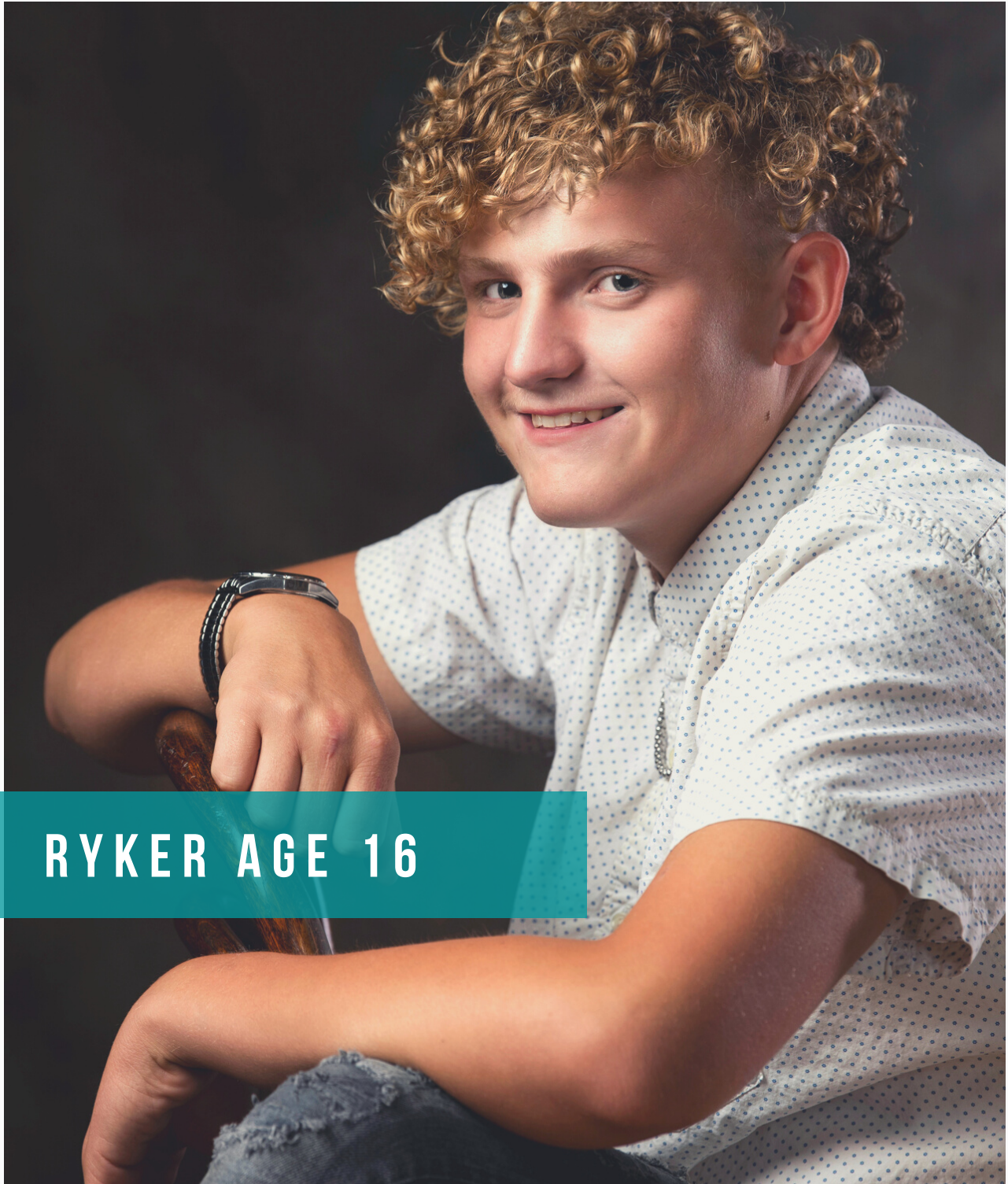


UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

MAY 2022 EDITION



RYKER AGE 16

Photo by: Bry Cox,
Bry Cox Photography



ALEXANDRA

Photography by Amber Schiavone, Amber Schiavone Photography

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UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

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May 19th - **Our Children Education and Empowerment Series about diversity, inclusion, and belonging.**

May 26th - **Tough Conversations: Navigating Relationships with Biological Family**

June 9th - **Classroom 180 Framework**

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Raising a Youth of Color



ON THE COVER

RYKER

Let me introduce you to a social butterfly, Ryker! Filled with optimism and love, this outgoing and considerate boy befriends underdogs and is well-liked by his peers. Kind and trusting of trustworthy people, Ryker is also able to build significant relationships with adults. Having aspirations of becoming an NFL player, this football enthusiast enjoys throwing around a ball. You can also catch Ryker riding his bike in his spare time or playing video games, especially if they have an Army theme.

A food-lover to the core, this ninth grader enjoys a wide variety of cuisines but chicken alfredo is one of his favorite meals.

Ryker would do best in a family in which he is the youngest in the home. If your family can provide the love, consistency, and support that he deserves, you are urged to inquire. Ryker is open to all family types but prefers a household that is not religious. Ryker will need to remain in contact with his siblings and extended family members following placement. Due to these connections a home in UTAH is preferred.

Financial assistance may be available for adoption-related services.

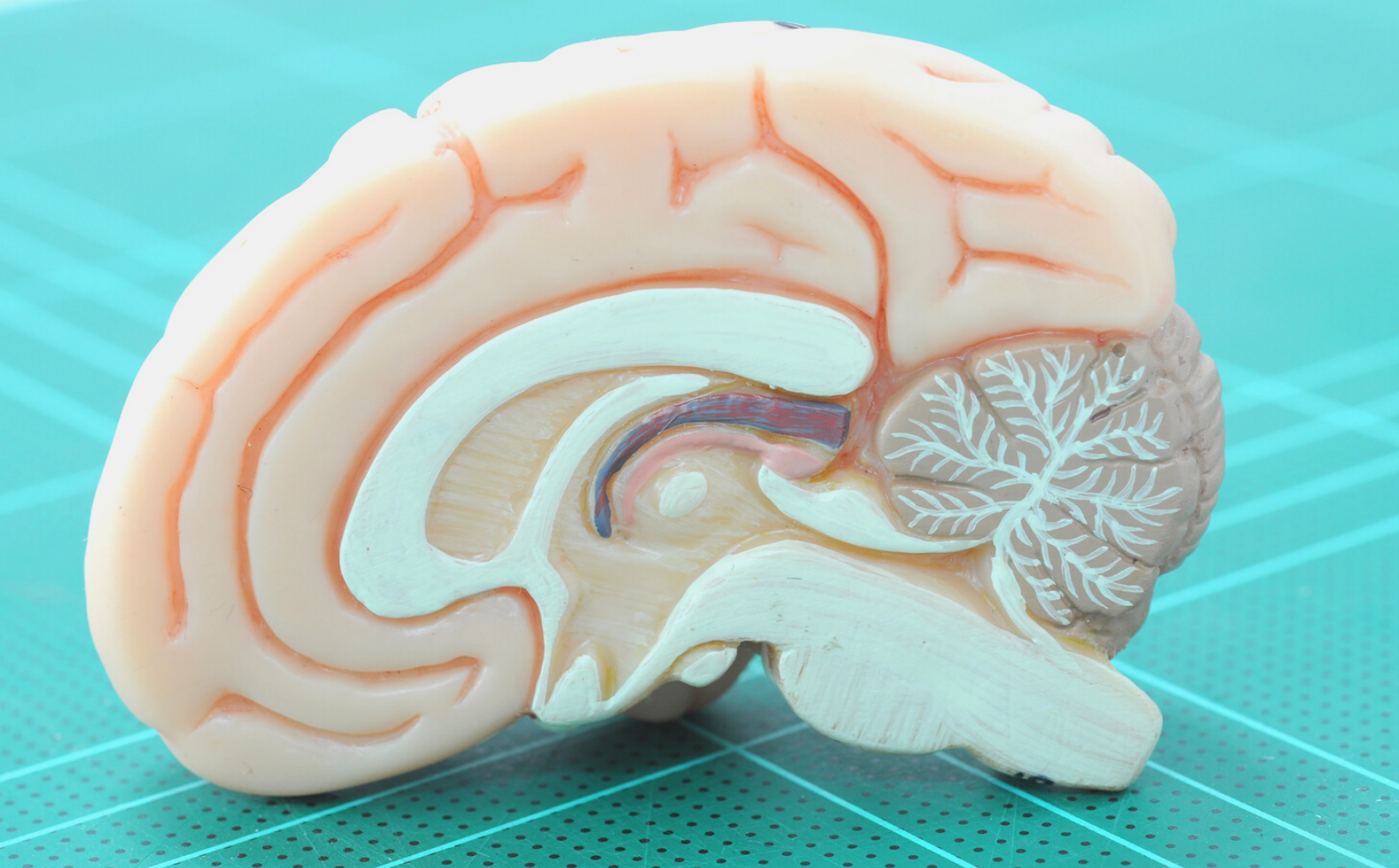
For families outside of Utah, only those families who have a completed home study are encouraged to inquire.

May 2022 EDITION

Kathy Searle, Editor

Lindsay Kaeding, Design Director

To submit articles or for a subscription, call 801-265-0444 or email kathy.searle@raisethefuture.org. This publication is funded by the State of Utah, Division of Child and Family Services. Raise the Future 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 emailing amyers@utah.gov.



How the Brainstem Heals

The brainstem is developed, soothed, and repaired through experiences that are rhythmic, repetitive, relational, and somatosensory.

BY ROBYN GOBBEL

MAY 2022 | 4

Last week, I had the great pleasure of interview Melissa Corkum about The Safe and Sound protocol– a listening intervention that has been carefully created to offer the brain auditory experiences that can organize and in a way, reset, the autonomic nervous system (brainstem).

Strengthening the Foundation of the Brain

When we lived in Texas, we had to water the foundation of our house.

Like a garden.

I thought this was pretty weird but apparently this is one of the ways you keep the foundation of your house nice and strong.

When the foundation gets weak, the house starts to crack. At the ceiling! A weak foundation impacts the very top of the house.

A weak, underdeveloped, and poorly organized brainstem–the foundation of the brain– impacts the top of the brain: the cortex.

Guess what the cortex does?

The cortex allows for cause and effect thinking– thinking about consequences and taking that into consideration before doing something.

The cortex helps us understand what another person is experiencing (this contributes to empathy).

The cortex stores all our coping skills. Things like “I’m starting to get stressed– I should take a break and go for a walk!”

The cortex helps us find our words. Things like “I’m feeling angry!”

The cortex helps our brain slow down enough that there is a pause before we react– a moment where we can identify what’s happening and think about what the most appropriate thing is to do.

When the foundation of the brain is shaky, a little amount of stress can metaphorically collapse the brain. The cortex goes off line, the lid is flipped, and there is no thinking, only doing.

Teaching our kids coping skills is very important– but remembering that they can only use them if their foundation is strong enough to not collapse under stress is also important.

What does the brainstem do?

The brainstem is the lowest, most inside region of the brain. It sits at the base of the brain and connects the skull brain to the spinal cord. The brainstem is the first part of the brain to really wire up, flourishing with neural connections. The brainstem is organizing and developing in utero and is working pretty effectively in healthy, full term infants.

The brainstem is responsible for all the things our brain and body does automatically- in fact, it's called the autonomic nervous system.

Heart rate, respiration, and most importantly in this Strengthening the Foundation of the Brain series- *the regulation of energy and arousal in the nervous system.*

It can be easy to overlook the relationship between energy, arousal, and behavior because we've been taught to believe the behavior is largely deliberate, intentional, and something we do with a lot of thinking.

Almost all behavior is implicit.

Meaning, almost all behavior is *autonomic*. Most behavior happens without us thinking about it, though without a doubt, we can strengthen our brain to have the ability to slow down and think about more behavior (not all).

A much more effective path toward changing behavior isn't encouraging kids to think about their behavior more. It's to change the energy and arousal in the nervous system that is driving that behavior.

Rhythmic, Repetitive, Relational, and Somatosensory

The brainstem is developed, soothed, and repaired through experiences that are rhythmic, repetitive, relational, and somatosensory (Bruce Perry, MD, PhD).

The brain develops from the bottom up and the inside out (Perry) and the brainstem is the first part of the brain to fully develop. *It's the bottom-most and inside-most part of the brain.*

This part of the brain is really coming together in utero and shortly after birth...when babies are getting a lot of what? *Rhythmic, repetitive, relational, somatosensory experiences.*

Floating in a cushy bed of amniotic fluid while mama walks is HIGHLY rhythmic, repetitive, relational, and somatosensory. Every part of baby is having a deep sensory experience while being completely enveloped by amniotic fluid.

And how about the always-present beat of mama's heart? The average human heart rate is the perfect tempo for regulation!!!

Rock, Bounce, Up, Down

With tiny babies, we swaddle, we hold, we wrap up...we pick up, put down, rock, bounce. All I have to do is take hold of a baby doll and I'm almost instantly bobbing up and down.

Watch new parents looking at the dairy wall in the grocery store...staring at a sea of yogurt options, bleary eyed and struggling to even remember what's on their list....and gently bobbing up and down with a little bend in their knees while holding baby close to their chest.

Kids are rhythmic!

For YEARS children are focused on rhythmic, repetitive, relational, somatosensory experiences. They run, jump, hop, skip, roll balls back and forth....the DANCE!!!

As more and more of their brain comes on-line and they develop more and more gross motor skills and capacities, they continue to engage in regulating and brain-building activities. We are designed for this!! This is truly some of my favorite research when it comes to brain development because we can harness the powers of rhythmic, repetitive, relational, somatosensory activities when helping children who experienced traumatic, stressful, or neglectful early caregiving. Too much harsh sensory input, or too little sensory input, may have delayed the development of a strong foundation of the brain.

When the foundation is shaky, everything collapses in a moment, with seemingly little stress.

One of the most important things we can do with children who have experienced early complex trauma or toxic stress is PLAY WITH THEM.

Intentionally thinking about the concepts of rhythmic, repetitive, relational, and somatosensory helps, but if that feels like too much, just play!

Playgrounds! Balls. Catch. Race to the end of the driveway. Skip everywhere! Blow cotton balls back and forth. Dance and drum!!! Fill up a bin of water beads and hide 'treasures' inside.

BUT!!! Don't forget about the crucial importance of RELATIONAL!!! We have to play WITH them. To organize and regulate the brainstem our kids need experiences engaging in the *rhythm of relationship*, the back-and-forth serve-and-return that happens when two people come together.

That's a non-negotiable piece of this equation.

Get them moving!

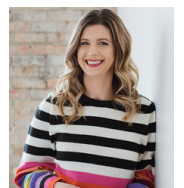
Kids starting to melt-down and lose their mind?? MOVE THEIR BODY! Add a yoga ball to homework time. Keep these 'Get Moving' (no affiliate!! I just think they're cool!) cards nearby and have them draw two every five minutes.

Be sure your child is drinking (something thick is great!!!) or maybe has a crunchy snack or thick bubble gum.

All of these experiences are what??? *Rhythmic, repetitive, relational, somatosensory.*

Adding in more movement will probably not solve ALL of your problems, but I can almost guarantee it will bring SOME regulation. And it sure is a lot more fun and easier on your relationship than lectures and consequences. Especially because these activities are regulating for us too :) We are more likely to smile, be relaxed, and tolerate stress when WE are engaging in these activities too!! Which is very, very good for you, your child, and your relationship. Be creative...have fun...ENJOY!!

Robyn Gobel, LMSW-Clinical, has over 15 years of practice in family and child therapy experience, specializing in complex trauma, attachment, and adoption. Robyn is a therapist, trainer, and consultant who recently relocated to Grand Rapids, MI from Austin, TX. Robyn's has integrated her diverse clinical training, including in-depth study of attachment theory and the relational neurosciences, to create an attachment-rich, sensory-sensitive, and relational.





Is it ADHD or trauma?

Why the symptoms are often confused and how to avoid a misdiagnosis.

BY CHILD MIND INSTITUTE, REPRINTED WITH PERMISSION

When kids are struggling with behavior and attention issues, the first explanation that comes to mind is often ADHD (attention-deficit hyperactivity disorder).

But exposure to trauma can also cause symptoms that look like ADHD. And trauma can be overlooked and left untreated when kids are misdiagnosed with ADHD.

Children with ADHD can be fidgety (always getting out of their seats), distracted (not paying attention to the teacher), and disruptive in class. Kids who have had a traumatic experience – or repeated exposure to violence or abuse – do some of the same things, explains Jamie Howard, PhD, a clinical psychologist who is a trauma expert at the Child Mind Institute.

Some children who've been exposed to violence or another disturbing experience develop post-traumatic stress disorder (PTSD). There are also many kids who experience repeated traumatic events in their home or community who develop these symptoms, even though they don't meet all the criteria for PTSD. This is sometimes called "complex trauma," and these kids, too, can be misdiagnosed with ADHD.

And to add to the confusion, kids can also have both ADHD and trauma.

Signs of trauma that can be confused with ADHD

Symptoms of PTSD or complex trauma that might look like ADHD include:

- **Hyperarousal.** Children who've been through a trauma, or exposed to repeated trauma, are unusually sensitive to signs of danger or threat. "If you're on high alert for danger – if you have all sorts of stress hormones surging in your body – it's going to make it hard to sit still and calmly pay attention," explains Dr. Howard. "That can look like the hyperactivity and impulsivity of ADHD."
- **Reliving traumatic events.** Kids exposed to trauma may mentally re-experience traumatic events, and that can make kids look spacey and distracted, like kids with the inattentive type of ADHD. "If you're having intrusive thoughts about a traumatic event you've been through, you're not attending to the present moment," notes Dr. Howard. "You're distracted because you've been through something so big that your mind can't digest it."
- **A negative view of others.** Kids who've experienced trauma have a tendency to perceive people as hostile, to assume they have negative intentions towards them. That can cause kids to act out in ways that can look impulsive (a symptom of ADHD) or oppositional (something kids with ADHD often develop). But in kids with trauma, it's a response to a perceived threat. "Their fight-or-flight system has been activated and is firing even when there is no danger present," notes Caroline Mendel, PsyD, a clinical psychologist at the Child Mind Institute.
- **Difficulty with executive functions.** Like kids with ADHD, children who've experienced trauma tend to have trouble with executive functions like staying focused, planning how to complete a task, managing emotions, or thinking things through before acting.

How can you tell whether a child has ADHD or trauma?

The first step in distinguishing what's causing a child's behavior is to consider their history — to find out if they've been exposed to trauma, and the timeline of their symptoms— whether they appeared earlier or after the trauma. It's also useful to find out whether there is a family history of ADHD, Dr. Mendel notes, because kids whose close relatives have ADHD are more likely to have it themselves.

A clinician looking at all the symptoms a child is exhibiting would be able to identify behaviors of ADHD that distinguish it from trauma, and vice versa. For instance, notes Dr. Howard, kids who are hyperactive and impulsive have behaviors that don't map with trauma: "Interrupting, excessive talkativeness, running down the hallway." Having a variety of hyperactive and impulsive symptoms points to ADHD.

In the same way, kids with PTSD have symptoms that are not consistent with ADHD. For instance, they experience intrusive, disturbing thoughts— not a symptom of ADHD.

Another symptom of PTSD is avoidance of things that remind you of the traumatic experience. As Dr. Howard puts it, "Are they avoiding going home? Getting in a car? Linger in the hallways at school? Especially if you know what trauma they've been exposed to, consider if there's a strategic component to some of their behaviors, because with PTSD it's all designed to keep you safe." Again, this kind of avoidance does not stem from ADHD.

Kids can also have both ADHD and PTSD

Complicating the task of diagnosis, it's also possible for kids to have both ADHD and PTSD.

In fact, there is evidence that children with ADHD who have a disturbing experience are four times as likely to develop PTSD than kids without the disorder. And they're likely to experience more severe trauma symptoms than kids without ADHD.

Imaging studies show that ADHD and PTSD are associated with similar irregularities in brain functioning, which could explain the heightened risk. And that heightened risk means that children with ADHD need extra attention and support in case of a traumatic experience, and should be screened for PTSD, notes Dr. Mendel. Kids diagnosed with PTSD should be screened for ADHD, too.

Why is it important to rule out trauma?

If trauma goes undiagnosed and a child is treated with stimulant medication for ADHD, in some cases the medication can increase trauma-related anxiety, making children more hypervigilant and on edge. If a child is known to have both ADHD and PTSD and stimulant medication makes them more anxious, a clinician would likely decide to switch to a non-stimulant medication.

Most important, when signs of trauma are misdiagnosed as ADHD, children are unlikely to get the specific support they need to deal with the trauma in a healthy way.

Unless they get treatment that addresses the trauma with something like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), their symptoms aren't likely to improve. "ADHD treatment is not going to help them process the trauma," explains Dr. Mendel. "It won't help with their relationships with others, how they see the world, how they view themselves or their future. They're still going to have difficulties managing the thoughts and feelings that come along with having experienced the trauma."

In addition, kids who have behavior problems stemming from unrecognized PTSD tend to be stigmatized, especially if they are diagnosed with a behavior disorder like oppositional-defiant disorder or conduct disorder. "If a school is seeing a child through a behavior lens, they're going to be more likely to remove them from the class, to suspend them, even to call 911," observes Dr. Mendel. "And again, that is not the supportive environment that a child who has experienced trauma needs to heal."

Why is trauma often overlooked?

If a child is having trouble in school, even a well-intentioned clinician may run down a quick list of the symptoms and conclude that the issues are due to undiagnosed ADHD. And, without a more thorough evaluation, that diagnosis can seem like the simplest explanation. "ADHD screening tools are great for identifying children who need support," notes Dr. Mendel. "But if we rely on ADHD checklists alone, without looking at the big picture, it may lead to misdiagnosis."

Parents might not see a link between the child's behavior and possible trauma — or they may not feel comfortable talking about disturbing experiences the child might have had. As a result, they may not volunteer information about it unless they're directly asked. And a clinician might well be reluctant to ask about trauma — which includes things like domestic violence, abuse and neglect — out of worry that it might damage their relationship with the family.

Who is most at risk?

It's especially critical to be alert to the possibility of misdiagnosis in communities where there is a high level of violence. "In populations where kids are exposed to a lot of community violence, there are higher rates of ADHD diagnosis," Dr. Howard notes. It's possible that some of those diagnoses are missing signs of trauma.

Kids are also more at risk where there is poverty, whether it's in urban or rural communities, explains Dr. Howard. "Where there's poverty, there's more trauma, and usually fewer educational resources and taxed teachers." And kids often hide traumatic events, lack the words to explain them, or don't see or understand them for what they are.

Studies show that students of color are more likely to be treated as behavior problems than white students, which can lead to misdiagnosis. "We know that BIPOC students are more likely to be referred and suspended for disciplinary reasons than their white peers," notes Dr. Mendel. "But there's also a higher likelihood of them experiencing traumatic events, whether it's racial trauma or another stressor, like poverty or community violence."

That said, trauma can happen anywhere, to any child, and is often invisible to outsiders. “You don’t know if there’s domestic violence going on at home,” says Dr. Howard. “You don’t know if a child’s been in a terrible car accident.” As a clinician, she says, “You should always consider what’s happened to this child that might be causing them to behave this way.”

That’s why, Dr. Mendel adds, a series of questions about traumatic events should be part of a standard evaluation for any mental health challenge. If it’s standard procedure, a family might be less likely to feel singled out by questions about possible trauma, she notes. “Asking those questions should be part of a diagnostic evaluation for any disorder. Look at the symptoms of depression, there’s some overlap with trauma. Look at symptoms of anxiety, there’s overlap with trauma. You always want to make sure that you have the full picture.”



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ABOUT THE CHILD MIND INSTITUTE

MILLIONS OF CHILDREN – AS MANY AS 1 IN 5 – STRUGGLE WITH MENTAL HEALTH OR LEARNING CHALLENGES. FULLY 70% OF U.S. COUNTIES DO NOT HAVE A SINGLE CHILD AND ADOLESCENT PSYCHIATRIST. DUE TO STIGMA, MISINFORMATION, AND A LACK OF ACCESS TO CARE, THE AVERAGE TIME BETWEEN ONSET OF SYMPTOMS AND ANY TREATMENT AT ALL IS OVER 8 YEARS. OUR CHILDREN DESERVE BETTER. THAT’S WHY THE CHILD MIND INSTITUTE WAS CREATED.

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The 10 Best Benefits of Sensory Swings

BY ALESCIA FORD-LANZA, MS OTR/L, ATP

From the time they are in utero, kids' bodies and brains are developing from the movement they experience. Whether it's flipping around in amniotic fluid, toddling around as a new walker, jumping on a trampoline, or swinging on the backyard playset, the brain is interpreting movement through its vestibular sense.

While most people are familiar with the five senses, the sense of movement (or vestibular sense) is unfamiliar to most parents. The vestibular sense gives a child information about where their body is in space, if they're moving or still, how quickly they're moving, and in what direction.

Vestibular receptors are located in your inner ear and are activated by the fluid in the ear canals moving as you move. This allows your brain to detect changes in head position to know whether you are moving with or against gravity. These receptors give your body information on where you are in space so you can be safe while navigating through your environment.

With a well-developed vestibular sense, your child develops eye/head coordination, muscle tone, balance, and bilateral coordination. Think about all that your child will do as they grow – catch a ball, zip a coat, cut with scissors, copy from the blackboard in school, ride a bike, play a sport – without a developed vestibular sense, these activities would be a challenge!

Swings for Vestibular Input

If you're lucky enough to live in a sunny, warm climate year-round, it's easy to find outdoor activities that provide vestibular input. Running, biking, climbing, jumping, swinging, and sliding are all fun ways to provide movement opportunities. For some kids who need more intensity of sensory input, or for those of us who are limited by variable outdoor weather, sensory swings are crucial to providing necessary vestibular stimulation all year round.

When you can't provide your child with outdoor vestibular activities, there are alternatives you can add to your play space indoors. Ideally, a sensory swing allows for rotational movement (in all directions) as well as linear movement (back and forth, side to side). Some swings even have a vertical component that allow for up/down bouncing as you swing!

10 Benefits of Sensory Swings

- The vestibular sense informs body awareness, safety, muscle tone, balance, and coordination.
- Different types of swings target specific vestibular receptors through different movement patterns: vertical – up/down linear – side/side, rotary – all directions
- The addition of a rotational safety device such as this one from Southpaw allows for movement in all directions and must be added to a fixed mount if you intend to allow for spinning.
- Swings can challenge core strength, balance, righting reactions, and motor skills in different ways, depending on the design you choose. Using swings within therapeutic activities can build these skills in novel, fun ways. For example, a trapeze swing challenges upper body strength but add a crash mat and now you're challenging timing skills to swing, release, and crash onto a target! Change that simple trapeze into a rope swing style and add a rotary component to the same activity. Another example is using a platform-style swing that challenges balance in a seated position. Swinging and throwing beanbags to a target will help with visual motor, timing, and righting reactions. Use that same swing an activity while lying prone on your belly and see how you can challenge muscle strength and endurance to hold yourself up against gravity!
- Some swings allow for combined vestibular input like this Frog Swing or this Moon Ball Swing. Sometimes you can simply add a vertical stimulation device to turn your favorite swing into a combined input swing. Some kids tolerate combined-input swings better because of the additional proprioceptive input.
- 15 minutes of swinging can have effects on the brain for up to 6-8 hours! Consult your occupational therapist to better understand how to monitor and include spinning in controlled doses!
- Swings allow for varied intensity of movement that may be needed for kids who under-respond or over-respond to vestibular input. The ability to meet individualized movement needs depends on the type of swing you choose: rotary swinging and inverted or upside down movement is the most intense! Linear movement (like jumping or bouncing) is the most tolerated vestibular input because it combines proprioceptive input as well. Predictable, rhythmic swinging promotes calm and organization while unpredictable, arrhythmic swinging is alerting. The vestibular system is closely linked to the visual system, so improvements (or deficits) in processing are often noticed in both areas. It is common to address visual processing issues with a vestibular or movement component because we use functional vision while our bodies move to inform our body awareness. Sensory swings challenge and develop the functional use of vision by allowing the use of vision to see while moving, or give kids the option of being completely immersed in a swing and eliminating visual feedback. The pod swing is an example of a swing that can be used with or without vision.
- Installing a sensory swing in your home can be as simple as finding a spare doorway, setting up a pop-up tripod stand, or recruiting a handy friend to drill into a ceiling beam. For more information on swing installation, check out Southpaw Enterprises.
- Sensory swings can support sensory diet planning for self-regulation purposes. Whether the intention of your sensory diet is to calm and reorganize, or alert and stimulate, there is a sensory swing that can meet your child's needs.
- Swings are fun! The possibilities for therapeutic activity with swings are inspiring and endless!

Takeaways

Your vestibular system supports your body awareness, coordination, balance, and visual skills from birth through adulthood. Some children do not process this sensory information appropriately and require therapeutic supports to help them make sense of movement. Sensory swings are a wonderfully functional and fun addition to your home sensory toolbox. With consultation from your child's occupational therapist, you can choose a sensory swing that meets your child's individual needs for vestibular stimulation or a combination of sensory systems to promote regulation.

ALESCIA FORD-LANZA MS OTR/L, ATP IS AN OCCUPATIONAL THERAPIST AND ASSISTIVE TECHNOLOGY PRACTITIONER WITH OVER 15 YEARS OF PEDIATRIC EXPERIENCE. SHE SPECIALIZES IN EDUCATIONALLY-RELEVANT INTERVENTIONS WITH A FOCUS ON SENSORY INTEGRATION AND ASSISTIVE TECHNOLOGY SUPPORTS TO LEARNING. ALESCIA IS A THERAPIST, CONSULTANT, AND SPEAKER WHO WORKS TO INFORM PARENTS, INSPIRE TEACHERS, AND INCLUDE CHILDREN OF ALL ABILITIES! ALESCIA FOUNDED ADAPT & LEARN, LLC. ON THE MISSION THAT CHILDREN OF ALL ABILITIES CAN PLAY, LEARN, ADAPT, AND DEVELOP WITH THE RIGHT THERAPEUTIC AND EDUCATIONAL SUPPORTS. ALESCIA STRIVES TO HELP CHILDREN ALONG THIS CONTINUUM BY FOSTERING A LOVE OF LEARNING. YOU CAN FIND MORE INFORMATION ABOUT ALESCIA AND HER PRACTICE AT WWW.ADAPTANDLEARN.COM AND ON FACEBOOK OR PINTEREST @ADAPTLEARN.





The California Healthy Minds, Thriving Kids Project

Our Children Are Struggling

For almost two years, many students have found themselves isolated from friends, teachers, and family members as the COVID-19 pandemic unfolds and we work to keep each other safe. There have been increased feelings of loss, stress, anxiety, and depression as we navigate this new normal. Now disruptions driven by the Omicron variant have upended life once again. The ongoing uncertainty and challenges of the pandemic will have a significant and lingering impact on the mental health and wellbeing of children and families.

Globally, the prevalence of depression and anxiety symptoms among children and adolescents has doubled during COVID-19. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national emergency in children's mental health last fall and U.S. Surgeon General Vivek Murthy issued a rare public health advisory on the youth mental health crisis at the end of 2021.

Introducing the CA Healthy Minds, Thriving Kids Project

As the effects of the pandemic continue to impact our children and adolescents, the Child Mind Institute was awarded a \$25 million grant from the State of California to support educators, students, and their caregivers during this extraordinarily challenging time.

[The Healthy Minds, Thriving Kids Project in California](#) includes introductory videos for educators and caregivers, as well as five skill-building video modules with developmentally appropriate content for students in three age ranges: elementary, middle, and high school. All are available in English and Spanish, for a total of 34 videos with accompanying teaching guides. They deliver clinically proven strategies for mental health skill-building and offer practical support in an engaging and easy-to-digest format. On January 26th, these resources became available to the 300,000+ educators in California, as well as all the state's caregivers, and anyone able to access childmind.org.

The Project's content is informed by the clinical expertise of the Child Mind Institute and honed through services delivered to over 60,000 students, educators, and caregivers in over 600 schools through our School and Community Programs.

Awareness of the Project will be built through a digital ad campaign. In recognition of the stress and limited bandwidth educators are experiencing, there will also be a financial incentive up to \$100 for California teachers who spend 30 minutes watching a selection of the video content and answering a few questions on a web-based platform.

Topics Covered by the Project

Introductory videos for educators and caregivers establish the need for the Project, validate the experiences and stresses of the pandemic, and introduce the instructional videos for students.

The instructional videos cover five fundamental mental health skill sets:

- **Understanding Feelings:** Recognizing and understanding our emotions is the first step toward healthy coping.
- **Relaxation Skills:** Specific relaxation skills, such as paced breathing, are useful when experiencing intense or uncomfortable emotions.
- **Understanding Thoughts:** Our thoughts, feelings, and behaviors are all connected. It's important to become aware of unhelpful thinking patterns and understand our power to change them.
- **Managing Intense Emotions:** Recognizing and coping with big, uncomfortable emotions can help us avoid acting in impulsive ways that may only make problems bigger.
- **Mindfulness:** Learning about and practicing mindfulness can increase self-awareness, allow us to pay better attention to the present moment, improve our decision-making, and help us deal with uncomfortable emotions.

The Child Mind Institute employed a creative team to develop videos that parents, educators and students will *want* to watch. Many of the videos feature an interview-based format to capture the true voices and lived experience of parents, teachers, and kids today. The elementary videos use a whimsical story-telling approach to engage younger viewers and make the lessons more memorable. The English and Spanish versions were produced using separate directors and cast for cultural relevance.

Collectively, the Project's resources reflect the diversity of our students, teach basic skills they can use for the rest of their lives, and normalize conversations about mental well-being. These skills will help California's children be ready to learn and ready to thrive.

Video Samples of The California Healthy Minds, Thriving Kids Project

Teachers: Introduction	https://youtu.be/lotf8kRBo2U
Parents: Introduction	https://youtu.be/61MZcgHpW8I
EP 1 High School	https://youtu.be/KKdXYPdDDOU
Ep 1 Middle School	https://youtu.be/pWuSjNE3thq
Ep 1 Elementary School	https://youtu.be/PxA0vuiqsos



Anxiety in Children and Teens

The two questions to set their 'brave' in motion.

BY KAREN YOUNG

Karen began her career as a psychologist in private practice. Karen created Hey Sigmund, an internationally popular online resource, as a way to provide contemporary, research-driven information on the art of being human, and being with humans. The website has a particular emphasis on strengthening the mental wellness of children and adolescents. It attracts millions of readers each year worldwide. The articles have been translated into a number of languages and have been published on various international sites.

She is the author of three books, including the bestselling 'Hey Warrior' and 'Hey Awesome', which creatively assist children to understand and manage anxiety.

Australia is home, and she lives there with her two children and two stepchildren.

Anxiety in children and teens can shrink their world more than anything should. Sometimes anxiety will do what it was designed to do, and show up in response to a real threat. Most often though, anxiety will show up, not in response to danger, but to something meaningful or important. This is when anxiety can really get in the way for our young ones. Instead of holding them back from something life-threatening, it just holds them back.

Anxiety comes from a part of the brain called the amygdala. When it senses a threat, it organises our bodies to be more powerful, stronger, faster, more able to fight for our lives or run for it. When anxiety shows up in reaction to a real threat (one with a real need for fight or flight), this response is brilliant. Too often though, anxiety shows up as a reaction to something important – an exam, a performance, trying something new, meeting new people, doing something brave. The 'threat' that is registered in the brain is related to messing up or missing out on that important thing. This might include shame, failure, humiliation, making a mistake, exclusion, judgement, criticism – the kinds of things that count as a terrible kind of terrible for us humans.

For the rest of this article please visit: Hey Sigmund at [heyigmund.org](https://www.heyigmund.org) or visit this link <https://www.heyigmund.com/anxiety-in-children-and-teens-the-two-questions-to-set-their-brave-in-motion/>

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-Scott Waters, TBRI Mentor