published in July 2003, addressed these concerns by encouraging the use of accurate and adoption-sensitive language by the media. Please see www.adoptioninformationinstitute.org. Another way to access some excellent discussions and suggestions is to type the words “adoption” and “language” into a search engine.

Even though the finalization of an adoption is a one-time event, its impact is life-long as adoptees integrate and actualize their unique experiences during each developmental stage. We, their families, also are changed immutably as we travel this exceptional journey together. As adoptive parents and adoption professionals, let’s lead the way by using sensitive and thoughtful language as we interact with our children and our communities.

Suzanne Dosh, MSW, is the Director of Programs for The Adoption Exchange, the Principal Investigator for the Rural Adoption Cooperative, and the mother of seven children by birth and adoption.

Utah!

Utah State Division of
Child and Family Services

302 West 5400 South Ste, 208
Murray, UT 84107

PRSRT STD
US POSTAGE
P A I D
SLC UTAH
PERMIT 4621

CALL YOUR POST- ADOPTION SPECIALIST

Northern Region:

Aubrey Myers (801) 626-5749

Salt Lake Region:

Vickie Steffey (801) 264-7500

Western Region:

Louise Brown (801) 376-8594

Southwest Region:

John Worthington (435) 867-2760

Eastern Region:

Blanding /Moab Steve Shafer (435) 259-3720
Price/Castledale Amy Smith (435) 636-0228
Vernal/Roosevelt Fred Butterfield (435) 722-6550

Have you ran out of fun things to do this summer? Take your kids to

Boondocks Fun Center.

Contact The Adoption Exchange for discount passes good anytime.

For more information go to www.utdcfsadopt.org or call 1-866-872-7212.