



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2013

Mackenzie, age 17 is waiting...

Photo by: Opie Photography

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



Michael, age 15 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.

FEBRUARY 2013 EDITION
Kathy Searle, Editor
Lindsay Kaeding, Design Director

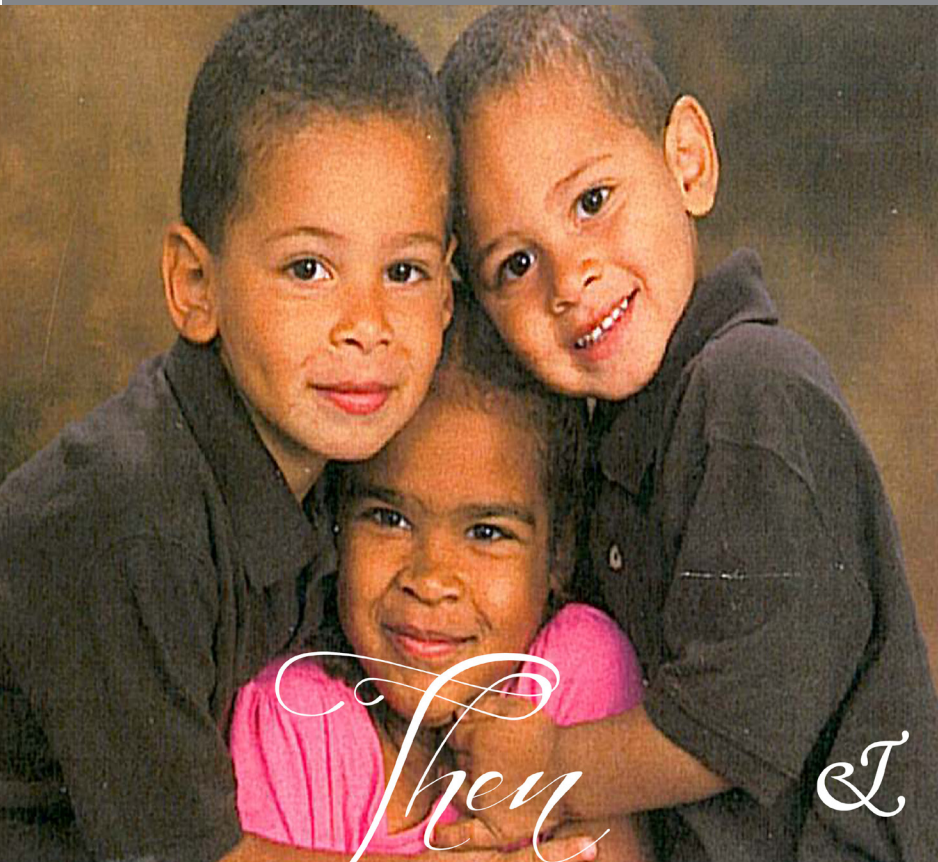
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The Gift of Life

I didn't give you the gift of life,
But in my heart I know.
The love I feel is deep and real,
As if it had been so.

For us to have each other
Is like a dream come true!
No, I didn't give you
The gift of life,
Life gave me the gift of you.

— Unknown





Healing the Invisible Wounds: Children's Exposure to Violence

A Guide for Families

“Something’s Wrong With This Child. I’m Not Sure What It Is.”

Put yourself in the shoes of a child.

- Darla’s parents fight every day. She sees her dad hit her mom sometimes. Darla’s mom cries all the time.
- On his way to elementary school with his younger brother, Tony passes a gang of big kids. Sometimes, they say they’ll hurt him. Sometimes, they fight with each other. Once, he saw an older boy holding a gun.
- Sarah sees police breaking up a fight between two groups of teenagers while walking home from preschool. She hears shouting and sees blood on the leg of one boy.

All three children are terrified. They worry about themselves and their loved ones—whether they are the victims or have seen or heard the violence. But each child is different and reacts in different ways.

Darla acts “normal.” She does well in school. She plays with her friends as if nothing happened—but she never invites them to her house.

Tony pushes his food away. He has nightmares and cries all the time.

Sarah picks on younger kids at school. She pulled the head off her sister’s doll.

Do you suspect a child you know has witnessed or experienced violence?

Maybe you think a child you know has witnessed or been hurt by violence. Or maybe you think something’s wrong with the child, but you don’t know what.

It can be hard to tell what’s wrong. There may not be clear physical signs such as bruises and cuts. Children often suffer from “invisible wounds” that affect them emotionally and psychologically.

And as the examples you just read show, the signs of a child’s exposure to violence are as varied as children’s personalities. Some children hide their problems well. Others act out when something is bothering them.

In fact, two siblings who witness the same act of violence may react in completely different ways. And children may have different reactions at different times.

“Why Is She Acting So Different?”

Children’s reactions to frightening situations depend on a number of things.

These include:

- what happened
- their age
- their thoughts or feelings about what may happen next
- how close they are to the violence
- how prolonged their exposure to violence was
- their relationship with the victim and the perpetrator of violence



When children think they are in danger—or that someone they care about is in danger—they may become sad, angry, or afraid.

Or they may “pretend” the whole thing didn’t happen.

Or they may do both, at different times or in front of different people.

Sometimes, children’s reactions don’t surface until long after the violence occurred. And sometimes, the reaction is something that seems completely unrelated to the violence. Children may:

- have trouble with schoolwork
- have trouble making friends
- smoke
- use drugs
- develop stomachaches, headaches, or other physical ailments

Even if children seem to have gotten better over time, something could trigger them to be afraid again. They could even develop completely different symptoms than they had before.

If a child continues to experience problems after a few weeks or starts having more problems, you may want to talk to someone about how to help.



The harm is real.

Research shows that seeing or experiencing violence is bad for kids. Even when they are not hurt themselves, they can see, hear, or imagine what is happening to others. When a child sees someone get hurt and especially when it is a caregiver, it makes the child feel unsafe.

“What Can I Do To Make Her Feel Better?”

You don’t have to feel helpless. There are things you can do for the child you’re worried about.

Most children are resilient. They can get better—but they need your help.

If you know a child who sees or experiences violence on a regular basis, the most important things you can do right away are:

- ensure her immediate safety
- ask for help from a teacher, pastor, pediatrician, or other professional
- help stop the violence in her life

If you think a child is unsafe, call 911.

Next, make the child feel safe. Acknowledge the emotional or physical pain she’s going through. Listen to her. Tell her you love her. Tell her it’s OK to be scared sometimes. Tell her you want to help her not feel scared. Help her figure out what she’s feeling.

She might not go back to her old self right away, but you’ve helped her take the first steps to feeling better.

In cases of domestic violence, knowing what to do can help a child feel safer and in control.

If a child feels she is in danger, you can help by rehearsing some things she can do.

Ask her what she thinks she can do to keep herself safe. Help her come up with ideas. Make sure what you agree on is something that suits her age. For example, a 3-year-old can't walk 2 blocks away to a friend's house, but a 10-year-old can.

Here are some basic things you might suggest:

- Leave the place where the violence is happening and go somewhere safe.
- Don't try to stop the violence.

Calmly write down the ideas, and explain that:

- They may not always work.
- It's not her fault if the suggestions don't work.

It is important to review the suggestions periodically, so the child remembers what to do in a crisis.



How you help a child deal with violence depends on the child's age.

Stopping the violence and making the child feel safe are general steps that work for children of all ages. The specific steps you take to help a child will depend on how old the child is.

For instance:

- Young children may want to be with people they know well.
- School-aged children may want to talk about their feelings.
- Teenagers may feel more comfortable confiding to their friends about what happened, rather than to adults.

How old is the child you're worried about?

For a young child, up to age 6, turn to the section for children ages birth–6 (page 5). **Included in Part 2: May Edition**

For a school-aged child, turn to the section for children ages 7–11 (page 6). **Included in Part 2: May Edition**

For a teenager, turn to the section for teenagers ages 12–18 (page 7). **Included in Part 3: August Edition**

In each section, you'll learn how to:

- understand children's behavior
- encourage children to express what they're thinking and feeling
- help children feel safe and in control

Remember: Every child is different. The descriptions and strategies included here may not apply to every child. If you are the child's parent or legal guardian, you should talk to your pediatrician in addition to consulting this booklet.

Talking with children about violence can be hard. But it's often the best way to help.

Adults avoid talking to children about violence for many reasons. Have you thought any of the things below? If you have, you aren't alone.

- I don't know what to say.
- I've tried to talk about it, but she won't listen.
- I feel uncomfortable.
- I'm scared to bring it up.

continued on next page

- I'm embarrassed.
- It might make things worse.
- It's not a big deal.
- It's over now. Why talk about it?

It's OK to have these thoughts. But don't let them stop you from talking to a child who may have seen or been hurt by violence. Talking is the first step toward healing. Sure, you may not know exactly what to say. You may feel uncomfortable. But you can do your best.

Here are some ways to get started:

- Take a deep breath. Talking about violence is tough.
- Try to get more comfortable by talking to someone you trust first. That person can help you plan what you want to say to the child.
- If you were hurt by the same violence the child saw or experienced, tell yourself that it's OK to feel upset when you remember what happened. It's scary for the child, too. Once you start talking, you may feel better.
- Begin with an opening question, asking the child what *she* thinks happened and how she feels about it.
- Don't assume you know what the child experienced, even if you were there when the violence happened. Children often perceive violence very differently than grownups do. Don't try to correct the child. Listen.
- Be patient. Don't push it if it seems as if the child doesn't want to talk or listen. You can try again later.

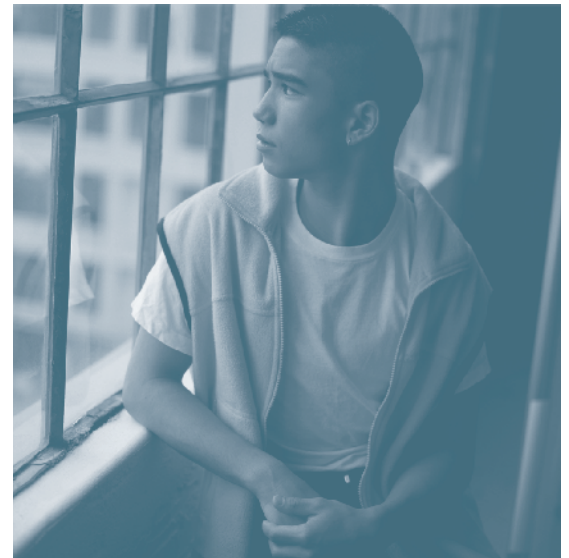
You'll find more age-specific tips on how to talk to children about violence later in this booklet.

Sometimes, a child needs more help than you can give.

A child may be so upset by what has happened or what she has seen that nothing you can do will help. In those situations, you should find a trained professional. A psychologist, social worker, or a school counselor can help the child talk about what happened. The professional can also help you find the actions or words to help very young children who are not able to talk about their experiences.

Seeing a mental health professional is a good idea when a child does one or more of the following for longer than 1 month:

- has frequent nightmares or trouble sleeping
- withdraws and doesn't want to play with other children
- has angry outbursts
- has nausea, headaches, or other physical illnesses
- loses or gains weight
- has problems at school
- feels intensely anxious
- avoids people, places, or things that remind him of the event
- seems depressed or hopeless
- gets involved with alcohol and other drugs
- gets in trouble with the law or takes dangerous risks
- constantly worries about what happened



Getting professional help will keep the child's problems and worries from getting worse—although the symptoms may not disappear immediately. If you believe a child needs professional help, talk to a trusted adult, such as the child's pediatrician, teacher, school counselor, spiritual leader, or coach, about finding an appropriate mental health professional.

For a variety of reasons, many people are reluctant to seek help for mental health problems. But *not* getting professional help for a child who needs it could hamper her normal growth and development. Protecting her mental health is as important as caring for her physical health. Getting help early can help her cope better and prevent additional problems.

LOOK FOR PART 2 OF THIS ARTICLE IN THE MAY 2013 EDITION



National Organization on Fetal Alcohol Syndrome

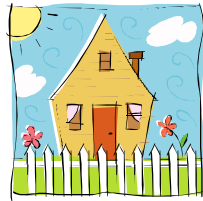
Helping children & families by fighting the leading known cause of mental retardation & birth defects

FASD: WHAT YOU SHOULD KNOW

The majority of children with Fetal Alcohol Spectrum Disorders (FASD) are not raised by their birth parents.

- ♦ It is reported that up to 80% of children with FASD do not stay with their birth families due to the high needs of parents and children.
- ♦ Studies suggest that a rise in alcohol and drug use by women has resulted in 60% more children coming into state care since 1986.

The incidence rate of FASD is unusually high among the U.S. foster care population.



- ♦ It is estimated that almost 70% of the children in foster care are affected by prenatal alcohol exposure in varying degrees.
- ♦ Children from substance abusing households are more likely to spend longer periods of time in foster care than other children (median of 11 months versus 5 months for others in foster care).

Many children with FASD go unidentified or are misdiagnosed. Often, behavioral problems caused by brain damage due to prenatal alcohol exposure are mistakenly thought to be solely a result of difficulties in the child's previous home environment.

Secondary behavioral disorders associated with FASD can further complicate a child's transition into and out of foster care homes.

Children with FASD often have difficulty :

- ♦ translating body language and expressions;
- ♦ understanding boundaries;
- ♦ focusing their attention; and
- ♦ understanding cause and effect.

Children with FASD can be easily frustrated and require a stable, structured home and school environment. Adjusting to a new home, a new family, and a new school can be particularly difficult.

Children with FASD can benefit from:

- ♦ Consistent routines;
- ♦ Limited stimulation;
- ♦ Concrete language and examples;
- ♦ Multi-sensory learning (visual, auditory and tactile);
- ♦ Realistic expectations;
- ♦ Supportive environments; and
- ♦ Supervision.



The foster care system can help prepare for children with FASD by:

- ♦ Providing training to foster care/adoption personnel to help recognize the disorder's characteristics in order to seek diagnoses for suspected cases and ensure appropriate placements;
- ♦ Providing education to parents entering the foster care system, as well as for families who already have foster children, in order to help recognize the disorder's characteristics, seek a diagnosis, and appropriately respond to the unique needs of the child; and
- ♦ Developing and/or enforcing policies on obtaining and disclosing information on birth mothers' history of drinking during pregnancy.



Featuring Heather Forbes
All day on March 20th

Annual Conference

Perspectives on Adoption

March 20 and 21st

SouthTowne Expo Center

Sandy, Utah

register online: www.utahadoptioncouncil.org

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you order and get one FREE
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Proceeds benefit:



Valid at participating locations in Utah, Colorado, Wyoming and Nebraska through 12/31/2013. Approximately 80¢ of every \$1 key tag sold will be donated to The Adoption Exchange. Offer valid with any purchase. Not valid with any other offer. One Free Jr. Frosty per transaction, per visit, per key tag. © 2012 Oldemark LLC. The Wendy's name, Wendy Cameo design and Frosty are trademarks of Oldemark LLC and are licensed to Wendy's International, Inc.

FASD
Support Group

February 7th, 2013
7:00 pm

South Jordan Library

For parents or caregivers of
children with FASD.

Lynn Tanner will be facilitating.

Peer Support Key to Adoptive Family Success: Lessons Learned in Minnesota

by Ginny Blade and Diane Riggs, NACAC Staff

An experienced adoptive mother, Ginny Blade has a wealth of knowledge about adoptive families and adoptive family support. In the past 13 years, she has managed two parent support projects in Minnesota while working at NACAC. To learn more about the Minnesota model or peer support for adoptive families, write to Ginny at ginnyblade@nacac.org.

Since 1999, with funding from the Minnesota Department of Human Services, NACAC has run a parent-to-parent support program for adoptive families across Minnesota. Currently known as the Adoption Support Network (ASN), the peer support program offers:

- One-on-one phone, e-mail, and sometimes in-person support, information, and referral to resources from 8 to 10 experienced adoptive parents (parent support specialists)
- Twenty-five in-person support groups in every region of Minnesota
- A Facebook support group
- Periodic retreats for adoptive parents
- Whole family events and activities

Program evaluations have consistently shown that the types of peer support our program offers makes a difference. Parents feel less isolated, have enhanced parenting skills, can better understand and respond to difficult behaviors, and have stronger family relationships. Over the course of working with a few thousand adoptive families, we have also learned important lessons about families' needs and how to meet them.

Adoptive Families Have Many Needs

Children who have been in foster care due to abuse and neglect face many challenges. Early trauma, including prenatal exposure to drugs and alcohol, adversely affects brain development and can lead to physical, cognitive, and emotional disabilities that may manifest in extremely difficult behaviors. Families who adopt internationally and privately may face similar challenges, and all types of adoptive families have to deal with issues of grief, loss, identity, and more.

Families Who Connect with Support Early Are Better Prepared

The serious and unique needs of children adopted from care create a different day-to-day reality for adoptive families. Even

experienced parents may not be prepared for the depth of an adopted child's challenges and how these challenges can radically change the whole family's life.

To ensure families are ready for their new parenting role, ASN encourages pre-adoptive families to attend adoption support groups and to connect with their local parent support specialist. By connecting with the adoption community before placement, families can develop more realistic expectations, learn how best to manage behaviors and respond to challenges, and identify useful resources to contact when they have questions or concerns after their children come home.

Time Spent with Other Adoptive Families Normalizes Adoption

For adoptive parents who are raising children with special needs, life can be very isolating. Other families, neighbors, and even extended family may not understand the child's behaviors or how a traumatic background affects both the child and her entire family. It is of great value for adoptive families to belong to a community of families who are traveling the same path and have encountered similar obstacles while raising their children. Experienced parents who have raised children with similar needs can validate and normalize the special needs adoptive experience and keep families from feeling alone and misunderstood.

To meet this need, ASN's support groups, peer support from specialists, social events, and parent retreats all connect families with one another. The weekend retreats, offered a few times a year on particular topics (trauma, parenting teens) or for special audiences (adoptive mothers, transracial families) provide in-depth opportunities for learning, socializing, and reflecting. As one adoptive mother at a recent moms' retreat noted, "It's important to find support from other parents on this journey." Another commented, "This is like getting

my annual booster shot of 'I can do this!'" Parents who attended the October 2012 Healing Families Retreat relished opportunities to "get on the same parenting page" with their partners, feel less alone, and "recharge with people who get it."

Because many adopted children also struggle with feeling different or alone and uncertain about the role of adoption in their life, ASN supports activities that bring entire adoptive families together. Parents and children connect through regional and local playgroups, family picnics, holiday parties, and cultural events. Between July and September this year, for instance, more than 200 children and 100 parents attended tribal powwows and naming ceremonies, as well as trainings at the Upper Midwest American Indian Center and American Indian Family and Children Services.

More casual get-togethers also help build community and a sense of belonging for adoptive families. As one parent who attended family activities explained, "Not only do I as a parent no longer feel alone, my kids who were adopted from foster care no longer feel alone as they spend time with other kids like them."

Parents Can Learn from One Another

But peer support is about much more than simply normalizing the experience of raising adopted children or children with special needs. Parent support specialists are able to inform new or struggling parents about the special needs common in adoption and help them access resources to improve relationships among family members.

Parents can learn about the impact of trauma and attachment difficulties, and how children with traumatic experiences often benefit from very specific parenting strategies. ASN staff connect adoptive families with therapists who are adoption-competent or specialize in treating children who have experienced trauma.

These connections make a significant difference in both parents' and children's daily lives. As one parent we served explained, "There have been changes in my kids, especially one of them, in terms of attachment and identity. I am more confident as a parent because of the resources. I am more aware of the help that is out there."

Another noted, "We were much better able to parent our kids with special needs with keeping realistic expectations. We

also learned to have more of a sense of humor.”

Technology Offers New Ways to Connect

Adoptive families face many demands on their time. Due to their children’s special needs, parents may have to provide extra supervision and guidance, spend more time working with teachers and school administrators, and attend therapy or other appointments. As a result, parents must be able to get support in a variety of ways that fit into their busy lives.

The most accessible and immediate source of support ASN provides is on Facebook. The Facebook page is a private group, monitored by ASN staff, with more than 410 members. Between January and September 2012, members logged more than 11,000 posts in which they asked questions, shared concerns, provided information for others, or simply offered words of encouragement, support, or humor. Common themes have touched on school problems, attachment issues, FASD, sensory integration difficulties, challenging behavior, and core adoption issues.

The beauty of online support is that it can be immediate and tailored to individual situations. A parent who is facing the prospect of day treatment for her child can ask the group about different programs and get multiple members’ feedback within hours—sometimes even minutes—instead of waiting for the next support group meeting. Over time, attendance at in-person support groups has gotten smaller while the Facebook group has grown steadily.

Thanks to the recent retreats, some of the Facebook members were able to meet each other in person—an opportunity that made parents’ online connections even stronger. As one parent recently posted, “I wanted to thank all of you for the tremendous amount of support I’ve received from this group and all the ladies I was able to meet face to face at the retreat.... I know there is a long road ahead of me, but it doesn’t feel so scary with all of you here. Thanks!”

Partnering with Others Increases Outreach to Families

One truth of effective adoptive family support is that no one organization can do it alone. ASN partners with multiple stakeholders statewide to offer specialized resources for families. Partners

include county, tribal, and private agency child welfare staff, mental health providers, and churches, as well as organizations like the Minnesota Organization on Fetal Alcohol Syndrome and PACER Center. Staff also maintain connections with adoption workers in every county and most private adoption agencies in the state. These connections help ASN reach more families to offer services, and enable us to share adoption information with the community.

Partnerships also enabled us to provide training to many adoptive parents without having to plan or offer the sessions directly. In 2011, ASN awarded 17 mini-grants throughout the state to counties or agencies that collaborated with local adoptive parent support groups. Grants funded training geared toward the local families’ identified needs, and more than 400 parents attended these trainings.

We have more than 12 years of experience providing direct parent-to-parent support, so we know adoptive families benefit from peer support and related services. Support we offer can even help families facing tremendous challenges stay together. As one parent explained, “For the first time I have come close to considering disruption. I am fighting to keep this adoption viable and that is due to the support your organization provides. Otherwise it would be too tough.” Another parent simply wrote, “You were our lifeline through very tumultuous times. Thank you!”

Thank you, adoptive families, for opening your hearts to waiting children. ♦

What Minnesota Mothers Learned from Adopting

Adoptive mothers who attended the September 2012 Mom’s Retreat were asked to write down what adopting their children has taught them about parenting, themselves, their kids, and life in general. Below are some of their wise comments:

- We are the experts on our kids.
- Parenting is hard work, but I can do it.
- It’s important to find support from other parents on this journey.
- I cannot fix everything that my child struggles with. I have to be there to help and guide and love them along the way.
- Grief and loss are a part of life and a really big part of adoption.
- We have to advocate and speak up!
- It’s not about shaping and molding the child; it’s about helping them become who they are.
- We can only change ourselves.
- I don’t know everything, and I am constantly learning.
- I have a much deeper ability to love.
- I needed help with parenting my kids and that is okay.
- I am stronger than I ever thought I was.
- Chocolate is really important.
- The end of my rope keeps getting longer!
- This is not the life I ordered, but it is the life I can live well. ♦

Shadai, age 11 is waiting...

Energetic and fun-loving Shadai is known for being resilient. Fond of getting out and doing activities, she is willing to try most things. Dancing and singing along with a good tune are one of the ways this fantastic kiddo enjoys spending an afternoon. Shadai is currently in the fourth grade and benefits from an IEP (Individualized Education Plan). She attends counseling, which will need to continue after placement. If your family is interested in this engaging child we urge you to inquire. Shadai is in need of a loving, patient and understanding family. Financial assistance may be available for adoption-related services. This is a LEGAL RISK ADOPTIVE PLACEMENT. In a legal risk adoptive placement, it is expected that the family will eventually adopt the child, even though the birth parents’ rights have not been fully terminated at the time of placement. For Utah children only homestudied families from all states are encouraged to inquire.



Contact The Adoption Exchange at 801-265-0444 for more information.

Utah's Peer Support Groups (Clusters)

Northern Region

Weber West Facilitator: Suzy Phone: 801.882.9460 suzys56@yahoo.com	North Davis Facilitator: Danyelle Phone: 801.510.1960 dany3113@comcast.net	South Central Davis Facilitator: Amanda Phone: 801.298.6381 dburke84054@gmail.com	Cache Valley Facilitator: Laura Phone: 435.753.7232 laura.nelson@digis.net
Box Elder Facilitator: Holly Phone: 435.851.2509 holly.mellor@gmail.com	Ogden Facilitator: Amber Phone: 801.814.5693 tsprague3686@msn.com	Adoption Facilitator Facilitator: Happie Larsen richandhappie@comcast.net	

Salt Lake Region

Murray/Midvale/E. Salt Lake Facilitator: Terumi Phone: 801.699.9769	Kearns Cluster Facilitator: Michelle Phone: 801.755.4766 kearnsvillecluster@gmail.com	Salt Lake Metro Facilitator: Rachel Phone: rlharb@yahoo.com	Sandy/Draper Facilitator: Tina Phone: 801.994.5205 tina.porter@utahfostercare.org
South Valley West/West Jordan Facilitator: Valerie Phone: 801.608.1871 valerie.bangert@yahoo.com	Tooele/Adoptive Parents Facilitator: Karrie Phone: 435.249.0152	Tooele/Adoptive Parents Facilitator: Cami Phone: 435.830.6195 c.mead93@live.com	Spanish/Cluster en Español Facilitator: Jessica Phone: 801.577.7161 steadmanjessica@aol.comSpanish/
Post Adopt Cluster Facilitator: Sage Phone: 801.897.7449 sage@serviceclan.com	Magna/West Valley City Cluster Facilitator: Cheryl firstladylee@msn.com		

Western Region

South - All cities/towns south of Provo to Millard/Juab counties Facilitator: TBA Phone UFCF: 801.373.3006 utahsouthcluster@gmail.com	South - All cities/towns south of Provo to Millard/Juab counties Co-Facilitator: Colista Phone UFCF: 602.753.6736 utahsouthcluster@gmail.com	Central - Orem/Provo Facilitator: Beth Phone: 801.426.8782 snb8782@yahoo.com	Timpanogos - PG, Lindon, AF, Highland, Alpine, Cedar Hills Facilitator: TBA
Adoption - All families who have adopted or will adopt from foster care Facilitator: Shanna Phone: 801.360.2011 adoptioncluster@gmail.com	Adoption - All families who have adopted or will adopt from foster care Facilitator: Amanda Phone: 801.319.3678 adoptioncluster@gmail.com	Crossroads - Eagle Mtn, Saratoga Springs, Lehi Facilitator: TBA	Wasatch/Summit Facilitator: Natalie Phone: 435.336.4033 tobykershaw@hotmail.com

Eastern Region

Grand San Juan Phone: 435.210.4233 kima_35@yahoo.com Facilitator: Jackie Brown Phone: 435.678.3019 jackiedwbrown@gmail.com	Carbon/Emery Facilitator: Karen Phone: 435.749.1012 karen@etv.net	Uintah Basin Facilitator: Shanna Phone: 435.722.6885 sandngoodrich@gmail.com Facilitator: Heather Phone: 435.401.1097 heathergroslan@gmail.com
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South West Region

Manti Facilitator: Nancy Bean Phone: 435.851.0603 Njbean11@yahoo.com	Richfield Facilitator: Amber Phone: 801.319.3894 nathanhenrie@yahoo.com	Cedar City/Beaver Facilitator: Amy Phone: 435.586.7403 bates4ever@hotmail.com	St. George Facilitator: Misty Phone: 435.619.0963 lukegreer@msn.com Facilitator: Camille Phone: 435.619.0963 gcrodeo@yahoo.com
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May 18th, 2013 • 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
 5243 Murray Parkway Avenue
 Race will be timed.
 Prizes will be given to 1st and 2nd place men's & women's runners

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

Race Course

Race will begin at Germania Park (5243 Murray Parkway Ave.) 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 covenant 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.

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ADOLESCENT Brain Development

By: Barbara Sullivan Ph.D

It is a tremendous understatement to say that adolescence is complicated for both teens and parents. On the positive side, it is a time of growth, excitement, high energy and enthusiasm, great potential, strength, and resilience. On the negative side, it is a time of increased accidents, mortality, hormonal fluctuations, risk taking, sensation seeking, and reckless behavior. What is a parent to do? How can we help our teens learn how to successfully navigate this complex period of life?

Recent advances in research on the developing adolescent brain can provide some understanding of what is happening inside the teen brain and what we as parents can do to support healthy development. We now know that the brain is constantly changing and developing and that we can affect how our brains develop. Through the process of “overproduction and pruning” our genetics and environment work together to form our brain and who we are as people.

In order to understand adolescent brain development, it is important to define “adolescence”. Dr. Ronald Dahl, a noted professor of psychiatry and pediatrics at the University of Pittsburgh Medical Center, has stated that adolescence is that awkward period between sexual maturation and the attainment of adult roles and responsibilities. Adolescence begins with the physical/biological changes related to puberty, but it ends in the domain of adult social roles of personal responsibility.

WHAT WE KNOW

The brain grows and develops through a process called overproduction in which new brain cells (neurons) are produced. During the teen years, the brain goes through a tremendous growth spurt in which millions of new neurons grow and develop. However, if these neurons are not used, then the brain “prunes” them away. Our current understanding of learning is that it is a process of creating and strengthening frequently used neurons and neural connections. It is crucial for teens and parents to understand that how adolescents spend their time is actually shaping the structure of their brains.

The adolescent brain is still developing until the mid 20’s. Pre-frontal cortex (PFC) skills such as decision making, problem solving, reasoning, understanding consequences, and logic are under construction. The brain structures and abilities to plan for the future, to control impulses and aggression, to pay attention, and to consistently pursue goals have not been completed. Consequently, adolescents often make impulsive

decisions that are driven by emotions rather than reason. While the PFC is developing through experience, teens often operate from the limbic-reward area of the brain. The desire to participate in risk taking, sensation seeking and exciting activities is the result of the limbic system being “in charge”. Because the limbic system regulates emotions, motivations, and feelings of pleasure, this area of the brain can and does often over-ride the PFC when teens need to make decisions.

We know that teens are not very skilled at distinguishing the subtlety of facial expressions – excitement, anger, fear, sadness, etc. As a result, teens often miss social cues which can result in a lack of communication and inappropriate behaviors. Many arguments and fights could be avoided if teens were taught to better read facial expressions and social cues. It is important for adults to remember that teens do not take information in, organize it, process it or understand it in the same way that adults do. Consequently, parents need to help teens learn how to do this.

Through research we have come to understand that adolescents evaluate situations and tasks differently than adults. Teens generally evaluate whether or not there will be an immediate and positive reward in terms of peer approval. For example, a teen will consider how “cool” he/she will look to his/her friends when deciding whether or not to drive too fast down the street rather than evaluating the danger involved. This teen may think that the risky behavior (driving too fast) will lead to positive (looking cool to friends) outcomes and this becomes a tremendous motivating factor. Another common situation that often causes conflict between teens and parents is the completion of homework. Because teens are motivated by fun and peer approval, adolescents are more likely to want to hang out or talk with their friends because this provides excitement and immediate positive rewards. Parents need to understand the peer/reward dynamic and set clear expectations regarding homework. Parents may also need to provide a “desired” incentive that can compete with peer approval, for example, tickets to a Jazz game. As adults we often forget how important peer approval is to adolescents and we need to help teens learn how to make good decisions without losing face with their peers.

In addition to brain development, we know that there are many emotional, social, and behavioral tasks that adolescents must master during their teen years in order to successfully transition into adulthood. The next section will cover some of these tasks.

TASKS OF ADOLESCENCE

According to Dr. Sandra Brown at the University of California, San Diego, teens must shift from concrete to abstract thinking, adjust to the physical changes of puberty, establish a personal identity, as well as adjust to adult expectations and responsibilities. She has developed the following chart which outlines some of these developmental tasks.

COMPONENTS	BEHAVIORS
<i>Goal Directedness</i>	<i>Establishing and maintaining goals; evaluating progress, using strategies</i>
<i>Initiation/Inhibition</i>	<i>Initiating behavior independently, self-cueing, inhibiting inappropriate behaviors</i>
<i>Flexibility/Perseverance</i>	<i>Generating novel possibilities, flexibility, performing contingency based revisions, strategizing</i>

COMPONENTS	BEHAVIORS
<i>Abstract Reasoning</i>	<i>Using rule-guided thinking, forming concepts, using hierarchical and temporal relationships</i>
<i>Reward Appraisal</i>	<i>Evaluating reward likelihood, using reward appraisal to guide behavior</i>
<i>Social Appraisal</i>	<i>Understanding social norms and cues, incorporating social information into decision making</i>

Brown et al., 2008

These developmental tasks take time, parental support, and adult guidance and mentoring to master. Becoming a responsible adult requires teens to develop a strong sense of self-regulation (self-control) over impulses, behavior, and emotions. This type of behavioral control requires tremendous effort and adolescents need practice that is driven by experience, continued brain development, and adult role modeling. With experience, practice, and PFC development, teens can learn to temper their impulsive reactions with more rational, tempered decisions. They move from being motivated by immediate positive rewards and peer approval to thinking about their long term goals. During this time of transition, teens need adult mentors and role models to demonstrate how to make good decisions in the face of peer pressure and intense emotions.

WHAT CAN PARENTS DO

Because adult thinking is guided by self-regulation and delayed gratification, parents need to help teens learn how to:

1. Interrupt risky behavior by "getting off a runaway train";
2. Think before acting or "jumping the gun"; and
3. Choose between two alternative courses of behavior and still save face by "doing the right thing".

Although these things seem simple, remember that teens are still developing the PFC – the area of the brain they need in order to master these skills. As adults, we need to provide a consistent learning environment so that teens can make mistakes and still be safe. Adults need to remember that teens operate from the emotional, impulsive, reward oriented part of the brain (limbic area). Adolescence must learn how to navigate complex social situations under conditions of strong emotions such as social anxieties, romances, academic pressures, and immediate gratification vs. long term goals. Parental guidance is critical in helping teens learn how to accomplish these tasks.

New research by Dr. Ronald Dahl suggests that sleep deprivation (less than 9 hours of sleep/night) can contribute to irritability, difficulty with attention, mood swings, increased conflict with parents, and an increased risk of emotional disorders (particularly depression in girls). Teens are deluged with exciting activities that compete with sleep such as action shows on TV, texting friends, listening to music, surfing the web, or making a YouTube video. All of these exciting, immediate reward, and peer approval kind of activities may make it difficult for teens to make a good decision about going to bed. However, no amount of caffeine will make up for not getting enough sleep; consequently, parents need to ensure that teens are getting enough sleep.

According to the American Academy of Pediatrics, 2009, "Exposure to violence in media, including television, movies, and video games, represents a significant risk to the health of children and adolescents...research indicates that media violence can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed." Research by Dr. Douglas Gentile at the University of Iowa has documented negative outcomes correlated with increased amounts of media consumption including lowered school performance, increased aggression, increased depression and loneliness, increased fear and sexist attitudes, and lower verbal skills. Given this research, it is important for parents to be aware of, monitor, and perhaps limit the amount of media that teens consume. Parents could also help teens learn how to analyze and "reality test" the media messages they are seeing.

Adolescence is an exciting and difficult time in life. It is a time of great strength and opportunity, yet teens do not have a fully developed brain to help them navigate their adolescent years. The natural desire for fun, intensity, and peer approval can also make adolescence a time of increased vulnerability. Parents need to find a way to help their teens navigate the complexities of growing up. Dr. Ronald Dahl suggests that parents and other adults help teens find a way to "ignite their intensity and passions" in healthy ways, in service of a higher good. If parents find a way to direct teen energy into positive activities and interests, then adolescents will have the supportive structure they need to mature into adulthood.

975 E Woodoak Lane, Suite 220
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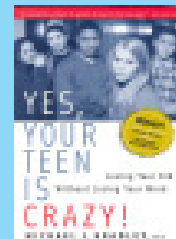
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Yes, Your Teen is Crazy!

Author: Michael J. Bradley, EdD



This remarkable book incorporates recent research on teen brain development with practical, sound advice for parents in a humorous and informed way. Teens today are faced with a dizzying array of choices, more potent and addictive drugs, and, through media and the Internet, far greater exposure to sexual material. Stone Age impulses now have Computer Age temptations.