

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2009



John, age 17 is waiting...

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



Alex, age 14 is waiting...

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If you are interested in any of the waiting children you see in this publication, please contact The Adoption Exchange at 801-265-0444 for more information.

FEBRUARY 2009 EDITION

Kathy Searle, Editor

Lindsay Kaeding, Design Director

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Alone

by: Elizabeth Hawkins Pratt, adoptee

I see them walking hand in hand, father, mother,
son, daughter walking side by side.

I walk alone.

I see them playing in the park, laughing, hugging and
being together.

I stand alone.

I see them in their mother's arms, safe from harm.

I am alone.

I see the father standing there to wipe away his child's tears.

I weep alone.

I see them tuck them into bed and tell a bed time story.

I sleep alone, I read alone, I am just alone.

No matter when I come home no one's there to say hello.

I am still alone.

It's not my bed, it's not my home, and it's not my room, where can I go?

You're not my mom

you're not my dad

You're not my blood

I don't belong.

I pray on bended knees that God will send a mom to me.

An answered prayer, along came an angel, and brought to me a home that's stable.

I have a mom to keep me safe in her warm embrace.

I have a dad that's there for me to pick me up when I am down.

I have a house, I have a room, and I have a bed to call my own.

When I weep there's someone there to wipe away my streaking tears.

I have someone to call my very own.

Now I have my happily ever after filled with love and joy and laughter.

I will never be alone!



Elizabeth Pratt with her Adoptive Parents, Greg and Kathy.



**explaining adoption to children
who were not adopted.**

by Tanya Hammar

One day my five-year-old daughter came home from school and announced, "Sam is weird." Since I knew Sam (and personally found nothing overtly weird about him), I was intrigued by this statement and I asked her why. "Because he was adopted," she said, very matter-of-factly. "That means his real parents didn't want him, and now he has parents who do. Weird, huh?"

Weird indeed, but not for the reason she thought. It was weird to me that this was the moment I was going to tell her that her mother was adopted.

Current wisdom tells parents to talk to children who were adopted about their journey home as soon as possible. It is, I suppose, the equivalent of biological parents sharing with their children stories of their pregnancies. The double standard here is evident: when adoptive parents talk to their children about adoption, they are forced to mention that not all children are adopted. When biological parents tell their children stories about pregnancy cravings or a long labor and childbirth, there is no need to include, "By the way, some children are then adopted and grow up in other homes." There is no guideline that tells us when to talk to children who were not adopted about adoption. So, how do we know if and when we should?

The parenting books I read instruct parents to answer the question asked. While my daughter did not blatantly ask me anything that afternoon, I think she probably told me about Sam so that she could see my reaction. My reaction would then confirm—or refute—what she was thinking. I don't think she ever imagined that I was going to sit down next to her and tell her that it all seemed pretty normal to me.

I told my daughter that I was adopted, and that I didn't think it was weird. Then I told her the story my parents began telling me the day they brought me home. (In truth, they told this story so much that I do not remember learning I was adopted; rather, it is just something I have always known.) I know all the words by heart: It was a cold, snowy, January morning when they drove three hours from central New Jersey to Philadelphia to meet me, their new daughter. It was love at first sight. I was three days old, and my overly spiky hair made my father laugh when he first saw me. I had diaper rash from my knees to my navel. The woman who gave birth to me handed me to my parents. Then I cried the whole cold, snowy, three hour car ride home. My sister, Danielle, (adopted as an infant two and a half years earlier, and no, we do not share any DNA) was waiting for me, and she let it be known she was not too excited to share any of her toys with me.

The story ends there. Except that my story does not begin with my mother's pregnancy, I think it's about as normal a start to joining a family as I've ever heard. It is, obviously, missing some details: Who took care of me those first three days? Why was my diaper rash so out of control? What was the name of the woman who gave birth to me? Where was my (biological) father? These are the first questions my daughter asked me, and I answered her honestly: I don't know. I told her that as time goes on, these missing details matter less and less to me and what I know about my life is what matters more. I told her that Grammie and Pappa were my real parents. Real parents, I explained, take care of their children, when they are healthy and when they are sick. Real parents love their children, even when they are naughty. Real parents teach their children how to ride bikes and drive cars and then worry about them. Real parents hug and yell and smile and cry and cheer for you and punish you and celebrate your birthday. Real parents don't have to share DNA or look like their children to be real. I asked her if she thought Aunt Danielle (with whom she is very close) was her real aunt. "Of course!" she yelled. "That's because she is my real sister," I told her. I also told her that while I didn't know Sam's adoption story, I knew that his family was his real family, just like mine.

I think I handled things okay that day. I listened to my daughter express a concern, and then talked to her about it calmly and honestly. I told her what I knew about my own journey, and did not add any details that I hadn't been told. When asked questions I could not answer, I told her "I don't know." I let her know that these stories are not secrets, but they are private. I told her it is up to someone in the adoptive family to bring the subject up, not for a friend or classmate to inquire about. I also told her that if she had any other questions about my adoption, she could ask me anytime, and I would be happy to talk to her about it.

It has been almost two years since this first conversation, and we have had a few follow-up conversations. My daughter is fascinated by my work, and will sometimes ask, "Have any children found their families this week?" One of my daughter's favorite baby-sitters emancipated out of foster care when she was eighteen, and she has talked with my daughter about growing up without parents (an idea which simply crushed my daughter). In our family, we talk about how babies are made and we talk about how families are made, and it all seems normal.

Weird, huh?

Tanya Hammar is the Colorado Post-Adoption Resource Center (COPARC) Education Coordinator at The Adoption Exchange.



PERSPECTIVES ON ADOPTION

ANNUAL ADOPTION CONFERENCE

March 18th - 19th 2009

PLEASE JOIN US FOR A JAM PACKED CONFERENCE.
THIS YEAR WILL FEATURE A TRANSRACIAL ADOPTION TRACK.

PRESENTERS INCLUDE **RITA SIMON, HOWARD ALSTEIN,**
DR. STANLEY BLOCK, DOCUMENTARY FILM PRODUCER **JEFF FARBER.**

WORKSHOPS INCLUDE **BIRTH MOTHER, ADOPTEE AND LEGAL PANEL,**
INCLUDING **JUDGE SHARON P. MCCULLY,**
JUDGE DONALD J. EYRE, JR. AND JUDGE ROBERT KITILDER

PLAN TO ATTEND. FOR REGISTRATION DETAILS GO TO
WWW.UTAHADOPTIONCOUNCIL.ORG
TO DOWNLOAD REGISTRATION INFORMATION.

SOUTH TOWNE EXPO CENTER
SANDY, UTAH



Transracial Adoption: Issues, Identity, & Racial Socialization

Tuesday, March 17, 2009

FREE EVENT

**Conference Center
Brigham Young University
Provo, Utah**

**OPEN TO THE
PUBLIC**

9:00 – 5:30 p.m.

The conference will focus on issues in both Transnational and Transracial adoptions.
Featured speakers will be:

**Rita J. Simon from American University
Howard Altstein from the University of Maryland.**

Speakers will present on their current research. The conference will also have a panel of adoptees and a panel of adopting parents and siblings.

The conference will be useful for professionals, those who have interest in transracial adoption, and faculty and students. The public is also invited to attend.

While the conference is free, we request that audience members register so that we can plan room sizes and locations within the conference center. Lunch can be purchased in advance.
Parking is free and is adjacent to the building.

The Brigham Young University Conference Center is located at:
770 East University Parkway
Provo, Utah 84602

The Marriot Courtyard in Provo has a block of rooms (\$89.00) reserved for the conference. You can book directly with them. Mention that you are with the Transracial Adoption Conference.

Continuing education credits will be offered.

For further information including information on the luncheon,
please send an email to: Transracialadoptionbyu@gmail.com

Is There a Connection between Adoption and AD/HD?

Part Two

By Beth Kaplanek, RN

In the last issue of the Adoption Connection, the following question was posed: Is the prevalence rate of Attention Deficit/Hyperactive Disorder (AD/HD) higher in families with adopted children? By the very nature of AD/HD, its inheritable features and impulsive characteristics, the rate of AD/HD and co-existing conditions could be higher in families with adopted children but does the literature demonstrate that fact?

The studies listed below provide some information that can validate the fact that there is possibly a connection. A brief look at a few studies on adoption will help answer the question. According to a study of 46 school age children adopted from Eastern Europe originally studied from age 2 or 3 and followed to 6 to 9 years of age; data was collected through surveys of parents and teachers. Parents indicated that 17.4% of the children were receiving classroom accommodations or special education programs and 54.5% had one or more diagnoses. The most common diagnosis was attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), occurring in 25% of the children, primarily boys. Learning disability and speech language impairment were each noted in 11.4% of the children. (3)

In another study of externalizing symptomatology among adoptive youth: prevalence and pre-adoption risk factors, they studied a state wide sample of adopted youth, aged 4–18 years (N=808). According to parent report: 21% met symptom cutoffs for AD/HD (with or without Oppositional Defiant Disorder, ODD) and 20% met criteria for ODD (with or without AD/HD), for a combined total of 29% of sample. (4)

A more recent study published in May, 2008 in the Archives of Pediatric and Adolescent Medicine by Margaret A. Keyes, Ph.D., showed that adopted kids face a double risk for some emotional and behavioral disorders. The research team studied 692 adolescents with the average age of fifteen who had been adopted before the age of two. The researchers conducted in-depth psychological interviews to check for depression, anxiety, AD/HD and ODD. The team interviewed a control group of adolescents raised by their biological parents as a comparison. Keyes found that approximately seven out of every 100 non-adopted teens had a diagnosis of AD/HD but that number rose to fourteen or fifteen for adopted youths. Similarly the risk for ODD doubled. In this study Keyes found that there was no increased risk for depression, anxiety or serious delinquency. In addition adoptive parents were also more likely to get help from health professionals as needed. (5)

For a detailed look at the study go to: Keyes, Margaret A., Ph.D.; Anu Sharma, Ph.D.; Irene J. Elkins, Ph.D.; William G. Iacono, Ph.D.; and Matt McGue, Ph.D. 2008. "The Mental Health of U.S. Adolescents Adopted in Infancy." Archives of Pediatric and Adolescent Medicine. 162(5): 419–425.

The results of these studies shed some light on the question concerning the AD/HD and adoption connection. Even though research has only just begun to address this connection, it is clear that those of us who have adopted children need to be aware of the symptoms of AD/HD and increase our own knowledge of what science does know about the disorder. It is important to understand the symptom criteria because early intervention is critical to successful outcomes for children who might qualify for a diagnosis of AD/HD.

Notes

3. Glennen, S., and B.J. Bright. 2005. "Five years later: Language in school-age internationally adopted children." Seminar and Speech Language 26(1): 86–101.
4. Simmel, C., D. Brooks, R.P. Barth, and S.P. Hinshaw. February 2001. "Externalizing symptomatology among adoptive youth: Prevalence and preadoption risk factors." Journal of Abnormal Child Psychologists 29(1): 57–69.
5. Trudeau, Michelle. "Adopted Teens Face Higher Risk for ADHD." <http://www.npr.org/templates/story/story.php?storyId=90184184>. 1–34

“What Every Parent & Educator Must Know About ADD & ADHD”



Special guest speaker: Chris A. Zeigler Dendy, M.S.

Date: Thursday, February 26, 2009

Time: 7:00-8:30 p.m.

Location: Davis School District Kendell Building
Personal Development Center,
75 East 100 North, Farmington, Utah



This practical meeting will provide a review of ten key ADHD facts, the impact of ADHD and executive function deficits on school performance, current research on the brain, the role of neurotransmitters, coexisting conditions, and a brief medication update. Tommy Dendy will also speak from a father's perspective about the challenges of ADHD.

Chris A. Zeigler Dendy, M.S., is an author, former educator, school psychologist and children's mental health professional with over 40 years experience. She is also the mother of three grown children who have ADHD.

Her highly acclaimed books include: Teenagers with ADD and ADHD, 2nd edition (100,000+), Teaching Teens with ADD and ADHD, and A Bird's-Eye View of Life with ADD and ADHD, a teen survival guide she co-authored with her son Alex. They have also produced two videos: Teen to Teen: the ADD Experience and Father to Father. She was also the lead author and editor for CHADD's Educator's Manual on ADHD (2006).

CHADD of Utah AD/HD Support Groups

Each support group meeting will have a different professional speaker who will share information and strategies that can help anyone dealing with AD/HD to understand the impact AD/HD can have on the individual with AD/HD, the family, educators and many others.

Davis County Branch Support Group

First Thursday of each month
Bountiful Community Church
150 North 400 East in Bountiful

Call Tammy Naylor at 292-6233 for more information or go to chaddofutah.com.

Salt Lake County Branch Support Group

The second Wednesday of each month
Valley Mental Health Children's
Outpatient Services Building.
1141 East 3900 South, Suite A170, 7-8:30 p.m.

Contact Julie Kinsey at 801-209-1336.

STATEWIDE CLUSTER FACILITATOR LIST

SALT LAKE VALLEY REGION

Sandy and Draper- “Parents Pulling Together in Sandy” (PPTS)

Facilitator– Naomi– 604-6069

Kearns- “KFC- Kearns Family Cluster”

Facilitator- Michelle– 982-0233

Tooele- “Tooele Lighthouse Cluster”

Facilitator– Maia C. 435-833-9804

Cami M. 435-882-1250

South Valley West- (Riverton, Herriman, Bluffdale, South Jordan) “South Heart”

Facilitators- Sherry 601-8374

Magna

Facilitator– Linda C.– 508-1982

West Jordan

Facilitator– Billie L.– 263-7982

West Valley City

Facilitator– Linda C.– 508-1982

Murray/Midvale/East Granite

Facilitator– Terumi S.– 840-2389

Structured Family Cluster

Facilitator– Glenna- 280-6205

Salt Lake City

Facilitator– Suzi– 487-4985

Spanish Speaking-

Facilitator– Jessica– 577-7161

Adoption

Facilitator– Carol– 253-1088

NORTHERN REGION

Box Elder- (Brigham City, Perry, Willard, Collinston, Bear River City, Garland, Tremonton, Fielding)

Facilitator– Jennifer– 435-723-3369

Cache Valley- (Logan, Nibley, Mendon, Wellsville, Hyrum, Hyde Park, Lewiston, North Logan, Smithfield, Richmond)

Facilitator– Kimberly– 435-245-4309

Ogden North- (North Ogden, Pleasant View, Harrisville, Plain City, Farr West)

Facilitator- Marilyn- (801) 782-9080

Ogden

Facilitator–

South/Central Davis- (Bountiful, West Bountiful, Farmington, Centerville, WoodsCross, North Salt Lake)

Facilitator– Becky– 597-1544

Weber West- (Roy, Riverdale, Hooper, Sunset, Syracuse, West Point, Clinton)

Facilitator– Natalie– 801-731-1271

North Davis- (Layton, HAFB, South Weber, Clearfield, Kaysville, Emory, Huntsville, Eden, Liberty, Morgan, Milton, Mt. Green)

Facilitator– Patty—801-544-7925

Structured Families

Facilitator– Maryanne– 298-5865

Foster to Adopt-

Facilitator– Janette– 546-9465

WESTERN REGION

Central- (Orem, Provo)

Facilitator– Stephanie– 224-3239

Timpanogos- (Alpine, Highland, Cedar Hills, American Fork, Pleasant Grove, and Lindon)

Facilitator– Jennie– 756-1845

North Star- (Eagle Mtn, Lehi, , Saratoga Springs)

Facilitator–

Mt. Nebo- (Delta, Elberta, Elk Ridge, Fillmore, Goshen, Kanosh, Mammoth, Mapleton, Nephi, Payson, Salem, Santaquin, Spanish Fork, Springville)

Facilitator– Julia– 310-9657

Wasatch/Heber- (Francis, Heber City, Kamas, Oakley, Park City, Woodland)

Facilitator– Carol– (435) 783-2116

Millard/Juab– Millard and Juab Counties

Facilitator– Jilean– 435-623-4049

Adoption-

Facilitator– Pamela– momi2mykids@comcast.net

Structured– Western Region

Facilitator– Cheryl– 489-0271

Kinship– Western Region

Facilitator– Robyn– 556-8221

EASTERN REGION

Price- Adoptive Family Cluster

Facilitator- Karen- (435) 748-5053

Moab- Peanut Cluster

Facilitator– Caroline– 435-259-6497

Jackie– 435-678-3019

Carbon/Emery– Carbon and Emery Counties

Glenna– (435) 748-2626

Roosevelt

Facilitator– Becky– 435-738-2041

Vernal

Facilitator– McKay– 435-789-0833

SOUTH WEST REGION

Cedar/ Iron– Cedar and Iron Counties

Facilitator– Cedar- Amy—435-586-7403

Beaver– Lisa– 435-438-2651

Manti/San Pete

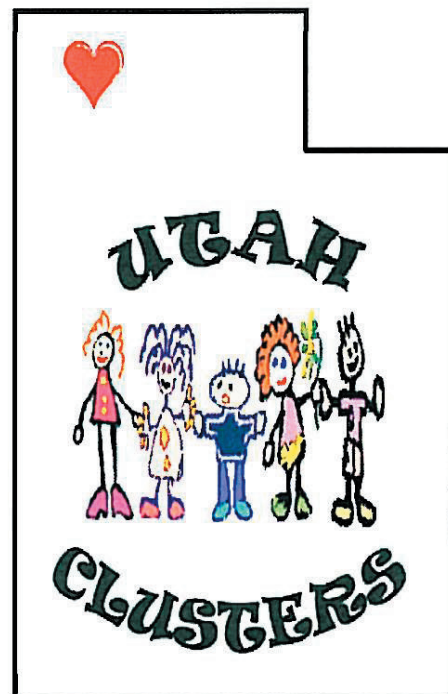
Facilitator– Nancy- 435-283-5020

Richfield/Sevier

Facilitator– Coylene– 435-896-2023

St. George

Facilitator– Brandee-435-652-3979



Clusters are groups of foster/adoptive/kinship families that meet together on a monthly basis. Clusters can help you obtain in-service training hours, meet other foster/adoptive/kinship families, arrange respite care, and provide fun family activities.

For further information about the cluster program, please contact the facilitator for your area or call Nikki MacKay at (801) 994-5205.



April 8th, 2009

6:00 am-10:30 pm

Tune into KUTV - Channel 2 all day to help support Utah's Waiting Children.

Donations can be made by calling the phone bank the day of or online at www.adoptex.org

During each news broadcast you'll meet children who are waiting for a place to call home. Most have experienced neglect or abuse and more sadness and heartbreak than any child should have to endure. They all have one thing in common - they dream of finding loving, caring, parents and the stability of a permanent home.

THE ADOPTION EXCHANGE THANKS THOSE WHO HELPED WITH SUB FOR SANTA.



This year for Christmas, The Adoption Exchange has been truly blessed. We have had the great opportunity to work with over 100 individual sponsors and provide Christmas gifts and stockings to 199 children throughout the state of Utah. Hope Woodside from Fox 13 News, a former volunteer and Sub for Santa sponsor, called to participate again this year. After hearing of our great need for help, she did a feature story on our project during the evening news. Because of that story, we received many calls from people interested in sponsoring a child, volunteering with The Adoption Exchange or interested in adoption. It has been an amazing season here in our office, and we are excited to know that so many children woke up on Christmas morning to a tree full of gifts just for them.

Thank you to everyone who made it possible.



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



THE IMPACT OF TRAUMA ON THE ADOPTED CHILD

Juli Alvarado, LPC

Many adoptive families struggle for years to create the peaceful family they once dreamed of. One of the main barriers preventing family harmony is one of the least understood contributors to the plight of the adopted child. The barrier is trauma.

Whether adopted from birth or later in life, all adopted children have experienced some degree of trauma. Trauma is defined as any stressful event which is prolonged, overwhelming, or unpredictable. Though we are familiar with the way abuse, neglect, and domestic violence impact children, until recently the full impact of trauma on adopted children has not been understood.

Scientific research now reveals that as early as the second trimester the human fetus recognizes and interprets sounds and voices and is capable of experiencing rejection and abandonment. A far greater trauma can occur because the mind and body system of a child is incapable of processing the loss of the birth mother. Far beyond any cognitive awareness, this experience is stored deep within the cells of the body of the child who has been adopted, routinely leading to states of anxiety and depression later in life.

Because this initial loss has gone for so long without validation and is still discounted by much of the medical community, most adoptive parents don't understand it. Nevertheless, the early loss of the birth mother is generally the child's original trauma. From that point forward many more traumas may occur in the child's life. These include premature birth, inconsistent caretakers, abuse, neglect, chronic pain, long-term hospitalizations with separations from the mother, and parental depression. Such life events interrupt a child's emotional and even physical development, subsequently diminishing his ability to tolerate stress in meaningful relationships with parents and peers.

Removing a child from a traumatic environment does not remove the trauma from the child's memory. Stress can unlock those traumatic memories. Unfortunately for both the adopted child and family, traumatic experiences typically occur in the context of human relationships. For the child who has been traumatized, stress in the midst of a relationship will create a traumatic re-experiencing of feeling threatened, fearful, and overwhelmed in environments which may not be perceived as threatening by other people.

10 Keys to Healing Trauma in the Adopted Child:

1. Understand that trauma creates fear and stress sensitivity in children. The internal system of a child who has been adopted (even at birth) may be more sensitive and fearful than that of a child remaining with his birth parents. In addition, experiences during the first nine months of life could have major implications.
2. Recognize when your child demonstrates fear. Tune-in to small signals such as clinging, whining, and not discriminating amongst strangers. Meet these signs of insecurity by bringing your child closer. Hold, carry, and communicate to your child that he is feeling scared, but you will keep him safe.
3. Recognize the impact of trauma in your own life. This understanding will help you sense when your reaction to a situation comes from a place other than your current experience with your child. Re-experiencing past trauma is common for parents living in an ongoing stressful environment.
4. Reduce external sensory stimulation when possible. Decrease television, overwhelming environments, numbers of children playing together at one time, and large family gatherings. When these events must take place, keep your child close, explain to her that she may become stressed and she can come to you when needed.
5. Use time-in instead of time-out. Rather than send a stressed-out, scared child to the corner to think about his behavior, bring him in to you and help him feel safe and secure. This will permit him the internal ability to think about his actions. Time-in is not a time for lecturing. Instead, it will allot your child an opportunity to calm his stress and then think more clearly. Another key is to let your child decide how much time-in he needs.
6. Refrain from hitting traumatized children. Doing so will only identify you as a threat. The biblical verse, "spare the rod, spoil the child" speaks to the raising of sheep. A rod was not used to hit, but to guide the sheep. The staff pulled a sheep back into line when it strayed. A child, like a sheep, will become frightened of you when hit, and in many instances, a child who has been struck will run away or hit back.
7. Use the affection prescription 10-20-10. Give your child ten minutes of quality time and attention first thing in the morning, twenty minutes in the afternoon, and ten minutes in the evening. Following this prescription will have a great impact on even the most negative behavior.
8. Encourage an IEP in the classroom to develop an understanding of the child's stress and fear. This may assist in addressing such vital areas as homework, playground, peer interaction, lunchtime, and physical education, which are common times of reduced structure and increased stress.
9. Educate yourself regarding the impact of stress and trauma on families. Try not to scapegoat your child for his difficulties, but create the environment necessary for healing his hurtful experiences. There are many resources available. A few of note are: www.coaching-forlife.com and www.childtraumacademy.org;
10. Seek support. Parenting a child with trauma history can take its toll on the best of parents. Seek out a support system to provide occasional respite care, a place to discuss issues, and friends with whom you can share a meal. Such small steps can go a long way during particularly stressful times.

You can not provide for another that which you do not have yourself. In order to provide an environment of regulation, peace, harmony and tranquility for your child, you must possess those qualities first. Children who have experienced trauma, whether in foster care, through adoption, abuse or neglect will have developed an internal sense of arousal, a protective shield, to any and all perceived threat. Stressed out parents, and a stressful environment provide ongoing threat to children who are already beyond their window of tolerance due to past experiences, and these children will continue to react to stress, seen or unseen, in negative ways.

During times of stress you won't always feel like it, but you and your child were meant to be together. Your child will teach you far more about yourself than you may have ever realized without her or him. Your child will help you to grow in ways unimaginable. Your child was meant to be with you, and you with your child. Give yourself time to refuel, connect, and communicate. Work intentionally on your own nervous and stress system toward a calmer internal experience. Take time to increase awareness and understanding of your own history and how that may be played out in your parent/child relationship. Work with a coach or counselor specifically trained in trauma and adoption issues both for yourself and for your family! A secure parental relationship permits your child a foundation from which to grow and is the single greatest gift you can give your child.

For more information or to inquire about support services, please visit us at www.coaching-forlife.com



Utah!

Where Ideas connect
Utah State Division of
Child and Family Services

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Salt Lake City, UT 84117

CALL YOUR POST-ADOPTION SPECIALIST

Northern Region:
Aubrey Myers (801) 395-5973

Salt Lake Region:
Linda Vrabel (801) 264-7500

Western Region:
Am. Fork/Lehi
Rachel Jones (801) 434-7181

Orem/Lindon
Cassie Beck (801) 224-7844

Provo/Heber
Dan Wheatley (801) 374-7817

Spanish Fork/Nephi
John Worthington (801) 794-6731

Southwest Region:
Rick Clements (435) 867-2760
Susan Goodman (435) 867-2760

Eastern Region:
Blanding /Moab Al Young (435) 678-1490
Price/Castledale Josh Jenkins (435) 636-2373
Vernal/Roosevelt Fred Butterfield (435) 722-6561

CONGRATULATIONS



Kimberly Anderson, SSW
Division of Child and Family Services
Drug Court Specialist/ Permanency Caseworker

**for being AdoptUsKids
Caseworker of the Month!**