UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

MAY 2011

Isaac, age 9 and Kayla, age 11 are waiting...

Photo by: Cindy Whitney

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER

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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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What Kids Say About Adoption

"I can tell my friends I never have to move."
-eleven year old boy

"Don't worry, Mom. My sister will settle down after her adoption is finalized. I did. It was over and done and I knew it was forever."
-Shauna, age 12

"I'm so glad you found me. I had something missing."
-Malik

"Mom, I know wherever you and Dad go, I'll be safe."
-David, age 10

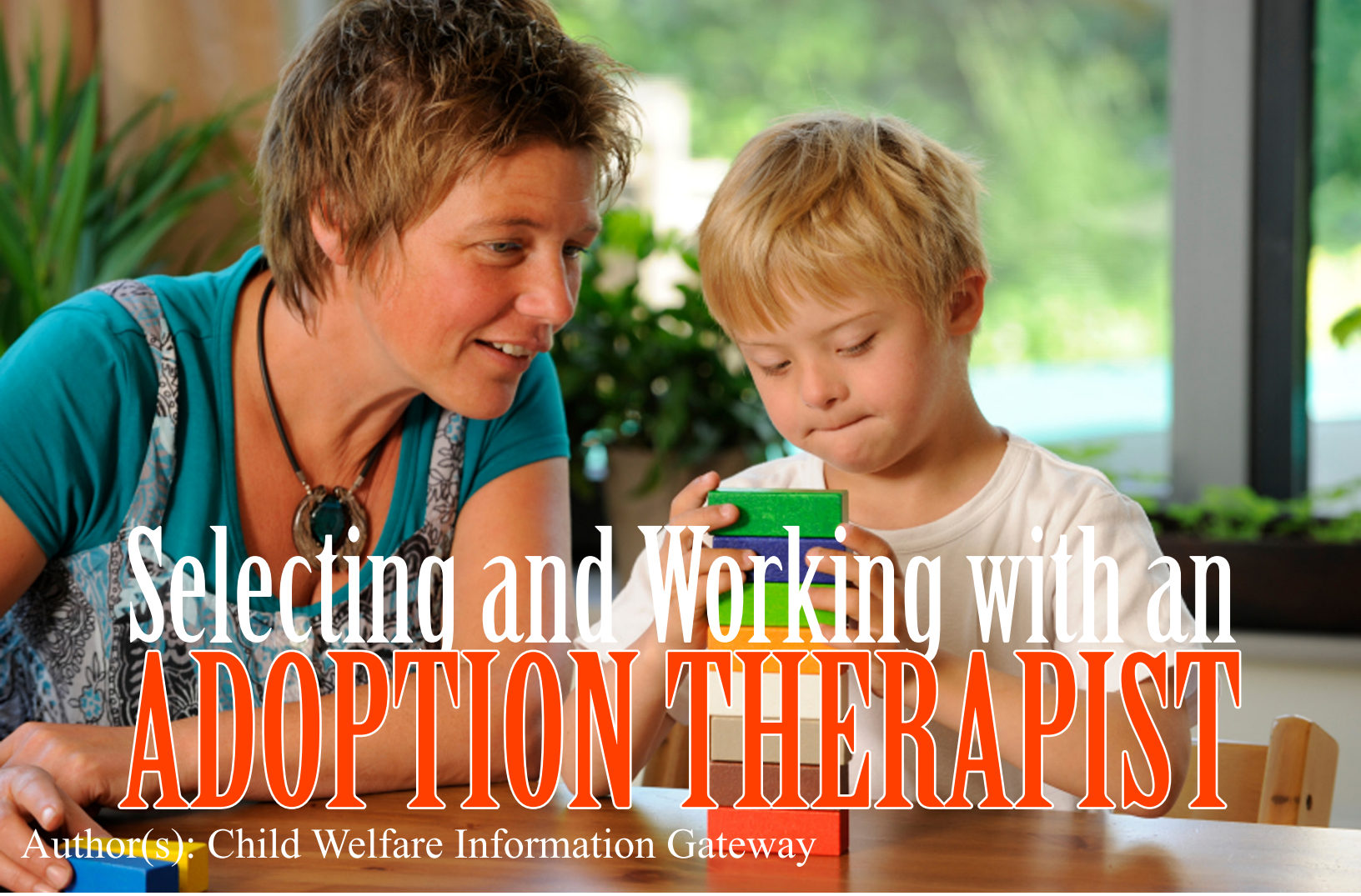
"God, if you're listening, I really want a family."
-Fourteen year old foster child

"I'm adopted! That's when you have the same family but not the same face."
-Six year old

"Getting adopted is like sitting down after standing up for a long time"
-Former foster child

"Adoption is a special kind of love that is shared not by people who are related by blood, but by people who are related by love."
-Seventh grade girl

ALL QUOTES WERE TAKEN FROM THE BOOK, "ADOPTION: STORIES OF LIVES TRANSFORMED." TO PURCHASE THIS BOOK AT A REDUCED PRICE, GO TO WWW.ADOPTEX.ORG.



Selecting and Working with an ADOPTION THERAPIST

Author(s): Child Welfare Information Gateway

Introduction
Adoption has a lifelong impact on those it touches, and members of adoptive families may want professional help as concerns arise. Timely intervention by a professional skilled in adoption issues often can prevent concerns from becoming more serious problems.

Professionals with adoption knowledge and experience are best suited to help families identify connections between problems and adoption and to plan effective treatment strategies. Sometimes a difficulty that a child is experiencing can be directly linked to adoption, but sometimes the connection is not readily apparent. In other situations, issues that seem on the surface to be related to adoption turn out not to be at all. It is important that the therapist understand that although the adoptive family is often not the source of the child's problems, it will be within the context of the new family relationships that the child will begin to heal.

This fact sheet offers information on the different types of therapy and providers available to help adoptive families, and it gives some suggestions on how to find an appropriate therapist. Specifically, this fact sheet covers:

Professionals who provide mental health services
Approaches to therapy (including attachment therapy)
Treatment settings
Finding the right therapist
Working with a therapist

Many issues experienced by adoptive families will not require professional assistance. For many families, post adoption services like support groups or education workshops and seminars will provide all the help that is needed. For information about the different kinds of post adoption services available and how to find them, see the Information Gateway fact sheet Post adoption Services: A Fact sheet for Families.

Professionals Who Provide Mental Health Services
Many different types of professionals provide mental health services. The person or team best suited to work with a particular family will depend on the family's specific issues, as well as the professional's training, credentials, and experience with adoptive families.

Pediatrician or Family Practice Physician. These medical doctors specialize in childhood or adolescent care and typically treat routine medical conditions. They serve as primary care physicians who refer children for additional diagnostic studies or procedures and who coordinate referrals to specialists.

Psychiatrist. These medical doctors (with M.D. degrees) specialize in the diagnosis and treatment of medical and emotional disorders and substance abuse. After completing medical school, psychiatrists receive postgraduate training in psychiatric disorders, various forms of psychotherapy, and the use of medicines and other treatments. Some psychiatrists complete further training to specialize in such areas as child and adolescent psychiatry. Psychiatrists are able to prescribe medications.

Clinical Psychologist. A clinical psychologist has completed a doctoral degree (Ph.D. or Psy.D.) in psychology and usually has completed advanced courses in general development, psychological testing and evaluation, as well as psychotherapy techniques and counseling. Many clini-

cal psychologists develop a subspecialty in child and adolescent development, psychological testing, or family therapy. Clinical psychologists assess and treat mental, behavioral, and emotional disorders, including both short-term crises and longer term mental illnesses.

Clinical Neuropsychologist. A clinical neuropsychologist holds a Ph.D. degree. These specialists have completed training in biological and medical theories related to human behavior. Their postgraduate training focuses on the assessment and treatment of brain diseases and injuries and neurological and medical conditions, including traumatic brain injury and learning and memory disorders. These professionals may be able to help in distinguishing organic (medical) problems from psychological problems.

Social Worker. A social worker has completed a bachelor's (B.S.W.) or master's (M.S.W.) degree in social work. Social workers are trained to focus on a child or family within the child or family's social environment. Some social workers may refer to themselves as psychotherapists; however, they may or may not have professional training in psychological testing. Licensed clinical social workers (LCSWs) have a graduate degree and have passed a clinical test to become licensed in their State to offer counseling to individuals and families. Licensure and titles differ from State to State.

Marriage and Family Therapist. Marriage and family therapists have graduate degrees in counseling or psychology and may have taken a licensing exam to receive their Marriage and Family Therapy (MFT) license. Almost all States have licensing laws for marriage and family therapists. These professionals evaluate and treat mental and emotional disorders and other health and behavioral problems, addressing a wide array of relationship issues within the context of the family system. Family therapists focus on communication building and on family structure and boundaries within the family.

Licensed Counselor. A licensed professional counselor has a graduate degree in a specialty such as education, psychology, pastoral counseling, or marriage and family therapy, as well as a State license to practice counseling. Licensed professional counselors diagnose and provide individual or group counseling with a variety of techniques.

Pastoral Counselor. Pastoral counselors include pastors, rabbis, ministers, priests, and others who provide faith-based therapy and counseling. They usually have a graduate degree (many have completed doctoral training), and many also have a special certification in pastoral counseling. They focus on supportive interventions for individuals or families, using spirituality as an additional source of support for those in treatment. Not all individuals who provide faith-based counseling have been formally trained or are credentialed as pastoral counselors.

It is important for adoptive families to share openly with their mental health professional that their family includes one or more adopted persons and to inquire about the counselor's training and experience related to working with adoptive families and adopted persons. A growing number of States offer a postgraduate certificate to mental health professionals to help them to understand the dynamics of adoption and to tailor treatment modalities to the needs of families and individuals impacted by adoption.

Approaches to Therapy

Different mental health professionals use different types of treatment. The type of treatment or the combination of treatments chosen may depend on the type and severity of the presenting issue, the age and developmental level of the child, and even the experience and preferences of the professional and family. Parents should be sure to ask prospective therapists about the different types of treatment that they might use. Some of these different types are described below. (A resource that rates the effectiveness of different treatment interventions for specific populations of children and families is the National Registry of Evidence-Based Programs and Practices.)

Play Therapy. Therapists customarily use this form of therapy with very young children, who may not be able to express their feelings and fears verbally. The therapist will engage the child in games using dolls and other toys, since play is a way for children to communicate. Through gentle probing, the therapist will try to draw the child out. In this way, the child may be able to act out feelings and reveal deep-seated emotional trauma.

Individual psychotherapy. This therapy may take many forms. Often the therapist will work to help the client first express problems verbally and then find ways to manage them. This type of therapy tends to stress that people should assume responsibility for their own actions and ultimately for their emotional well-being. The therapist will offer challenges, interpretations, support, and feedback to the client.

Group therapy. This therapy allows a small group of clients with similar problems to discuss them together in an organized way. Group therapy makes efficient use of a skilled therapist's time and offers the extra advantage of feedback from peers. Occasionally, family members may be asked to join the group. Group therapy frequently is used with adolescents and usually is the treatment of choice for individuals and families affected by substance abuse.

Family therapy. Increasingly popular, family therapy is based on the premise that all psychological problems reflect a dysfunction in the "family system." The term "dysfunction" means that members of a group or system are working together in a way that is harmful to some or all of its members. The therapist requests the active participation of as many family members as possible and focuses on gaining an understanding of the roles and relationships within the family. Family therapy seeks to achieve a balance between the needs of the individual and those of the larger family system.

Behavior modification. A commonly used form of therapy, behavior modification has many practical applications. The basic approach in behavior modification is to use immediate rewards and punishments to replace unacceptable behavior with desirable behavior. The therapist will identify specific changes desired and will establish a system of rewards and punishments. The reasons behind the objectionable behavior are seen as irrelevant; the focus is on change. This therapy is especially useful with children who may not be inclined or able to examine and understand their inner feelings.

Cognitive therapy. Cognitive therapy is based on the belief that the way we perceive situations influences how we feel emotionally. It is typically time-limited, problem-solving, and focused on the present. Much of what the patient does is solve current problems through learning specific skills, including identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

A Word About Attachment

Many adopted children experience problems that may be the result of breaks in attachment that occurred during the first 3 years of life. These problems impair, sometimes severely, the child's ability to trust and bond—to attach—to other human beings. Children who have experienced maltreatment or traumatic separations may be hesitant to trust others enough to attach quickly or easily.

Attachment can be viewed as a continuum, with healthy attachment at one end and attachment disorder at the other. While a small percentage of children with attachment problems can be correctly diagnosed as having Reactive Attachment Disorder (RAD), many more adopted children display signs of some attachment difficulty, a midpoint along the continuum. Signs of attachment problems can include lack of conscience, lack of cause-and-effect thinking, superficial charm, obvious lying, stealing, indiscriminate affection with strangers, and cruelty to animals and people.

Attachment therapy. Attachment therapy includes a number of different approaches to therapy with children, but all approaches are based on common principles and theories of attachment and healthy development. Attachment therapy (sometimes incorrectly equated with holding therapy) includes an ever-expanding continuum of interventions based on treatment theories from an array of therapeutic approaches, including behavioral and cognitive therapies.

The focus of any attachment therapy should be to build a secure emotional attachment between the child and the parents. Because the primary focus is on the attachment relationship, not on the child's symptoms, one or both parents must be active participants in the therapy. The basis of attachment therapy is that the development of a trusting attachment relationship will provide the security essential to healing the psychological, emotional, and behavioral issues that may have developed as a result of earlier disruptions and trauma. These issues may include posttraumatic stress disorder, grief and loss, depression, and anxiety.

While some families find attachment therapy to be a useful approach, there is less evidence to support its effectiveness. As a relatively newer form of therapy, few studies of attachment therapy have been evaluated for outcomes. [1]

Treatments such as "holding therapy," "rebirthing therapy," or other types of treatment that involve restraint of the child or unwelcome or disrespectful intrusion into the child's physical space have raised serious concerns among parents and professionals. Some States have written statutes or policies that restrict or prohibit the use of these therapies with children in the care or custody of the public agency or adopted from it.

Other therapies. There are a number of other types of therapies, as well as variations of therapies, that may prove useful. These may include art therapy, music therapy, and couples therapy. Parents should ask the professional to explain the treatment and goals before deciding on a particular therapy.

Treatment Settings

Therapy may take place as in-home therapy, outpatient counseling, group or residential treatment, or inpatient hospitalization.

Most therapy sessions take place in an outpatient setting. This means that the client is seen in the therapist's office, typically in a 50-minute session once a week. Most emotional and psychiatric problems do not become serious enough to require treatment beyond this level. Many adoption-sensitive therapists believe that therapy for adoptive families benefits from a more flexible time schedule and is best done when the entire family is included.

Sometimes a child can best be treated with the limits and structured environment that a residential treatment center provides. Residential treatment is often the treatment of choice for children and teens with emotional, behavioral, or substance abuse problems. Residential treatment centers, which provide 24-hour care, are generally private, nonprofit facilities set up for children with severe psychiatric or substance abuse needs. They may be organized in individual community homes, in a campus-type setting of cottages, or in a large institution (similar to a hospital setting).

Residential treatment programs focus on the development of positive coping skills and personal responsibility. Behavioral therapy often is practiced in residential treatment programs; that is, the child's good behavior will bring about appropriate rewards and privileges. Children in residential treatment usually have regular visits with their parents. Family connections are critical to help motivate children to change their behavior so that they can return home.

Hospitalization in a psychiatric hospital is available for clients with serious emotional problems that cannot be modified through outpatient therapy. It may be necessary for children who become suicidal or dangerous to themselves or others to be hospitalized to avert a crisis. It is important that parents stay involved; in fact, most child and adolescent units of psychiatric hospitals insist that parents participate in family meetings or therapy. If they are not automatically included, parents should be proactive in emphasizing the involvement of the family in their child's treatment.

Finding the Right Therapist

Locating the right therapist requires that a parent identify some prospective therapists who have adoption experience and then conduct preliminary interviews to find the one who seems best able to help the child or family.

Identifying prospective therapists. It is important that parents take the time to find a mental health provider who has the experience and expertise required to address their needs effectively. Professionals with adoption knowledge and experience are best suited to help families identify connections between problems and adoption and to plan effective treatment strategies. At a minimum, a therapist must:

- Be knowledgeable about adoption and the psychological impact of adoption on children and families

- Be experienced in working with adopted children and their families Know the types of help available for adoption-related issues and problems

- Have received training in working with adoptive families

Parents may contact community adoption support networks, use the Internet, and ask their placement agency for referrals to therapists. Many public and private adoption agencies and adoptive parent support groups have lists of therapists who have been trained in adoption issues or who have effectively worked with children in foster care and adoption. Some adoption agencies and specialized post adoption service agencies have mental health therapists trained in adoption on staff.

Parents can check with the following resources for therapist recommendations:

- Agency social workers involved in the child's adoption
- State or local mental health associations
- Public and private adoption agencies
- Local adoptive parent support groups
- Specialized post adoption service agencies
- State adoption offices
- National and State professional organizations (see National Resource Organizations below)

Interviewing prospective therapists. Using the recommendations that

they gather, parents can call prospective therapists or schedule an initial interview to find out basic information. Some therapists will offer an initial brief consultation that is free of charge. Parents should start by giving the clinician a brief description of the concern or problem for which they need help. The following are some questions to discuss:

What is your experience with adoption and adoption issues? (Parents should be specific about the adoption issues that impact their problem, such as open adoption, transracial adoption, search for birth relatives, children who have experienced abuse or institutionalization, children with attachment difficulties.)

•How long have you been in practice, and what degrees, licenses, or certifications do you have?

•What continuing clinical training have you had on adoption issues?

•Do you include parents and other family members in the therapeutic process?

•Do you prefer to work with the entire family or only with the children?

•Do you give parents regular reports on a child's progress?

•Can you estimate a timeframe for the course of therapy?

•What approach to therapy do you use? (See Approaches to Therapy above.)

•What changes in the daily life of the child and family might we expect to see as a result of the therapy?

•Do you work with teachers, juvenile justice personnel, daycare providers, and other adults in the child's life, when appropriate?

There are other practical considerations when choosing a therapist. Parents should be sure to ask about:

•Coverage when the therapist is not available, especially in an emergency

•Appointment times and availability

•Fees and whether the therapist accepts specific insurance, adoption subsidy medical payments, or Medicaid reimbursement payments (if applicable)

Working With a Therapist

If the child is the identified client in therapy, the family's involvement and support for the therapy is critical to a positive outcome for the child. An adoption-competent therapist will value the participation of adoptive parents. Traditional family therapists not familiar with adoption issues may view the child's problems as a manifestation of overall family dysfunction. They may not take into account the child's earlier experiences in other care settings and may view adoptive parents more as a part of the problem than the solution. Adoption-competent therapists know that the adoptive parents will be empowered by including them in the therapeutic process and that no intervention should threaten the parent-child relationship.

Parents' commitment to the therapy may also contribute to the success of the therapeutic process. For instance, parents are obligated to keep scheduled appointments. They should refrain from using therapy sessions as punishment for a child's misbehavior. Family members must communicate regularly with the therapist and ensure that the therapist has regular feedback about conditions at home. The success of therapy depends heavily on open and trusting communication.

Parents may want to request an evaluation meeting with the therapist 6 to 8 weeks after treatment begins and regular updates thereafter. Evaluation meetings will help all parties evaluate the progress of treatment and offer the opportunity to discuss the following:

•Satisfaction with the working relationship between the therapist and family members

•Progress toward mutually agreed-upon goals for treatment approaches and desired outcomes

•Progress on problems that first prompted the request for treatment
The therapist's tentative diagnosis (usually necessary for insurance reimbursement)

•The therapist's evaluation of the chance that therapy can improve the situation that prompted treatment

Insurance Coverage and Other Funding for Therapy

The cost of therapy varies and may be covered in part by health insurance or the child's adoption assistance agreement. Some therapists, and most community mental health centers, provide services on a sliding fee scale based on income. Parents should ask about costs and when payment is expected (after each session, at the end of the month, or after reimbursement by insurance).

Insurance companies have different requirements for coverage of mental health treatment. Parents may have to choose from a list of approved therapists, and there may be a limit on the number and types of sessions covered. Parents should find out from the insurance company:

•The extent of coverage for mental health treatment

•Specialty areas of approved providers

•Company policies regarding payment for treatment provided by therapists outside the plan

•Whether insurance will pay for an out-of-plan adoption-competent therapist if such a therapist is not available within the network

•If the child has an adoption assistance agreement, parents should see what the subsidy covers.

Conclusion

Members of adoptive families may encounter issues at different points in their lives that affect their behavior and emotional well-being and that require treatment from a professional therapist. Adoption-competent therapists, who understand adoption issues and adoptive family dynamics, are best suited to provide clinical interventions. With some research, parents can find the therapist best able to support their child and family.

This factsheet was developed by Child Welfare Information Gateway, in partnership with Susan Freivalds. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.

Tough sta

Judy Stigger, LCSW
Director of Professional Relations for Adoption Learning Partners, Adoption Counselor

When Mike and Megan brought their son Peter home, they were prepared for sleepless nights; they knew there would be an adjustment period. But they were not ready for what lay ahead: learning issues at school, monumental melt downs over the slightest thing, lashing out. All of it, unexplained – even Peter couldn't tell them why.

When their counselor told them Peter's behavior was a result of his infant care, it made no sense to Mike and Megan. How could what he can't remember continue to affect him? What should they do to help him? And how are they going to keep the rest of their lives together while they figure it all out?

Peter's story is not unique. Children adopted from foster care, children adopted internationally and children adopted domestically as infants may have all experienced, in different ways, a tough start in life. Your job, as parents, is to help these children get what they missed before they came into your home and to help them develop the skills to work around the challenges life has handed them. But that isn't always so easy to figure out.

Adoption Learning Partners has launched a new series of online courses entitled

Tough Starts Matter

Our kids often get a Tough Start in life. They may have suffered prenatal substance exposure or malnutrition; their early care may have been substandard with multiple caretakers unable to truly meet their needs, or neglectful, chaotic or abusive environments. Regardless of the reason, this type of trauma impacts our children's brains. Understanding that a child's behavior may not be completely willful, but rather the product of a Tough Start is the first step. It may be "can't" vs. "won't."

Understanding the impact:

(from Tough Starts Series: Brain Development Matters)

Before children develop recall and are able to communicate their feelings and fears, they have what is called state memory. For some children the trauma happened before they were even born. For others the impact occurs very early on. In the first years of life, a child's experiences are stored in state memory. Typically, they cannot recall the traumatic events, the difficulties of their beginnings, or explain their feelings. However, they have the fear of being hungry or harmed, they have the sense of being rejected, and they have an awareness of feeling unwanted or unloved. These feelings often manifest themselves in behaviors that even the most experienced parent may find hard to understand and manage. Brain Development Matters helps parents understand.

"I don't know what happened to me before I was adopted, but I still have nightmares about it."

- adult adoptee

Recognizing the importance of early diagnosis

(from Tough Starts Series: Treatment Matters)

"We hoped it was something John would outgrow. Everyone else said he would. So we waited. We didn't get help until he had been home for three years." – adoptive parents

Parents often hesitate to get a diagnosis fearing that their child will forever be labeled as having a problem. But a

diagnosis defines treatment. And since the brain is more flexible the younger the child is, the earlier treatment begins, the greater the recovery potential. There are many pieces of assessment that fit together to form a diagnosis. A comprehensive assessment gathers information about your child through observation, interviews and testing. Receiving an accurate diagnosis helps to prioritize possible treatments as well as to secure appropriate services from a school or insurance provider. It also arms you as parents with the tools you need to better help your child.

Adjusting your parenting style to suit your child's needs
(From Tough Starts Series: Parenting Matters)

"Once we began to understand the "whys" of his behavior, we could begin to figure out the "hows" of helping him change it."

– adoptive parents

The goal of "Therapeutic parenting" is to help your child develop the coping skills he needs to better function in his life, now and in the future. You are providing the loving nurture that your child should have had from the beginning of his life. This may require you to learn some new parenting tactics. You can't fall back on the "that's how I was raised and I turned out ok" mentality. You can't parent on autopilot – you have to be in the cockpit with your eye on the controls at all times. Why? Because your child is more vulnerable. Therapeutic parenting maximizes your strengths and your child's strengths. It can help you to offset and work around triggers and vulnerabilities. This allows you to respond more insightfully to your child. It gives you the ability to appropriately redirect your child's negative behavior, and to encourage healing and the development of new coping skills.

Taking care of yourself, and the rest of your family
(From Tough Starts Series: Family Matters)
"This is not about how much you can take before you break; it's about taking a break before you do." –adoption Professional

Now you have learned about possible causes for your child's behavior, how to get the appropriate resources for him, how to teach him coping skills and manage triggers at home……what about you? What about your other children? Many parents feel guilty taking time for themselves; your tough start child requires so much time and energy, your other children need whatever's left. However, it is important to recognize the toll that raising a tough start child can take on you, your relationships and your other children, and to marshal your resources of time and energy to best effect. There are simple, small and practical steps and exercises to build your strength, help your relationships and open communication with your other children. Having a child in your life is a blessing. But having a child with a tough start also presents challenges, to everyone involved.

Samantha, Mike and Megan's therapist, worked with them as a family and each of them individually. She helped them understand the fear that drove Peter's behavior. She taught them that he didn't remember why, and couldn't tell them he was afraid, but the fear existed. Once Mike and Megan understood how trauma affected Peter's brain, they could begin helping him manage his behavior and felt a little less overwhelmed.

For more information, or to get hand-on practical tips, go to www.AdoptionLearningPartners.org. The Tough Starts Matter series can be purchased as a package or as individual courses: Brain Development Matters, Treatment Matters, Parenting Matters and Family Matters.

Boondocks Fun Center

75 E. South Fork Drive (14270 So.), Draper, Utah

Save on all day unlimited passes by purchasing them from THE ADOPTION EXCHANGE!

$20.00

Unlimited Fun Pass
60" and over
Regular price $24.75

$14.00

Unlimited Fun Pass
60" and under
Regular price $16.75

Includes go-karts, rookie go-karts, slick track, rock wall, bumper boats, miniature golf, laser tag, and kiddie cove
10 arcade tokens for guests 60" and taller
20 arcade tokens for guests under 60"
some height restrictions required on some attractions

Tickets are good Mondays through Fridays, Saturdays, Sundays, specific holidays and summer break. Offer good until December 31st. Please call to verify hours.

Ordering is easy!

To order your tickets use any of the three steps below:

1. Call: (801) 265.0444

2. Fax this completed order form to (801) 265.0834

3. Mail this completed order form to:
The Adoption Exchange
975 E Woodoak Lane Suite 220
Salt Lake City, UT 84107

Your tickets will be mailed out to you as soon as possible.

Contact Name:_____

Address:_____

City:_____ State:_____Zip:_____

Phone:_____

Please send me the following Boondocks tickets:

#_____ All day pass 60" and Above-$20.00

_____All day pass under 60"-$14.00

Payment enclosed: ☐ Check ☐ Cash ☐ Credit Card

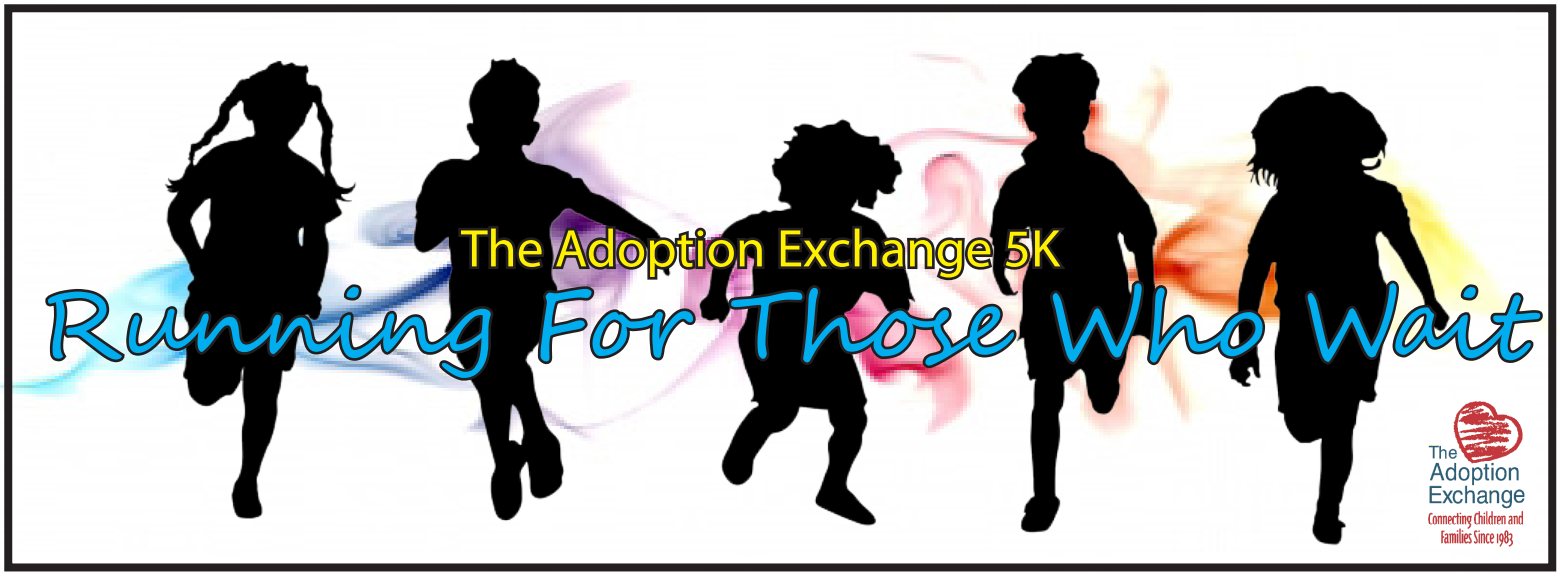
Card#_____

Expiration Date_____

Amount Due: $

The Adoption Exchange
Connecting Children and Families Since 1983

Proceeds from this event benefit the Adoption Exchange



May 21st, 2011 • Jordan River Parkway

Distance:	Family Walk/Run 5K
Start Time:	Registration & check in begins at 7:30 8:30 Race Start
Entry Fee:	$20.00 Individual $50.00 Family of 3 or more *T-Shirts are free to all participants registered before May 15, 2011*
Sign Up:	MAIL: The Adoption Exchange 975 E Woodoak Lane, Suite 220, Murray, UT 84117 ONLINE: www.adoptex.org DAY OF: Germania Park

Race will be un-timed. Prizes will be given to 1st and 2nd place winners.

For More Information, Call 265-0444
or visit us online at www.adoptex.org

Name_____

Address_____

City_____Zip Code_____

Home Phone_____T- Shirt Size_____

Email_____

If Registering as a Family:

Family Team Name_____

Name	Age	Male/Female	Shirt Size

MAKE CHECKS PAYABLE TO: THE ADOPTION EXCHANGE

REGISTER ONLINE AT WWW.ADOPTEX.ORG

Race Course

Race will begin at Germania Park and will follow the Jordan River Parkway north.

Water

Water will be provided following the race.

Online Registration

You can register online at www.adoptex.org by clicking on the Utah tab at the top of the page. Payment accepted by credit card.

Release and Waiver (Please Read)

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running in this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf convenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives, successors, or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

This release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings or any other record of the event for any purpose. Minors will be accepted with a parent's signature. The undersigned acknowledges that he/she has read the foregoing release and waiver, understands it and executes this waiver and release of his/her own free will, with full knowledge and understanding of the effects of it.

_____

Signature Date


The seal
By: Mike Jacobs

In the middle of a dark and starry night, a mother seal silently swam ashore to give birth to her pup. This was unusual, because seals normally give birth out in the open sea, and a pup seal learns to swim even before it takes its first breath. This mother climbed clear out of the water and onto the dry sand, and there gave birth to a son, whom she named Abita, which means "out of water." There she left him all alone.

Abita was found the next morning by fishermen who lived and worked by the sea. These strange, two-legged creatures, who walked upon the dry sand, knew that a pup seal couldn't survive on his own. So they took him home and tried their best to keep him alive. Once home, they made some calls to experts in the field of marine biology. They tried feeding the pup seal cow's milk and ground-up dead fish. They would sponge the seal down to keep his skin from cracking and bleeding. When the experts did show up at the fishermen's home, they told the men that the seal must be immediately put in the water, or it might never learn to swim. They filled the bathtub full of lukewarm, saltless water, and laid Abita in the bath. They pushed him under the water, over and over again, forcing him to use his flippers. He choked and coughed up the tepid bath water, but he never swam. The fishermen tried this exercise several times a day for a whole week, but the young pup had lost the instinct to swim.

The Director of Wildlife Services decided Abita needed a bigger, more structured place, with a larger bath and people who were trained to handle seals. Abita ended up going to many such places. A few of these were gentle and kind, but some were rough and cruel, and beat Abita if he didn't do the exercises right. Abita never did learn to swim, but he did learn to walk, standing upright, and how to keep his skin moist, and how to eat dead fish. He was a survivor.

It was decided that the men had done all they could for Abita, and that if he was to live the normal life of a seal, he should be released into the wild, and into the care of a community of seals. A community was picked, and a father and mother seal came forward to take Abita into their family, and to treat him as their own son. The day Abita was released into the wild was a joyous occasion. The Director was in charge of the celebration, and the biologists were there. All the seal community had welcomed Abita as their own. They all gathered around as he took his first steps into the refreshing sea water.

Abita wanted more than anything to be a seal. He saw his brothers and sisters frolic and play in the deep sea. He wanted to be like them. He ran back and forth in the shallows, shouting, "I can swim! I can swim!" His parents were patient and kind. They knew he had a big ocean ahead of him. They encouraged him every chance they got. It wasn't easy for Abita. The water was icy cold, nothing like what he was used to, and the salt of the sea stung his cracked skin. But Abita was determined. At first, only his bottom flippers got wet, but he went deeper and deeper, until he was up to his waist. This kind of walking in the sea is extremely difficult for a seal to do. It takes so much energy. Abita's parents encouraged him to put his face in the water, but Abita refused. He was afraid. He remembered all the times the men held him under water, times he felt like he was drowning.

Still, every once in a while, Abita tried to run too fast or too deep, and quite by accident, his face would go under, and Abita would see the underworld of the deep. It was a world he had never dreamed of—a world of beauty and wonder, a world where seals ate fresh fish and glided through the water with a speed and grace unimaginable. It was a wild world. There were also dangers in the deep, dark parts of the ocean that terrified him. He was so afraid that he would retreat back in the shallows where he felt safe. Yet the deep kept calling to Abita. He couldn't swim yet, he couldn't trust his mother and father's call to let them protect him in the deep waters. He didn't even trust his own flippers to bring him to the surface if he could not touch the bottom. Still, sometimes Abita would run too fast on purpose, so that he would fall and place his face under the surface.

One day, Abita was watching a young seal swim near one of the dark places, and a monster came out of the deep. It was a shark, and he devoured the young seal. Abita was shocked. He panicked. He took a big gulp of sea water. He couldn't get his footing back. He was drowning. His parents had to take him back to the shallows where he felt safe. Abita became mortally afraid of sharks. He stayed only in the very shallows and he never ran too fast or tried to place his face beneath the surface again. He still ran back and forth in the very shallowest parts, and yelled out to his parents, "Look! I'm swimming! I'm swimming!" But everyone knew he wasn't. He wasn't even trying.

In Abita's mind, he began to see the ocean as a place where his parents couldn't protect him. The sea was a place of darkness and danger. It was cold and the salt stung his wounds and his dry skin. Abita moved further and further away, until he spent all his days on the dry ground. He preferred it. The sand was dry and scratchy, and the sun burnt his skin until he had open sores all over him. But these dangers he had survived. These hurts felt like old friends, compared to the unfamiliar dangers of the open and wild sea.

Upon seeing Abita in such a sorry condition on the shores, the Director of Wildlife Services sent Abita away, into the desert to an oasis. At the oasis was a pool, a clear deep pool that has no dark places, no danger. The pool is a place where Abita can gain the skills he needs to swim in the wide ocean.

For now, that is where the story ends. Oh no, it's not the end of the story, it's just where Abita is in his story. The ending is yet to be written. Will Abita try to learn to swim? Or will he just play in the shallows? Will the seal handlers have the wisdom and patience not only to give Abita the skills he needs to swim, but also give him the connection and the desire for the open sea? Will his parents keep hope? Can they encourage Abita across the desert? Will Abita choose a life filled will wonder, or the pain that he already knows?

I believe that a seal who has lost the instinct to swim can learn to be the most graceful swimmer of all. I believe Abita has the power to change his name from Abita ("out of water") to Atiba ("of the water"). Abita is a seal. He belongs in the open sea.

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