

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES



FEBRUARY 2021 EDITION

KEITH, AGE 16

Photo by: Michael Schoenfeld Studio



JOSSLYN, AGE 14

04

SIX WAYS TO INTENTIONALLY RAISE KIND CHILDREN

BY ASHLEY PATEK, GENERATION MINDFUL

An article on how to teach your children to be kind.

08

GOING BEYOND THE BEHAVIORS; HOW TO HEAL FROM THE IMPACT OF EARLY TRAUMA

BY HEATHER T FORBES, LCSW

An article on how to help your child heal from early trauma.

06

HOW CAN WE HELP KIDS WITH SELF-REGULATION

CHILD MIND INSTITUTE

An article from the Child Mind Institute on how you can help your children learn to self-regulate.

12

THE IMPACT OF ADOPTION ON TEEN IDENTITY FORMATION-PART ONE

BY CAMERON LEE SMALL, MS LPCC

Part one of a personal account of an adoptee's journey of identity during their teen years.

UTAH'S ADOPTION CONNECTION
CHILD AND FAMILY SERVICES

In partnership with  **RAISE the FUTURE**



ON THE COVER

KEITH, AGE 13

This energy factory is Keith! Sports are one of his favorite outlets for his energy and is keen on playing football and basketball. A talented football player, Keith dreams of playing professionally in the NFL when he's older.

Skateboarding and riding his bike are also top-picks for outdoor playtime. Keith is fond of video games and loves eating chips and ice cream. Flying would be his superpower of choice, and he likes blue the best. Keith enjoys spending time with adults and delights in positive attention. When he sees others being picked on, Keith steps up to help. He thrives in small peer groups and often takes a leadership role. He is now in the eighth grade.

If your family can provide Keith with the patience, love, understanding, and unconditional support he deserves, you are urged to inquire.

He has significant connections he will need to maintain 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.

Heritage: Hispanic/Latino ID #169963

On Demand Learning

RAISE THE FUTURE.ORG/ON-DEMAND-LEARNING

Are you looking for new ways to parent and understand your adopted child? We've got 169 options of on-demand learning opportunities for you.

A few examples are:

- 7 Core Struggles in Adoption Big Feelings: Coaching Your Child through Intense Emotions Brain
- Behaviors and Regulation Childhood Trauma and It's Effects on Brain Development
- FASD and Drug Exposure in Children

FEBRUARY 2021 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.



Six Ways to Intentionally Raise Kind Children

BY ASHLEY PATEK,
GENERATION MINDFUL

Which of these three attributes do you desire the most ... to raise your children to be a) kind, b) smart, or c) successful?

Research shows that more than 90 percent of American parents say that one of their top priorities is to raise kind children. But, what does this mean ... to be kind?

Angela C. Santomero, co-creator of Daniel Tiger's Neighborhood, says that "kindness is about seeing with your heart." Others define it as helping others, showing patience, and communicating respectfully.

Imagine this scenario. Your two-year-old son is playing contently with a toy truck, and then you see your five-year-old daughter tug at the toy in an attempt to take it away, saying "I want to play with it!"

Before you can say a word, your daughter has snatched the toy out of your son's hands and your son has hit your daughter in a fit of rage.

As parents, with a nearly universal common goal of raising kind children, it can be challenging to understand and manage the big emotions and aggression we see. We can easily become triggered and, in our upset, fall into one of these four common pitfalls when addressing the situation:

- Telling our children what not to do. Examples: "Don't take away the toy." or "Don't hit."
- Insisting they share or shaming. Examples: "You need to share the truck." or "Why would you be so greedy/not share?"
- Demanding a forced apology as opposed to a slower to come but much more powerful genuine one. Examples: "Say you are sorry, right now!" or "You need to apologize!"
- Saying generalized phrases that are hard for young children to understand and/or unclear directives that make it challenging for children to take clear action. Examples: "Be nice." or "Why can't you two just get along?!"

Research shows that when we shame, blame, and guilt children into kindness, or, quite the opposite, when we dangle carrots (aka external rewards) for caring, children begin to view kindness as a chore rather than a choice.

With our words and actions, we can teach children the art of kindness. With our positive attention, we can show children that their compassion, whether it is for themselves or others, is both noticed and valued.

Kindness is teachable

From a very young age, kids are wired to be kind. Even the youngest of children show an innate understanding of others' needs. By the time they are two years, many are eager to help those around them.

"Empathy is hardwired in us from birth through what's known as the mirror-neuron system, and we intuitively feel what others feel," says Kelli Harding, M.D., author of *The Rabbit Effect: Live Longer, Happier and Healthier With The Groundbreaking Science of Kindness*. "This is why your two-year-old may burst into tears when she sees another toddler fall at the playground," she continues.

Harding explains that empathy is understanding and compassion is acting on that understanding. "As a child's brain develops, he can better separate you from I, and that's when compassion forms," says Dr. Harding.

As parents, we can nurture this inclination in our children. "It's kind of like weight training," says Dr. Ritchie Davidson from the University of Wisconsin. "We found that people can build up their compassion 'muscle' and respond to others' suffering with care and a desire to help."

When children are given the choice to share, apologize, or offer kind gestures instead of being forced to, they are roughly twice as likely to be generous later. And when kids are praised and recognized for their kindness, they are more likely to help again.

Sharing

When your child is playing with a toy that another wants, avoid demanding the share. Make it a choice, "are you willing to share your truck?" If the child says yes, then (woot!), it was on their own accord and that rocks. If the child does not feel like sharing at that moment, acknowledge respectfully, and help the child waiting for the toy by empathizing with them and help them come up with solutions until the toy becomes available.

Apologizing

Pushing a child to apologize is different than prompting them to apologize. The first punishes through shame and blame, while the latter teaches the skills of kindness and thoughtfulness. Research shows that when children are intrinsically motivated to apologize, not only are they more likely to mean it, but they are less likely to repeat the offensive behavior. Additionally, studies show that most young children do not view coerced apologies as effective. Findings of one indicate that 90 percent of children who willingly apologized viewed the recipient as feeling better while only 22 percent of children connected a coerced apology to improved feelings in another.

The goal, then, is to teach skills to be kind, rather than punish. Refrain from pushing a child to apologize when he or she is not ready, or when they are not remorseful. Instead, prompt children to apologize. This is done by helping children notice and name how they were feeling when they acted out and help them understand the impact of their words and actions. Discuss what they could have done differently or what they might do next time if this were to happen again. It might feel challenging in the short-term to resist forcing an apology, but in the long-term, you will be building lifelong skills rooted in empathy, embracing mistakes, and repairing relationships.

Saying "be kind/nice/helpful"

Because children are concrete learners, they feel confused by general statements. Instead, get clear and state the behaviors you do want to see. When you notice your kiddo doing these behaviors, help them celebrate these moments with a high five, dance party, or with an observation such as, "Wow, I really see you helping your brother. He seems to like when you show him that." This will help reinforce more of the desired behavior.

So what do we do if we aren't telling our kids to apologize after hitting their sibling, or telling them to share their toys with others, or inviting them to "be kind"?

Here are a few tips to help teach kindness:

1. Stop and manage the situation as needed. If a child is going to hurt themselves or another, intervene for safety.

2. Offer a Time-In. Notice your child's need for help and make it safe for them to feel. Time-ins help children notice their big feelings and offer strategies to help regulate their emotions. This shift from the primitive brainstem (fight, flight, or freeze) to the higher-level learning brain makes it possible for children to become more self-aware. Once they are self-aware, they can then begin to notice how their actions affect others. During a time-in:

- Invite your child to recognize what happened.
- Help them notice how they feel about what happened.
- Ask questions to help them understand how the other person involved may feel about what happened.
- How do you think the other person is feeling?
- Why might they feel that way?
- Explore what they are willing to do about what happened.
- Would you like to do a make-up/re-do?
- What could we do to help them feel better?

3. Make mistakes safe. Mistakes help us learn and grow. When children feel as though mistakes are allowed, and even celebrated, they embrace imperfection in themselves and others.

4. Define kindness. Ask your children what kindness means to them and create a family definition. Together, brainstorm acts that support this definition. Hang a kindness value card on the refrigerator as a visual reinforcer for these acts and create a ritual to discuss kindness with your children. "What did you do that was helpful/kind/thoughtful (and so forth) today?"

5. Model and reinforce the behaviors you want to see. Offer opportunities to practice kindness and compassion. This can be done by creating a family ritual like volunteering, or via small acts of kindness sprinkled throughout the day, like bringing someone in your family who is thirsty a cold glass of water. Strengthen your child's observation muscles by practicing these skills yourself and calling them out in one another as a family. Some families look for opportunities to "catch someone being kind," writing them down on slips of paper and putting them in a kindness jar to be read together each week.

6. Read books about kindness. Another great way to reinforce this behavior is by reading books that teach kindness. As you read, ask questions to help children think about and relate to the characters in the book. Some talking points for prompting children to consider kindness are, "What do you think they were thinking?", "How do you think they were feeling when they said or did that?" and "What would you have done in that situation?"

When we model kindness for ourselves, others, and yes, for the planet, we nurture it in our children. Kindness in action. This is where real and lasting power for systemic change will come from.



How Can We Help Kids with Self-Regulation?

CHILD MIND INSTITUTE; REPRINTED WITH PERMISSION

If you're a parent, chances are you've witnessed a tantrum or two in your day. We expect them in two-year-olds. But if your child reaches school age and meltdowns and outbursts are still frequent, it may be a sign that they have difficulty with emotional self-regulation.

Simply put, self-regulation is the difference between a two-year-old and a five-year-old who is more able to control their emotions. Helping kids who haven't developed self-regulation skills at the typical age is the goal of parent training programs. And many older children, even if they're beyond tantrums, continue to struggle with impulsive and inappropriate behavior.

What is self-regulation?

Self-regulation is the ability to manage your emotions and behavior in accordance with the demands of the situation. It includes being able to resist highly emotional reactions to upsetting stimuli, to calm yourself down when you get upset, to adjust to a change in expectations, and to handle frustration without an outburst. It is a set of skills that enables children, as they mature, to direct their own behavior towards a goal, despite the unpredictability of the world and our own feelings.

What does emotional dysregulation look like?

Problems with self-regulation manifest in different ways depending on the child, says Matthew Rouse, PhD, a clinical psychologist. "Some kids are instantaneous — they have a huge, strong reaction and there's no lead-in or build-up," he says. "They can't inhibit that immediate behavior response."

For other kids, he notes, distress seems to build up and they can only take it for so long. Eventually it leads to some sort of behavioral outburst. "You can see them going down the wrong path but you don't know how to stop it."

The key for both kinds of kids is to learn to handle those strong reactions and find ways to express their emotions that are more effective (and less disruptive) than having a meltdown.

Why do some kids struggle with self-regulation?

Dr. Rouse sees emotional control issues as a combination of temperament and learned behavior.

"A child's innate capacities for self-regulation are temperament and personality-based," he explains. Some babies have trouble self-soothing, he adds, and get very distressed when you're trying to bathe them or put on clothes. Those kids may be more likely to experience trouble with emotional self-regulation when they're older.

But the environment plays a role as well. When parents give in to tantrums or work overtime to soothe their children when they get upset and act out, kids have a hard time developing self-discipline.

"In those situations, the child is basically looking to the parents to be external self-regulators," Dr. Rouse says. "If that's a pattern that happens again and again, and a child is able to 'outsource' self-regulation, then that's something that might develop as a habit."

Children with ADHD or anxiety may find it particularly challenging to manage their emotions, and need more help to develop emotional regulation skills.

How do we teach self-regulation skills?

Scott Bezsylo, the executive director of the Winston Prep schools for children with learning differences, says that acting out is essentially an ineffective response to a stimulus. The parent or teacher needs to help the child slow down and more carefully choose an effective response instead of being impulsive.

We approach self-regulation skills in the same way we approach other skills, academic or social: isolate that skill and provide practice,” Bezsylo explains. “When you think of it as a skill to be taught — rather than, say, just bad behavior — it changes the tone and content of the feedback you give kids.”

The key to learning self-regulation skills, says Dr. Rouse, is not to avoid situations that are difficult for kids to handle, but to coach kids through them and provide a supportive framework — clinicians call it “scaffolding” the behavior you want to encourage — until they can handle these challenges on their own.

Imagine a situation that can produce strong negative emotions, like a frustrating math homework assignment. If a parent hovers too much, they risk taking over the regulation role. “Instead of the child recognizing that the work is frustrating and figuring out how to handle it,” Dr. Rouse explains, “what they feel is that the parent is frustrating them by making them do it.”

Scaffolding in this situation might be helping the child with one problem, and then expecting them to try the rest.

If they feel frustrated, they might get up and get a drink. They might use a timer to give themselves periodic breaks. The parent would check in on them at intervals, and offer praise for their efforts.

If a child is prone to melting down when they’re asked to stop playing a video game, scaffolding might be practicing transitioning away from the game. “You’d want to practice with a game in which they’re not overly invested — you don’t want to begin with high-stakes,” Dr. Rouse explains. “Have them practice playing for two or three minutes and then handing you the game. They get points towards something they want every time they do it.”

Practice runs

Dry runs are another way to scaffold self-regulation. For instance, if you’ve had trouble with a child reacting impulsively or having a tantrum in a store, make a short visit when you don’t need to do serious shopping. Have them practice walking with you, keeping their hands to themselves. They get points towards some goal every time they are successful.

Dr. Rouse says that often parents get discouraged when things don’t go well the first time they try skill-building, but consistency and starting at a level that is appropriate for your child are key. Rather than giving up, try paring down the activity so it is more doable, and slowly give your child more and more independence to handle it.

For instance, if brushing their teeth is a problem for your child, you might start by focusing just on putting toothpaste on the brush, and respond with positive feedback and rewards when they do it. Once they’ve practiced that a few times, add the next step in the chain.

Similarly, if getting out the door in the morning is causing meltdowns, target one step at a time. First, say, getting dressed by 7:15. Once they’ve mastered that, set a target time for breakfast, and add that. Breaking the chain into small steps allows them to build self-regulation skills in manageable increments.

Help kids become self-reflective

Bezsylo stresses that when parents or teachers approach impulsive, inappropriate behavior calmly and give them time, kids can learn to choose better ways to respond to that situation. The feedback kids need is non-judgmental and non-emotional: what went wrong, and why, and how they can fix it next time.

When kids are part of an environment that’s reflective and analytic as opposed to emotional and fast-paced,” Bezsylo explains, “they can learn to make better choices.” Slowing down allows children to become more thoughtful, reflective and self-aware. “We need to slow down and model self-reflection and self-awareness and self-regulation for our kids,” he notes, “but it’s also helpful and good for us, too.”

Bezsylo notes that mindfulness and meditation are good for everyone, but especially for children with self-regulation challenges. And Dr. Rouse mentions the many parent training programs available to help them become better coaches for their kids. For older kids, dialectical behavior therapy (DBT) is also an option, as it focuses on distress tolerance and emotion regulation.

At the end of the day, though, nothing can replace the work of the parent. “It seems to me,” says Dr. Rouse, “that the family environment is the most important piece.”

For more articles like this visit: www.childmind.org



Going Beyond the Behaviors: How to Heal from the Impact of Early Trauma

BY HEATHER T FORBES, LCSW
REPRINTED WITH PERMISSION

In order to understand the meaning of tall, we need to understand the meaning of short. To know if something is hot, we must be familiar with something cold. Likewise, good is relative to bad, wet is relative to dry, and happy is relative to sad. The same is true in order to understand the impact of early childhood trauma and abuse on a child. We need to first understand the impact of positive early childhood experiences in order to understand the impact of negative early childhood experiences. With the comparison of this information, we can have insight into knowing how to parent and connect with a child who experienced early childhood trauma, abuse, and neglect.

This article is designed first to give you the information of what happens when children are raised in environments of love and attunement and then to give you information on how to re-create interactions with an adopted child whose early life experiences were void of these positive experiences and tainted by trauma and abuse. In order to heal the broken, we must first know what it looks like unbroken. Tools for the adoptive parent are given in order to empower you as a parent to overcome, with your child, the effects of toxic caregiving, many children experience in orphanages or foster homes.

The Right Brain.

The first relationship an infant is designed to experience is the relationship with his mother. This relationship begins in the womb and is designed to continue at a high level of intensity for at least the next three years of the child's life. It is in these first three years that amazing development happens due to his mother's attention, attunement, devotion, and connection with him.

John Bowlby, considered the Father of Attachment Theory, identified this relationship between mother and child as critical to the development of a child's ability to relate to others during his entire lifespan. Bowlby stated that early life experiences create imprints that influence a child's capacity to maintain healthy and secure relationships as an adult. New research from neurological science reinforces this concept and shows that these early life experiences literally influence the development of a child's neurological system and influence the circuit wiring of his brain.

According to Dr. Allan Shore, the "King" of affect regulation, the development of a child's brain occurs primarily in the right brain the first few years of life. The right brain holds the capacity for emotional and nonverbal information processing while the left brain holds the capacity for language and logical processing. Thus, for the infant and toddler, with no or limited language skills, communication happens primarily in the right brain. These experiences occur at the emotional level, not at the cognitive or "thinking" level.

It is interesting to note that as adults, we operate from mainly our left brains. We think logically and we use words to express ourselves—all left brain functions. Yet, our babies and children are working from the opposite side of the brain. If you observe a mother with her infant, she has shifted out of her left brain and into her right brain. How logical is it to say, "Goo-goo-gaa-gaa?" Yet, when seen in the context of the parent-child relationship, it is perfectly acceptable and, in fact, necessary, in order to connect with a child because the child's right brain needs emotional experiences.

As adults, it takes shifting back into our right brain, getting outside of being the adult, and meeting our child where he is at in order to create a healthy relationship. **As adoptive parents, we need to realize that the bond we are trying to build with our children, at whatever age, needs to happen at the emotional level first.** If we allow our children to experience what they missed with us in their early years—parenting from our right brains and emotionally available and attuned—we will be creating an environment for healing and the development of meaningful relationships with our children.

As adults, it takes shifting back into our right brain, getting outside of being the adult, and meeting our child where he is at in order to create a healthy relationship. As adoptive parents, we need to realize that the bond we are trying to build with our children, at whatever age, needs to happen at the emotional level first. If we allow our children to experience what they missed with us in their early years—parenting from our right brains and being emotionally available and attuned—we will be creating an environment for healing and the development of meaningful relationships with our children.

Types of Communication.

When a young child communicates with his mother, he experiences her being predictable and manipulatable. For instance, if the baby smiles, his mother smiles back. If the baby cries, his mother attends to him in a soft and soothing tone in order to calm him. The child's communication, while non-verbal, is used to make connection with his mother. There are three main forms of non-verbal communication prevalent between young children and their caregivers.

First, mothers and babies communicate through visual and facial expressions. The child is reading his mother's face and vice-versa, the mother is reading her child's face. The baby smiles, the mother smiles. Through this communication, the baby develops a sense of coherence in his feelings. If the baby smiles and the mother frowns and becomes upset, the baby becomes confused and distorted in his understanding of feelings.

Second, the mother and child make connection through physical touch and with gestures. Think of the pleasant sensation you have when you touch a baby's skin. This is an important part of positive communication between parent and child. The skin is the largest organ in the body. It needs physical stimulation that is pleasant and enjoyable. This helps develop the child's sensory system. Children who are not touched or held are at risk of having sensory integration difficulties.

Third, the parent-child connection happens through the auditory senses whereby the mother's tone of voice influences the child's receptivity to his mother's verbal communication. The baby does not have the capacity to understand his mother's words and vocabulary, thus the baby is comprehending verbal communication solely through his mother's emotional tone of voice. It is not what the mother is saying, but how she is saying it. This verbal communication is essentially a function of the right brain, the feeling brain, not the left brain, the cognitive brain.

Through these non-verbal communications, the attachment system is being created by both the child and the mother. In this attachment system, the mother is helping the child regulate his states of stress and fear. The mother who attends to her child's negative states is helping her child shift back into a positive state. This is known as "affect synchrony." Affect synchrony is the regulatory means for developing and maintaining positive emotional states within the relationship of emotional communication. Positive states are amplified and maximized for the child while negative states are minimized and neutralized for the child.

Regulatory Difficulties.

As babies and children experience these types of loving and calming interactions, their systems learn how to handle high levels of both positive and negative feelings. Their internal neurological systems become equipped to calm down on their own. Essentially, they begin to develop the ability to self-regulate.

For a child who misses these early positive experiences due to trauma, abuse, or neglect, he lacks the ability to read facial expressions and to feel a sense of internal security.

If his cries for help were either met with negative reactions from his parent, as in the case of abuse, or ignored by his parent, as in the case of neglect, the child quickly shifts from living in a state of love and peace to a state of fear and terror.

When children miss having the experience of a loving parent or caregiver who helps them calm down, their systems stay in a state of stress, unable to regulate back down to a calm state.

The result is a child who is very sensitive to stress and lacks the regulatory ability to calm down on his own.

In severe cases, children living in these environments reach a state of absolute terror and plummet to a state of survival—life or death. Their nervous systems remain in a constant state of stress and hyper-vigilance, unable to predict what type of reaction they are going to receive with each cry for help. Some children, characteristically those who are neglected, simply stop communicating and shut down from the world.

Healing for these children happens when the adoptive parent can recreate positive experiences in order to give the children the experience of being soothed through the parent-child relationship. The child's nervous system needs to experience the state of calm arousal instead of staying in a state of perpetual hyper-arousal. It takes parenting from a new understanding that says, "Children's behaviors are a cry for regulation—a cry for relationship, not a cry for punishment."

The child does not know how to say, "Hey, mom! I'm completely stressed out here! I'm scared, in fact, I'm quite terrified because my world has been turned upside down and I need your help in soothing me-NOW!" The only communication the child knows at this point in his development is misbehavior.

Thus, instead of parents working to extinguish and change the child's negative behaviors, it becomes clear that the child needs to be soothed and comforted by his parent. The child needs connection and needs interactions with his parents that provide safety, love, and security.

It takes going beyond the behaviors in order to create this necessary and essential parent-child bond. As adoptive parents, we have to learn the rhythms and flows of our children and then modify our own to fit into a parent-child matching. (For more information on how to do this while at the same time teaching children appropriate behaviors and maintaining boundaries, read *Beyond Consequences, Logic, and Control* available at www.beyondconsequences.com). The focus of parenting then shifts from the goal of changing behaviors to building relationships. This is the essence of creating healing and safe homes in order to stabilize our children and prepare them for a future of peace, joy, and abundance.

In the past, parenting focused on ways to decrease negative behaviors and negative emotions. However, with this new understanding of brain development, we now see that parenting is about increasing positive emotions and creating positive experiences. Parenting emotionally healthy children is about joy, not fear-based punishments.

Interactive Repair.

Interactive repair is the key to helping children heal from the effects of early childhood trauma. Repair to the nervous system and to the child's sense of self comes through interactions with his parent.

As the relationship develops between the two, through loving, safe, and kind experiences, the child learns to tolerate negative emotions and eventually develops his ability to self-regulate.

The key to this is the emotional availability of the parent and the intimacy offered by the parent, which is the central growth feature for *all* children.

When the parent is calm, regulated, in a state of peace, and open to connecting emotionally with the child, this influences the child's ability to shift into this state of regulation and calm.

Interactive repair is essentially a body to body connection. In terms of these interactions, both the parent and the child are co-regulating their central nervous systems and their autonomic nervous systems. At a physiological level, the body is changing. Cortisol levels are dropping; oxytocin is increasing.

Their endocrine systems and their immune systems are being regulated by the nature of their relationship.

Creating a Healing Environment.

The number one person to help your adopted child is you.

Every interaction you have with your child is a healing moment. This is especially true during the difficult interactions when your child is demonstrating difficult behaviors. That is when he is most "raw" and needing you the most. These are the healing moments we have traditionally missed! Instead of punishing the behavior, step inside your child's pain, join him in relationship, and give him understanding and the opportunity to experience love and regulation through your relationship with him. Being mindful that his behaviors are requests for connection is essential to this process.

Be proactive in working to create experiences that build connection. Here is a list of playful activities for creating secure attachments:

1. Carrying your baby
2. Rocking your child
3. Feeding your child
4. Talking (It's not so much as what you say as how you say it—tone of voice)
5. Playing – letting the child lead the play experience
6. Hugging
7. Massage and gentle touch
8. Cuddling
9. Co-bathing (when age appropriate)
10. Swimming (skin to skin contact)
11. Creating a life book
12. Giving your child his story
13. Playing "hide and seek" (recreating the coming and going experience)
14. Tickling
15. Wrestling (great for dads!)

Face to face play experiences feed the wiring of the brain.

Traditionally, we have underestimated the importance of play experiences in early human development. For many children who have suffered trauma, abuse, and neglect, they do not know how to play. Create these play experiences and you'll be creating experiences that can truly repair the missing pieces from his past by changing his physiological system, decreasing his stress state, improving his relationship with you, and ultimately, creating the essential missing ingredient in his life: joy!

Popular Apps for School Challenges!

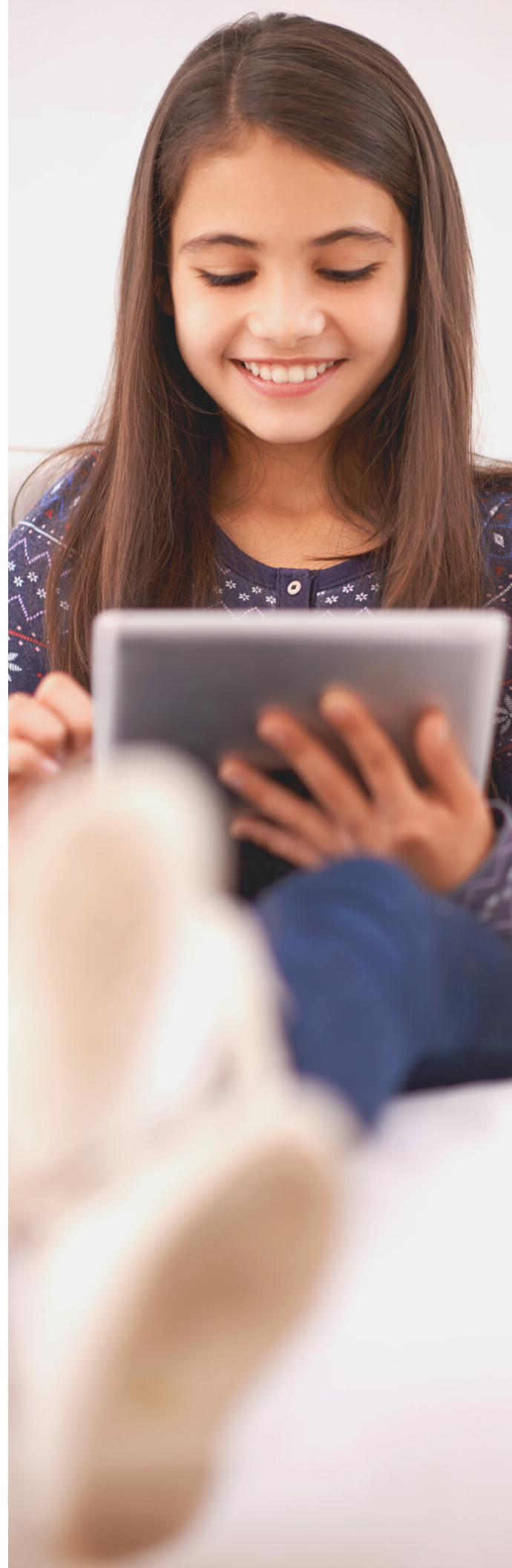
Assistive technology can help kids and adults manage many challenges in organization, social skills, reading and math. Take a look at some of these apps to see if your child can benefit from them.

NOTE TAKING AND STUDY APPS:

- **Evernote:** This free basic plan brings note taking to a whole new level. Your student can sketch, take a photo, use audio and sync notes from multiple devices.
- **Google Keep:** Think of this app like a mobile alternative to using "sticky notes". Help your child stay organized and focused by using this app to create notes and set up timely reminders to keep them on task.
- **Paperbywetransfer:** This is the note-taking app for those who love to sketch, draw, doodle, or take notes by hand. You can doodle away as you sketch your notes in this app.
- **Brainly:** Stuck on homework? This app connects with a community of students and experts to help guide you to the right answers. There is a free and plus version
- **Quizlet:** Create mobile flashcards for any class or subject and let the app test your knowledge once you input the information.

ORGANIZATION & TIME MANAGEMENT APPS:

- **MyHomework:** Easily track your assignments, projects and upcoming tests with this easy to use app. You can categorize by color, set reminders and check off when completed.
- **Rememberthemilk:** A great homework and project mobile organizer you can share up to two other users as well. This app syncs with Evernote, Gmail and Google Calendar.
- **Forest:** Grow a digital tree while staying focused. This fun growing tree visual can keep kids, teens and adults focused, but don't leave the app in the middle of your work or your tree will die.





The Impact of Adoption on Teen Identity Formation-PART ONE

BY CAMERON LEE SMALL, MS LPCC

“Cam, you’re fired. I like you, I’m cheering for you, but you broke the rules and I have to fire you.”

It was mid-summer, the camp director and I were sitting at a picnic table on the edge of a hiker’s dream of a forest in northern Wisconsin in the 1990s. I was 16 years old, wondering how to tell my parents I just got fired from Boy Scout camp for underage drinking.

My parents had walked with me through many of these milestone “mistakes.” They were so patient with me. I cannot even remember how they heard the news, but I remember feeling safe with them on the four-hour drive home after they picked me up from this not-so-fabulous moment in my life.

In a season when I had been trying desperately to fit in with the others, along with figuring out who I was in the first place, my decision-making skills were clouded by isolation and confusion, fear and doubt. I think every parent wants their child to grow up and be able to make safe, healthy, pro-social decisions. Those were abstract concepts for me back then and all I wanted was to feel a sense of belonging. I’d do almost anything to get that.

To talk about how an identity is formed in later years we need to recognize how it was disrupted in the first years.

My father died when I was around two years old, leaving my Omma and me alone in Korea in the 1980s. Although the stigma of becoming parents outside of marriage continues to intimidate families, it was even more intense back then. Omma tried hard to raise me by herself, but after much anguish she decided to relinquish me for adoption a couple of months later.

In her book, “The Primal Wound,”¹ Nancy Verrier shares an adoptee’s insight: “Being chosen by your adoptive parents doesn’t mean anything compared to being unchosen by your birth mother.” I think I felt this back then, and so did my Omma.

I navigated two foster placements until I was eventually adopted from Busan, South Korea, to Nekoosa, Wisconsin. My environment shrunk from around 3.5 million people to just over 2,000. Perhaps more importantly, my family shifted from my Korean biological mother to a white adoptive mother and father. I think that was the biggest adjustment for me back then—besides the loss of extended family, loss of culture, loss of language, loss of everything I knew as “home” for three and a half years.

It took me about 30 years to eventually return to Korea and reunite with my Omma face to face. A lot happened in between those moments, including the Boy Scout camp,

and much has taken place since. I met role models, mentors, friends, adoptees, and folks in local church communities whom I consider brothers and sisters. I became interested in learning more about who Jesus was and how there might be more to it than what I had seen growing up in Nekoosa. In my personal experience, I found and received more than I ever could have expected. I especially gained insight about the role of identity formation in the adoption narrative.

My current work as a licensed professional clinical counselor is inspired largely by that journey of loss, trauma, identity, and healing that I received along the way. It's an ongoing path though. Adoptees navigate adoption as a lifelong experience. My aim is to walk with them, to strengthen them and give them a voice with hope and tools to press on. Every adoptee's story is unique and it is clinically appropriate to give space for them to share it. Separation from biological parents can be traumatic for infants, youth, and teens. The psychological overwhelm can leave long-lasting imprints on the brain, body, and soul. For me, I feel fortunate to have escaped the tragedy that developmental trauma so often perpetrates against adoptees and their families. Not everyone escapes. This topic of the "teen years" especially resonates with me as I remember that time in my own life as tumultuous and confusing. By God's grace I was somehow carried through to seasons of restoration and joy, but not without struggle and certainly with ongoing, normative needs for help and community.

If you are reading this, you might be an adoptive parent looking for ways to support your child/teen through a particularly stressful season. You might be a professional who serves adoptees in some capacity, either clinically or at some point in the child welfare system. You might even be at the beginning stages of considering adoption, conducting some preliminary research on your own before embarking fully on the journey. Whoever you are, whatever your role, I am glad you have taken the time to read, and I hope that you gain new insights to better equip you to understand and respond to the needs of adoptees during crucial periods of identity formation.

This essay is not meant to shame or guilt you into believing certain ideas. Instead, it is an invitation for you to consider how adoption-related themes might be unfolding in the lives of those you care about, whether personally in your family or vocationally as you serve adoptees in your community. You can decide how those themes might fit or map onto their experiences and be informed about how you might participate in a way that supports adoptive identity development and other positive mental health outcomes. When I think about adolescence and adoption as concerns in my clinical practice, I often hear something like, "How can we tell if this behavior is just a teen thing, or if it is related to adoption in some way? And what can we do about it?" Have you ever wondered that?

Let's take a look at this poem from Debbie Riley's Book, "Beneath the Mask," Written by a teen adoptee.

It's your entire fault

For causing this pain

You destroyed my life It's not a game

It's all your fault I turned out this way

Now I'm stuck with this feeling day to day

It's all your fault

It's your entire fault for making me feel so sad

Not all teen adoptees feel stuck in that kind of narrative. Furthermore, my aim here is not to pathologize those who have been adopted. However, I do want those who are adopted, and do feel stuck, to know they are not alone. And for those who are supporting adoptees in this season, my hope with this article is to support your recognition of adoption-related themes as the folks under your care navigate teen and young adult stages of the adoption journey.

My key message is: **Adoption interacts with adolescence. One will shape the other.**

The two are woven together and must be addressed in ways that are different from the way a biological family supports their children. Teen adoptees need us to recognize, respect, and respond to that lifelong dynamic.

As an adult adoptee and now a clinical counselor, I have been working to raise awareness about adoption-related issues for over a decade. Over the years, I have come to see themes and patterns of resistance from adoptive parents, particularly white adoptive parents who adopt transracially, in many forms but mainly iterations of these five statements:

**"Why can't you just be thankful for what you do have?"
"But aren't you grateful your mother didn't have an abortion?"**

"They were adopted as infants, so everything should be fine."

**"We don't see color. Everyone is the same on the inside."
"Kids are resilient. These challenges are meant to make them better."**

There are more messages, certainly, but for the scope of this essay we will consider these as the launch pad for our discussion.

The previous five iterations are typically presented by adoption professionals and faith communities to support a very positive view of adoption. I am not against using language as a form of redirection and hope, but when we use it to silence or invalidate our family members' stories, it becomes more of an oppressive tool rather than a connective process. Perhaps even worse, when we do not provide language for our family members, we deny them the life-giving experience of being seen, known, and embraced by another.

When it comes to the individuals and communities who matter to us, we want them to be accepted and nurtured as they are rather than isolated into the distorted images society pushes on them.

Regarding whether a person's struggle is a "teen" issue or an adoption-related issue, I will explore that process through the Stages of Change model, originally formulated by John C. Norcross, Paul M. Krebs, and James O. Prochaska.³ Within this framework, we can begin to understand some basic social terms and applications for adoptive families, based on where their teens are in that journey. I should add that these are broad sweeps and generalizations. I recommend you discuss your specific family context with a mental health professional before taking significant action based on the following vignettes.

Pre-contemplation

A teen adoptee in this stage may understand on a cognitive level she was adopted, almost as matter of fact, but has not taken time existentially to reflect on what it means for her or for others involved in the process (e.g., existence of a birth/first family, their feelings about her existence, individual and contextual conditions that led to her adoption in the first place, etc.). She also may not have been given the words or the space to do so. Additionally, transracial adoptees may see their picture on the wall at home, their smile in a sea of white faces, but are oblivious to the fact that being a person of color in a predominately white community could significantly shape the way they are treated.

Contemplation

A teen adoptee in this stage begins to notice something does not feel right, but can't quite put his finger on it. He feels uncomfortable when others ask him about his adoption story. They might make a reference to the cost of adoption (e.g., "How much did you cost?"). They might even ask him why he was adopted. For transracial adoptees, friends or classmates might make jokes about his skin color or give him nicknames based on race, but at this stage he lacks the resources or language to articulate why he feels uncomfortable. He ignores his feelings or tries to mask them using sometimes maladaptive coping strategies (e.g., excessive perfectionism, people pleasing, internalized racism, self-medicating through substance abuse, self-harm). This stage might be paired with the perspective-taking model proposed by Lee and Quintana (2005)⁴. In their study of 50 transracially adopted Korean children, adoptees were found to progress through a sequence of perspectives as they understood race and ethnicity. The findings highlighted three levels of perspective taking:

- **Level 1:** In this literal perspective, children make sense of racial status through considering the role of ancestry. (e.g., "To be Korean means your parents were Korean. But just because you're Korean on the outside [does not mean] that you're not American on the inside.")
- **Level 2:** In this social perspective, children can imagine themselves through others' eyes and can articulate social consequences of group membership, including racial prejudice. (e.g., "I guess I'm different [from white people] because they treat me differently.")
- **Level 3:** In this collective group consciousness perspective, the focus is less on objective features (e.g., racial status) and more on subjective features such as psychological or emotional connection to other group members. (e.g., "I believe [what makes me Korean] is the way you feel about it... it's more what you know about your culture and how much you believe in it.")

Through those levels, adoptees might contemplate their sense of identity and belonging in a new family as well as within their new culture.



Preparation

A teen adoptee in this stage has begun to understand the depth of her adoption. She has done some emotional processing related to what it means to her and to the folks around her, subtly and overtly, and is deciding to take action to either decrease the amount of stressors in her environment or to adapt to them, externally and/or internally.

Action

A teen adoptee in this stage is making moves, regularly or sporadically, to reconcile her feelings of isolation, confusion, loss, and/or anger. She participates in behaviors that explain, confirm, or validate her experiences. She also seeks connection with others who share elements of her narrative in some way. That could be through social media, reading, engaging in film, music, poetry, theater, or other creative outlets in person or from a distance.

Maintenance

This teen is actively involved and committed to a continual learning and exploration process of self-in-the-making. They've connected to and may even be taking leading roles/positions in the community, or at least they are regularly involved in a way that leads to sustained, long-term relationships with people and causes in their immediate and surrounding circles of influence. This stage might be likened to the Achievement stage in the classic identity model proposed by James Marcia in 1980 (i.e., Diffusion/foreclosure, Search/moratorium, Identity achievement).

Circling back to our question, "How can we tell if this behavior is just a teen thing, or if it is related to adoption in some way?" It is important to understand that sometimes there is overlap, or sometimes one particular aspect of a situation could have an interaction with another aspect of our adoption journey. In other words, it is both. And teen adoptees may need our help in different ways, depending on where they are in the stages of change, and the pain-points they are holding at any given time.

"Nothing hurts like relinquishment hurts."

During adolescence, our brains and bodies are going through massive changes, and entire emotion regulation systems are undergoing major development. This can be scary for pretty much everyone involved. A parent's hard and sacred job is to walk with their teen through that complexity. It is what Circle of Security International calls "Being With."

Let us take a look at a case study: A family attends a routine visit to the doctor's office. The family is asked questions about medical history. In that moment the teen reflects on the idea they are biologically connected to another set of parents, parents who exist outside of their adoptive family constellation, perhaps even outside of the community or country. They are beginning to sit with deeper meanings and implications of being adopted. On the car ride home, they become quiet, they turn inward and wonder about themes of identity, family, their origins, the "what ifs," and maybe even a yearning of some kind for their past. The parent notices and begins asking the teen some questions: "You're quiet, what's up? Tell me what's going on?" The teen doesn't know what to say, so they respond, "Nothing." Tone of voice might be a trigger for the parent, and now instead of realizing there could be more to it, they feel disrespected by the "rude" comment. This escalates into a heated argument. The teen's executive functioning skills are not yet strong enough to regulate the urges of their limbic system (those fight, flight, freeze responses), and so they begin yelling. The parent assumes something is wrong with the teen. This kind of conflict is common for families, but when we are able to step back and recognize the dual processes (teen development and adoption), parents will be in a better position to offer empathetic support as both unfold.



ABOUT THE AUTHOR:

Cam, author of *This is Why I Was Adopted*, has been working to raise consciousness about faith, child welfare, and mental health since 2012, after meeting his biological mother in Korea. Trans-racially adopted and founder of Therapy Redeemed, he holds a Master's in Counseling Psychology from University of Wisconsin-Madison and is a licensed professional clinical counselor. Cam is PACC certified, and registered as an accredited service provider through TAC via Center for Adoption Support and Education. He is also a vetted clinician with MN ADOPT. Join Cam's 12-week Online Support & Training for Adoptive Parents, offered once per season.

PART 2 OF THIS ARTICLE WILL RUN IN THE MAY 2021 EDITION

RAISE THE FUTURE
7414 SOUTH STATE STREET
MIDVALE, UT 84047

utah department of
human services
Child and Family Services



CONTACT YOUR POST ADOPTION SPECIALIST

| | | |
|-------------------------|------------------|--------------|
| NORTHERN REGION: | James Calvimonte | 435-757-8582 |
| Davis/Weber Counties | Erma Hawker | 801-668-0339 |
| Box Elder/Cache/Weber | Jorri Garcia | 385-239-4033 |

| | | |
|--------------------------|-------------------|--------------|
| SALT LAKE REGION: | Adoption Helpline | 801-300-8135 |
|--------------------------|-------------------|--------------|

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

| | | |
|--------------------------|----------------|--------------|
| SOUTHWEST REGION: | | |
| Richfield/Cedar City | Shandra Powell | 435-590-2299 |
| St. George/ Cedar City | Krystal Jones | 435-767-8774 |

| | | |
|------------------------|------------------|--------------|
| EASTERN REGION: | | |
| Price/Castledale | Breanna Powell | 435-650-4986 |
| Vernal/Roosevelt | Fred Butterfield | 435-630-1711 |
| Moab/Blanding | Jennifer Redd | 435-260-8250 |

GET TO KNOW YOUR POST ADOPTION WORKERS:



JAMES CALVIMONTE, CSW

James is a CSW and is the Clinical Consultant and Post Adoption Supervisor for the Northern Region. He has worked for the State of Utah for nearly 8 years. James is a TBRI Certified Practitioner. He is happily married and has three young children. James has a passion for working in Child Welfare and strengthening families.

WWW.UTAHADOPT.ORG
FB @UTAHSAADOPTIONCONNECTION