

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

AUGUST 2022 EDITION



MATHEA AGE 15

Photo by: Amy Lynn Jensen,
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Ryan Hadley Photography

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ON THE COVER MATHEA

Mathea is a budding lyricist! Showcasing her keen ability to put pen to paper to express herself puts her in a good mood. Dancing is another way Mathea enjoys being creative, and she also appreciates baking. Her favorite color, purple, often shows up in her drawings and crafts. Mathea has a sincere love for animals that she hopes to turn into a career. She also can see herself as a hairstylist. Those who know her best remark that she is a loving and loyal person. Mathea does well with adults and younger-aged peers.

She will be in the 8th grade soon.

Mathea is a member of the Navajo Nation, and an American Indian family is preferred; however, her caseworker will consider all family types regardless of American Indian status. She hopes to have pets in her family and will need to remain in contact with her siblings following placement.

Mathea's LDS faith is important to her, and she would like a family that can support her in this.

Financial assistance may be available for adoption-related services.

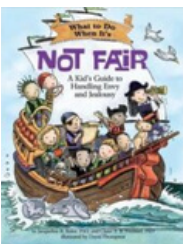
For families outside of Utah, only those families who have a completed home study are encouraged to inquire.

August 2022 EDITION

Kathy Searle, Editor

Lindsay Kaeding, Design Director

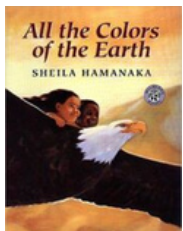
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What To Do When It's Not Fair

Claire A.B. Freeland, PhD, and Jacqueline B. Toner, PhD

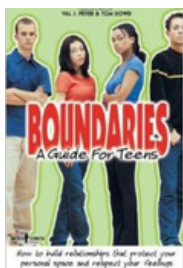
Envy and its cousin, jealousy, are feeling that adults and children confront on a regular basis. But adults are able to recognize what children cannot: desires and envy come and go. Some children can struggle with envy and react negatively to the good fortune of others.



All the Colors of the Earth

Sheila Hamanaka

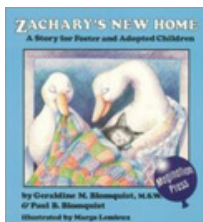
Celebrate the colors of children and the colors of love--not black or white or yellow or red, but roaring brown, whispering gold, tinkling pink, and more.



Boundaries: A Guide For Teens

Val J. Peter & Tom Dowd

This book invites teens to examine their lives and relationships. It begins by helping you define what physical, emotional, and sexual boundaries are. Stories of other teens illustrate how personal space and feelings can be either respected or violated in relationships with others. The book's journal format encourages you to reflect on and record feelings about your own relationships.



Zachary's New Home

Geraldine M. Blomquist, MSW & Paul B. Blomquist

Children in foster care and adopted children have usually suffered painful separations from their families for reasons they may not understand. They are often very confused, angry, and sad. This appealing and comforting story explores their experiences, problems, and emotions.

www.utahadopt.org



Ambiguous Loss & Grief for Siblings in Adoption

BY JANA HUNSLEY
PROJECT1025.ORG

I've been grieving some things lately that I wish I wasn't having to grieve. And I'm being reminded in the most unfortunate of ways that grief is a complicated, unexpected emotion that shifts and changes and hits you out of nowhere whenever it feels like it. Sometimes an event triggers it, other times it's just a weirdly hard day.

I've found myself grieving so many different things: what was and what wasn't, what is and what isn't, and what will never be.

Some days are magic. I feel all the joy and experience delight.

Other days, I find myself using every mental process to make sense of absolutely anything. And then there are days between that I have to remind myself there's a reason some things feel hard, why exhaustion sometimes hits.

This grief has reminded me of the ambiguous loss in foster care and adoption. It's a grief often bare of physical absence and yet full of psychological loss.

I didn't lose anyone when my family adopted and yet I somehow lost so much.

When my siblings came home, I was not prepared for the sadness of losing what once was mine. I grieved the life I once knew – the normal, the comfort, the certainty, and the security. I grieved the people I once knew, even though those people were still present in my life each and every day. I grieved the loss of myself – my innocence and ignorance. I grieved the life I knew I would never have again. I grieved my reality.

My siblings became the center of our family the moment we met them in the orphanage. It took each and every one of us to just survive each day. My whole world flipped upside-down.

The truth was my siblings had more mess than my parents knew what to do with. They were deeply, deeply hurting, and it came out in all of their behaviors. They were scared and they reacted. They felt out of control and needed all of the control. They craved connection and could handle none of it.

By the time we got home from their home, just two weeks after bringing my siblings into our family, we were exhausted. The shock of the experience had yet to wear off and we continued to walk around in a stunned state.

The only people who I felt would be able to understand what life was like in our new family were my parents, but I did not even recognize them anymore. The parents I had known for the first 16 years of my life were stable, steady, and certain. My dad was a steady rock and I was convinced he could fix and do anything. My mom always had answers. When I did something, I knew how they would respond. Our relationship was known. Our little attachment dance was locked down.

But all of a sudden, I did not know who these parents were in front of me. I could not identify them as my own. Their stability, steadiness, and certainty were replaced with instability, shakiness, and uncertainty. They were overwhelmed, emotional, and clearly did not have the answers to any of their problems. They changed, and our relationship changed. I no longer knew how they would respond if I did something. I stopped trusting our relationship because I did not know what it was anymore. I did not know who they were anymore. Our attachment dance changed. Instead of learning the new steps, I stopped dancing. I stopped talking to them and spending time with them. I stopped viewing them as parents who were there to take care of me.

So, I just walked around feeling tremendous loss and yet knew my loss didn't compare to the losses my new siblings had experienced. I was so very aware that my grief and loss would never be an ounce of the grief and loss my siblings had experienced. Their loss was traumatic, and I will never pretend to understand their grief just because I know their stories.

But for me, the sudden loss of my family was rattling. I had no idea I would lose our family of six and we would never return back to our original form. I was wholly unprepared for my parents to change as much as they did. And I was completely clueless that my brothers would become the center of our new family, of which my older sisters would somehow not really be a part. I was just so unaware and unprepared for all the change, and it left me feeling vulnerable and shaken.

People talk about the ambiguous loss of adoption for adoptees. For adoptees, this loss can look like the physical absence of their birth families, which often involves no longer living with their families even though these family members may live in other places, often without any contact. For me, I realized I experienced a different type of ambiguous loss. My family was still physically present but was somewhat psychologically absent. I still saw my family often – I lived with most of them – but they were different. We were different. I wanted us to be the same as we once were, to be the one thing that did not change in the midst of all I could not recognize anymore, but we were too susceptible. We had all changed and our whole family transformed. I missed them, and I missed us. The loss felt heavier because I did not even know when we stopped being us. I was not prepared for an end to ever come to whom we once were.

Mourning the loss of relationships, of family, of people when they are still physically present in your life is a tricky thing. I was grieving the loss of who we used to be while still being a part of who we were in the present. It was hard and messy.

So I clung to the joy of having my new siblings in my life, thinking that would make up for all the grief.

It didn't and it doesn't. All these years later and I know better. I know there's no such thing as comparative suffering. I can't magically make sense of my experiences by comparing them to my siblings'. It's not helpful to just try to minimize my own struggles and hope they will go away because "it's not that bad."

I know grief and joy can coexist, not taking anything from the other. Joy doesn't replace grief. And in foster care and adoption, they often come hand-in-hand in a most complicated way. It's best to just hold onto both, believing that one day the joy will be more prominent than the grief.

And I know the only way out is through.

Dr. Jana Hunsley

is an LCSW (Licensed Clinical Social Worker), psychologist, TBRI Practitioner, and advocate for families in the adoption and foster care community. Jana received her Ph.D. in experimental psychology at the Karyn Purvis Institute of Child Development (KPID) at Texas Christian University (TCU). She has written and spoken for the National Council for Adoption, the North American Council on Adoptable Children, Show Hope's Hope for the Journey Conference, and more.

Jana's work focuses on understanding and meeting the needs of every member of the adoptive and foster family. She has counseled, studied, taught, trained, created, and researched foster and adoptive families for years. Taking what she's learned, she's developed a new model that has proven effective for meeting the needs and improving the quality of life for foster and adoptive families.





Can Validation Help you Connect and Bond with Your Teen?

BY KATELYN ALCAMO, LCMFT, GOODTHERAPY.ORG

Raising a teenager can be one of the most challenging tasks of parenthood. One day you are raising a sweet, respectful child who loves to be with you, and the next, you are tiptoeing around your house hoping not to wake the bear. At some point during adolescence, many parents will classify interactions with their teen as unpredictable, confrontational, and/or dismissive. It is during these years teens and their parents often feel as though they are speaking different languages. And often, both parents and teens suddenly think talking louder, in a more animated way, will somehow get their point across.

After working with adolescents and their parents for almost a decade, I have found that my initial role as a therapist is interpreter. From there, I work to help them learn each other's languages so they can go back to healthy communication and connection. I have many tools in my toolbox to help parents and teens reconnect, but one of the most profound is validation.

Validation is the act of acknowledging another person's thoughts and feelings and communicating to them that those thoughts and feelings make sense and are understandable given the situation. It is important to note validating is not the same as agreeing. Validation is important because it shows you are listening, you understand, and you are approaching the person in a nonjudgmental way. Now, let us think about validation in terms of interactions with teenagers. When it comes to interacting with their parents, they often feel judged, unheard, and criticized. These perceptions frequently lead to conflict with their parents and/or withdrawal from interactions with them. When parents take time to validate (i.e., listen without judgment), teens often feel more open to having a conversation and more responsive to information being shared by parents.

Validation is disarming and encourages dialogue. In my experience, parents just want to talk with their children. Using validation can open those lines of communication again. Teens like to talk with people whom they feel understand them. The minute they sniff judgment or criticism, they may shut down or lash out. So, leading with validation can encourage connection.

When parents take time to validate (i.e., listen without judgment), teens often feel more open to having a conversation and more responsive to information being shared by parents.

Sounds easy, right? Well, validating a teen can be difficult for parents for many reasons. First, teens can seem somewhat irrational at times, and it can be challenging to find something to validate. Second, after weeks, months, or years of built-up frustrations and disagreements, it can be difficult to *want* to validate. Third, I have found parents often feel stuck on the idea that by validating they are somehow saying their teen's behavior is okay and/or they agree with what their teen is saying. However, it is important to remember validation is a form of understanding, not agreeing. By validating, you are not saying your teen is right—you are simply using a tool to help start a dialogue and prevent a potential conflict.

According to Miller, Glinski, Woodberry, Mitchell, and Indik (2002), there are six levels of validation. Jeffrey B. Jackson, PhD, LMFT, adapted these levels and five of the six are shared below.

- **Listen:** Be attentive and listen in a nonjudgmental way.
- **Reflect:** Reflect back the thoughts and feelings shared by your teen. This helps them to feel heard. It also prevents miscommunication because they can correct any information they feel you did not hear correctly. It also allows them to hear their own thoughts and feelings out loud and may prompt them to start thinking a bit differently. Example: "I hear you say you are feeling overwhelmed right now because you have a lot of responsibilities."
- **Empathize:** Share your best guess about your teen's unspoken thoughts or feelings. Share how you might feel if you were in their shoes. Example: "If my parents told me they were worried about who I was hanging out with, I might feel angry and judged. Is that how you are feeling?"
- **Acknowledge reasons for behavior:** Try to reflect an understanding of the reasons for their behaviors. Example: "I can see why you would feel devastated after your friend cut you off. You really valued that friendship and didn't feel you did anything wrong."
- **Acknowledge courage:** Reinforce good judgment and acknowledge personal strength. Example: "It must take a lot of courage for you to try and make the best of this situation and try not to let it get you too upset."

Think about the last time someone validated you in one of these ways. Didn't it make you feel good? Didn't you feel understood? Didn't it make it feel safe to share more? We all crave validation, teens included. In fact, validation might just be the key to better communication and a happier household.

Reference:

Adapted by Jeffrey B. Jackson, PhD, LMFT from Miller, A.L., Glinski, J., Woodberry, K.A., Mitchell, A.G., & Indik, J. (2002). Family therapy and dialectical behavior therapy with adolescents: Part I: Proposing a clinical synthesis. *American Journal of Psychotherapy*, 56(4), 568-584.





Wear Red Shoes for FASD SEPTEMBER 9TH, 2022

“September 9th is International FASD Awareness Day. The ninth day of the ninth month was chosen as a reminder of the risks associated with drinking alcohol during the nine months of pregnancy, and also to celebrate the achievements of those who live with the condition.

Fetal Alcohol Spectrum Disorder is now recognized as the leading preventable cause of birth defects and developmental disorders in the United States. Each year thousands of children are born with life-long disabilities because they were exposed to alcohol prenatally.

RJ Formanek, an adult living with FASD, sparked Red Shoes Rock! some years ago when he decided to wear red shoes to stand out from the crowd, get people talking, and make FASD visible - now it's gone global!

Join us during FASD awareness month and help continue the conversation.

Show your support for FASD awareness by wearing red shoes or a red shirt on September 9th.



Tips for Heading Back to School

As the summer begins to fade thoughts turn to back to school. For many children and youth it means getting to see friends they didn't see over the summer, fall sports and lessons, and getting back to a consistent routine. For our children who have experienced trauma, the anticipation may look more like anxiety and stress. For many of them, they have gone to many schools briefly and for a few may never have attended school. This leads to parents trying to figure out the best way to transition from summer to back to school. Here are a few tips.

Whenever possible, the week before school starts, make time to go to the school and if possible meet the new teacher and see the room the child will be in. For older kids, get their schedule and walk the route that they can take to get from class to class. See if the school will assign a locker early so you can practice with your youth and they can be successful opening their locker.

Start easing back into a regular bedtime and get up time. Easing into this will cause less trouble on the first day of school when anxiety is high.

Shop for a new outfit, backpack or other items that is picked out by the child or youth so they are excited for the first day of school.

Make sure to review your child's IEP or 504 accommodations so you can stay on top of what services your child should be receiving. You could make a small bullet point list to hand to the teacher when you meet them so that they have a basic understanding of what your child needs. If needed, have a separate conversation with them so they can ask any questions they might have about your child's learning style and what has worked in the past.

Make sure that you meet the special education staff at the school and if they are new give them your contact information, so it is easy to communicate with you.

Make sure there is time built into your afterschool schedule for a snack and hydration. Many kids struggle right after school because they are hungry, thirsty, and tired. If needed, have some snacks ready in the car or placed somewhere in the kitchen where they can help themselves if you aren't available to greet them as they walk in the door.

Give them a few minutes to relax after their snack before you start asking questions. Sometimes we are so eager to hear about their day that we don't pick up on signals that they just need a few minutes to calm down and give their brain and body a rest.

Make sure they get some physical activity, especially activities for vestibular and proprioceptive. Vestibular processing (or vestibular sense) is our body's ability to recognize our head position with respect to the surface of the earth (Kranowitz, 2005). Swinging and spinning are good activities for vestibular input. Maybe they have had too much input and they need time with noise cancelling headphones or to sit in a quiet dark place for a few minutes.





Three Ways to Foster a Growth Mindset in Your Child with Special Needs

BY RACHEL BURRIS

As a parent, you undoubtedly worry about the way others think about children with special needs. It's important that the community strives to change the negative views society holds, but it's even more vital that we work to improve the way children with special needs view themselves.

Children with special needs are at a far greater risk of dwelling on their mistakes and doubting their abilities, which can severely limit their potential. That's why helping your child become confident in their ability to learn is fundamental to ensuring your child succeeds in school and life. How do you prove to kids with special needs that they can overcome the obstacles they face? You must foster a growth mindset in them.

What Is a Growth Mindset?

After studying the way young children faced intellectual challenges, Dr. Carol Dweck, a psychology professor at Stanford University, found that children fell into one of two mindsets regarding intelligence: a growth mindset or a fixed mindset. Children who have a growth mindset welcome challenges and embrace mistakes. They understand that with continual effort, you can increase your abilities and become smarter. These children tend to perform far better in school because their beliefs about intelligence encourage resilience and perseverance.

Unfortunately, not all kids take on this valuable perspective. Many children, especially those with special needs, tend to have a fixed mindset. Kids with fixed mindsets often give up in the face of difficulty and avoid challenges altogether. They think that having to struggle through a problem is a sign of failure because they believe their intelligence and abilities are set in stone.

But we know that's far from the truth.

You can foster a growth mindset in your child by changing how they think about intelligence and learning. Here are three strategies that can lead to major gains in children’s academic success and well-being.

1. Reward the Process

It can be tough to keep kids engaged in material over long periods, especially if they have special needs. For many, the natural instinct is to give up at the first sign of difficulty. Although parents tend to gravitate toward praising their children’s results, intelligence and talents, there are better ways to encourage kids. To instill a growth mindset, parents and teachers should instead reward the focus and effort kids put toward their work, the strategies they use to solve problems, the mistakes they learn from, and the improvement they make as they continue to tackle challenges. The more you praise the effort they put forth, the more your child will learn to persevere in the face of mistakes and obstacles.

2. Consider the Language You Use

Think about the language you use to discuss successes and struggles. Traditionally, schools mark assignments with A’s and F’s and list students as passing or failing. However, that type of labeling doesn’t help children with special needs face challenges. It tends to cause all kids to doubt their intelligence and abilities. Therefore, it’s best to discuss children’s progress in ways that increase the confidence they have in their future abilities.

Instead of saying...

“I failed!”

“I can’t!”

“I give up!”

Try saying...

“I haven’t mastered that skill yet!”

“I need to try a different strategy.”

“I could use help figuring this out.”

Let your child know that they possess the ability to improve. This will encourage continued effort and remind them that intelligence is something that develops over time.

3. Model a Growth Mindset

If you want your child to develop a growth mindset, you should model this type of thinking and behavior required. Showing your child what a growth mindset looks like can be its own challenge for many parents, some of whom may also have a fixed mindset. However, working together to change how you think about intelligence can be a great way to illustrate the kinds of gains you can make when you put your mind to something.

Model how you work through mistakes to learn from them. Expose your child to healthy risks and demonstrate how you push yourself out of your comfort zone to face them. Show your child that it’s useful to ask for help. With each opportunity, use self-talk to highlight the thinking you use to approach challenges with a growth mindset. Through a growth mindset, you can prove to your child that it’s not the past that determines their ultimate success, but their participation in the present. Challenges are inevitable in life. However, how your child approaches them will greatly impact both their academic performance and self-image.

RACHEL BURRIS

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Silent Suffering: Responding to Self-Harm

BY KATIE LANGER, MSW

Katie Langer is a training specialist at FamiliesFirst Network. Katie spent 10 years helping children in foster care to find permanent adoptive families prior to transitioning to her current role as a trainer for child welfare staff. She has a passion to help families and children heal and grow after suffering from trauma and abuse. After watching numerous children in care silently struggle with self-harm, Katie sought to educate staff and caregivers about the risks and path to recovery.

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In college, a close friend of mine battled with self-harm. At the time, I struggled to understand it. How could someone purposefully hurt their own body? But, as I began to understand self-harm, I realized that we almost all have unhealthy coping mechanisms. People drive too fast, text while driving, work long hours, smoke, drink, eat too much—you get the idea. These are all potentially self-destructive behaviors that we may use to distract ourselves from our anxieties, and although self-harm has potentially harsh ramifications, it is also just a coping mechanism.

For many, self-harm is a way to deal with current or past problems, strong feelings or lack of feeling, a desire for calm, or a desire for pain. People engage in self-injury for a reason, and in order for them to be able to replace self-injury with alternative and helpful behaviors, we must understand the specific context in which the self-injury has developed and is maintained.

The Big Picture

Self-harm is defined as “an act of violence inflicted by and against the self” (Clark & Henslin, 2007), and it can take many forms such as cutting, burning, branding, bone-breaking, hitting, pinching, hair pulling, swallowing harmful substances, or restricting air. Self-harm is an attempt to relieve emotional pain by turning it into something more tangible: physical pain.

In other words, the physical wounds resulting from self-harm represent much deeper emotional injuries caused by trauma, abuse, neglect, and other adverse experiences. While many who self-harm might not be able to immediately connect their actions to a past event or trauma, studies show that complex trauma—repeated exposure to multiple traumatic events by someone entrusted with the child’s care—affects how individuals express and regulate emotions, putting them at an increased risk for maladaptive coping strategies like self-harm.

In fact, 79 percent of individuals who self-injure report experiencing maltreatment or neglect in childhood. Other risk factors for self-harm include:

- Lack of supportive caregivers
- Low self-esteem, depression, and anxiety
- Strained family or peer relationships
- Poor social connections
- Self-harm or suicide of a close family member or friend

Of course, not everyone who experiences complex trauma will self-injure. Likewise, not all individuals who self-injure have a history of childhood maltreatment. However, we cannot ignore that children and youth who have experienced adoption and foster care have many of the risk factors associated with self-harm.

The Cycle

It is hard to define when the cycle of self-harm begins, because the root causes of that negative emotional pain can be predictable—as mentioned—but can also vary widely. Usually, self-harm begins with feeling alienated, frustrated, rejected, angry, or depressed. Without proper outlets to release or control these overwhelming negative emotions, the feelings build to tension, anxiety, and panic.

We aren't designed to always be operating under stress. So, when a person is under such high levels of stress or anxiety, the mind begins to look for an outlet to find relief. Many people use exercise, running, art, or writing as a release. Others turn to the coping mechanisms outlined at the beginning of this article. For some, self-harm becomes a way to release that pain and anxiety. Like driving too fast or going for a run, the immediate physical pain caused by self-harm releases adrenaline and endorphins, natural opiates that simulate a sense of euphoria. For youth who struggle to regulate and identify emotions, this will feel like relief — a reminder that they are alive, a shock to the system, or, as my college friend said, a way to simply “feel” again. In the moments after the incident, the mind will focus only on the pain as it prepares to fight, flee, or shut down against the perceived threat. This provides the mind and body with a distraction or relief from the emotional pain.

But the relief is typically replaced by guilt, shame, or remorse. The negative emotions build, often leading to further injurious behaviors. And so, the cycle continues. The more often the person self-injures, the more accustomed they become to the pain they inflict on themselves, requiring a more severe level of injury to get the same level of relief.

The Stigma

The shame and guilt that come after someone has self-harmed—the same shame and guilt that push them to self-harm again—are rooted in the stigma that surrounds the act. Understanding and putting a stop to this dangerous cycle means understanding facts around the behavior.

- People who self-harm are not typically suicidal. Self-harm has a low lethality rate, and the behavior is about feeling pain in order to release emotions, become calm, punish oneself, or deal with the stressors of life. But usually the person still plans to be alive when it's over. Only a small minority of self-harmers will intentionally attempt suicide and, on occasion, some acts of self-harm will lead to death whether intended or not.
- People can't just “stop” self-harming. Like all addictions, self-harm releases pleasure chemicals called endorphins that contribute to a cycle of dependency, tolerance, and withdrawal. Research suggests that by about the 30th cut, an individual may already be addicted to self-harm, meaning it's not easy to quit. Like addiction, too, the more often someone engages in this behavior, the more tolerant they become to the pain. This means that they must inflict a more severe level of injury to get the same level of relief.
- Self-harm isn't a mental illness; it is a coping strategy. Still, the DSM-V does acknowledge that self-harm can be the focus of certain treatments or therapies and can be the result of mental illness (like anxiety and depression).
- Self-harm is a very secretive addiction, and many people suffer without ever telling anyone. However, because self-harm turns invisible emotional injuries into physical scars, it can be a way for others to recognize emotional distress and should be regarded as a cry for help. Common warning signs of self-harm include secretive behavior, covering the body, changes in mood or behavior, negative self-talk, and injuries in various stages of healing.
- Ignoring a dangerous behavior because you think it will go away on its own can result in more frequent and severe incidents of self-harm. All self-harm deserves care and attention. When ignored, the behavior tends to increase in frequency and severity.

The Healing

Self-harm is cyclical, addictive, and the result of a deeper emotional wound, but there is hope! For a child in care who is self-injuring, it is always best to call a professional for assistance. Strong trust is the key to helping people who self-harm develop new, healthier coping mechanisms. This means that by being supportive and addressing self-harm, you can play a significant role in the healing process of others.

This can be an uncomfortable process, but it is important that you address these behaviors early, before they become more severe or frequent. Note first that as caregivers or child welfare professionals, we are equipped to help walk alongside a youth on their journey to recovery, but we're not always uniquely trained to treat the challenging underlying causes. Seek outside assistance to help both of you better understand this issue, and then work with them to create a safe, non-judgmental, compassionate place for a person to heal. In addition to reaching out for outside help, remember to:

1. Listen calmly and empathetically. While you might feel worried, overwhelmed, or upset, addressing someone's self-harm by demanding that they stop or asking "How could you do this?" only perpetuates a harmful cycle of shame and guilt, and jumping to find instant solutions won't diminish the deep emotional pain they're experiencing. Instead, try to remain calm and open dialogue with them. Ask open-ended questions about how they're feeling and what they think contributes to the behavior and consider having this conversation while engaging in an activity, like driving to dinner or playing a game of basketball, so that they don't feel pressured to answer right away. Make time to connect with them one on one, so if they're not ready to talk now, they know you'll be there when they are.
2. Avoid blaming or guilt trips. Trying to figure out "who" incited this behavior will also exacerbate the guilt and shame the child is experiencing and can invalidate their very real pain. Instead, ask them if there's anything you can do to help them feel better now.
3. Validate feelings. In any healing journey, validation is essential. Acknowledge their emotions by paraphrasing what they say back to them: "I understand why you might be feeling this way. It's natural that after [this experience], you would feel [this emotion]! That must be hard."
4. Educate yourself on self-harm. There are many helpful sites about self-injury, including To Write Love on Her Arms at twloha.com, Self-Injury Outreach and Support (www.sioutreach.org) or SAFE Alternatives (www.selfinjury.com).
5. Identify triggers and find new coping mechanisms or distractions. Work with the person to determine what contributes to this behavior—talk through the day before their most recent self-harm incident, for example. If the trigger can be predicted in the future (i.e. an anniversary of a traumatic experience), come up with ways to distract like going to a funny movie or having a spa day. If the trigger is less predictable, create a list of alternative coping mechanisms like drawing or painting in red ink, writing down the negative feelings and tearing up the paper, taking a hot or cold shower, or calling a friend.
6. Avoid ultimatums and punishments. Remember: self-harm is not an act of rebellion, it is a sign of pain. Punishing someone for trying to work through the pain might encourage them to keep their self-harm a secret in the future, which could prove to be dangerous.
7. Offer to provide first-aid care or make sure the person is using safe first aid practices. By providing or asking about bandages, antibiotic ointment, and other types of first aid, going over the signs of an infection, and telling them who to call in the case of an emergency, you can start a dialogue that communicates to the person that you are ready to support them calmly and without judgement—it's also an important safety precaution.
8. Develop a self-injury safety plan together. Healing from self-harm takes time and patience, but while you begin the journey, it's important to make sure the person is safe. Remove dangerous objects, make sure they aren't left alone with the door closed, check in with them regularly to see how they are going. You can also work with them to create a list of people they can call before or after self-harming. By including them in the creation of a safety plan, you allow them to feel more in control and empowered to heal.

Take Care of Yourself

Whether you are a caregiver, parent, caseworker, or friend, know that helping someone overcome self-harm also means caring for your own emotions. Caring for someone who self-harms can be exhausting, confusing, and overwhelming. I remember at first I felt directly responsible for keeping my friend alive, and there were times that made me feel angry, helpless, powerless, and scared. All of those feelings were normal.

But the more I learned about self-injury, the better equipped I felt to support her in the journey toward healing. Walking alongside someone who is trying to be free from self-harm is a long, complicated journey, but it is important that that person knows they don't have to walk alone. Through it all, I learned the most powerful weapon against self-harm is hope. When you give someone hope, you give them the courage to overcome anything.



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WESTERN REGION:	Jill Backus (A-L)	801-717-7336
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- Daren Jones