

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

AUGUST 2019



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QUARTERLY DCFS NEWSLETTER



BRANDON age 16
Photo by: Madison Heinecke, Snap Shot, Riverton

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AUGUST 2019 EDITION
Kathy Searle, Editor
Lindsay Kaeding, Design Director

To submit articles or for a subscription, call (801) 265-0444 or toll free outside Salt Lake County call (866) 872-7212. This publication is funded by the State of Utah, Division of Child and Family Services. The Adoption Exchange prepares and prints the newsletter and the Division of Child and Family Services mails the publication. The mailing list is kept confidential. One can be removed from the mailing list by calling: (866) 872-7212 or 265-0444 within Salt Lake County.

The Adoption Exchange **utah department of human services**
Child and Family Services

NATIONAL ADOPTION MONTH
ADOPTION CELEBRATION

SATURDAY, NOVEMBER 2, 2019
11:00 AM - 2:00 PM

PRE-REGISTRATION IS MANDATORY

Boondocks
FOOD & FUN

525 SOUTH DESERET DRIVE • KAYSVILLE
75 SOUTH FORK DRIVE • DRAPER

\$5.00
PER PERSON

EACH PERSON WILL RECEIVE 2 ATTRACTION PASSES +
\$5 WORTH OF TOKENS.
CHILI WILL BE AVAILABLE FROM 11:00-1:00



Wendy's

REGISTER ONLINE

[HTTPS://ADOPTION2019.EVENTBRITE.COM](https://adoption2019.eventbrite.com)

PRE-REGISTRATION IS MANDATORY AND MUST BE COMPLETED BY WEDNESDAY, OCTOBER 30TH



On the Cover
Yonatan, age 18

This basketball star is Yonatan! His athletic skills make him a great asset to his team and he enjoys interacting with his peers. Others describe Yonatan as social and friendly, and he has positive relationships with others. Yonatan hopes to be involved with basketball in the future, by either playing or coaching. When it comes to his favorite food, he is always satisfied with Ethiopian cuisine or any meal from Cafe Rio.

He is in the eleventh grade.

Yonatan prefers to be part of a single dad or two-dad family, who are African American/Black like him. A family with pets, in which he can be the youngest or only child is preferred. Yonatan reports that does not have a preference if a family is hearing or deaf, as long as there is a good deaf school available in the community. Financial assistance may be available for adoption-related services.

For families outside of Utah, only those families who have a completed homestudy are encouraged to inquire.

Photo by: Deanne Parry, Parry Photography

To view other children that participated in Heart Gallery 2019 visit the gallery online at www.utahdopt.org.

If you are interested in any of the children featured in this publication, please contact The Adoption Exchange at 801-265-0444 or visit www.utahdopt.org.



Sensory Processing: Why is Disciplining my Sensory Child so Hard?

By: Integrated Learning Strategies, reprinted with permission

Kids with Sensory Processing Disorders (SPD) are amazing. They give us interesting perspectives on life. And they're our kids; how could we do anything but love them? But, let's be honest, sometimes it's downright hard. You can live on pins and needles, dreading whatever it is that will trigger their next meltdown. Or maybe you know what sets them off and you cringe when you know there's little you can do to stop it from happening.

Mid-meltdown it's tempting to give them whatever it will take to get them to stop. And then once they're calmed back down what do you do? You know the meltdown was triggered by a system overload so you want to be understanding, but you can also see the wheels turning in their head. They've gotten a few too many passes and they know those meltdowns are

working to their advantage. It's a hard line to walk and it's incredibly frustrating.

Disciplining Sensory Processing

The thing about SPD kids is that it's about planning ahead. This idea works with all kids actually. If you're always trying to correct after the fact, you'll get stuck in a vortex of useless and even harmful discipline. Nancy Peske, co-author of *Raising A Sensory Smart Child*, said, "when a child's behavior is due to Sensory Processing Disorder, punishments and rewards do not work as motivators." I've found myself in numerous battles with my daughter, spewing out statements like, "that's not an acceptable reason to yell at your brother," or just resorting to "go on time out," because I honestly didn't know what else to do. But the real trick

to helping these kids lies in proper physical activity, coping skills, and responsibility.

Don't Restrict Movement Before Bedtime

Or before other tasks that require concentration or cooperation for that matter. It's easy to fall into the trap of thinking that letting them get into a physical activity before calm time is going to get them wound up and unable to settle down, but many times it's quite the opposite. Free movement and physical activity are exactly what these kids need to regulate their systems so they can sit calmly or stay focused.

Don't Use The Same Sensory Tricks

Sensory activities only work for so long. I'm sure you've already noticed. You find something that works like a charm and then suddenly it doesn't. Variety is the key. Change things up on a regular basis or switch out activities if you notice an uptick in negative behavior. Experiment, let them show you what does and doesn't work and let them in on the fun. It never hurts to work together.

Don't Give In To Meltdowns

Like I said, as tempting as it can be to give them what they want just to restore peace, you can't give in. They may not know what the word manipulate means, but they sure learn how to quickly. Giving in actually escalates the problem. They'll push harder next time because they know you have a breaking point. Instead, redirect. When they're wound up, they can't be reasoned with, but they can be distracted.

If you need to get them out of a situation first, use short commands that are easy to process and then move on to redirecting. I often use humor and silliness because that's something my daughter identifies with. Just make sure your redirect doesn't resemble a reward. Also try taking a minute to figure out what really has them acting out. Over stimulation? Under stimulation? Hungry? Tired? If you can determine their trigger,

you can find the right response to curb the meltdown.

Don't Answer For Them

A great way to help them develop responsibility for their SPD is to make them speak for themselves. When you explain their triggers and behaviors for them, it's reinforcing the idea that SPD is their go-to excuse. But if they have to explain the situation themselves, they learn to express themselves better and it shows them that this condition is theirs to manage. It may also force them to own up to poor behavior when you both know they know better.

Don't Enable Them

Certain accommodations sometimes need to be made to help SPD kids. They need their clothes to fit right and certain levels of activity in order to focus for example. But it's all too easy to fall into the trap of using SPD as an excuse. They can blame all their misbehavior and poor decisions on SPD and never have to take responsibility for any of it. Instead of letting this negative thinking pattern sink in, we can teach them that their SPD is their responsibility.

Over time they can learn to be responsible for making sure their clothes fit their criteria for comfort. They can ensure they get enough physical activity before they get ready to work on their homework. You can help them figure out what their triggers are and what coping mechanisms work for them, but make sure when they are at an appropriate age they know they're responsible for noticing when their triggers are being tripped and teach them how to implement a coping skill to solve the problem. Because at the end of the day, SPD or not, they still have to learn to regulate their emotions on their own, fulfill their duties as student and family member, use basic social manners, and treat those around them with respect.

Integrated Learning Strategies (ILS) is a learning and academic center. ILS is not a health care provider and none of our materials or services provide a diagnosis or treatment of a specific condition or learning challenge. If you seek a diagnosis or treatment for your child or student, please contact a trained professional who can provide an evaluation of the child.
www.ilslearningcorner.com

At a Glance: Helping Kids With ADHD Manage Screen Time

Many kids have trouble managing screen time and knowing when it's time to unplug. But ADHD can make it even harder for kids to make good decisions about technology. Learn about common trouble spots and ways you can help.



Common Trouble Spots

Time Management	Impulse Control	Sleep
 <p>ADHD can make it hard to keep track of time. Kids can spend hours and hours in front of a screen.</p>	 <p>Kids with ADHD may be more likely to engage in risky behavior, like watching inappropriate videos or sexting.</p>	 <p>Bedtime can be challenging for kids with ADHD. Screen time can make it even tougher to wind down.</p>
Inattention	Distractability	Social Skills
 <p>Kids with ADHD can get “lost” in a game and forget that they have tasks they need to be doing.</p>	 <p>All the bells and whistles online make it even more challenging for kids with ADHD to stay focused.</p>	 <p>More screen time may mean less time to practice picking up on social cues during face-to-face interactions.</p>

How to Help



Look for Natural Stopping Points

- Learn how long it takes your child to complete specific aspects of games and social media. The more you understand how these work, the easier it will be to find natural stopping points.
- Don't set a hard-and-fast rule on screen time. Instead, talk about what your child wants to accomplish, and set the stopping point based on those goals.
- For texting or social media, make a plan with your teen about how long is reasonable to spend checking feeds, posting comments or talking with friends.



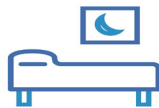
Ease Transitions

- Avoid saying "Five more minutes." Instead, give warnings that are based on natural stopping points, like "You need to log off at the end of this round."
- Agree ahead of time on activities that will help your child transition from screen time, like cooking, crafting or doing something physical like jumping rope.



Reduce Distractions

- Avoid having the TV on in the background during homework time.
- If your child's computer is in the living room and family noise is an issue, see if headphones or earplugs help.
- Consider using apps to block certain websites during homework time.



Avoid Technology at Bedtime

- Try to end screen time at least an hour before your child goes to bed.
- Consider moving smartphones and other devices out of the bedroom at night.
- Keep TVs and computers in a common area, like the living room, to make it harder for your child to spend too much time online or engage in risky behavior.



Create a Screen Time Contract

- Help your child come up with a schedule that builds in time for homework and other activities.
- Brainstorm together. Your child will have ideas on stopping points and transition activities. This can help both of you feel more like teammates and less like opponents when it comes to managing screen time.
- Keep the contract someplace handy so you both can review it regularly.
- Make it clear you'll be doing surprise inspections on your child's phone and other devices.
- Praise your child for logging off promptly and/or without a lot of complaining.



Be a Role Model

- Set limits for your own screen time—and stick to them.
- Create "media-free zones" such as family dinners when everyone has to set aside their devices.



The Adoption Exchange

TRUST-BASED RELATIONAL INTERVENTION (TBRI®)

SANDY DIVISION OF CHILD AND FAMILY SERVICES (DCFS) OFFICE
10008 CREEK RUN WAY, SANDY • UTAH 84070

TBRI OVERVIEW
SEPTEMBER 12TH
9:00 AM - 5:00 PM

TBRI: EMPOWERING PRINCIPLES
OCTOBER 10TH
9:00 AM - 5:00 PM

TBRI: CONNECTING PRINCIPLES
SEPTEMBER 26TH
9:00 AM - 5:00 PM

TBRI: CORRECTING PRINCIPLES AND TEENS
OCTOBER 24TH
9:00 AM - 5:00 PM



KATHY SEARLE, MSW, CSW

Kathy Searle has worked in the field of adoption for over 30 years, with experience in international, private and special needs adoption. She is currently the Director of Programs for the Utah office of The Adoption Exchange. Kathy has worked with Refugee populations and is licensed as a school counselor. Kathy has a Master's degree in Social Work from the University of Utah. She also is a therapist at Wellspring Child & Family Counseling. Kathy is the mother of 11 children. Eight of whom were adopted.



BRANDIE NAYLOR, SSW

Brandie Naylor graduated from Weber State University in Social Work and Family Studies in 2001. She has been working in child welfare for 20 years. She has been employed at residential treatment facilities and facilitated respite care for Davis Behavioral Health. Brandie was employed with the State of Utah Division of Child & Family Services for 6 years, and is now the Family Support Manager for the Utah office of The Adoption Exchange.

WHAT IS TBRI?

Trust Based Relational Intervention (TBRI®) is a set of principles and interventions designed to help families who are raising children who come from “hard places”. Children who have experienced the trauma of abuse, neglect, chaos and prenatal drug and alcohol exposure often have behaviors that are extreme and perplexing to their caregivers. Parents look to mental health professionals in their efforts to understand their children’s struggles. TBRI® offers concrete tools and concepts that therapists and parents can learn to help families so the children can reach their highest potential.

What people are saying:

“I received new insight and ideas into how to engage and deal with children suffering from traumatic events from their lives.”

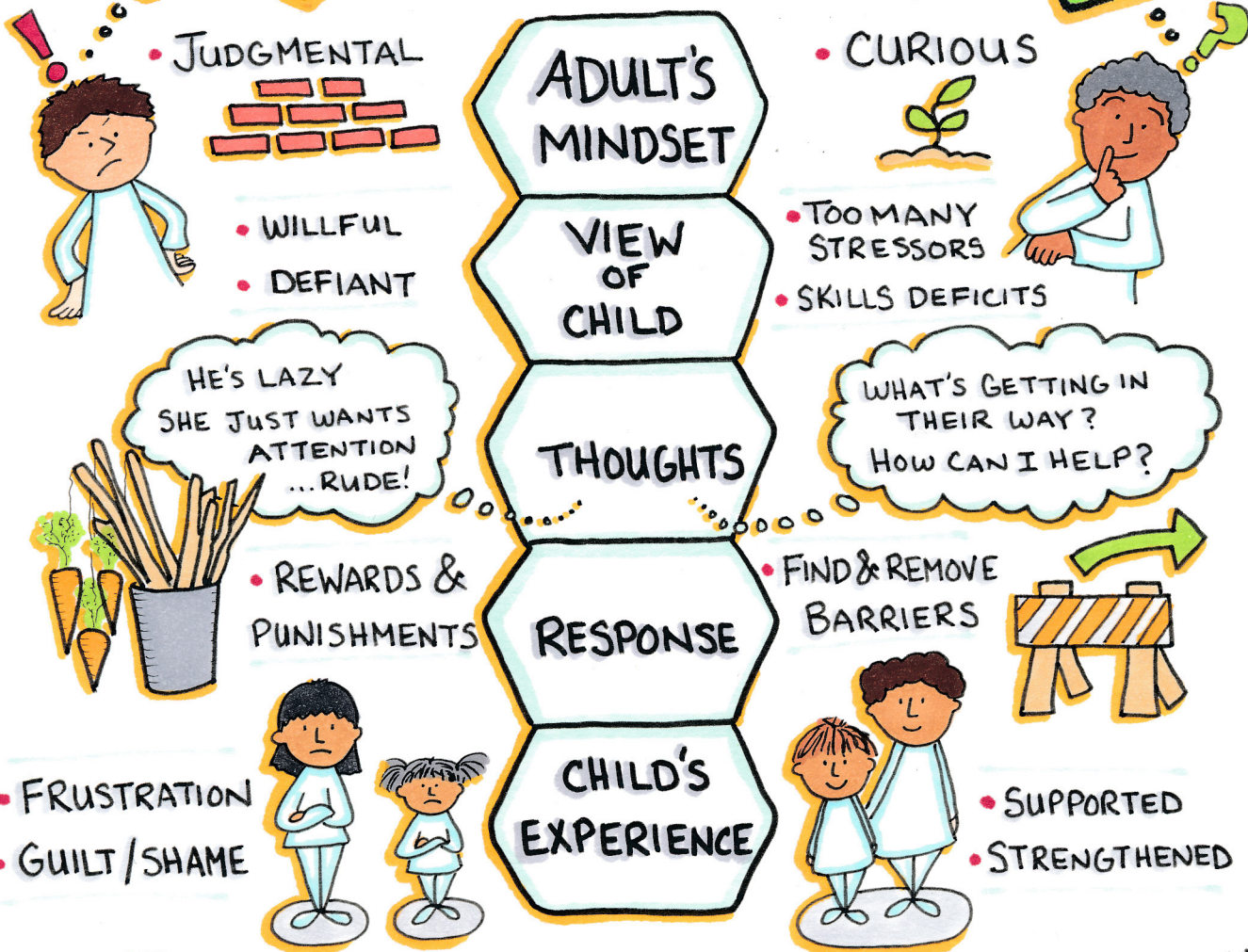
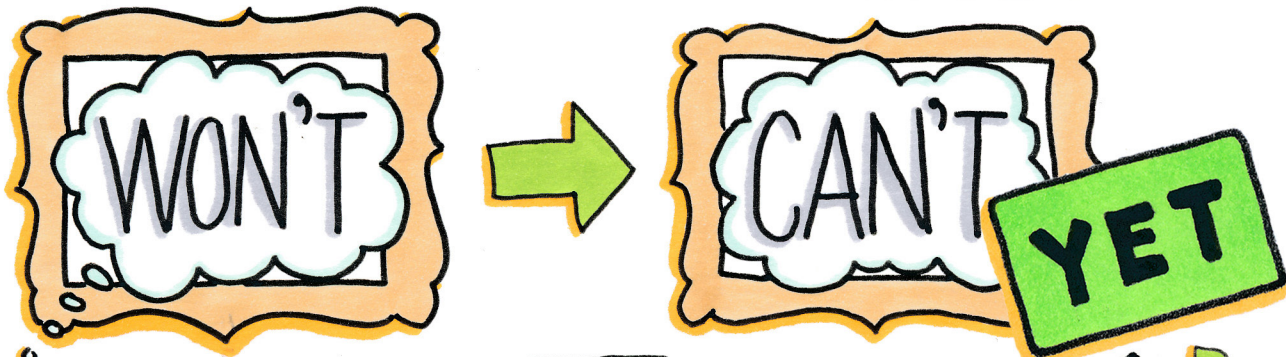
REGISTER ONLINE BY SEPTEMBER 8TH AT [HTTPS://TBRI-FULLSERIES-UTAH.EVENTBRITE.COM](https://tbri-fullseries-utah.eventbrite.com)
FOR ANY QUESTIONS CONTACT BNAYLOR@ADOPTEX.ORG

(\$15.00 PER PERSON or \$20.00 PER COUPLE DAILY FEE REQUIRED, LIMITED SEATING AVAILABLE)

REFRAME THE BEHAVIOUR

"KIDS DO WELL IF THEY CAN"

~ROSS GREENE



"SEE A CHILD DIFFERENTLY, YOU SEE A DIFFERENT CHILD"

~Dr. Stuart Shanker

When kids exhibit challenging behaviour we can be "STRESS DETECTIVES"...finding and removing barriers.

- FIND STRESSORS → REDUCE THEM
- FIND UNMET NEEDS → MEET THEM
- FIND SKILLS DEFICITS → TEACH THEM

@kwiens62



Dear Ellen: Navigating Teens' Online Search and Reunion Process

I am worried about my 16 year old son's activity on social media. I feel uninformed about what he is doing, and worry about his safety. I can't help but wonder if he is communicating with members of his birth family, and if so, what is he learning from them? I don't know what to do.

The need to find answers to questions like “Where did I come from?” and “Who am I connected to beyond my adoptive family?” is drawing increasing numbers of preteens and teenagers to utilize the internet as their virtual search engine. They are creating accounts on social media platforms including Facebook, Twitter, and Instagram for the purpose of connecting with birth families and/or adoptee networks.

In our experience, the use of social media for this purpose is even greater for those teens whose parents avoid the mounting questions teenagers have as to their origins and reasons surrounding their adoption. “There were so many opportunities for my parents to help me sift through my questions,” said Terrie now 19. “Each time I would bring up wanting to know more, my parents would deflect the conversation. I just eventually gave up and went online to gather information.

When it comes to technology and social media, as a parent, your teen may likely have more savvy online skills than you do, potentially putting you at a disadvantage. Parents often report feeling a great deal of anxiety around what their kids are “doing online.” They hear stories about sexual predators and cyber bullying, and hope that their children are not engaged in activities that threaten their safety – emotional or physical. They certainly do not want their children to either be revealing personal identifying information to strangers, or engaging in inappropriate conversations, even anonymously.

Of particular concern to adoptive parents is the fact that unbeknownst to them, their teens may be connecting with birth family members via social media. Parents often feel blindsided to know that their teen has used what little information they have or the acquisition of hidden adoption papers with identifying information, and used social media to find and communicate with their birth family. Similarly birth family members, including birth parents, siblings, and extended family members who have been yearning to have contact with the lost child are also accessing social media as a way to make a connection.

Lisa was adopted domestically in a private adoption when she was an infant. When she was 17, she found papers in a drawer, and having a last name, friended her birth mother, Susan, on Facebook. Susan asked to be able to talk to Lisa's adoptive mother, but Lisa insisted that her mother would be hurt if she knew Lisa was in communication with her birth mother. She told Susan that she was certain that her adoptive mother would try to stop the communication between them. Believing her, Susan waited until Lisa turned 18 and then agreed to a meeting without the adoptive parents' knowledge. While the reunion went well, keeping it a secret was so stressful for Lisa that she began to fail at school.

Matthew, 15, was removed from his birth mother because of severe neglect when he was five years old. He was then adopted by his first and only foster mother, Diane. Through FACEBOOK, Matthew was contacted by his older birth half-sister, Kendra, age 18. Kendra had also been removed from the birth mother, and was adopted by her birth father's brother and his wife (paternal uncle and aunt). Kendra shared with Matthew her serious resentment toward Diane because Diane had not allowed the siblings to remain connected. Confused and upset, Matthew began to pick fights with his mother. During an argument, Matthew finally revealed his communication with his sister.

As these two examples suggest, connections with birth family can be wonderful and healing, but certainly may also trigger strong, complex emotions that your teen should not have to handle on his or her own. Adoptive parents need to anticipate the possibility of their teens using social media to connect with the birth family. They must be proactive in sharing their expectations, wishes and concerns with their son or daughter before their teen is likely to pursue connections without parental involvement, much like talking with children about alcohol and drugs long before their teen may be ready to experiment.

3 guidelines for maintaining open communication with your teen:

1. Establish an open atmosphere in which adoption information is shared in an age-appropriate manner beginning in the earliest years
2. Express empathy, interest and respect for the birth family to dispel your teen's propensity to feel disloyal around his desire for connection
3. Clearly let your teen know that you will support his need for information or contact with his birth family and that he should come to you with those wishes. Clearly communicate to your teen that while you respect his desire for privacy and independence, you need to be involved in the search and reunion process and that he should not make contact without your knowledge and awareness.

Teens need reassurance that you are comfortable and equipped emotionally to be alongside of them during this journey, which is such an important step in their lives.

Online forums for members of the adoption community to chat with each other have proven useful in providing emotional support and validation for adoption-related (or other) feelings that your teen may be struggling with. The danger, of course, is that your teen may share things that leave him vulnerable to responses that are potentially hurtful and destructive. Carol, a young adult adopted person, offers this advice, "Teach your teen that online life is just like real life. They should use the same behavior and courtesy that they would use when talking with someone face-to-face."

Many kids feel a false sense of security when communicating online because being shielded by a computer screen feels less real. Your teen therefore may need help in recognizing that the impact and consequences of their online actions are in fact real. Stay engaged with your teen and stay one step ahead by making sure that you are reviewing his browsing history of sites he's visited online, setting up parental controls if possible, and keeping the discussion flow between you two open and consistent.

The best way to protect your kids online? Talk to them.

<http://www.onguardonline.gov/articles/0006-talk-your-kids>

Ellen Singer, LCSW-C, Training Coordinator/Sr. Adoption-Competent Therapist at the Center for Adoption Support and Education (C.A.S.E.) has more than 35 years of experience providing clinical services to the foster and adoption community. Ms. Singer provides parent and professional education and training. She is a key author/editor of C.A.S.E.'s publications including *Beneath the Mask: For Teen Adoptees*, and contributor to other adoption/foster care publications. Ms. Singer is a parent by adoption and by birth.

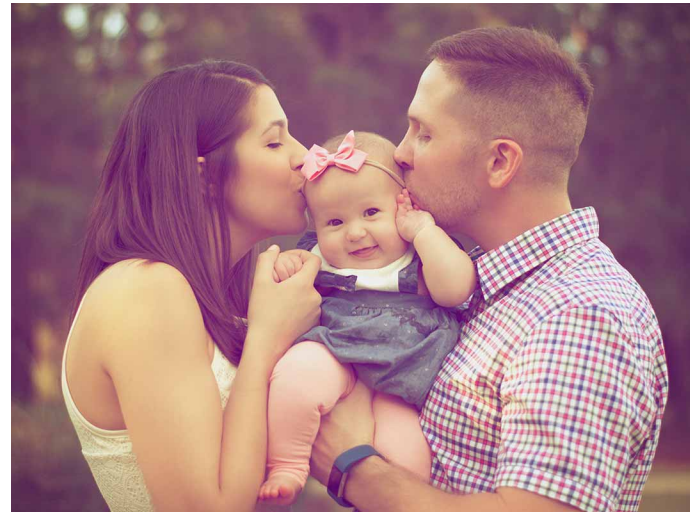


Have you recently adopted a child? We need your help.

Did you know that Utah has the one of the highest adoption rates in the country? Unfortunately, there are no scientific data to represent Utah adoptive parents. We are seeking to change this. We are inviting Utah parents who recently adopted a child to complete a short survey about the sources of stress and support during the adoption process. Your personal experiences are important to us, and the information you provide will be used to improve the adoption experience for future families.

How much time will it require?

The survey can be completed online in less than 30 minutes.



Am I eligible?

- Parents are eligible if they adopted an infant or young child under the age of 18 months at the time of placement.
- To be eligible, the placement needed to have occurred during 2018 or 2019.
- Adoptive parents must currently be living in Utah or completed the adoption in Utah.
- Parents who adopted through an adoption agency, lawyer, or foster care are welcome.

Will I be compensated?

Yes! Each participant will receive a \$20 Amazon gift card.

To participate, visit our website: www.utahadoptionsurvey.com

Principal Investigator: Lee Raby, Ph.D.

Dr. Raby is an Assistant Professor of Developmental Psychology at the University of Utah. His interest in foster care and adoption began early in life as he watched his family grow with the addition of adopted family members. Witnessing both the joys and challenges adoptive families experience motivated Dr. Raby to learn more. Dr. Raby and his team currently are working to understand what helps adoptive families thrive in face of the uncommon and sometimes difficult circumstances they encounter.





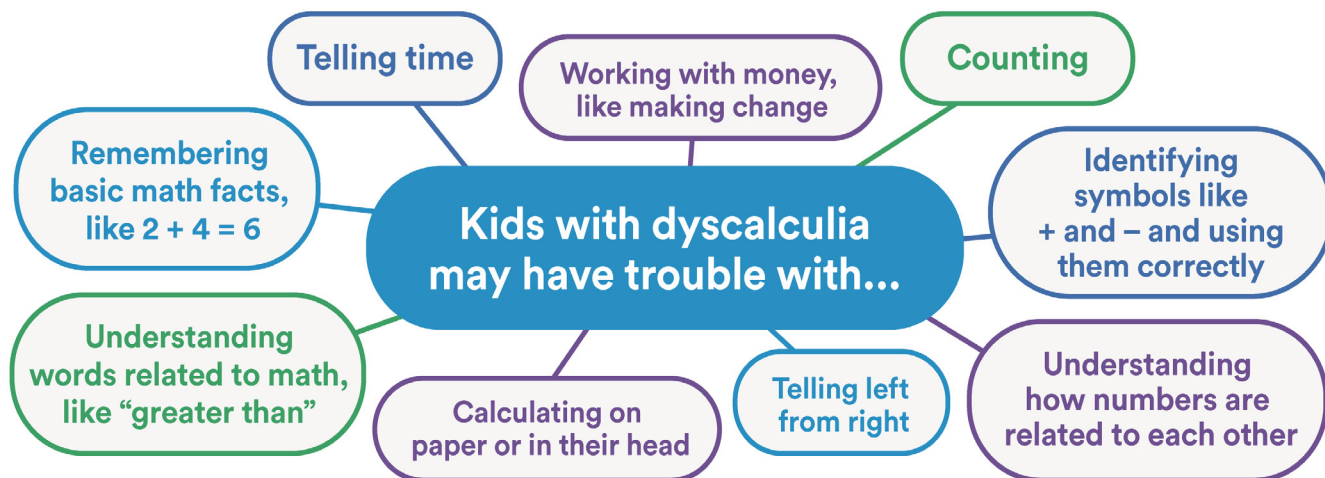
Dyscalculia Fact Sheet

Dyscalculia is...

- ✓ **A learning issue** that makes it hard to understand concepts related to numbers and do tasks like add and subtract.
- ✓ **A common condition.** Some experts say dyscalculia is just as common as dyslexia.
- ✓ **A common co-occurrence.** Dyscalculia can exist on its own but is often found in kids with issues like dyslexia and ADHD.

Dyscalculia is *not*...

- ✗ **A sign of low intelligence.** You can be very smart and have dyscalculia.
- ✗ **The same thing as math anxiety.** But it often co-occurs with this emotional issue, which involves self-doubt and fear of failure.
- ✗ **A lack of effort.** Kids with dyscalculia need different kinds of interventions to make progress—not more of the same instruction.



Ways to help kids with dyscalculia



Multisensory structured math instruction engages kids through sight, hearing, movement and touch.



Accommodations, like taking untimed tests or using blocks or other objects to help solve a math problem, can help kids show what they know.



Assistive technology tools, like calculators and digital graph paper, can help level the playing field for kids who struggle with math.

Success stories



Mary Tyler Moore
Award-winning actress



Kit Hughes
Tech entrepreneur and CEO of Look Listen



Cher
Singer and actress (who also has dyslexia)

Understood

For more information on dyscalculia and how to help, visit [u.org/dyscalculia](https://www.understood.org/dyscalculia)



A New Path in our Adoption Journey

By: Lynn Sollitto, reprinted with permission from Adoptive Families Magazine

For years, my daughters' birth mother dropped in and out of our lives as she battled a drug addiction. Now she is back in our lives, back in her own life, and I can't wait to see what the future will bring for all of us.

In late summer 2008, my husband, Andrew, and I were in the final stages of the foster-adopt process, when I received a call that sent our lives down a path neither of us had anticipated. The call was from a woman I knew from church. She told me her daughter, Ruth, was pregnant and asked if I could be her birth coach. Ruth's mother couldn't help because she was taking care of Ruth's older daughter, Payton, during an investigation by Child Protective Services (CPS). Thinking that this would be an opportunity to meet a woman in the same situation as my birth mother of my future child, I agreed to help. My husband and I had been planning to adopt an older child, but when I cut Paige's umbilical cord, I fell in love.

The life of a drug addict is isolated, and Ruth's was no exception. Her husband was in prison and she didn't have custody of her older daughter. Ruth didn't have any friends, and I felt compelled to bring her home from the hospital to recover. During this time, Paige was also

taken into CPS custody because she was experiencing drug withdrawal. When I said goodbye to Ruth on her apartment doorstep five days later, I thought that would be the end of it.

I was wrong.

Over the next year, Ruth's husband got out of prison and Payton was returned to their custody. They chose not to reunify with Paige, and Andrew and I were approved to adopt her. We attended all of Paige's court hearings and witnessed firsthand the pain Ruth went through because of her drug addiction.

After Ruth and her husband signed away their rights at Paige's last court hearing, I found her outside the courthouse sitting on the curb. She held a cigarette in one hand and wiped away tears with the other. I sat next to her and gave her a hug. I spoke into her thick hair.

"I tell Paige about you all the time."

"Thank you," she whispered.

We stood to meet Andrew and Ruth's husband for lunch. To this day, I'm not sure if we bought them lunch to celebrate the event or compensate them.

In February 2010, CPS removed Payton again, and placed her with us. Payton's case moved from foster care to adoption after Ruth and her husband were incarcerated for possession of drugs. Ruth was released from jail a week later and her husband was transferred back to prison.

We told Ruth she could be part of the girls' lives if she sobered up. She began attending a 12-step program. Andrew and I went to her 60-day meeting and gave her the sobriety chip. In early 2011, Ruth relapsed. I wanted to keep in touch with her, but the emotional rollercoaster of caring for an addict was too painful.

Over the next four years, we would get in touch every so often. Sometimes I reached out to check in, and sometimes she sent an email to tell me she wasn't using. But her sobriety never lasted beyond a few months, and she continued dropping in and out of my life like a ping pong ball.

Reopening Our Connection

When August 2015 arrived, we hadn't been in contact for two and a half years. Paige turned seven. As I'd done every year since she was born, I told Paige her birth story. I thought about the mysterious bond Ruth and I shared and sent her a message on Facebook the following day.

I've been thinking about you the last few days and thought I'd say hello. I hope you are doing well. She responded and, a few days later, we talked on the phone. She told me she had been sober for a year and a half, had a job, and just got her GED.

I shared our challenges with the girls: Paige's anxiety and Sensory Processing Disorder, and Payton's ADHD and Reactive Attachment Disorder. I also told her that I had written a memoir about adopting the girls and was trying to get it published.

One month after sending that message, Ruth and I met in person. We both smiled and tears began coursing down her cheeks when our eyes met. We embraced each other.

"I promised myself I wouldn't cry," she sniffled when we pulled apart. We both laughed, knowing there hadn't been a chance of that happening.

We walked for hours, sipping coffee and catching up. It should have felt strange or awkward to be with the birth mother of my daughters, who have challenges because of her addiction.

But it did not.

She had gained weight and looked healthy. The rotted teeth she had the last time I saw her had been replaced

by a brilliant, white smile. She was calm when speaking about the good and the challenging things of her past. She was vulnerable in a way I'd never seen before. I realized it was because she was now being honest about things she couldn't previously.

At the end of our evening, she thanked me for adopting the girls. "I know I couldn't give them the life you guys can, and they seem happy and healthy."

We began meeting for coffee about every other month. I got to know her in a way I hadn't during the previous seven years. Before, I always wondered if she was acting like her true self or if she was being whomever I needed her to be. A unique friendship began blooming without the shadow of her addiction, and I now think of her as a sister.

Yet Another Path

Almost a year after Ruth and I reconnected, Andrew and I met with her to discuss steps towards opening up the adoption. Ruth offered to purchase and take a drug test, if it would make us feel better. "This is my drug test," Andrew said, pointing to his eye and then at her. "You can fake a drug test. You can't fake this." "I'd love to be in the girls' lives, but if you don't think it's in their best interest..." Ruth looked down at the table and then met our eyes. "I only want what's best for Paige and Payton."

Last year, just after Thanksgiving, Paige and Payton sent Ruth a letter. She responded, and their exchanges were frequent. Once the novelty wore off, the girls' letters decreased to once every few months. Ruth understood this and continued to follow their lead, not wanting them to feel pressured. The following year, the girls and Ruth started speaking occasionally on the phone. As our adoption journey begins yet another path, I recall an email response from Ruth when I shared concerns about her relapsing:

I know that trust has to be earned... I don't know if there is anything I can do to make up for any of my past actions and if there is please let me know. But I do not plan to repeat the past and that is something that will only be proven one day at a time....

Since reconnecting, Ruth has proven she's trustworthy. Our path hasn't been easy and there will be challenges, but with the foundation of love, anything is possible. I'm excited to see what the future brings for Ruth and my daughters—her daughters—
Our daughters.

* Names changed to protect privacy.
Lynn K. Sollitto is a writer and the mother of two children in an open foster adoption. Originally published in *Adoptive Families* magazine.
<https://www.adoptivefamilies.com/openness/new-path-adoption-journey-reconnecting-with-childrens-birth-mother-after-addiction/>

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Midvale, UT 84047



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utah department of
human services
Child and Family Services



Contact Your Post Adoption Specialist

Northern Region:

Jeanna O'Connor	801-395-5973
Victoria Fritz	801-388-6651
Aubrey Meyers	801-776-7352

Salt Lake Region:

Adoption Helpline	801-300-8135
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Western Region:

Jeannie Warner (A-L)	801-787-8814
Megan Hess (M-Z)	801-921-3820

Southwest Region:

Richfield/Cedar City	Paul Arnold	435-236-9337
St. George/Cedar City	Krystal Jones	435-767-8774

Eastern Region:

Price/Castledale	Greg Daniels	435-636-2367
Vernal/Roosevelt	Fred Butterfield	435-630-1711
Moab/Blanding	Jennifer Redd	435-260-8250

GETTING TO KNOW YOUR POST ADOPTION WORKERS:

AUBREY MYERS

CLINICAL CONSULTANT PERMANENCY TEAM, DCFS



Aubrey Myers moved to Utah after leaving the Army in 1993, Aubrey Myers graduated from Weber State University in 1998 with Bachelor's in Social work and Sociology, Graduated from The University of Phoenix in 2002 with a Master's in Counseling with a mental health specialty, Licensed as a Clinical Mental Health Counselor (LCMHC) since 2005. Aubrey has been with the Division of Child and Family Services for 20 years and is currently a Clinical consultant for Northern Region DCFS, and supervises the Northern Region's Permanency/Post Adoption program. Aubrey has been involved with permanency and Post Adoption for 18 years, as well as an ongoing worker and supervisor.

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