

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2020



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



KENZIE, age 14

Photo by: Amber Schiavone, Amber Schiavone Photography

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FEBRUARY 2020 EDITION

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

parent's night out

FOR ADOPTIVE AND PROSPECTIVE PARENTS

2020 DATES

January 17

What is TBRI?

February 21

RAD vs Attachment Injury

March 20

Fetal Exposure/FASD

April 17

Sensory Processing Disorder

May 15

Complex Developmental Trauma

June 19th

Adopting Teens

DINNER WILL BE PROVIDED

FOSTER PARENT TRAINING
HOURS AVAILABLE.

WWW.UTAHADOPT.ORG



6:00 PM - 8:00 PM

ALL TRAINING'S WILL BE HELD AT:
THE ADOPTION EXCHANGE
7414 S STATE STREET, MIDVALE

RSVP AND QUESTIONS:

BRANDIE NAYLOR

BNAYLOR@ADOPT.ORG



On the Cover

Tommy age 14

Tommy is a caring youth who has so much fun helping others! He takes an interest in animals and is in heaven when they surround him. A creative kid, Tommy is currently learning how to play the clarinet. He is an active teen and is always satisfied when riding his bike, skateboard, or scooter. Playing football with his friends is important to him.

As an eighth-grader, Tommy is doing well in school and is always eager to learn and try new things.

If you can provide Tommy with the love and care he deserves, we urge you to inquire. He will need to remain in contact with his brother following placement. Financial assistance may be available for adoption-related services.

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

Photo by: Sasha Taylor, SnapShot Photography

To view other children that participated in Heart Gallery 2020 visit the gallery online at www.utahadopt.org.

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

SAVE THE DATE

ADOPTION CONFERENCE 2020

WITH SPECIAL GUEST SPEAKER, NATE SHEETS

NORTHER REGION - APRIL 21

SALT LAKE REGION - APRIL 22

WESTERN REGION - APRIL 23

EASTERN REGION - APRIL 24

SOUTHWEST REGION - APRIL 27

TO REGISTER GO TO: WWW.ADOPT.ORG/UTADOPTCONFERENCE



THE PERSONAL IS POLITICAL:

Racial Identity and Racial Injustice in Transracial Adoption.

From Adoptalk 2018, Issue 3; Adoptalk is a benefit of NACAC membership, NACAC.org
By JaeRan Kim, PhD © 2018

JaeRan Kim was born in South Korea in 1969 and adopted into a white family in Minnesota in 1971. Today, JaeRan works as an assistant professor at the University of Washington – Tacoma. Her research focuses on vulnerable children, specifically those in out-of-home care. This article is adapted from JaeRan's keynote presentation at the 2018 NACAC conference.

When I was growing up, the only bit of Asian culture I was exposed to was the occasional can of chicken chow mein.

As the only adoptee and person of color in my immediate and extended family, I was always assured my parents didn't see color and loved me no matter what, and that was enough. After going to college and being exposed to the racial and cultural diversity I had been missing growing up, I began to explore my racial identity and realized that for transracial adoptees, a parent's love and rejection of racial difference does not meet the need for racial, ethnic, and cultural identity development and support.

For me, and other transracial adoptees, the development of a racial identity is an inevitable aspect of growing up: in the anonymity of a new city, school, or job, a transracial adoptee's visibility as a person of color eclipses their visibility as a transracial adoptee in a white family. By helping children develop that racial identity before they're faced with this reality, parents can help their children develop the tools they will need to fight against oppression, racism, and discrimination. Although it is often uncomfortable and difficult work, implementing racial and ethnic socialization with their transracially adopted children helps strengthen trust and attachment by showing transracial adoptees that

their parents care about, and support, their racial and ethnic identities.

Becoming an advocate

Helping a child embrace their racial identity is more than just having conversations about race and culture. Instead, parents need to be active advocates for transracial adoptee justice, a process that requires parents to address their own biases, alter their own mindsets, and take action. For me, being an advocate for transracial adoption justice means the following:

1. Develop an intersectional mindset.

The multifaceted nature of transracial adoptees' identity impacts every aspect of their life. For transracial adoptees, finding a safe, permanent family is not the end of the adoption journey. In addition to experiencing the loss of a birth family, culture, and in some cases, country, transracial adoptees may be carrying the weight of colonization, slavery, war, forced immigration, and discriminatory laws and policies. They have experienced and will experience racial discrimination and bullying, too.

This specific trauma is rarely addressed by professionals when a transracial adoption is finalized, resulting in an adoptee struggling to understand their own experiences, history, and place within the community and stunting attachment between the child and the parents. By maintaining an intersectional mindset, parents and professionals can attempt to address these specific traumas through traditional

intervention models, parenting strategies, and potential mental health treatment. The key is recognizing that a good home, a nice family, and a stable life does not erase a transracial adoptee's need for racial, ethnic, and cultural support.

2. Believe the experiences of transracial adoptees.

Growing up as a Korean adoptee, I lived on the outside of two worlds: I was not a part of the Korean community, and I was not a part of the white community. In my chapter in the book, *A Good Time for Truth: Race in Minnesota*, I describe this experience: "To be a Korean adoptee in Minnesota...means that people can tell you they don't see you as Korean as if that is a compliment. Translation: you are not one of those Asians...[It] means having people expect you to say thank you when they tell you how 'articulate' you are...[It] means having to explain your personal adoption stories to people you don't know because no one understands how you can be from Plymouth or St. Cloud or Moorhead or Rochester when asked, 'Where are you from? No, where are you really from?'"

For me, these isolating and discriminatory comments went undiscussed at home. Under the advice of their adoption workers to assimilate me and minimize my differences, my parents avoided discussing race. In doing so, they missed an opportunity to strengthen their relationship with me, build trust, and understand me more. Asking about and listening to your child's experiences does more than open the door to discussions about race and culture—it validates a child's understanding of their place in the world as a person of color.

3. Do your own research.

In order to help your child develop a healthy racial identity and advocate for transracial adoption justice, you need to better understand how you experience race, power, privilege, and oppression. Read books and articles by scholars, activists, and parents who write specifically on topics of race, culture, and history; have discussions, and learn from the mistakes you make along the way. Push yourself past "not being racist" by trying to be actively anti-racist. In other words, take actions and be part of movements to oppose racism by fighting for systemic, structural, and individual changes in your political and social world.

4. Care about the community, not just the individual.

Adoption is often talked about in terms of making a difference in the lives of one individual. But if you have a child who has been transracially adopted or you work with transracial adoptions, you must broaden your focus. By supporting the communities that your child belongs to, you support your child. Fight for social and economic justice, participate in activities that address the concerns of these communities, and vote for legislators that demand equity for these communities.

5. Acknowledge that adoption is a lifelong journey.

For the first decade of a child's life, a parent's goal is to keep them safe. For the second decade of a child's life, a parent's goal is to help children keep themselves safe. For the next fifty years of a person's life, I think a parent's job is to foster a mutually health, supportive, and reciprocal relationship—this last stage might seem simple, but the actions you take in the first two stages of a child's life will determine the success of this third stage.

Some adoptees choose to disengage with their adoptive parents later in life because their relationships were stymied early on by the parents' inability or refusal to talk about or support their racial identity.

As adoptees enter adulthood, many begin thinking about their birth family, community, and country. This time of searching is amplified for transracial adoptees because they are entering a world where they are seen less as an adoptee and more as a person of color. In addition to asking essential identity questions like "Who am I?" transracial adoptees look at media, their peers, and their environment to learn more about themselves. If they don't see themselves reflected in their peers or don't feel comfortable at school or in their neighborhood, it becomes harder to answer these questions. Sometimes adoptive parents wonder why their transracially adopted child doesn't visit them, but if the adoptive family remains enveloped in racially nondiverse environments, transracial adoptees may choose to stay away, not wanting to experience racially-based discrimination by neighbors, community members, the local police, and others who see us as outsiders.

These five tenets of transracial adoption justice can be supported and strengthened by the efforts you make to address and combat your personal prejudices on a daily basis.

Daily Efforts

In addition, I suggest these concrete ways to move forward in your advocacy journey:

- *Accept that you will make mistakes.* Acknowledge where you are and know that there is room to grow: mistakes will be made in your journey towards cultural and adoption competence, like anything else in life. Rather than assuming you're always right, ask yourself what the other person might know that you don't, and consider how you can learn from mistakes.
- *Understand that you can't separate the personal and the political.* You cannot protect your child from the world's treatment of them—so when you see news or hear discussions related to race, immigration, and other issues connected to your child's racial identity, understand that they can and will affect your child personally.
- *Respect the voices of the people in these communities* Transracial adoptees are the ultimate experts in what it's like to be a transracial adoptee, and like any other group, there is a diverse community of transracial adoptees—all with different experiences, opinions, and stories to tell. Listen to and learn from all the transracial voices out there. Read their books and blogs, watch their videos, and make sure they are part of the conversation about transracial adoption.
- *Understand that your actions are what make you an ally.* You aren't an ally just because you love a member of the community—you are an ally because you actively fight against racial injustice. This means:
 - You seek to understand the experiences and needs of others rather than fighting for what you think they experience or need.
 - You act independently of reward or recognition for your actions.
 - You work with others who are fighting racism—people who can and will help you recognize and learn from your mistakes so you can grow.
 - You actively interrupt offensive jokes and comments. Depending on who makes the offensive joke or comment, you can let them know that what they said is hurtful, ask them what they meant by the joke, or just let the person know that you don't support their comment. Remember to avoid shaming: find ways to challenge people with kindness.
 - You leverage the power and privilege you have to bring about social change.



Winning Your Child's Trust Around the Dinner Table

By: Katja Rowell, M.D., Reprinted with Permission from Adoptive Families

"Knowing deep within us that someone is going to feed us when we are hungry is how trust and love begin."

—Mister Rogers

The attachment cycle is fulfilled by meeting a child's physical and emotional needs—feeling hunger, needing attention, being wet or cold—over and over again. Feeding is one of the most reliable and obvious opportunities to help a child feel safe and cared for, and to build trust, whether you have brought home an infant or an older child.

Amy recalls an episode involving her teen-aged foster son, who had a habit of running away. Soon after he was placed with the family, he disappeared for 36 hours. When he returned, "We made sure he was OK, then threw a box of mac-n-cheese on the stove to get him some comfort food. That floored him, because he'd been denied food in his home after his running away. I think this gesture bonded him to us more than anything else could have."

When feeding is not going well, however, not only is the opportunity for bonding lost, but the troubled feeding relationship becomes a source of conflict that can raise barriers to trust and attachment.

"We worked hard to have our daughter with us, so I hated to admit that I wasn't enjoying her, and that our other kids were really suffering. Our lives revolved around what she was

or wasn't putting in her mouth," says Kelly, the mother of a three-year-old adopted from China. After seeking help, Kelly now feels they are moving in the right direction: "Our stress at mealtimes is way down, she's happier at the table, and we can see her eating starting to improve. I am beginning to enjoy my family again, and it feels great."

What worked for Kelly's family and many others, including my own, was the Trust Model of feeding, developed by dietitian and therapist Ellyn Satter. If we restore or establish structured, reliable, rewarding, and healthy eating strategies for the whole family, we allow children to rely on the messages of hunger and fullness that come from inside their bodies, which helps them grow up to be competent eaters. Perhaps most important, when we feed our children reliably and with love, we teach them they can rely on us as parents. How can you bring the Trust Model to your dinner table?

A Healthy Feeding Model

You may not know your child's history, and you can't change it if you do, but you will be better off if you follow his cues, consider things from his perspective, and take the lead as the parent. Satter developed the Division of Responsibility (DOR) in feeding, which is the principle underlying the Trust Model. The DOR says:

- Parents decide three things: the when, the where, and the what of feeding. (Infants do best fed on

demand, so they decide the when. This responsibility shifts to the parent in late infancy/early toddler hood.)

- Children decide whether and how much they will eat from what is provided.

The DOR is based on permission, nurturing, and providing. It rejects the idea that children should diet or worry about weight, and does not focus on avoidance or “shouldn’ts.”

It sounds simple, but it is not easy. Feeding well is hard work that you will do for years but struggling with feeding is even harder. Most parents and children who struggle around food issues mix up their jobs. That is, the parents let the child do their job of selecting foods and deciding when and where to eat. Likewise, parents should not try to do the child’s job of deciding how much to eat by limiting food intake or by pressuring the child to take “just two more bites.”

Step 1: When to Feed, or Structure

Reliable structure is an important way to help children with eating. Structure allows children to heed their internal cues of hunger and fullness and not to worry about eating between the scheduled meals and snacks.

Generally,

- Younger children eat every two or three hours, roughly, three meals and two to three snacks a day.
- Older children eat every three to four hours, at about the same times every day. This adds up to three meals and one or two snacks a day.
- If a child is new to your family, or has significant nutritional or growth delays, you may need to offer food more often at first, until you learn to read your child’s cues and he learns to trust that he will be taken care of.

Many foster and institutionalized children have extreme anxiety about food. They may have come from chaotic and unsupportive homes, and food may have been limited. Being absolutely reliable about structure is critical. Don’t skip a snack because you are going to the park. Deborah Gray says, in *Attaching in Adoption*, “Successful parents have seen how much better their child performs with high structure. They work hard to provide that structure.”

Structure takes a lot of pressure off feeding. If a child eats a small meal or snack—which he will, since the amounts and types of food that a young child eats can vary greatly by day or week—he will soon have another opportunity to eat, so the parents can relax. Structure can be flexible enough to let the family eat together every night. Plan for a balanced and filling snack after school on days when dinnertime will be later. On days when an early dinner works better, plan on serving a snack before bed.

Step 2: Where to Feed (and with Whom)

Family meals are important. All of you have to eat, and it’s better to do it together. Ideally, all meals would find the whole family around a table. However, one supportive adult eating with the child makes it a family meal. Children do best when they sit down to eat and are free from TV, phones, and toys. Meals and snacks can be fun and pleasant times to connect.

Eating with the family:

- Helps kids tune in to “hungry” and “full” cues.
- Helps kids eat the right amount.
- Lowers the risk of choking.
- Helps children learn to like new foods. Seeing someone they trust enjoy a food is the best first step.
- Aids attachment and helps children feel they are part of the family.
- Is the best predictor of overall success in life, more than socioeconomic or educational milieu or after-school activities, several studies have found.

Food should be eaten with parents and should come from parents. Ivan, age 14, was adopted from Romania, with his younger sister. Marina was attached to Ivan as her caregiver. When the siblings came to live with their new family, their mother was deliberate about feeding both children. Showing that food came from Mom and Dad allowed Ivan to be nurtured and to attach, and it was critical in allowing Marina to transfer her attachment to her parents. Both needed to be cared for and nurtured, setting them free to be children.

Kim, who adopted three- and six-year-old sisters, says, “Preparing and giving both girls food helped them see that they need me.” She did not make food available to the girls at all times. She felt it was critical to demonstrate that food came from her and that she would meet their needs. She offered and maintained eye contact during meals and snacks.

Step 3: What to Feed

I put this last, but most folks who work with kids and food start here. There are countless articles and books about how to disguise veggies or sneak in more protein. But without steps one and two in place (the “how” of feeding, or the “feeding relationship”), step three is even more of a struggle. The key to improving what kids eat boils down to how they are being fed. Let the child count on enjoyable, no-pressure family meals that include a variety of tasty foods.

Parents have heard about the USDA Food Pyramid for years—and MyPlate more recently—but trying to follow too many prescriptive rules brings pressure into forming a healthy feeding relationship. Young children tend to eat erratically, consuming a lot at lunch and almost nothing at snacktime, or vice versa, and most often picking one or two foods from what is available. Kids who are offered a variety of foods without pressure tend to consume a balanced diet over several days.

At meals, try to offer:

- One or two grains, one being bread or cultural equivalent (carbohydrate)
- Two fruits/veggies (carbohydrate and fiber)
- One dairy or dairy substitute (protein, fat, and carbohydrate)
- One meat or bean or nut (protein and fat)

Offering fat, protein, and carbohydrates—at meals and snacks—is essential for stable blood sugar levels and energy. I see too many parents offer their child a snack of Goldfish crackers and juice or peeled apple slices and juice. Such snacks are generally followed, 30 to 60 minutes later, with a meltdown or whining for more food. Carbohydrates offer quick energy and are certainly necessary and favored (particularly by small, growing children), but protein and fat (and fiber) are also needed to help the child feel full and to give him the extended energy to make it to the next meal or snack.

Notice that I did not say, “Get the child to eat fat, protein, and carbohydrates”; I say rather, offer them. While it’s work to put all these options on the table, it can save time and aggravation. A parent’s food prep job is done when the food is on the table. There should be no separate meals for kids and no need to argue or negotiate over food.

Addressing Food Insecurity

When children are not fed reliably, do not get enough food, or have to compete for enough, they develop food anxiety. If a child hasn’t been able to count on being fed, he will have trouble trusting or understanding that it is coming again.

“Marcus liked to hold and play with teething biscuits. He would chew on one a little, then lose interest, but keep it clutched in his hands for hours. If we tried to take it from him, he became very angry,” said Sue, soon after adopting her 18-month-old son.

Many resources on adoption and hoarding advise allowing the child to have snacks in his backpack or carry food in a pocket, or even to keep Tupperware containers of food in his bedroom at night. Consider Marcus, who did not want to let go of his biscuit. He might be allowed to hang on to it for a while, and maybe even to keep one in a baggie in his pocket. Follow his lead. If he throws a tantrum about having his biscuit taken away, allow him to carry it. But the parent must also be absolutely reliable about regularly providing food. You may need to offer food frequently during the initial post-adoption period, perhaps every hour or so.

My main concern with the general recommendation of allowing kids with a history of food insecurity to have their own food stash is that it may make parents feel they are off the hook for providing regular meals and snacks. Also, the child allowed to get food whenever he wants may still feel responsible for feeding himself. It is a missed opportunity to deepen the attachment with your child. Feeding your child directly shows her that you will take care of her. It builds trust. Completing the cycle of need and having her need met, over and over again, is the basis for attachment.

One foster mom had a little boy she couldn’t keep out of the fridge. On occasion, he would eat to the point of making himself sick. The mom didn’t want to lock the fridge, feeling that restricting his food access was the wrong strategy. Instead, she assigned one of the refrigerator drawers to him. She stocked it with food that he liked, and told him that the drawer would always be full. While he could not take food at random, this drawer was his. He checked the drawer often, with Mom’s reassurance that this was his food, and he could choose from it for meals and snack times. She stuck to a consistent schedule

of meals and snacks, and made certain that the drawer was never empty. Gradually, he forgot about the drawer.

Another boy, adopted as a preschooler, loved cereal. He would frantically gobble as much as he could, and cry if he was limited. His parents realized that, when he saw an empty cereal box, he thought there would be no more cereal, ever. Overstocking the pantry with his favorite cereals reassured him. At breakfast, he was allowed to eat as much as he wanted. During the day, frequent trips to the pantry with a parent assured him that he would get enough. Pretty soon, he was eating about the same amount as his brother and was no longer anxious at meals.

While you can allow access to food, or let your child clutch a biscuit for hours, don’t use constant access to food as an “easy out” from the task of reliable feeding. The way to lessen hoarding behaviors is to lessen anxiety about food. The best way to lessen anxiety about food is to be reliable about feeding—and not to limit what your child eats. Your child may need reassurances, such as “There will always be enough food.” Show him the well-stocked pantry and say, “See, there is always enough food here.”

Your First Meals Together

You may have months to prepare for the arrival of your child, or, in the case of foster care, hours. If you are able to find out what foods your child is used to eating, having these on hand may help with the transition. However, you may not know your child’s history with food. Assume that it has been less than ideal, and be absolutely reliable about providing food. Your child won’t know she can trust you yet, so showing her, with feeding and everything else, will help her feel safe and begin the process of attachment.

You may want to offer a meal or snack every few hours during the transition period, even for an older child. For a younger child, offer food in different forms, especially if you don’t know her skills with eating. Have a bottle with a few nipple options, a sippy and a straw cup, some soft foods, and some finger-food options. Your child will let you know what she is ready for and what she likes to eat. Sit with your child and reassure her she can eat as much, or as little, as she wants.

When eight-month-old Adina was adopted from Ethiopia, her weight-for-length was close to the 80th percentile. Her mother, Rebecca, was told that her daughter had been “overfed” in the orphanage and was advised to limit formula. Even though Adina screamed after every feeding and clearly seemed interested in eating more, her mother thought she should stick to the limits her pediatrician had advised. Adina’s trust in her new mother was undermined from the start.

Adina is now two years old, and the family is changing to the Trust Model. Rebecca says, “I did what the doctor told us to do. Now I wonder: If I had given her a few ounces more here and there, and let her decide when she was done, maybe she wouldn’t have developed such a serious food obsession.”

You may have heard the phrase “food is love,” but when you think about it, feeding is love. Food is sustenance, feeding is nurturing. A scrambled egg on a plate is delicious and fulfills nutritional needs. But scrambled eggs shared over a smile and a chat about weekend plans brings you together. Food is food and feeding is love. Add a pinch or a generous handful of love to every meal.

Birth Parents on Their Minds

By Debbie Riley, LCMFT, C.A.S.E. CEO and Ellen Singer, LCSW-C, C.A.S.E. Sr. Therapist

Robin was driving her 14-year-old adopted daughter, Emily, to her piano lesson. They were talking about where they would go for dinner after the lesson. As they were approaching the home of the piano teacher, Emily turned to her mother and said, "I want to meet my birth parents." Stunned and caught off guard, Robin simply responded with, "Oh?" Emily didn't say anything else and quickly said good-bye as she left the car to go to her lesson. Robin drove off to run an errand. At the store, she could hardly focus. She hadn't known Emily was even thinking about her birth parents as Emily hadn't asked any questions about them in quite a while.

As children enter adolescence, they usually become more private about their thoughts and feelings. Teens who have been adopted are no exception. Some teens may find the subject of birth parents especially uncomfortable to discuss with their parents. It may feel deeply disloyal to them to do so. It may be hard for them to put into words what they are feeling. They may have mixed emotions that leave them feeling baffled and confused, different and alone. Consequently, adoptive parents may be unaware of just how often and how intensely their teen is thinking about birth parents.

Identity Formation

Adolescents' thoughts and questions may become more intense because identity formation is one of the main developmental tasks of adolescence. Teens try to figure out who they are by comparing themselves—their values and beliefs, strengths and challenges, interests and talents—to their parents. To answer the question, "Who Am I?" adopted teens must integrate information and history from two sets of parents. Consequently, teens who were adopted often need to delve more deeply into their adoption stories. When they are willing to open up to parents, they often want deeper answers to questions about why they were placed for adoption, and more detailed information about their birth parents.

Teens may hold onto any bits of information they have about their birth parents and try to fill in the gaps. They may try to satisfy their curiosity by expanding on their knowledge and "owning" their history. Seventeen-year-old Amy only knew that her birth mother in Guatemala was single and impoverished. She immersed herself in learning about Guatemala—dressing as she thought her birth mother might, cooking Latin American dishes, streaming Latin music on her phone. She studied Spanish at school and gravitated to other Latinas. Engaging in these behaviors was a productive way of trying to "know" and be connected to her birth mother, as well as integrating her heritage into her identity.

Some teens fill in the gaps of knowledge in undesirable ways, particularly if what is known is scant, filled with negative information or sense that birthparents are a taboo topic. Cindy, 15, heard references to her birth parents portraying her birth mother in Russia as an alcoholic who was promiscuous and unstable. This compromised her self-esteem and led her to engage in risky behaviors, thinking that such behaviors were inevitable, that she was destined to be just like her birth mother. In therapy, she insisted that her birthmother should have found a way to get her act together and raise her. Her parents

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had no idea what was happening with their daughter, and were surprised by the anger and feelings of rejection she expressed. They came to understand the support she needed to work through the feelings underpinning her self-destructive behavior. They also took responsibility to help more honestly share what they knew about her birthmother, providing more of a balanced picture. Treatment also involved a discussion of the possibility of trying to locate Cindy's birth family.

As they begin dating, teens may also wonder about their birth parents' relationship. Was it casual or long-term? Did their birth parents mean anything to each other? Were they adolescents themselves? Robert, 17, knew that his birth father had a brief, casual relationship with his birthmother when they were teens. The impact of this knowledge led him to be quite vocal about his desire to be involved in committed, not casual, relationships. Robert was unique among his friends in having a long-term girlfriend.

If teens are fortunate to be involved in an open adoption, the teen's birth parent(s) can and will serve as role models. They can address a teen's questions, provide family history and important information. In transracial adoption, birth parents can assist the teen in developing a positive racial identity and racial socialization. Anthony is biracial - his adoptive parents and birth mother were Caucasian. Conversations with his African-American birth father helped Anthony develop coping skills when confronted with unwelcome attention he received when he was out in public with his adoptive parents or birth mother.

Parents may certainly want to have a discussion with the birth parents about what is appropriate to share at this juncture. If possible, birth parents can be invited to participate in the teen's therapy as well and can be given guidance around how they can support and be helpful to the teen.

To Search or Not to Search: Whose Decision is it?

If your teen asks you if it is possible to meet his or her birth parents, while we know this may fill you with anxiety and fear, it is best to encourage teens to share their thoughts and feelings with you. This will be easier if you have established an open atmosphere of communication around adoption from the beginning – if they always know they can talk to you about their birth family and that you will help them as you are able to – with whatever they need. Telling your child or teen that you will help them find their birth family when they turn “18 or 21” is a thing of the past.

Too often today, especially when teens feel put off by their parents, they are going on social media sites without their parents' knowledge or guidance, to see if they can locate and make contact with birth parents on their own. Teens should not embark on such an important, emotional journey without loving and informed parental guidance and support. We cannot overemphasize the fact that this often occurs because there is a lack of open communication about adoption-related issues. Consequently, teens hold onto the belief or fear that adoptive parents will be hurt, angry or disapproving of the teen's desire for contact and so they go it alone.

Birth Parents on Their Minds

By Debbie Riley, LCMFT, C.A.S.E. CEO and Ellen Singer, LCSW-C, C.A.S.E. Sr. Therapist

Determining the appropriate time to make contact is personal and individual, and as such, we encourage parents to determine the unique, individual needs of your teen and make decisions together to best meet those needs. We recommend professional assistance from an adoption-competent therapist to support both adoptive and birth families around decision-making as well as the process of search and reunion.

In conclusion, it is important to remember that parents need to take the lead in communicating with their teen about adoption. If a teen is not asking questions or sharing his thoughts and feelings about his birth parents, parents can make comments or ask questions to open the door. Parents can look for natural opportunities like birthdays, Mother's or Father's Day, a media story, etc. to bring up the subject. Respecting a teen's privacy is encouraged. Yet, ensuring that teens know they can share what's on their minds is equally important. Thoughts and feelings about adoption can be deeply complex and troubling. Despite the fact that teens may act as if they want parents to "leave them alone," parents still need to make sure their teen is never alone when navigating the challenges inherent in the adoption journey.

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Claiming the Federal Adoption Tax Credit for 2019

Updated January 2019

For adoptions finalized in 2019, there is a federal adoption tax credit of up to \$14,080 per child. The 2019 adoption tax credit is NOT refundable, which means taxpayers can only use the credit if they have federal income tax liability.

The credit applies one time for each adopted child and should be claimed when taxpayers file taxes for 2019.

To be eligible for the credit, parents must:

Have adopted a child other than a stepchild – A child must be either under 18 or be physically or mentally unable to take care of him or herself.

Be within the income limits – Income affects how much of the credit parents can claim. In 2019, families with a modified adjusted gross income below \$211,160 can claim full credit. Those with incomes from \$211,160 to \$251,160 can claim partial credit, and those with incomes above \$251,160 cannot claim the credit.

For more information regarding: The Amount of Credit to Be Claimed When to Claim the Credit Qualifying as Special Needs and other questions visit nacac.org

Utah State Adoption Tax Credit and Special Needs Adoption Credit:

UC §59-10-1104

You may claim a refundable credit of \$1,000 for a special needs child you adopt for whom the adoption order was issued by a court of competent jurisdiction in Utah or another state, or a foreign country. You must be a resident of the State of Utah on the date the order is issued. If the adoption is made by a foreign country, the adoption must be registered in accordance with UC §78B-6-142.

To claim this credit, the child must meet one of the following conditions:

be five years of age or older;

be under the age of 18 with a physical, emotional, or mental disability; or

be part of a sibling group (two or more persons) placed together for adoption.

The credit may not exceed \$1,000 per taxable year, regardless of the number of qualifying special needs children adopted during the year.

If the adoption order is issued by a court in Utah or another state, the credit may only be claimed the year the adoption order becomes final. If the adoption order is issued by a foreign country, the credit may only be claimed the year a court of competent jurisdiction in Utah orders the state registrar to file the adoption order issued by the foreign country.

To see more information visit: <https://incometax.utah.gov/credits/special-needs-adoptions>



Occupational Therapists: What Do They Do?

By: Beth Arky, Reprinted with Permission from the Child Mind Institute

Karla was worried. Her 11-month-old baby girl, adopted from South Korea a month earlier, wouldn't transition from the bottle to rice cereal, depriving her of the calories and nutrients she needed. So the new mom and her husband, Chris, took their infant to be evaluated at the adoption agency's clinic. There, they received an immediate referral to Early Intervention, which provides services for infants and toddlers who are delayed in developing the basic skills babies typically master in their first 3 years.

Clinicians said "Little Miss," as Karla calls her in her blog *Beyond the Dryer Vent*, was suffering from the stress of adoption; her parents felt there was a larger problem. But there was one thing on which everyone agreed: While there was no formal diagnosis, the baby had feeding issues due to oral sensitivity, along with other developmental delays. This finding led to occupational therapy.

Occupational therapy, known as OT, is designed to help children and adults acquire (or regain) the skills needed to perform the activities—or "occupations"—of daily life. "It's a huge field," says Lindsey Biel, an OT specializing in pediatrics and coauthor with Nancy Peske of *Raising a*

Sensory Smart Child. When a child shows delays in mastering typical activities, or displays unusual or disruptive behavior, the OT is often the first professional to work with her.

Where do you find OTs?

OTs are found in many settings. Children up to age 3 may receive home-based therapy under EI. Some OTs, like Biel, are private service providers, visiting their young clients at home or in school. Others offer therapy in private sensory gyms. But, Biel says, the majority of OTs are found in schools, both pushing into classes to work with kids and pulling them out for one-on-one work on fine and gross motor skills, along with sensory gym time.

These master's level health-care professionals take a holistic approach to a client's physical well-being, explains the American Occupational Therapy Association, by also considering psychological, social and environmental factors that may affect functioning.

Biel explains that during an evaluation, the therapist uses a task analysis to figure out just what's going on. Say a 5-year-old girl isn't putting on her shoes. Is the is-

sue sensory-based? Fine motor? Or maybe she just likes all the attention she gets from Mommy? What about a kindergartner who is still in pull-ups? “Is it because the potty’s scary?” Biel asks. “Do dangling feet make him feel like he’s falling, or is his tush uncomfortable? We also look at what muscle groups need to be recruited effectively to go to the bathroom.”

Biel breaks down a litany of issues OTs address on her site *Sensory Smarts*: attention span and arousal level; sensory and processing skills; fine and gross motor skills; activities of daily living (ADLs), also known as self-help skills, such as brushing teeth, dressing and toilet training; visual-perceptual skills; handwriting; and assistive technology.

What are sensory processing issues?

When it comes to attention, arousal level, and sensory and processing skills, the work OTs do is based on theories presented by occupational therapist Dr. A. Jean Ayres back in the 1970s. She posited that children and adults with sensory processing issues can’t synthesize all the information streaming in from the traditional five senses—touch, hearing, taste, smell and sight—as well as two “internal” senses, body awareness (proprioception) and movement (vestibular). Proprioception allows for motor control and posture, while vestibular receptors tell the brain where the body is in space, which links directly to balance and coordination. (Peske has made a short, fun video that introduces these seven senses.) Children who have trouble modulating sensory input may experience over-sensitivity (hypersensitivity), under-sensitivity (hyposensitivity) or both to an impairing or overwhelming degree, at school, at home and in the world at large.

An extremely hypersensitive child tends to be withdrawn; because she’s easily overwhelmed by auditory and visual stimuli, she may want to avoid gym, recess and lunch. The buzz of fluorescent lights and anxiety about the loud fire alarm going off may distract her, making it difficult to pay attention and participate in class.

Meanwhile, those who are under-sensitive crave input. In the classroom, that translates into “disruptive” sensory seekers, since they want to keep moving, touching everything, and even tripping or crashing into other kids. It’s easy to see why this type of behavior leads to a diagnosis of ADHD, which the child may or may not have.

How do OTs help kids with sensory issues?

For hyper-sensitive children, OTs may suggest things like special seating and testing in a separate room, which will help avoid sensory overload. To help sensory seekers achieve an optimal level of arousal and regulation, OTs working in sensory gyms provide movement activities like swinging, crashing onto huge bean

bags, and jumping on trampolines. They may also build sensory breaks into the day, allowing the child to walk around, stretch and even do jumping jacks at regular intervals. A wide variety of products including fidgets and chewable pencil tops and jewelry may provide calming input that helps children sit and focus.

Controversy continues as to whether two widely used practices, joint compressions and a brushing of the skin, actually “rewire” the brain so that kids can appropriately integrate and respond to sensory input, allowing them to feel more comfortable and secure as they negotiate their environment. Even Biel admits that she isn’t always sure these practices have merit but “just when I have my doubts, there’s this great intervention. I had a child making almost no eye contact who was constantly in motion. I put him on cushions and gave him a good brushing. I got eye contact through the whole session; his parents were gasping. Is he cured? No. Was it organizing? Yes.”

Because there are so many different signs that may indicate sensory issues, Biel and Peske have devised a sensory checklist for parents to help them determine if processing difficulties may explain their children’s atypical behavior. Another tip for parents, educators and clinicians: If the child does much better in one setting over another, i.e. more hyperactivity is noted in a classroom versus home, sensory issues may be at play.

Helping with gross motor skills

When gross motor skills involving the major muscle groups are at issue, the child will struggle with things like balance, coordination, strength and endurance, all of which will have a direct impact on everything from walking and climbing stairs to hopping, jumping and catching and throwing a ball. Such deficits can keep kids from participating in recess and sports, which can in turn affect socializing and self-esteem.

Throwing and catching balls of various sizes and weights and obstacle courses help with things like balance and coordination, while riding a trike builds strength and endurance. OTs will often work on gross motor skills in tandem with physical therapists, since some of their goals are so much aligned.

Additionally, low muscle tone and core body strength impedes kids’ ability to sit erect and alert, important for class participation and fine motor skills like handwriting. Crab walking, curls and rolling and bouncing on a therapy ball help address this deficit.

Helping with fine motor skills

Fine motor skills involve the small hand muscles. When there’s a lack of strength, motor control and dexterity, kids will have difficulty drawing, using scissors and stringing beads. Such delays, if not addressed, will make academics—turning pages, writing, using a computer—

that much harder. They also come into play with regard to self-help skills including buttoning, zipping and using utensils.

OTs employ many fun techniques to help develop fine motor skills. For instance, a dot dot paint activity helps develop control, dexterity and the thumb-and-finger hold, aka the pincer grasp, key to using a pencil or fork. Popping bubble-wrap also develops the pincer grasp, along with dexterity and eye-hand coordination. Simple activities like picking up coins with one hand require manipulating small objects. Lacing helps develop fine motor coordination and also provides a visual focus. Preschoolers who play pickup games with larger tweezers graduate to Operation. Varying resistant consistencies of Theraputty increase both hand and finger strength and dexterity.

Teaching self-help skills

To become proficient in self-help skills, children may need to work on fine motor skills for things like dressing and undressing (buttoning, zipping, tying shoes), grooming (brushing hair and teeth, using the toilet) and eating (holding and using utensils.) OTs will model and practice these skills with clients, using many of the techniques noted above. Sensory issues present a different challenge: For instance, a child who can't stand getting her

face wet, wearing anything that feels scratchy or tight, or putting anything in her mouth is also going to have trouble with ADLs. Biel and Peske offer many tips to help children through challenging experiences including teeth brushing (desensitize gums; switch toothpastes), bathing (cover the face to avoid splashing) and shopping (avoid peak hours; let your child push the cart to get deep input).

Karla believes feeding therapy has helped Little Miss enormously. Three years after she began, she has not only transitioned from the bottle, “she has a much wider diet, including crackers, fresh fruits, non-chewy meats like hot dogs, and pasta—no sauce, please!” Karla says. “Pudding was exceptionally difficult because she hated the idea of the pudding-laden spoon touching her lips,” Karla says. “The funny part was, once there was something on her face—you know that pudding mouth kids get—Little Miss never knew it was there, at least until she saw me coming at her to wipe it off!”

She still shies away from mixed textures like yogurt with granola and has a bite size so small, Karla says: “She’s the only one I know who can take four bites from a Cheerio.” And like many kids on the autism spectrum (she was diagnosed with ASD in April), she self-limits her diet: “We eat a lot of Goldfish and pretzels around here.”

Why Teens With ADHD May Take More Risks

By Erica Patino, MA

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At a Glance

- Teens with attention issues may be more likely to engage in risky behaviors.
- They may take more risks because of low self-esteem or immature thinking.
- Studies have shown links between ADHD and risky behavior, such as distracted driving and substance abuse.

Teens are at an age when they naturally start to become more independent. But they may not always make the best choices. Teens with ADHD may be especially likely to take risks. It can help to be aware of this possibility and to understand what risky behavior can look like.

What May Cause Teens With ADHD to Take More Risks

It may seem like your teen is misbehaving just to be difficult. But this isn't always the case for teens with ADHD. They may understand the risks of driving recklessly or failing school. But they may not be as able to regulate their behavior as kids who don't have ADHD.

Teens with ADHD may have poor judgment, immature thinking, and trouble with impulse control. For example, a teen with ADHD may not want to start smoking. But to fit in and look cool, he says yes when a classmate offers him a cigarette—and then continues smoking.

There's a lot of research on risky behavior of teens who have ADHD. That's because ADHD is often tied to behavior issues. Keep in mind that kids who don't have ADHD but who have other learning differences can have trouble making good choices, too. They sometimes struggle with thinking about and planning what they want to do. And like kids with attention issues, they may have low self-esteem, which can sometimes lead to risky behaviors.

What Risky Behavior Can Look Like

Researchers have found the following links between ADHD and risky behaviors in teens:

Problems with school: Teens with ADHD may be disruptive in class. Sometimes those actions aren't intentional. They're the result of poor impulse control. They might be late to class often, lose textbooks and interrupt lectures. Teens with ADHD are expelled from school at a rate two-and-a-half times that of teens who don't have ADHD.

Problems with driving: ADHD is linked with dangerous and distracted driving. Poor impulse control may cause teens to drive too fast. Inattention may cause them to daydream instead of paying attention to the road. Teens with ADHD have a higher rate of car accidents, speeding tickets, and getting their license suspended or revoked than teens without ADHD.

Sexual activity: Initial studies have found that teens with ADHD may start having sex at a younger age and with more sexual partners. One study found that teens with ADHD were less likely to use contraception and more likely to have a teenage pregnancy.

Substance abuse: Teens with ADHD may be more likely to abuse substances such as alcohol, marijuana and cocaine—and to become dependent on them. This might be due to poor impulse control. Or it might be an effort to improve their attention span or deal with frustrations at school.

Problems with the law: It's not yet clear if ADHD can be tied to criminal behavior, such as shoplifting and damaging property. Early studies found that teens with ADHD may be more likely to go to juvenile court. But the studies didn't take into account behavioral problems that may be due to traumatic experiences or abuse.

Not all teens with attention issues do risky things, but some do. Knowing the signs of risky behavior can help you spot them in your teen. For ways to help your teen, consider these tips for reducing risky behaviors and resources for parents of at-risk teens.

Key Takeaways

- Risky behaviors can lead to being expelled from school or trouble with the law.
- Teens with ADHD may be more likely to abuse substances and have unprotected sex.
- Knowing the signs of risky behavior can help you spot them in your teen.

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Rosie Guzman	801-791-4983
Shayla Kaminski	801-866-6273
Chelsie Hadley	801-452-5128

Salt Lake Region:

Adoption Helpline	801-300-8135
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Western Region:

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

Southwest Region:

Richfield/Cedar City	Paul Arnold	435-236-9337
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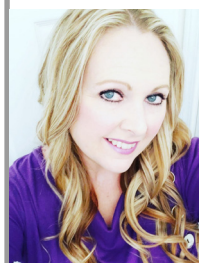
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GETTING TO KNOW YOUR POST ADOPTION WORKERS:

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