



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

NOVEMBER 2012

Jamal, age 17 is waiting...

Photo by: Curtis Anderson

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



Ann, age 17 is 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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My Life

**I'm growing tired and my life passes right by me
And I'm trying to stay awake
My desire is to never ask why me
Or is this more than I can take**

**My life is my life
What I get to keep is what I make it
My life is my life
And I can't retake it
My life**

**And in my mind my memory fades to an unseen view
Of a sketch that looks the same
Will I have time to start again and make it new
To heal the cuts erase the pain**

**My life is my life
What I get to keep is what I make it
My life is my life
And I can't retake it
My life**

**So through the years
I looked for the prize, but I closed my eyes
Cause I couldn't see through the tears
But now I see
I got to live my life, make a sacrifice
To make a better me**

**My life is my life
What I get to keep is what I make it
My life is my life
And I can't retake it
My life**



Understanding a Child with Fetal Alcohol Spectrum Disorders

Lynn S. Tanner, R.N. BS

It has been my privilege to work with adoptive parents in a support group setting in Davis County for over 10 years. I have been impressed with the dedication and care shown by these remarkable people, kudos to all of you for opening your hearts and homes to children in need.

I have been asked to write about prenatal exposure to alcohol. My hope is to help readers understand what it might feel like to be a child with Fetal Alcohol Spectrum Disorders (FASD), often an invisible disability, as well as suggest ideas about how to work differently with this child. Much of the information I share in this article comes from Laura Nagle, Coordinator of Kentucky's FASD Center. I am extremely grateful to Laura for giving me permission to share her work.

Have you ever known a child living with the effects of prenatal exposure to alcohol? Chances are good that you have known many. A child with prenatal alcohol exposure may look like any other child, have a typical IQ but still have invisible brain dysfunction that causes confusing, disruptive and challenging behaviors.

Some adoptive parents I know have said that they were puzzled by their child's behaviors and inconsistent performance. Keep in mind that most alcohol exposed children are not identified or diagnosed as having an alcohol-related brain disorder. You might not know whether or not your child was exposed prenatally to

alcohol. An important thing to remember is this; children can have brain-based disabilities that look like willful misbehavior, non-compliance, defiance or lack of effort. You can make a difference in your child's life whether or not a medical diagnosis has been made. If you think or know that your child was prenatally exposed to alcohol I will provide referral information at the end of the article.

Fetal Alcohol Spectrum Disorders are caused when alcohol in a pregnant woman's bloodstream circulates to the fetus by crossing the placenta. This alcohol use during pregnancy can create a brain that: can't link cause and effect, responds slowly, uses poor judgment, can't read the emotions or body language of other people, thinks like the brain of someone much younger, forgets information, has difficulty with time and money, thinks in a disorganized way, and has trouble moving one situation to another.

Please visit: <http://fasdcenter.samhsa.gov> for a detailed definition of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders.

According to the Institute of Medicine's 1996 Report to Congress: "Of all the substances of abuse, (including cocaine, heroin and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus." A logical question is to ask why alcohol is more damaging to the brain than other substances of abuse. The answer is very complex – therefore I will share with you something that is understandable to me – just realize it is not a comprehen-

sive answer. The molecules of alcohol are so small that they pass freely through the blood-brain barrier. Alcohol can disrupt the way nerve cells develop, travel to form different parts of the brain and function. Also toxic byproducts of alcohol metabolism may become concentrated in the brain and contribute to the development of an FASD.

It is important to know that no amount of alcohol consumption can be considered safe for the unborn child. The good news is that Fetal Alcohol Spectrum Disorders are completely preventable if a woman does not consume alcohol during her pregnancy.

Children with an FASD often have a hard time following instructions with more than one step, especially when instructions are given verbally. From the outside it appears that the child is being stubborn and defiant, but the child's brain might be having a hard time processing input quickly, leaving them unable to keep up with more than one small instruction at a time.

Ask yourself a few questions; What if my child's behavior is pointing to a disability that no one can see? What if the things he does wrong show us exactly what they need from us? What would it feel like if you are doing your very best and still fail at everything? Even if a problem appears to be purposeful and deliberate misbehavior, ask yourself this question: What if this problem is coming from an invisible disability? You may be the only person who has taken the time to question the assumption that all behavior is on purpose.

Brain dysfunction is the primary disability of FASD. It manifests itself in behaviors, such as the following, which are common among children living with prenatal alcohol exposure.

- Very literal thinking.
- Slower brain pace.
- Difficulty learning from experience.
- Disruption in cause/effect thinking.
- Rigid thinking.
- Difficulty reading body language.
- Memory problems.
- Sensory integration problems.
- Poor judgment and impulse control.

Sometimes as a parent you may feel like giving up because you've explained the rules again – and she keeps breaking them. She can complete the task perfectly on Monday – but on Tuesday you're back to square one. You try reasoning, explaining, inspiring, cajoling. Nothing works. You get frustrated. WAIT. Step back and ask yourself this question: What if it's not that she WON'T do it? What if it's that she CAN'T do it?

There are many factors that influence pregnancy outcomes, consequently there are no clear-cut instructions or fail-proof methods. That being said many parents have found strategies that have helped them manage more effectively from

day to day. Following a few simple principles and changes to the environment can make a difference. A few suggestions:

- Keep all communication on a concrete and literal level. To better understand literal thinking consider reading one of the children's books featuring Amelia Bedelia.
- Expect to reteach, reteach, reteach.
- Provide external memory tools – lists, cue cards, pictures.
- Speak slowly and use fewer words.
- Provide extra supervision.
- Understand the importance of routine and structure.
- Reduce the stimuli in the environment to prevent sensory overload.
- Support your child during transitions using a constant signal – visual or auditory.

Develop your own strategies – think about what might be going on in the brain – ask yourselves questions like:

- How does this child do with abstract language?
- Is it possible that they struggle to go from theory (words) into practice (action)?
- Does this child process auditory information more slowly?
- How does this child respond to changes in routine?
- When given more than one instruction at a time do they fail to perform the tasks?
- What are the precursors to a meltdown?
- Which elements of the environment might be interfering with my child's ability to focus? (sound, light, noise, smells)
- Are there things that seem to soothe my child that could help frustration and avoid meltdowns?

You may want to keep a log or journal and document your observations to help you find answers and provide more support in these areas. Focus on their strengths – What do they do well? What do they like to do? What are their best qualities?

A wise mother once said, "Instead of trying to change my child, I now try to change the environment."

From the experts – the parents of course.

- Find something your child likes to do and does well (that is safe and legal) and arrange to have them do that regardless of behavior.
- Deep breathing accomplished by blowing bubbles inexpensive and fun – now known as 'relaxing bubbles'

- Pictures on drawers showing contents of the drawers
- Self soothing activities – swinging, walking and rhythmic chanting.
- Develop a protocol for loss of control – i.e. if you need to leave our church meeting – put your hand on my knee and squeeze like this – demonstrate.
- Role play a new situation to help your child know how to handle the unexpected.
- Pictures in the bathroom showing, brushing teeth, combing hair, etc.
- Color code textbooks and notebooks for each subject.
- Define boundaries at the kitchen table with place mats.
- To reduce stimuli in their bedroom - less on the walls, less out around the room, and avoid suspending materials from the ceiling.

Realize that techniques, even good ones do not work for everyone. Even though a strategy has worked in the past if it is no longer working, stop doing it, put it on the shelf for awhile and try a different approach. Think outside the box, easier said than done right? For fresh ideas I recommend connecting with other parents raising children who are living with the effects of prenatal exposure. One way to do that is to visit the Utah Fetal Alcohol Coalition's website. www.utahfetalalcoholcoalition.org. Our coalition has a Facebook page where you can ask questions or find other families in your community - perhaps you could start your own support group. Adoptive parent Theresa Kellerman shares ideas on her website how to do just that. Visit her website: www.come-over.to/FASCRC

Information about the support group held at Davis Behavioral Health every other month September through May is also found on our website along with good national websites, upcoming events and local resources.

For information about diagnosis of FAS in Utah, please contact:

Division of Medical Genetics
The University of Utah
50 North Medical Drive
Salt Lake City, Utah 84132
801-213-3599*

St. George
Dixie Regional Medical Center
435-688-4841

* You will first need a referral form from your family practice doctor or a pediatrician. Fax the referral to 801-581-8986

*Upon receipt of the referral, they will send you a packet to complete. After the packet is turned in, the wait is typically around six months.

For a neuropsychological assessment, contact a neuropsychologist.

A Neuropsychologist is a licensed psychologist with additional specialized training in "brain behavior relationships". A neuropsychologist examines the neuropsychological strengths and weaknesses that are exhibited through specialized evaluation.

Utah Fetal Alcohol Coalition <http://www.utahfetalalcohol.org>
Contact Lynn Tanner – lynnt@dbhutah.org

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1. Kentucky Fetal Alcohol Spectrum Disorders Center: www.kyfasd.org
 2. Fact Sheet – Effects of Alcohol on a Fetus, FASD Center For Excellence www.fascenter.samhsa.gov
 3. Centers for Disease and Prevention: www.cdc.gov/ncbddd/fas

Lynn S. Tanner, R.N. BS

Lynn has worked in the addiction field for twenty-nine years in clinical and administrative settings with both adolescent and adult clients. Currently she works as Program Coordinator for the Davis Family Advocate Program. This program serves women who need to access treatment services and women who are pregnant and using substances.

Lynn is the co-founder of the Utah Fetal Alcohol Coalition and was the first Chairperson for the organization. She also served for two years as the Team Leader for the Prevention Team with the Utah Fetal Alcohol Coalition. Lynn has had the opportunity to teach adoptive and foster parents, at risk pregnant women, DCFS employees, mental health and substance abuse providers, school teachers, head start workers and hospital staff members about Fetal Alcohol Spectrum Disorders.

ADOPTION LEARNING PARTNERS OFFERS WEBINAR ON FASD

In a webinar on **Thursday, November 8**, Dr. Ira Chasnoff will help parents sort through complications that may arise when raising a child who was exposed to drugs or alcohol before birth. The webinar will help parents:

- Understand the physical and developmental impact on their child
- Learn strategies and skills to help children develop to their maximum potential

Parents will also have an opportunity to ask questions.

REGISTER ONLINE:

<http://www.adoptionlearningpartners.org/catalog/webinars/fasd-risk-development-and-intervention.cfm>

All I Want for Christmas

The Adoption Exchange Sub for Santa 2012



Most children in foster care really dream of having a permanent loving family for Christmas, but that's not always possible.

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801-265-0444

or

Lindsay at lindsay@adoptex.org

Megan at megan@adoptex.org



The Impact of Trauma on the Adopted Child

Juli Alvarado, Founder Coaching for LIFE, LLC

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.

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.

Consider the number of adopted children you know of who struggle emotionally, socially and behaviorally. There is a correlation between adoption and emotional dysregulation.

Because this initial loss of the biological mother 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 adopt-

ed 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 vs Blame: 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, fearful experiences during the first 3 years of life could have major implications.

2. Emotional Attunement: 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. Regulation is Relationship Dependent: 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. Your level of regulation will become your child's level of regulation.

4. Sensory Stress: 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. Time In: 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. Never hit a child: 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. DRT: Daily Regulatory Time: Work to increase the quality of time with your child for just a few moments at a time, 2-3x each day. Following this suggestion will have a

great impact on even the most negative behavior. Try it~

8. Intentional, Conscious, Purposeful: Become a highly intentional parent by increasing your awareness of interactions, level of regulation and unseen needs of your child.

9. Compassion before competition: Strive always to hold compassion for your child ahead of your need to be right, get your way, or force a child into any behavior or agreement. Somehow in competition the child always wins, and we feel worse.

10. Coaching: 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 your truth. Such small steps can go a long way during particularly stressful times.

During times of stress you won't always feel like you know what you are doing, or that you are doing anything right. 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. Give yourself time to refuel, connect, and communicate. A secure parental relationship permits your child a foundation from which to grow and is the single greatest gift you can give your child.

Juli Alvarado, LPC is the Founder and Sr. Clinical Consultant at coaching for LIFE!

An expert in relationship and the treatment of trauma and attachment in children, as well as coaching individuals and families to achieve the life they dream of, Ms. Alvarado is also an author, foster parent and teaches across the country and in Canada.

For more information, please visit:
www.coaching-forlife.com
Or contact her at juli1@coaching-forlife.com



BE MORE THAN A BYSTANDER

U.S. Department of Health & Human Services

Every day, kids witness bullying. They want to help, but don't know how. Fortunately, there are a few simple, safe ways that children can help stop bullying when they see it happening. Be sure to talk to the child about how they can be more than a bystander. Those who witness bullying can:

Be a friend to the person being bullied.

Children can help someone who's been bullied by simply being nice to them at another time. Being friendly can go a long way toward letting them know that they're not alone.

- A bystander can help by spending time with the person being bullied at school. Simple gestures like talking to them, sitting with them at lunch, or inviting them to play sports or other games during physical education or recess can help a lot.
- Advise the child to listen to the person being bullied, let them talk about the event.
- They can call the person being bullied at home to provide support, encourage them and give advice.
- Bystanders can try sending a text message or going up to the person who was bullied later. They can let that person know that what happened wasn't cool, and that they're there for them.
- A bystander can help by telling the person being bullied that they don't like the bullying and asking them if he can do anything to help.
- Bystanders can also help the person being bullied talk to a trusted adult.

Tell a trusted adult, like a family member, teacher or coach.

An adult can help stop bullying by intervening while it's in progress, stopping it from occurring or simply giving the person being bullied a shoulder to lean on.

- Bystanders can tell a trusted adult in person or leave them a note.
- If bullying is occurring, bystanders can go find, or ask a friend to find, a trusted adult as soon as possible. Perhaps they can help stop it from continuing.
- Remind children who witness bullying not to get discouraged if they've already talked to an adult and nothing has happened. They can ask a family member if they will help, and make sure the adult knows that it is repeated behavior.
- Try talking to as many adults as possible if there's a problem—teachers, counselors, custodians, nurses, parents—the more adults they involve the better.

Help the person being bullied to get away from the situation.

There are a few simple, safe ways children can help the person being bullied get away from the situation. However they do it, make sure the child knows not to put themselves in harm's way.

- Create a distraction. If no one is rewarding the child who is bullying by paying attention, the behavior may stop. Bystanders can help to focus the attention on something else.
- A bystander can offer a way for the person being bullied to leave the scene by saying something like, "Mr. Smith needs to see you right now," or "Come on, we need you for our game."
- Remind children to only intervene if it feels safe to do so, and never use violence in order to help the person get away.

Set a good example. Do not bully others.

If a child knows not to bully others, then other students will follow their example. To help even more, children can actively participate in anti-bullying activities and projects.

- Make sure children don't bully others and don't encourage bullying behavior.
- Encourage them to look for opportunities to contribute to the anti-bullying culture at their school through school clubs and organizations.
- They can create anti-bullying posters, share stories or show presentations promoting respect for all.
- Use tools like the youth leaders toolkit to help older teens work with younger children to prevent bullying.

Don't give bullying an audience.

If one of your child's friends or peers begins to bully someone, they shouldn't encourage the behavior by giving it an audience. Instead of laughing or supporting, they can let the bully know that his or her behavior isn't entertaining.

- Oftentimes, those who bully are encouraged by the attention that they receive from bystanders. Children can help stop bullying by actively not supporting it.
- Remind them that when they see bullying, they can act disinterested or blatantly state that they don't think bullying is entertaining or funny.
- Children can help by keeping their distance from the situation. If they ignore it, it may stop.
- If the bullying doesn't stop, the bystander should follow other tips like telling a trusted adult.



Dreams

Sarah Carelton, <http://adoptiongallery.blogspot.com>

The idea of telling my family's story has long been a desire of mine. One I had talked about for years but didn't feel I had the tools to make it happen. It was during my time in graduate school studying acting, that I began to see a way in which I could make the story happen. But it took time and it wasn't until my last semester of a three year program that I performed what was the first steps to Portrait of a Family.

Almost a year later I performed Portrait of a Family. The first performance was set up during a day that I called an 'adoption day'. Rhonda Roorda came and spoke and shared her books. We had food and a few local adoption agencies came and set up tables. And in the evening I held my first performance. While I had been planning this event one of my hopes was that other artists would be interested in showing some of their work or ways in which they had dealt with adoption stories. And though no one took me up on the offer it was an idea that stuck with me.

Growing up I didn't read or watch or see stories that were similar to my own experiences living in a family brought together through adoption. And I really hungered for well told stories and art that would help me think about and process and share in my experiences.

Since my childhood there have been more and more people who are stepping in to tell stories, write books, songs, and work to create art connected to the world of adoption.

But I'm always hungry for more and for artists who are willing to step in and wrestle with the good and hard of the world of adoption. Heather and I have had many long conversations about adoption and began to dream about what we could do and how we might share our own experiences and knowledge of what it has been like growing up in our family.

And so Adoption Gallery was born. It is my hope that this on-line gallery is a museum of sorts. A place where adoption stories and art can come and rest and be found and looked at and will encourage adoptees and their families to think about their own stories and find ways to share their story with others.

The process of putting my story and my family's story into an art form was challenging and helpful for me as I have shared with audiences and I hope that my steps will inspire and encourage others to generate their own work.

And Heather and I are looking forward to creating new ideas and projects to explore the complex world of adoption. We hope that you will join us. That you will be part of generating art that helps us look deeper into the world of adoption.

<http://adoptiongallery.blogspot.com>



Monster's Pardon

By Sampsen Ferraro-Hauck
From the Fall 2011 Adoptalk

A product of California's child welfare system, Sampsen spent 11 years in foster care before he aged out at 18. Years later, he moved to Minnesota and grew close to a couple who helped him out of some tight spots. Finally, at age 23, Sampsen legally joined his new family.

I will start with a bit of rubbish about pirates. History would have you believe that pirates were monsters and tyrants, but history would be lying. The real Blackbeards were British privateers who attacked enemy ships from Spain to pillage gold and enrich the English ruler.

The 1713 Treaty of Utrecht, however, ended the war between England and Spain. So, with the stroke of a quill, the English monarch turned prized privateers into hated pirates whose previously sanctioned activities could earn them a date with the gallows. Growing up, I also encountered treasonous rulers who press ganged children into a life of service through the child welfare system. At age seven, I was press ganged into that system on account of my parents' misdeeds.

As I faded into the system and moved from place to place, I started to form in my mind a picture of a jail cell, with gallows waiting just outside the prison walls. This cell, system representatives claimed, was a place to rest and recover. Wrong. It was a reprieve, a mere stay of execution. I was living in a world where parents got to commit crimes and children were handed over to the system to pay for them.

While I was in the system, I often asked people why I was being punished when my parents had abused me?! Though I received some awkward apologies for my parents' actions and my situation, system staff offered no useful information to help me put the pieces of my past into perspective and construct anything close to a positive future.

To be fair, my residential placement—like a prison—did provide us with basic necessities. It kept us clothed, fed, and sheltered. But it never found for me a home and family where I could belong and start to heal.

These days when I look back on my system experiences, one of the first things that comes to mind is tyrannical Dolores Umbridge from Harry Potter and the Order of the Phoenix screaming, "I WILL have order!" We walked in single-file lines everywhere we went and were not allowed to talk while in transit. The system wanted order and, by association, the residential treatment facility did too.

This order, though, was unrealistic, as was the means by which they achieved it. We were over-medicated, lethargic, and thoughtless stewing pots, stirring ourselves into a stupor reflecting on how we felt on a scale from 1 to 10. I suppose the scale had its uses. Maybe it was used to see which of us 45-pound, malnourished 10-year-olds was about to embark on some fantastical killing spree. After all, weren't we monsters?

In sum, my childhood was a long roller coaster ride, but I survived and aged out at 18, stepping blindly into the world as if I had been locked in a dark cell my whole life. I lacked the skills to make good adult choices and to top it off, any crimes that hadn't been paid for in the system were about to come due. There would be no pardon or Letter of Mark* for me.

As a young adult, I was lost. As you may have concluded by now, I have a great fascination with pirates, so I set sail with the Navy. Unfortunately, I got kicked out, racked up \$30,000 in debt trying out college, and was charged with a gross misdemeanor for shoplifting. Let's review: Set sail, pillage treasure and needed items by force (maybe I was too taken with pirates), and get caught. Then, naturally, I did what any smart pirate would...Run!

I moved from California to Minnesota to be closer to some of the people who had cared about me in my childhood. I even met a couple with whom I became very good friends. They helped me when I was in desperate straits, kept me fed, and even made sure I had the proper outfit for a job interview. Until I met these people, if you can imagine, I did not even know what a résumé was.

On December 11, 2008 these friends became my parents. I think I may have choked on the pop I was drinking when they asked me to join their family. I had long since given up hope of ever being asked that most holy question.

As you have read, my story is rife with betrayal and foul play, and much like the pirates, I have wondered if my story might ever be honestly told. I may be free of my childhood cell, but I still pace it every night. Am I a ghost, condemned to forever pace an imaginary gallows?

In truth, my story has ended happily, but many innocent young monsters and pirates are still awaiting pardon for crimes that trusted adults committed. In their world, selfish despots and ghosts of a lost childhood still remain.

*A Letter of Mark was the legal document privateers carried to prove that they were attacking enemy ships at the Crown's behest.

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



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Annual Conference

Perspectives on
Adoption

March 20 and 21st
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Sandy, Utah