UTAH'S CHILD & FAMILY SERVICES

ADOPTION CONNECTION

IN PARTNERSHIP WITH RAISE THE FUTURE

AUGUST 2026 EDITION



JADE, AGE 17

Photo by: Alyson Johnson



PRISILLA 18
PHOTOGRAPHED BY BRY COX

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UTAH'S CHILD & FAMILY SERVICES | ADOPTION CONNECTION

IN PARTNERSHIP WITH RAISE THE FUTURE

BENEFITS OF ADOPTING AN OLDER YOUTH

Adopting an older youth from foster care can open the door to valuable supports that help young people thrive as they transition into adulthood. Depending on the youth's age at adoption, families may have access to financial assistance, Medicaid coverage, educational resources, and independent living supports.

Youth adopted at age 13 or older may qualify for adoption assistance, including a monthly subsidy, Medicaid, and increased access to federal financial aid for college or vocational training. Those adopted at age 14 or older may also be eligible for Transition to Adult Living services, which provide life skills training, employment preparation, financial literacy, and housing support. Youth adopted at age 16 or older may qualify for additional educational funding through the Education and Training Voucher (ETV) Program, the Olene S. Walker Transition to Adult Living Scholarship, and continued aftercare services that support education, employment, transportation, and housing.

These benefits help remove financial barriers, strengthen long-term stability, and ensure older youth have the resources they need to successfully transition into adulthood while experiencing the lifelong connection of a permanent family.

Visit https://www.utahadopt.org/support-resources/adoptive-family-resource-library/benefits-adopting-an-older-youth to learn more.



ON THE COVER: JADE

Jade is a social, outgoing eleventh grader who loves meeting new people and always enjoys looking his best. He likes riding his bike, playing video games, and digging into breakfast foods or macaroni and cheese. He loves sloths, dogs, cats, and is an animal lover at heart.

Jade dreams of becoming a school principal one day. Science is his favorite subject, and if he could have a superpower, he'd choose super speed.

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Ambiguous Loss Haunts Foster and Adopted Children

BY: JAERAN KIM, PHD

Adapted, with permission, from two articles by JaeRan Kim, PhD ("Understanding Ambiguous Loss" and "Adoption and Loss") in MN ASAP Family Voices, a publication of Minnesota Adoption Support and Preservation. MN ASAP was a collaboration of the Minnesota Adoption Resource Network and Families Rising.

Ambiguous loss—a feeling of grief or distress combined with confusion about the lost person or relationship—is a normal aspect of adoption. Parents who adopt children with special needs may feel ambiguous loss related to what the child could have been had he not been exposed to toxic chemicals in utero, or abused and neglected after birth. Birth parents experience loss when a child is removed from their home.

For children placed in foster care, this type of loss tends to happen over and over again, and is incredibly hard to process. To help children better manage these repeated traumas, foster and adoptive parents, as well as child welfare workers, must be sensitive to the role ambiguous loss plays in foster and adopted children's behavior.

Ambiguous Loss and Child Welfare

Ambiguous loss occurs in two situations: when a person is physically present but psychologically unavailable, or when a person is physically absent but psychologically present. The latter type is most common in foster care and adoption.

Children who enter foster care lose contact with their birth parents, physical surroundings, and sometimes their siblings, and enter an extremely tenuous situation. Will the child be reunited with the birth parent and siblings? Will the parent fight to get the child back? How long will this take? Will the child remain with the same foster family until he goes home, or will he move again? What if the child can never go home?!

A child who is placed with a family of a different race loses something else. As editors Sheena McCrae and Jane MacLeod point out in Adoption Parenting: Creating a Toolbox, Building Connections, transracial families cannot hide. The anonymity of being in a regular family vanishes when the "conspicuous family" goes on any public outing.

School can be another source of unsettling grief. When a child moves among several schools, both social and educational continuity is broken. The child loses chances to develop lasting friendships and keep up with peers academically. If a child has FASD or another learning disability, or simply missed a lot of school earlier in life, school is an environment in which the child can feel out of place, cut off from same-age peers and their activities, or even looked down upon. Youth may mourn and be angry that prior circumstances or disabilities now keep them from fitting in at school and having a positive school experience.

The symptoms of ambiguous loss often mirror those of post-traumatic stress disorder. A child will commonly experience:

- difficulty with changes and transitions, even seemingly minor ones
- trouble making decisions
- psychic paralysis or the feeling of being overwhelmed when asked to make a choice
- problems coping with routine childhood or adolescent losses (last day of school, death of a pet, move to a new home, etc.)
- a sort of learned helplessness and hopelessness due to a sense that he has no control over his life
- depression and anxiety
- feelings of guilt

Even children adopted before age one, who have no conscious memory of their birth parents, may experience symptoms of ambiguous loss as they approach their teens. In Ambiguous Loss: Coming to Terms with Unresolved Grief, author Pauline Boss states, “Although the birth mother is more conscious of the actual separation than is the baby...the birth mother is thought about often and kept psychologically present in the minds of both the adoptive mother and the adopted child.”

Children whose adoptive parents rarely discuss the absent birth parents or birth siblings feel the loss more keenly. In a study of young adult adoptees published in a 2005 issue of the Journal of Social and Personal Relationships, sociocultural researchers Kimberly Powell and Tamara Afifi correlate heightened ambiguous loss symptoms with children and youth who lack information about their birth parents and have lived with a family who failed to honor the adoptees’ connection with their family or culture of origin.



As Pauline Boss suggests, “the greater the ambiguity surrounding one’s loss, the more difficult it is to master and the greater one’s depression, anxiety, and family conflict.” This holds true for the following reasons:

- It is hard to resolve grief when one does not know if the loss is temporary or permanent. Children in foster care, and even some in adoptive families, often feel great ambivalence about accepting a new family when there is even the slightest chance the birth family may still reclaim them.

- Uncertainty about losses prevents children from easily reorganizing roles and relationships in their family. Children who served as their younger siblings’ caregiver in the birth family, for instance, can find it exceedingly hard to relinquish that role in a new family. In fact, separation from the birth family may make a child even more determined to fulfill the task of caring for her siblings.

- Clear, symbolic rituals do not mark foster care and adoption losses. Society recognizes death through funeral ceremonies, but there is no somber equivalent to observe losses caused by separation from the birth family. Knowing that a parent or birth siblings are still somewhere out there can be confusing and anxiety-inducing for foster and adopted children. Will they run into members of their birth family by accident? Will their parents or siblings contact them someday?

- The lost relationship is not socially acknowledged or is hidden from others. For adoptive families and their relatives and friends, an adoption is cause for celebration. Children who are adopted, however, may feel confused or guilty about expressing happiness over being legally disconnected from their birth family. Extended family members and members of the community may not fully appreciate that adoption is directly tied to losing one’s birth family.

- Others negatively perceive the circumstances that led to the loss. When children are removed from families in which they are neglected or abused and placed with foster or adoptive families, many believe that the children are being rescued. Children, however, even when parents mistreat them, often feel a fierce loyalty to their birth families. After all, life with the birth family may be all they know. It is familiar. Social workers and foster/adoptive parents who believe children should be grateful for being placed in better functioning families need to understand how very differently children in foster care may view their situation.

How to Help Children Deal with Loss

When children—like those in or adopted from foster care—experience multiple losses, the psychological damage may extend well into adulthood. Ambiguous loss can erode trust, and adults who cannot trust typically struggle with relationships—sometimes avoiding closeness to forestall loss, sometimes clinging to a bad relationship due to deep-seated abandonment issues. The sooner children can address issues raised by ambiguous loss, the more likely it is they will learn better ways to deal with the fallout.

Below are some suggestions that can benefit children troubled by loss:

- Help your child to identify what he has lost. In addition to losing birth parents, he may have lost extended family members and old friends, his home and neighborhood, contact with people who share his heritage or looks, his family surname, or even his home country and native language.

- Give voice to the ambiguity. Acknowledge and validate your child if she expresses feelings of loss. Show that you understand and sympathize.

- Redefine the parameters of what constitutes a family. Boss writes, “Acting as if the membership list of an adoptive family is etched in stone may in the end be more stressful than explicitly recognizing that the family has some ambiguous boundaries.”

- Give your child permission to grieve the loss of his birth family without guilt. Suggest times and places where your child is welcome to express his grief, and ways in which he can grieve. Talking, journaling, drawing, or venting feelings through intense exercise are just a few options.

- Create a “loss box.” Debbie Riley, a therapist and author who works with adopted teens, guides clients as they decorate a box into which they can put items that represent things they have lost. By creating the box, youth participate in a ritual that acknowledges their loss, and construct a controlled vehicle for revisiting their losses in the future.

- Include birth parents and other birth family members in pictorial representations of the adoptive family tree. One option would be to depict an orchard where trees grow side by side. The birth family, former foster families, or other significant people in the child’s life can be other trees in the same family orchard.

- Be conscious of how certain events—birthdays, holidays, adoption day, etc.—may trigger intense feelings of loss. Add or alter family rituals to respect the child’s feelings. On birthdays, for instance, you could add an extra candle to the cake in memory of the birth family. Or you might make a point of saying something like, “I bet your birth mom and dad are thinking about you today.”

- Keep your expectations reasonable. A child’s need to grieve over ambiguous losses will not be fully cured, fixed, or resolved in any predetermined time frame, if ever. Let your child know that feelings related to these losses will come and go at different times in her life, and provide a safe person to whom she can express those feelings.

- Model normal, healthy responses to loss. If you or your parenting partner suffers a loss, share your feelings openly. Let your children see you mourn, so they can learn how you express sadness and anger about loss. For boys, seeing a grown man cry can be especially instructive.

Losses may loom especially large when children approach adolescence. Missing pieces of their history make the task of developing a confident self-identity much more complicated. Some will feel that they are destined to make the same mistakes as their birth parents, so foster and adoptive parents must be especially careful to avoid unflattering comparisons between the teen and a birth parent, and stress that a large part of an individual’s identity is a matter of personal choice, not some preordained fate.

Parents must also recognize that, by parenting a child who has experienced staggering losses, they will realize losses in their lives too. Support from other parents who are struggling with similar issues is key. Conversations with other foster/adoptive parents may bring to light a new way to approach issues linked to ambiguous loss, or just help you to feel less alone. Loss is an inevitable part of adoption; acknowledging the role of ambiguous loss in children’s perceptions and actions is the first step in the long journey of healing.





Self-Care: Barriers and Basics for Foster/Adoptive Parents

BY: Deena McMahon

When a foster or adopted child has special needs, parents must juggle appointments with mental health therapists, occupational therapists, physical therapists, speech therapists, psychiatrists, ophthalmologists, allergists, and asthma specialists. They must attend IEP meetings, keep in touch with the school principal and their child's teacher, check in with the social worker, and establish a schedule for personal care attendants (PCAs). Ongoing appointments and emergencies keep parents so busy that attending to their own feelings and needs may be put on hold.

Self-care, however, is crucial for foster and adoptive parents. The physical and emotional toll of caring for traumatized children can be overwhelming. Children can project hurt onto parents and, at the same time, blame parents for feelings of loss and despair. Parents must understand both the complexities of foster care and adoption, and their child's unique needs. With that knowledge and an ongoing commitment to self-care, parents can more easily remain effective and balanced.

Barriers to Good Self-Care

Unfortunately, adoptive and foster parents face many barriers to taking care of themselves.

To start, the phrase—"Take care of yourself!"—has become so trite that, for many, it has lost all meaning. When someone casually tells an adoptive mom whose kids have special needs to take care of herself, she may feel frustrated and angry. It's easy to say. It's not easy to do.

Second, many who choose to foster and adopt are natural caregivers. They have pets, partners, children, and aging parents who all require care and attention. Most days, the amount of energy they devote to others' needs far exceeds any energy directed to their well-being. In fact, many caregivers are uncomfortable being on the receiving end of others' attention and assistance. They don't want to be too needy, or seem like they are not up to the challenges they have taken on.

Third, many adoptive and foster parents really want to be there for their families. They want to remember birthdays with a homemade cake. They want to be the cheerful volunteer at their child's school. They want to deliver a meal to a sick friend, help out at church, and serve on task forces that address children's needs. So, they work longer and try harder to meet their families' needs.

Fourth, too many parents simply do not know what would help them. They know something is missing, but can't put their finger on just what might make them feel better. Parents are often told, "Call if there is anything you need," but it is hard to call and ask for help, especially when you cannot even articulate what you need. This leaves many parents vulnerable and exhausted.

Even more significantly, too many foster and adoptive parents believe they somehow shouldn't need support. Many times I have heard parents say that they are in no position to complain or ask for help since they chose to foster or adopt their children. But even when parents know what challenges the child faces, it is often impossible to predict how living with a certain child will change a family.

Compounding matters, recent disasters—9/11, Hurricanes Katrina and Rita, the earthquake in Pakistan, and the prolonged conflict in Iraq—remind us all that there are always other people who are worse off. We are taught as children to be happy with what we have since other people have it much harder. It is little wonder we sometimes feel guilty because our ongoing trauma pales in comparison to these catastrophic tragedies.

The Road to Good Self-Care

From working with parents, I know that to overcome social, mental, and emotional barriers to self-care, you must first come to understand the importance of taking care of yourself, and then build self-care into your daily routine. You must believe that you are worth taking care of, and that your happiness and well-being are not peripheral to, but essential for good parenting. Once you can accept that:

- Give yourself permission to need something. It is okay to ask for help. Having needs and trying to meet them is not a sign of incompetence or weakness. It is part of healthy family life. Thirst is your body's signal to drink and prevent dehydration. In the same way, when you feel stressed out, it is time to take a break so you can regain perspective and deal with the issue at hand more constructively.

- Keep it simple. Make life choices that fit your family. Develop consistent routines. Create a safe environment. Understand and respect both your limits and those of your children. Resist the impulse to over-commit what little time you have. Prioritize. Save energy for things that really matter, and seek outside help as soon as you need it. When possible, take advantage of respite opportunities and PCAs to relieve some of the stress during really rough times.

- Stop comparing yourself to other adults and families. They do not live your life, and they are not raising your children. Get comfortable with compromising and being different. Your child may talk, think, achieve, behave, and live differently than other children. Instead of measuring your family's worth by other people's standards, set expectations for your family based on your children's capabilities and your family's reality.

- Know which part of the day is the hardest and have a plan to make it go more smoothly. If getting ready for school is rough, prepare as much as you can the night before. If bedtime is hard, start early and set a predictable routine. Decide beforehand how you will respond to behaviors that make that time of day so trying. Accept that you won't get anything else done, and do only what you must to get through the hard parts.

- Join a parent support group. Meeting with other parents who have similar experiences and feelings is one of the most powerful and renewing activities for anyone raising children who have special needs. Just knowing that you are with people who "get it" is affirming. Group members may also be able to trade respite care with you. If a group is not an option, find at least one person outside your immediate family with whom you can be real, and whom you can trust to understand.

- Have down time every day. Maybe it's a morning walk. It might be 10 minutes with the paper and a good cup of coffee. It can be writing in your journal before bed. It could be the drive into work, or times of silent prayer in church. Your mind, body, and soul need time to regenerate from life's stresses. If you have no down time—a time without distractions and demands—you cannot benefit from moments of reflection and calm that may help you to center and stay balanced.

- Routinely have something to which you can look forward. Maybe it's coffee with a neighbor after the kids are at school. Or a glass of wine Friday night. Or date night with your partner. It could be going alone to the grocery store Saturday morning or having an uninterrupted bath. Remember, waiting too long to reward yourself for a job well done is not an effective way to shape your behavior. Immediate positive reinforcement works for adults too.

- Accentuate the positive. It may not be easy, but as you step back to evaluate how you and the family are doing, find time to laugh at the silly situations that come up. Recognize the good in yourself and your children. Celebrate every step forward, no matter how small. Stay connected with your partner. Eat something you really enjoy. (Nutrition is important. Indulgence is wonderful.) Find affirmation in the process of raising an adopted child.

Caring for children who have special needs is a matter of the heart. Self-care is a mind-set and a positive choice. If you can find a balance between caring for your children and meeting your own needs, you will ultimately be much better equipped to do both.

When " Just Get Therapy" Isn't That Simple: The Access Gap in Adoption-Competent Care

THIS ARTICLE WAS REPRINTED WITH PERMISSION FROM CENTER FOR ADOPTION SUPPORT AND EDUCATION (C.A.S.E.)



In February, we explored how mental health support helps sustain permanency, recognizing the need for counseling is only the first step. For many families, the harder challenge is finding adoption-competent care in the first place.

During Counseling Awareness Month, we often share a simple message: when things feel hard, seek support. That message matters. Counseling can stabilize families. It can create space to process grief, identity questions, and the complex emotions that surface across adoption, foster, and kinship care journeys.

For many adoptive, foster, and kinship families, however, the advice to "just get therapy" is not that simple. Awareness is only part of the equation; access is the other. Access is shaped not only by individual providers, but also by the systems and policies that structure our mental health workforce.

Across the United States, many children and youth have experienced foster care, and many more are living in adoptive and guardianship families formed through the child welfare system. These experiences often include trauma, disrupted attachments, and complex grief, the realities that can make specialized, adoption-competent mental health support especially important.

When families take the courageous step of reaching out for help, many discover that finding adoption-competent counseling can feel like navigating yet another system. The path forward is often far less clear than expected.

THE SEARCH THAT FEW TALK ABOUT

It often begins with hope. An insurance directory. A list of therapists who describe themselves as trauma-informed or child specialists.

Then the questions begin.

- Do you have experience working with adopted youth?
- How do you approach ambiguous loss?
- Are you familiar with identity development in transracial adoption?
- How do you work with attachment disruptions across placements?
- Too often, the answers are unclear or reveal that adoption-specific dynamics are not part of the clinician's training.

Families may encounter long waitlists, limited in-network providers, or clinicians who unintentionally minimize grief with comments like, "But they have a forever family now." They may also encounter therapy models that focus primarily on behavior without addressing underlying trauma, identity development, and loss.

What begins as a hopeful step toward healing can quickly become discouraging. When the search becomes exhausting, some families stop looking.

WHEN COVERAGE DOESN'T EQUAL ACCESS

For families who rely on Medicaid or specific insurance plans, options may narrow even further.

Medicaid plays a central role in supporting children and youth connected to the child welfare system. As highlighted in a recent U.S. Government Accountability Office (GAO) report on Medicaid coverage for former foster youth, federal policy allows young people who age out of foster care to remain eligible for Medicaid coverage through age 26, recognizing that the health and mental health impacts of foster care do not end when permanency or adulthood is reached.

Yet while Medicaid and most private insurance plans technically cover mental health services, adoption-competent specialization is not defined or required within those coverage standards. In practice, this means families may have coverage but still struggle to find clinicians who understand the realities of adoption and foster care needs.

In many communities, clinicians with deep adoption expertise are simply not available in-network. Some specialized providers operate outside insurance systems altogether because reimbursement structures do not adequately support the additional training, consultation, and time required for adoption-focused care.

The result is a quiet inequity. Families who most need specialized support may face the greatest barriers to accessing it. This is not a reflection of effort. It is a reflection of system gaps.

WHY COMPETENCY MATTERS

Adoption-competent counseling does more than address symptoms.

- It recognizes the lifelong impact of early trauma and loss.
- It understands the layered grief that can coexist alongside love.
- It acknowledges the shame and guilt that youth and parents may both carry.
- It addresses attachment disruptions across placements and transitions.
- It considers how race, culture, and belonging shape identity development in transracial and transcultural families.

These dynamics do not disappear once permanency is achieved.

They evolve over time.

When these realities are overlooked, families may leave sessions feeling misunderstood or worse, blamed. Youth may feel unseen. Parents may begin to question their instincts.

Competency is not a luxury. It is essential for effective care.



THE POLICY GAP BENEATH THE ACCESS GAP

The barriers families encounter are not accidental.

Federal child welfare policy places strong emphasis on achieving permanency for children and youth. Programs supported through Title IV-E, the Family First Prevention Services Act, and the Chafee Foster Care Program for Successful Transition to Adulthood all emphasize stability and well-being.

Yet the mental health systems supporting those families are rarely structured to require the specialized expertise permanency often demands.

Although Medicaid and other insurance programs cover mental health services, there is currently no federal requirement that providers reimbursed through these systems demonstrate adoption-specific competency.

Coverage does not equal specialization.

Reimbursement structures seldom incentivize adoption-focused training, and workforce standards do not consistently embed adoption competency into professional practice.

As a result, families are often left navigating a fragmented system, searching for providers who understand the unique realities of permanency.

Access is not only a clinical issue. It is a policy issue.



COUNSELING IS STRENGTH—NOT FAILURE

Even when adoption-competent care is available, families may hesitate to seek it.

Shame can whisper that they should be able to manage on their own.

Guilt can surface when challenges feel heavier than expected.

Parents may fear judgment or worry that asking for help reflects instability.

But counseling is not a sign of failure. It is a strategy for stability. It is an investment in permanenc

STRENGTHENING THE WORKFORCE FAMILIES NEED

Addressing the barriers families face requires more than awareness.

It requires building a workforce that understands the complex realities of adoption, foster care, trauma, loss, identity, and belonging.

At C.A.S.E., this work happens through several initiatives designed to expand adoption-competent mental health care and strengthen the professionals who support families across systems.

Through the National Center for Adoption Competent Mental Health Services, C.A.S.E. provides training and technical assistance that help bridge the gap between child welfare and mental health systems. The National Center supports States, Tribes, and territories in strengthening the adoption competency of mental health practitioners and expanding access to care that responds to the needs of children and families impacted by foster care and adoption.

Programs within the C.A.S.E. Training Institute also help build workforce capacity across systems. The National Adoption Competency Mental Health Training Initiative (NTI) offers free, web based training that equips child welfare and mental health professionals with the knowledge and practical tools needed to support children and families navigating foster care, adoption, and guardianship.

The Training Institute also supports professionals working in school settings through the School Based Mental Health Professionals Training, which helps school counselors, social workers, psychologists, and school-based therapists better understand the impacts of trauma, separation, grief, and loss on students with foster care or adoption experiences.

For clinicians seeking deeper specialization, the Training for Adoption Competency (TAC) offers an accredited, evidence-based, and assessment-based certificate program that prepares mental health professionals to address the complex clinical realities of trauma, attachment, identity development, and family dynamics unique to adoption and foster care.

The C.A.S.E. Academy to Elevate Clinical Practice in Permanency further strengthens the field by expanding professional learning opportunities and supporting the development of a growing pipeline of clinicians committed to adoption competent care. The C.A.S.E. Academy focuses on deep skills building and offers entry points for both advanced mental health professionals as well as interns through university partnerships.

Together, these initiatives reflect an important reality: adoption-competent care does not happen by chance. It requires intentional investment in workforce training, professional development, and systems change.

But workforce development alone cannot close the gap.

Lasting change also requires policy structures that recognize adoption-competent mental health care as a critical component of child and family well-being.

Awareness is important, but access to informed, adoption-competent care ultimately determines whether families receive the support they need.

If we are serious about strengthening permanency, systems must ensure that families can find the right care without navigating additional barriers.



Topical Brief No. 11 - Understanding Fetal Alcohol Spectrum Disorders (FASD)

This article was reprinted with permission from Center for Adoption Support and Education (C.A.S.E.)

WHAT IS FASD?

Fetal Alcohol Spectrum Disorders (FASD) describe the range of brain and body differences that can occur when a baby is exposed to alcohol during pregnancy. Alcohol exposure can disrupt brain growth and development, leading to lifelong challenges with memory, learning, impulse control, and emotional regulation. No parent does this intentionally; they are either struggling with substance use disorders or had an unplanned pregnancy. FASD is a brain-based disability, not a behavioral problem. Children, teens, and adults with FASD want to do well — their brains just work differently

HOW COMMON IS IT?

- FASD affects an estimated 1 in 20 people — making it more common than autism.
- Many individuals go undiagnosed or misdiagnosed as ADHD, ODD, RAD or trauma-related disorders, and many have co-occurring disorders.
- Because FASD is often hidden, others may misinterpret behaviors as willful or oppositional rather than neurological.

WHAT'S GOING ON IN THE BRAIN?

Prenatal alcohol exposure can affect:

- Memory and learning – difficulty storing or recalling information
- Developmentally scattered profiles – most children with FASD don't function at their chronological age, though their expressive language skills often appear age-appropriate
- Executive functioning – trouble with planning, transitions, and time management
- Processing speed – slower to understand or respond
- Impulsivity and inhibition – acting before thinking
- Emotional regulation – big feelings, quick frustration
- Sensory processing – over- or under-reacting to sights, sounds, or textures

Every person with FASD is unique. Think of it as a mosaic of strengths and struggles.

COMMON STRENGTHS

- Loyal, caring, and funny
- Highly verbal and engaging
- Determined and hard-working
- Forgiving — "every day is a new day"
- Creative and curious
- Great with younger children and animals

Recognizing strengths helps balance the focus away from "what's wrong" toward "what works."

WHAT CAREGIVERS CAN DO RIGHT AWAY

Change the Lens

- Shift from “won’t” to “can’t (yet)”.
- Behavior is communication — it reflects what the brain can or can’t manage in the moment.

Adjust Expectations

- Break tasks into one step at a time.
- Use visual supports (schedules, pictures, written lists).
- Offer lots of repetition — learning takes longer to stick.
- Avoid relying on memory or verbal instructions alone.3. Use a Calm, Concrete Approach

Use a Calm, Concrete Approach

- Keep directions short, specific, and literal.
- Instead of saying “Clean your room,” try “Put your clothes in the basket.” When that’s done, say “Put your toys on the shelf.” One step at a time.

Create Predictable Routines

- Structure helps reduce anxiety and supports regulation.
- Use consistent routines for mornings, mealtimes, and bedtime.

Build Your Support Team

Caring for someone with FASD can be isolating — but you’re not alone. Connect with:

- Local and/or virtual FASD support groups or parent networks
- Trauma-informed therapists who understand brain-based behaviors
- Schools and caseworkers open to accommodations



UNDERSTANDING BEHAVIOR

If you see...	Think about...	Try...
Lying or blaming	Memory gaps or confabulation	Stay calm, write things down, don't accuse
Stealing	Impulsivity/poor cause-and-effect	Keep tempting items out of reach, use natural consequences
Raging or melting down	Sensory or emotional overload	Provide space, lower demands, reconnect later
Repeating mistakes	Difficulty generalizing	Practice in the same way and setting multiple times

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LONG-TERM MINDSET

FASD is lifelong, but with the right supports, individuals can thrive.

- Focus on building interdependence, not independence — success with scaffolding.
- Progress may come slowly, but it's meaningful and real.
- Connection always comes before correction.

CAREGIVER REMINDER

"My child isn't giving me a hard time — my child is having a hard time."
Reframing behavior helps you respond with empathy, not exhaustion.



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Utah Department of
Health & Human Services
Child and Family Services

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	Wendy Whiting	801-425-6311
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