

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

AUGUST 2011

Keanna, age 13 is waiting...

Photo by: Stephanie Murphy

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



Dominic, age 16 and Destiny age 13 are waiting...

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

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Blossom in the Dust

Lyrics by: Jessie Clark Funk

**There's a single wide trailer by the railroad tracks,
an old car in the front, weeds in the back.
Momma had her there when she was 16 years old,
took one look at her and named her Rose.
Fragile little Rose had to grow up fast
between the habit and the job that her momma had.
I never seen a situation half that bad.**

**She's a blossom in the dust, all her colors covered up.
Give a Rose a little rain lots of sun and all your love,
watch her blossom in the dust.**

**We rescued that child in the nick of time,
found a real nice couple across the county line.
Who had been trying to have a little girl of their own.
Working anything to give a little Rose a home.
When that momma to be took a look at her
in that tattered flower dress with those tangled curls
she said that's just not any girl.**

**She's a blossom in the dust, all her colors covered up,
give a Rose a little rain, lots of sun and all your love,
watch her blossom in the dust.**

**Sometimes the only way to overcome a circumstance
is someone giving someone else a fighting chance**

**She's a blossom in the dust, all her colors covered up.
Give a Rose a little rain, lot of sun and all your love,
she's a blossom in the dust, all her colors covered up,
so watch her blossom in the dust.**

(reprinted with permission)

**To learn more about Jessie Clark Funk go to jessiefunk.com or
ivygirlacademy.com to learn about Jessie's upcoming workshop
for girls age 8-18 years old.**



CHILDHOOD STRESS

Reviewed by: Jennifer Shroff Tendley, PhD

As providers and caretakers, adults tend to view the world of children as happy and carefree. After all, kids don't have jobs to keep or bills to pay, so what could they possibly have to worry about?

Plenty! Even very young children have worries and feel stress to some degree. Stress is a function of the demands placed on us and our ability to meet them.

SOURCES OF STRESS

Pressures often come from outside sources (such as family, friends, or school), but they can also come from within. The pressure we place on ourselves can be most significant because there is often a discrepancy between what we think we ought to be doing and what we are actually doing in our lives.

Stress can affect anyone who feels overwhelmed — even kids. In preschoolers, separation from parents can cause anxiety. As kids get older, academic and social pressures (especially the quest to fit in) create stress.

Many kids are too busy to have time to play creatively or relax

after school. Kids who complain about the number of activities they're involved in or refuse to go to them may be signaling that they're overscheduled.

Talk with your kids about how they feel about extracurricular activities. If they complain, discuss the pros and cons of quitting one activity. If quitting isn't an option, explore ways to help manage your child's time and responsibilities so that they don't create so much anxiety.

Kids' stress may be intensified by more than just what's happening in their own lives. Do your kids hear you talking about troubles at work, worrying about a relative's illness, or fighting with your spouse about financial matters? Parents should watch how they discuss such issues when their kids are near because children will pick up on their parents' anxieties and start to worry themselves.

World news can cause stress. Kids who see disturbing images on TV or hear talk of natural disasters, war, and terrorism may worry about their own safety and that of the people they love. Talk to your kids about what they see and hear, and monitor what they watch on TV so that you can help them understand what's going on.

Also, be aware of complicating factors, such as an illness, death of a loved one, or a divorce. When these are added to the everyday pressures kids face, the stress is magnified. Even the most amicable divorce can be a difficult experience for kids because their basic security system — their family — is undergoing a tough change. Separated or divorced parents should never put kids in a position of having to choose sides or expose them to negative comments about the other spouse.

Signs and symptoms

While it's not always easy to recognize when kids are stressed out, short-term behavioral changes — such as mood swings, acting out, changes in sleep patterns, or bedwetting — can be indications. Some kids experience physical effects, including stomachaches and headaches. Others have trouble concentrating or completing schoolwork. Still others become withdrawn or spend a lot of time alone.

Younger children may show signs of reacting to stress by picking up new habits like thumb sucking, hair twirling, or nose picking; older kids may begin to lie, bully, or defy authority. A child who is stressed may also have nightmares, difficulty leaving you, overreactions to minor problems, and drastic changes in academic performance.

Reducing stress

How can you help kids cope with stress? Proper rest and good nutrition can boost coping skills, as can good parenting. Make time for your kids each day. Whether they need to talk or just be in the same room with you, make yourself available.

Even as kids get older, quality time is important. It's really hard for some people to come home after work, get down on the floor, and play with their kids or just talk to them about their day — especially if they've had a stressful day themselves. But expressing interest in your kids' days shows that they're important to you.

Help your child cope with stress by talking about what may be causing it. Together, you can come up with a few solutions like cutting back on after-school activities, spending more time talking with parents or teachers, developing an exercise regimen, or keeping a journal.

You can also help by anticipating potentially stressful situations and preparing kids for them. For example, let a child know ahead of time (but not too far ahead of time) that a doctor's appointment is coming up and talk about what will happen there. Keep in mind, though, that younger kids probably won't need too much advance preparation.

Too much information can cause more stress - reassurance is the key.

Remember that some level of stress is normal; let kids know that it's OK to feel angry, scared, lonely, or anxious and that other people share those feelings.

HELPING YOUR CHILD COPE

When kids can't or won't discuss these issues, try talking about your own concerns. This shows that you're willing to tackle tough topics and are available to talk with when they're ready. If a child shows symptoms that concern you and is unwilling to talk, consult a counselor or other mental health specialist.

Books can help young kids identify with characters in stressful situations and learn how they cope. Check out *Alexander and the Terrible, Horrible, No Good, Very Bad Day* by Judith Viorst; *Tear Soup* by Pat Schweibert, Chuck DeKlyen, and Taylor Bills; and *Dinosaurs Divorce* by Marc Brown and Laurene Krasny Brown.

Most parents have the skills to deal with their child's stress. The time to seek professional attention is when any change in behavior persists, when stress is causing serious anxiety, or when the behavior is causing significant problems in functioning at school or at home.

If you need help finding resources for your child, consult your doctor or the counselors and teachers at school.

Reviewed by: Jennifer Shroff Pendley, PhD
Date reviewed: December 2008

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SAVE THE DATE
Adoption Celebration
November 5th, 2011
at
Boondocks Fun Center
Draper and Kaysville locations.

Watch for more information to come.



Attunement for Attachment

by Robyn Gobbel, LCSW

Think about the strongest relationships in your life. The person you call when you really need someone who gets it. How do you know they “get it?” What is special about those relationships? How does that relationship make you feel? Chances are, that person doesn’t spend a lot of time trying to fix anything. Or arguing. Or convincing you that it “really isn’t that big of a deal.” That person just listens. Says “Oh, you must be really hurting.” Provides a safe space for you to fully experience your feelings, and allows for those feelings to just be experienced and held. Attunement validates our inner world, providing a solid foundation for the development of a positive identity and sense of self.

Attunement supports attachment.

Imagine your child is upset because you are out of his favorite lunch. “I want macaroni and cheese!” he wails. You don’t have macaroni and cheese and there’s not much you can do about it. It’s easy to respond with “We’re out, I’m sorry. What would you like instead?” But as you’ve noticed, this may lead to your child kicking and screaming on the ground, in despair over the missing blue box. How about responding with “I know- I know you want macaroni and cheese. It’s so disappointing.” Or remember a time when your child came running in the front door with muddy shoes, carrying a bunch of weeds plucked from

your hasn't-been-mowed-in-several-months front yard. It's natural to respond with "HEY! Your muddy shoes!! Don't come one step further! Look at the mess you are making!" But what if you said "Oh Johnny! You picked those just for me! Thank you! That was so thoughtful! And oh my!! Your shoes are so muddy! Let's head back outside with those muddy shoes!"

Attunement. To join our child on their inner journey. Your child isn't thinking about your freshly mopped floors. He just picked you a beautiful plant from your yard and wants to share it with you. This doesn't mean we gracefully accept muddy footprints all over our freshly mopped tile. It simply means that before tending to your dirty tile, you take a moment to join in with your child's wonderment and excitement. To tell our child "I get it! You're so excited and I understand. Your feelings are worth it and they are more important than my tile." And then maybe you can both fill a bucket with water and have some fun with the suds.

away and think that she didn't love you." By hearing you reflect back what she has expressed, your child feels heard and understood. She can then begin to process and work through those feelings, and your relationship strengthens because she is learning that you "get it."

Attunement Decreases Difficult Behaviors

Attunement also means taking a close look at our children's "misbehaviors." Is your toddler tantruming because she is hungry, tired, or overwhelmed? Is your preschooler whining because she misses feeling connected to you? Is your teenager being sassy because she's having a fight with her BFF and is overwhelmed with feelings about losing her friendship? Attunement doesn't mean we tolerate negative behaviors; attunement means that first we consider the source of the behavior and then tend to that pain.

Attunement (noun): being or bringing into harmony; a feeling of being "at one" with another being.

Sometimes our adopted children have big feelings. Big feelings that are a little scary- scary for your child and scary for you when you hear your child express them. Feelings like "I hate it here! I look different and don't fit in with any of you!" Or feelings like "She gave me away! She didn't love me!" As parents, we want to reassure our children, to fix their feelings. We say something like "We love you! We don't care that you look different! I love your dark hair and your beautiful skin! You fit in here with us because we love you." Or "She did love you! She loved you enough to know she couldn't parent you and wanted to find you a family who could take good care of you." When we meet our children's feelings with contradiction, they feel misunderstood and invalidated. Instead, we should mirror our children's feelings and join in their journey and validate their feelings. The next time your child expresses grief over her adoption, try responding with "You look different than us and feel like you don't fit in." Or "You are so mad that your first mom gave you

Attunement Lays the Foundation for Attachment

Why bother? Why is attunement important? Think about how a newborn baby develops a healthy attachment with her caregiver. Baby sleeps. Baby cries. Caregiver tends to cry and fixes problem. Baby is consoled. Baby is happy and enjoys quiet, playful time with caregiver. Repeat. Again and again. This cycle of attunement- where the caregiver recognizes, understands, and then consoles- is the very foundation of attachment. Our older kids certainly have more complex needs than infants, and attunement can be much more difficult. However, true attunement with our older children will encourage the same healthy foundation of secure attachment.

Robyn Gobbel, LCSW, is a therapist in private practice in Austin, TX where she works with adopted children and their families. She blogs about parenting, adoption, and adoptive parenting at www.gobbelcounseling.com/blog.

The Who

Advice on revealing any difficult details you

by Rebecca Klein

One of the toughest problems adoptive parents face is that of talking to our children about the reasons they were placed for adoption. Our families are so happy and loving that we hate to bring up any unpleasant information. So we've pulled together a team of experts to help you talk about the tough stuff with your kids--including how to get the conversation started.

Talking Tips

While you may wish you could protect your children from hard truths, the fact is, they think about their birth families and adoption stories more than you know--and they may imagine scenarios worse than the reality. "Parents think that talking about sad things will make a child sad, but they need to know that home is a safe place where sad feelings can be talked through," says Joni Mantell, LCSW, director of the Infertility and Adoption Counseling Center in New Jersey and New York.

The conversation starters below will help you find the words to begin this serious conversation with an elementary-school-age child--when he begins to understand the concepts of adoption and birthparents. You can have your talk anywhere: in the car on an outing together, during story and snuggle time, whenever your child asks about his adoption.

Experts agree that it's best to reveal details slowly, to tell an age-appropriate story and build on it as your child matures. "Think of it as a pencil sketch to be filled in later," says Ronny Diamond, MSW, in private practice in New York City, and a consultant for Spence-Chapin. By the time the child is in his early teens, he should know the full story.

"Your child may say, 'This isn't fair,' or 'Why did this happen to me?'" says MaryAnn Curran, vice president of social services and U.S. adoption for the World Association for Children and Parents (WACAP). It's a big deal for a child to know that his birthparents didn't choose to parent him, and he will need time to get used to the idea. Reassure him that you will always take care of him. "One talk is not enough," says Curran.

Jayne Schooler, coauthor of *Telling the Truth to Your Adopted or Foster Child* and the forthcoming *Wounded Children, Healing Homes*, adds, "Children are more resilient than we give them credit for."

Tough Topic: Abandonment

In international adoptions, many documents mention "abandonment"--the legal term for one of the reasons a child would be allowed to leave the country and be adopted, says Diamond. But that doesn't make it any easier to explain it to your child.

Whatever the situation, your goal is to tell your child the truth, without painting a negative picture of the birthparents. Steer clear of the word "abandonment"--while it is the legal term used in these situations, infants who are truly abandoned (as opposed to left where they were intended to be found) usually don't survive. Tell your child that she was left in a public place, so that she would be found right away, and, in her country of birth, that is the way a woman must make an adoption plan.

And don't be afraid to talk about feelings. "Children don't just want to know the facts of what happened, they want to know how their birthparents felt," says Mantell. "Using a calm tone, say that the decision was probably heartbreaking for the birthmother, but 'she left you where she knew someone would take care of you and find you a forever family.'"

Conversation starter: "Your birthmother was probably very sad because she couldn't raise you, but she knew that the best place for you to be found and taken care of was the marketplace [or hospital, or wherever the child was found]. You were taken right away to the children's home, where adults fed and changed you and helped bring you to us."

Tough Topic: Criminal Behavior

Parents don't like to talk about criminal behavior by a birthparent because they don't want to give a negative impression. They fear the child will think that, if his birthparents were bad, he is bad, too.

"Always talk about good decisions versus bad decisions," says Curran. A birthparent may have made bad choices that put her in prison, but she made a good choice to find a safe home for her child. Children know about breaking rules and

able Truth

know about your children's adoption stories'

getting punished, and will understand their birthparents' story if it's told in this way.

Put the birthparents in the context of their families, if you have family information. For instance, you might explain that the birthmother didn't have parents to help her learn right from wrong, says Diamond. But don't embellish details or make up a story. If you don't know the reason for bad actions, say so: "We don't know why she made these bad choices. But we're so happy she made a good choice to find a safe home for you."

Conversation starter: "When you were a baby, your birthmother had to go to jail. She made a very bad decision and broke a law, so she had to be punished. Do you remember when you broke your sister's doll and had to go to your room? When you're a child and you break a rule, that's how you are punished. But when you're an adult and you break a law, sometimes you have to go to jail. Your birthmother knew that she couldn't take care of a child in jail, so she made a good decision to have you live in a safe place [or the judge decided you needed to live in a safe place]."

Tough Topic: Poverty

Though poverty seems a simple explanation--the birthparents couldn't afford to provide for the child--it's rarely the only reason for adoption, and it can be scary if it's overemphasized, says Mantell. Poverty can be frightening to children, especially given the images they encounter (in animated movies, people aren't just poor, they're tattered and starving).

"Rather than saying that the parents are living in a mud hut and scrounging for meals, it is better to talk about the things that are free here in the U.S., but which cost so much overseas--things that the birthparents couldn't supply, such as education or health care," says Curran. You can also explain that, in some countries, single mothers and their children don't have many opportunities--like going to school or even getting a government ID card--and the child's birthmother wanted to give him better opportunities than she could provide. For a domestic adoption, explain that the

birthmother felt she wasn't able to care for a baby at that time--she didn't have help from her family or the birthfather, or she wasn't working and couldn't provide the things a child would need.

In addition, "Kids may need to talk through the survivor guilt they feel," says Mantell. Children may feel compelled to give to every charity they hear about, or feel guilty about having so many toys. Get them involved in donating to a charity--they may choose one that benefits their birth country--to help them feel proactive.

Conversation starter: "Your birthmother did the best she could, but she didn't have the resources to take care of you. She didn't have anyone to watch you while she worked, and she knew she couldn't provide the things you'd need as you grew up, like going to school or seeing a doctor when you got sick. So she made an adoption plan for you to live with a family who could provide those things for you."

Child's response: "But why couldn't you just give her money?"

Your response: "That sounds like a very good idea, and it's good thinking on your part, but it doesn't work that way. We didn't know your birthmother, and she made this decision to have someone else raise you, because she felt it would give you a better life. We wanted to adopt a baby, and we were told about you. But we do give money to help people in Guatemala, and we hope that we can help many families that way."

Tough Topic: Birth Siblings

How can you tell your child that his birthmother had another child whom she's raising? Surprisingly, most kids take this news very well. "Parents are afraid that the child will feel rejected because another sibling was 'kept' or came afterward," says Mantell. "But when the idea is put out there early, rather than as a surprise, it gives them time to process it as part of the big picture." The earlier you bring up the issue of birth siblings, the more easily kids accept the

information. And later on, they will probably be more at ease connecting with birth siblings than with birthparents.

When you tell your preschooler his adoption story, mention that there are other children. He won't understand that these children are his birth siblings until at least age five or six. When you retell the story when he's that age, add more details. Focus on the circumstances in the birthmother's life at that time--maybe the other children's birthfathers were involved, or the other children were older and more independent. Be clear that the birthmother couldn't care for any new child at that time.

Conversation starter: "When you were born, your birthmother had two older boys. Those boys were in school and could take care of some things for themselves, but a baby needs much more care. Your birthmom knew she couldn't care for a baby at that time in her life. So she made a plan to find a family who would be able to take care of you forever."

Tough Topic: Drug or Alcohol Abuse

Kids usually learn about drugs and alcohol in elementary school, so it's not too early to talk about addiction. In fact, you can use their school lessons to guide the conversation. Again, you want to frame your talk in terms of bad decisions and good decisions--not bad people and good people, says Schooler.

Before your child enters middle school, have this conversation again, and this time let him know that addictions are often genetic. Trying drugs or alcohol may be more dangerous for him than for other kids. Giving your child this information before he has to deal with the peer pressure of the tween and teen years will help him make good choices.

Conversation starter: "Your birthmother made some bad choices in her life that stopped her from creating a safe home for you. Do you remember learning about drugs in school? Your birthmother thought that taking drugs would make her feel better, but it actually made it impossible for her to take care of you. So then she made a good choice to find a safe place for you to live."

Tough Topic: Physical Abuse or Neglect

When a child has a visible scar or remembers being hurt, parents must talk about abuse. Even if your child was abused as a baby, it's still important that you talk about it with him. Many children have a strong pre-verbal memory of abuse or neglect--a child may be afraid to be alone, or afraid of small spaces, and not know why. "Kids have unfocused memories of fear or anger, and you must anchor those memories in something concrete. Parents do a huge service for their child when they help him make sense of his life," says Curran.

Children--even older kids who remember abuse--may fear that they did something wrong that triggered the birthparent's anger.

"Tell them that it's always a grown-up problem, and never because something was wrong with the child," says Mantell.

Conversation starter: "Your birthmom never learned to be a good parent. Sometimes she hit you when she got angry--not because you did anything wrong, but because she didn't know how to control her temper. You were just a little baby, and you got hurt. I know this sounds terrible, but your birthmom made a really good decision [or a judge made a really good decision] to make you part of a forever family, where you would be safe."

Tough Topic: Rape

Rape is one of the most difficult things to discuss with a child. Mantell warns against talking about rape until the child is in his late teens--not because preteens aren't mature enough to hear about it, but because the talk may make them anxious about their own normal sexual impulses.

It isn't uncommon for a birthmother to say that she was raped, when it would have been difficult for her to tell her parents that she was pregnant. Say, "It appears as though she felt she was forced," or similar words to suggest that you don't know for sure. "The message I try to give is, she felt that she said no," says Diamond.

Even if the rape was a random attack, let your child know that this isn't the only thing about her birthfather that she should remember. If you know any details about him, even what he looked like, you can help your child have a more positive image of him.

Conversation starter:

With young children: "Your birthmother didn't know your birthfather very well [or didn't know him at all]. What we do know is that she said he was very tall and had brown hair, like you."

With older teens: "We've told you that your birthmother didn't really know your birthfather. It says in her file that she said it was not consensual sex. It's hard to know what actually happened in this case. From what I know of your birthmom, I know it would have been hard for her to tell her parents that she had consensual sex. But you know that date rape can happen, too. I would hate for you to focus on just this fact about your birthparents, since there are good things about them and many good qualities they've given you."

Rebecca Klein is the associate editor of *Adoptive Families*. She lives with her family in New Jersey.

Voice for Adoption

SPEAKING OUT FOR OUR NATION'S WAITING CHILDREN



2011 Adoptive Family Portrait Project Role for Participating Adoptive Families

Families that participate in Voice for Adoption's Adoptive Family Portrait Project will help raise awareness and understanding in Congress about adoption from foster care by sharing their personal adoption experiences. This year's Adoptive Family Portrait Project is focusing on the importance of post-adoption services; we are looking for families that have adopted from foster care and can share their stories about the role that post-adoption services have played for them.

For each member of Congress that participates in this project, we will identify an adoptive family from the member of Congress' home state (for Senators) or home district (for Representatives). After the project ends, Voice for Adoption will encourage the participating members of Congress to meet with the family whose photo they displayed in their office.

What We Need from Families

- A digital photo of the family* (this photo will be displayed in a Congressional office and included in the program booklet that is provided to all participating Congressional offices) **The photo does **not** need to be a professional photograph*
- A completed family questionnaire (provided by Voice for Adoption), with information about the family's experience adopting a child/children from foster care, that we will use to write the family's story for the Congressional office and the program booklet

To learn more about this project, including past year's projects, visit us online at:

http://voice-for-adoption.org/special_projects

This year's Adoptive Family Portrait Project will take place in November. We would like to collect all materials by September 30th. Please contact Nicole Dobbins at Voice for Adoption (202-210-8118 or voiceforadoption@gmail.com) if you are interested in participating in this project or if you have any questions.



PTSD in Children & Adolescents

This fact sheet provides information regarding what events cause PTSD in children, how many children develop PTSD, risk factors associated with PTSD, what PTSD looks like in children, other effects of trauma on children, and treatments for PTSD (1).

What events cause PTSD in children?

A diagnosis of PTSD means that an individual experienced an event that involved a threat to one's own or another's life or physical integrity and that this person responded with intense fear, helplessness, or horror. There are a number of traumatic events that have been shown to cause PTSD in children and adolescents. Children and adolescents may be diagnosed with PTSD if they have survived natural and man-made disasters such as floods; violent crimes such as kidnapping, rape or murder of a parent, sniper fire, and school shootings; motor vehicle accidents such as automobile and plane crashes; severe burns; exposure to community violence; war; peer suicide; and sexual or physical abuse.

Child protection services in the United States receive approximately 3 million referrals each year, representing 5.5 million children. Those figures may only represent a portion of the child maltreatment cases that occur; researchers estimate that two-thirds of maltreatment cases are unreported. Of those cases referred, about 30% are substantiated and occur in the following frequencies (2):

- 65% neglect
- 18% physical abuse
- 10% sexual abuse
- 7% psychological abuse

In addition, anywhere from 3 to 10 million children are exposed to domestic violence each year (3), 40-60% of which cases also involve child physical abuse (4).

How many children develop PTSD?

Studies of the general population have examined rates of exposure and PTSD in children and adolescents. Results from these studies indicate that 15-43% of girls and 14-43% of boys experience at least one traumatic event. Of those children and adolescents who have experienced a trauma, 3-15% of girls and 1-6% of boys could be diagnosed with PTSD.

Rates of PTSD are much higher in children and adolescents recruited from at-risk samples. The rates of PTSD in these at-risk children and adolescents vary from 3-100%. For example, studies have shown that as many as 100% of children who witness a parental homicide or sexual assault develop PTSD. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

What are the risk factors for PTSD?

There are three factors that have been shown to increase the likelihood that children will develop PTSD. These factors include:

- severity of the traumatic event
- parental reaction to the traumatic event
- physical proximity to the traumatic event

In general, most studies find that children and adolescents who report experiencing the most severe traumas also report the highest levels of PTSD symptoms. Studies show that children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms. Finally, children and adolescents who are farther away from the traumatic event report less distress.

There are several other factors that affect the occurrence and severity of PTSD. Research suggests that interpersonal traumas such as rape and assault are more likely to result in PTSD than other types of traumas. Additionally, if an individual has experienced a number of traumatic events in the past, those experiences increase the risk of developing PTSD. In terms of gender, several studies suggest that girls are more likely than boys to develop PTSD.

There is less clarity in the findings connecting PTSD with ethnicity and age. While some studies find that minorities report higher levels of PTSD symptoms, researchers have shown that this is due to other factors such as differences in levels of exposure. It is not clear how a child's age at the time of exposure to a traumatic event affects the occurrence or severity of PTSD. While some studies find a relationship, others do not. Differences that do occur may be due to differences in the way PTSD is expressed in children and adolescents of different ages or developmental levels.

What does PTSD look like in children?

Researchers and clinicians are beginning to recognize that PTSD may not present itself in children the same way it does in adults. Criteria for PTSD now include age-specific features for some symptoms.

Elementary school-aged children

Clinical reports suggest that elementary school-aged children may not experience visual flashbacks or amnesia for aspects of the trauma. However, they do experience "time skew" and "omen formation," which are not typically seen in adults. Time skew refers to a child mis-sequencing trauma-related events when recalling the memory. Omen formation is a belief that there were warning signs that predicted the trauma. As a result, children often believe that if they are alert enough, they will recognize warning signs and avoid future traumas.

School-aged children also reportedly exhibit post traumatic play or reenactment of the trauma in play, drawings, or verbalizations. Post traumatic play is different from reenactment in that post traumatic play is a literal representation of the trauma, involves compulsively repeating some aspect of the trauma, and does not tend to relieve anxiety. An example of post traumatic play is an increase in shooting games after exposure to a school shooting. Post traumatic reenactment, on the other hand, is more flexible and involves behaviorally recreating aspects of the trauma (e.g., carrying a weapon after exposure to violence).

Adolescents and Teens

PTSD in adolescents may begin to more closely resemble PTSD in adults. However, there are a few features that have been shown to differ. As discussed above, children may engage in traumatic play following a trauma. Adolescents are more likely to engage in traumatic reenactment, in which they incorporate aspects of the trauma into their daily lives. In addition, adolescents are more likely than younger children or adults to exhibit impulsive and aggressive behaviors.

Besides PTSD, what are the other effects of trauma on children?

Besides PTSD, children and adolescents who have experienced traumatic events often exhibit other types of problems. Perhaps the best information available on the effects of traumas on children comes from a review of the literature on the effects of child sexual abuse. In this review, it was shown that sexually abused children often have problems with fear, anxiety, depression, anger and hostility, aggression, sexually inappropriate behavior, self-destructive behavior, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, and substance abuse. These problems are often seen in children and adolescents who have experienced other types of traumas as well. Children who have experienced traumas also often have relationship problems with peers and family members, problems with acting out, and problems with school performance.

Along with associated symptoms, there are a number of psychiatric disorders that are commonly found in children and adolescents who have been traumatized. One commonly co-occurring disorder is major depression. Other disorders include substance abuse; other anxiety disorders such as separation anxiety, panic disorder, and generalized anxiety disorder; and externalizing disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

How is PTSD treated in children and adolescents?

Although some children show a natural remission in PTSD symptoms over a period of a few months, a significant number of children continue to exhibit symptoms for years if untreated. Several types of therapy have been suggested for PTSD in children and adolescents.

Cognitive-Behavioral Therapy (CBT)

Research studies show that CBT is the most effective approach for treating children. One of the best-researched therapies is Trauma-

Focused CBT (TF-CBT). TF-CBT generally includes the child directly discussing the traumatic event (exposure), anxiety management techniques such as relaxation and assertiveness training, and correction of inaccurate or distorted trauma related thoughts. Although there is some controversy regarding exposing children to the events that scare them, exposure-based treatments seem to be most relevant when memories or reminders of the trauma distress the child. Children can be exposed gradually and taught relaxation so that they can learn to relax while recalling their experiences. Through this procedure, they learn that they do not have to be afraid of their memories. CBT also involves challenging children's false beliefs such as, "the world is totally unsafe." The majority of studies have found that it is safe and effective to use CBT for children with PTSD.

CBT is often accompanied by psycho-education and parental involvement. Psycho-education is education about PTSD symptoms and their effects. It is as important for parents and caregivers to understand the effects of PTSD as it is for children. Research shows that the better parents cope with the trauma, and the more they support their children, the better their children will function. Therefore, it is important for parents to seek treatment for themselves in order to develop the necessary coping skills that will help their children.

Play therapy

Play therapy can be used to treat young children with PTSD who are not able to deal with the trauma more directly. The therapist uses games, drawings, and other techniques to help the children process their traumatic memories.

Psychological First Aid

Psychological First Aid has been used for school-aged children and adolescents exposed to disasters and community violence and can be used in schools and traditional settings. Psychological First Aid involves providing comfort and support, normalizing the children's reactions, helping caregivers deal with changes in the child's emotions and behavior, teaching calming and problem-solving skills, and referring the most symptomatic children for additional treatment. See Manuals to learn more about Psychological First Aid.

Eye Movement Desensitization and Reprocessing (EMDR)

Another therapy, EMDR, combines cognitive therapy with directed eye movements. While EMDR has been shown to be effective in treating both children and adults with PTSD, studies indicate that it is the cognitive intervention rather than the eye movements that accounts for the change.

Medications

Drugs have also been prescribed for some children with PTSD. However, due to the lack of research in this area, it is too early to evaluate the effectiveness of medication therapy.

Specialized interventions

Specialized interventions may be necessary for children exhibiting particularly problematic symptoms or behaviors, such as inappropriate sexual behaviors, extreme behavioral problems, or substance abuse.

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Adoptalk

by Jesse Wilson

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My name is Jesse Wilson. I am 22 years old and spent 10 years in the Florida foster care system before being adopted as a teenager. Recently I learned that I am a dad-to-be.

When my girlfriend shared the news, my mind turned to dreams of the future, but the dreams were quickly clouded over by nightmares from the past. When I slept, an old recurring nightmare came back—the one where I am just like my father: a cruel, clueless individual. Am I destined to be like him?

Eighteen years seems like a long time to take care of someone other than me. Add the fear of turning out like my parents, and being a father seems just about impossible.

My birth parents weren't great people. I believe they loved my three younger brothers and me, but they never put us children first or did what it took to keep us safe and together as a family. I lived with my birth family until age six when the police found me in my grandmother's closet with a sock stuffed in my mouth to keep me quiet. My brothers were already in care by then.

While we were in foster care, our birth parents rarely showed up for visits and I remember being confused. Foster care itself was horrible. Moving from family to family, I could never be a regular kid—a kid who goes out to movies with his friends or attends his friends' birthday parties. Kids don't know how cruel they are when they ask you questions about your life and tease you for not being able to do what they take for granted.

Missing a normal childhood still affects me now. It's tough running into old classmates who don't remember me at all, or just remember me as the odd kid who couldn't participate in any extracurricular activities.

Being forced to test out different adoptive placements was difficult too. My brothers and I were absolutely certain that we wanted to be placed together with the foster family we knew the best. Workers would try to separate us, and we didn't much like that. I even recall jumping out of a car on an interstate exit ramp because I didn't like the family who wanted to adopt me.

In time, when I was 13, three of us ended up just where we wanted to be—with the Wilson family. Unfortunately, my youngest brother was placed in another family and has faced more challenges growing up. In my life, however, the combination of bad and good experiences has helped mold me into the stronger and smarter person I am today.

In school earlier this year my class completed a risk-taking survey. I ranked near the top of the chart. From the results I concluded that I have been through so much in life that nothing really scares me. This lack of fear has probably helped me to achieve at a much higher level than many other youth in my position.

From where I stand, I see nothing ahead that I cannot accomplish. So far I have survived a hard start in life and 10 years of foster care, joined a caring and supportive adoptive family, published a book of poetry (*The Storm Rolling In*), and started college. I am also a member of Florida Youth SHINE, a program of Florida's Children First that brings together former foster youth to help advocate for improvements in the state's child welfare system.

In spite of nightmares and misgivings, I am truly confident that I can be a good father. My girlfriend is an awesome person and in a much better place than my birth mom was when I was born. She is both strong and loving—two very important characteristics—and will be a wonderful mother.

I also have a lot of support. About 10 people in my life claim me as their son—from my adoptive parents, to my best friend's parents, to people who have been there for me and with whom I have celebrated my successes. I do not intend to disappoint them, and know that they will be there to guide me. It helps that my parents are really looking forward to having a grandchild.

They have 11 sons, the last three of whom were my brothers and me. Their first eight sons have mostly provided grandsons; so a little girl will be a most welcome addition. Mom and Dad have always enjoyed being parents, but they are ecstatic about being Grandma and Grandpa again, and have already vowed to help in any way they can.

With our baby on the way, everyone keeps telling me what I should do or what it is going to be like to have a child. That's all great and nice of them, but I want to be unique. My approach shall be different. I intend to accomplish my dreams and help my child, my blood, realize her dreams as well.

Below is an excerpt from a book about my life that I am composing:

The black of day chases the white of night away as it seeps through the door where he awakens in the same dusty closet, on the same ripped carpet he laid his head to rest last night. Breakfast quickly crawls out of a corner in the closet and extinguishes the sleepiness from his face. Today's meal is a big one.

Crushing the creature hurts his heart, but he removes the insect from his foot and propels it into his mouth. The crunchiness fights away sounds of drunken chattering. Suddenly, a knock interrupts his thoughts.

Yes, it was a horrible thing for a four-year-old to experience, and something I would never wish on any other child. I am resolved that my daughter will have a very different experience than my brothers and I had. I dream that when my daughter writes her story, it will start something like this:

I awoke this morning to a knock on my door as my daddy walked in with a big smile on his face. He planted a gentle kiss on my forehead and we shared a bowl of cereal. Today is Saturday, which means we are going to go play at the park. I have the best daddy ever!

Parenthood. Here I come.

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