

# UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2024 EDITION



KIARA, AGE 11

Bry Cox

Photo by: Bry Cox  
Bry Cox Photography



**AIZIK, AGE 17**

Photography by: Ted York Photography

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# UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

In partnership with  RAISE the FUTURE

## WAS YOUR CHILD EXPOSED TO DRUGS IN UTERO?

What many parents don't know is when a person is unable to get drugs they turn to alcohol which we know causes FASD.

FASD stands for Fetal Alcohol Spectrum Disorders, a form of neurodiversity that arises as a result of prenatal alcohol exposure. The research on prenatal alcohol exposure is rapidly changing, which provides greater opportunities for understanding the strengths and needs of individuals with FASD.

*Children with FASD have difficulty with:*

- Impulse control
- Poor problem-solving skills
- Difficulty seeing cause and effect
- Lie when it would be easy to tell the truth
- Difficulty with transitions
- Sleep disturbance
- Often interrupts/intrudes

Just to name a few.

For more information about FASD and available supports visit [utahadopt.org/support and resources/drug abuse](https://utahadopt.org/support-and-resources/drug-abuse).



### ON THE COVER, KIARA

Kiara is sure to be the star of the show when singing and dancing. It doesn't matter what type of music is playing, Kiara likes to groove to the beat. This sweet and insightful girl hasn't met a dog that she doesn't like. She loves to be creative with art, and chicken ramen makes her stomach happy.

Kiara is now in the fifth grade. Art is the highlight of her school day.

All family types will be considered. Kiara has significant connections 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 home study are encouraged to inquire.

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# Coping with the Grief of Adoption in a Healthy Way

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BY: AMERICAN ADOPTIONS, REPRINTED WITH PERMISSION

No matter their personal life story, every adoptee holds a certain degree of loss and grief in their hearts. It may come from different aspects of their adoption story: separation from birth parents, time spent in foster care, well-meaning-but-ignorant family and friends and more.

With so much of the media surrounding adoption focusing on its beauty and positivity, you may be confused at some of the emotions you feel right now. But the fact is, just as adoption journeys contain a great deal of hope, they can also contain loss and sadness — including from the adoptees at the center of the triad.

Unfortunately, there's not a lot of support out there for adoptees making this emotional journey. That's why we've created this article. Here, you can learn more about coping with grief and loss from the viewpoint of an adoptee. While everyone's journey will be different, you may find information here to help you safely and positively work through yours.

*Please note: While American Adoptions is an experienced adoption professional, we are not mental health experts. The information in this article is not intended to be and should not be taken as mental health advice. Please reach out to a local counselor if you are struggling with your adoption grief.*

## 3 Steps for Healing from Grief, as Told By an Adoptee

First, understand one thing: Every person's grief journey is unique. While mental health professionals recognize the nine steps of coping with grief, how quickly a person moves through them — and how they cope with them — will vary. There is no “right” way to deal with grief, although there are healthy and unhealthy ways.

Grieving adoption can be complicated, especially when an adoptee was placed with their parents at birth. If you're an adoptee, you may feel conflicting emotions: loss of your birth parents, even if you have an open adoption; anger at your adoptive parents, even though you love them unconditionally; or a sense of abandonment, even though you know your birth parents made their decision out of love.

Sherrie Eldridge, adoptee and author of “Twenty Things Adopted Kids Wish Their Adoptive Parents Knew,” knew how little information is out there about properly grieving adoption loss. So, she took a task-based approach created by Dr. William J. Wooden, adapting it for adoptees looking for a healthy way to understand and cope with their grief.

It involves four steps, outlined below.

### Step 1: Accept the Reality of the Loss.

Whether they recognize it or not, all adoptees deal with a certain degree of trauma and loss upon their adoption. Being separated from birth parents — even with their birth parents' willingness and support — can be difficult. Sometimes, that feeling of loss doesn't pop up until later in life.

In order to properly grieve this loss, all adoptees must first recognize it, Eldridge writes. They must accept that they can never return to the “unadopted” state they were in. It can be confusing to grieve this loss while simultaneously maintaining the connection of an open adoption, but many adoptees have learned to do so — “to embrace the future while letting go of the past,” in Eldridge's words. Adoptees should not deny the journey they have been through or the impacts it will continue to have on their life.



## Step 2: Work Through the Pain of Grief.

If you don't properly work through the pain, loss and grief you are feeling, it will continue to impact your life — potentially leading to harmful activities like acting out, eating disorders, mental health disorders and more.

This stage looks different for everyone. Some adoptees, as Eldridge writes, may feel no need to mourn. They may just see adoption as a fact about their life and nothing more. Other adoptees need to dedicate more time to the trauma and loss they feel, especially if they were adopted from foster care or internationally.

Whatever camp you're in, give yourself permission to feel your emotions. It's okay to be angry, sad, and happy about your adoption, all at the same time. There is no one "real" or "right" adoption experience.

Adoptees shouldn't be scared to talk to everyone in their life — their adoptive parents, their birth parents, their spouses, etc. — about what they're feeling. If you're having trouble talking to your loved ones about this grief, consider reaching out to a local counselor. They could provide you with tips and suggestions for working through this pain in a healthy way.

**Step 3: Adjust to the New Environment and New Reality.**  
This step means something different for every adoptee. For younger adoptees, it may literally mean adapting to the environment of a new home and new parents. For older adoptees, it could be adjusting to new relationships with birth parents and new feelings about adoption.

New environments and new experiences can be difficult for adoptees. But, it's a crucial step in ultimately accepting their emotions and role as an adopted individual. Fighting against change may seem natural at times, but it can do more damage than good.

If you're an adoptee at this step, ask yourself: How do I feel about the situation I'm in? What makes me uncomfortable about it? How can I mediate that discomfort and learn to accept where I'm at — especially if that reality is not going to change? Again, a counselor's guidance may be helpful.

## Step 4: Allow Yourself the Space to Think About Adoption.

The National Council for Adoption perhaps says it best: "Loss is inherent in adoption, but it is not the whole of adoption. Feelings of loss or sadness will ebb and flow for all those whose lives are touched by adoption, interspersed with feelings of great joy and celebration."

You'll likely feel conflicting emotions about your adoption at different periods in your life. What's important is that you provide yourself with the tools and supports you need to accept and move forward with these emotions. How?

As Eldridge writes, it's about "allowing oneself to think about the birth family — but then choosing to withdraw emotional energy from them and reinvest it in other relationships."

Open adoption plays a large role in this step. If you have a relationship with your birth parents, you can get the answers you need directly from them. Sure, your relationship with them will never be what it could have been if they had parented you, but there will always be "what ifs" in life. Instead of dwelling on them, focus on the relationship you have now.

And, if you don't have a relationship with your birth parents? Remember that you have the right to learn more about yourself and your history. Don't hesitate to search for your birth parents or complete DNA tests to find the answers to your questions.

Obsession with adoption will only reinvigorate feelings of pain and loss. To effectively grieve your loss and move forward with your life, you must recognize that adoption is not your whole story. You are more than the pain and loss you experienced upon your placement.

## A Word of Caution When Grieving

When some adoptees go through the grieving process, they get stuck on Step 2 of Eldridge's journey. They acknowledge and accept their loss but, rather than moving forward in a productive manner, they center on it, feeding off their and other adoptees' negative thoughts — rather than confronting the root of the matter.

Some adoptees feel anger at themselves, their birth parents, their adoptive parents and even the world which necessitated their adoption. These are all valid emotions. But, as birth mother Carol Komissaroff writes, it's harder for an adoptee to express that anger:

"Adoptees rarely talk openly about their adoption-related anger at home. Why? First, it is bad practice to bite the hand that feeds you. Second, it makes parents uncomfortable. So, they store it up and let it out in other ways, some of them anti-social."

If you follow adoption professionals and support groups on the internet, you've probably seen evidence of this anger. Some adoptees, rather than address the root of their issues with their adoptive/birth parents and their own personal feelings, take out their anger on other unrelated people and organizations. They may rail against adoption as a whole, refusing to see others' sides of the story. But not every adoptee feels grief and loss to the same extent, and painting a blanket statement about all adoptees, birth and adoptive parents and adoption organizations hurts others.

***Every person's experience with adoption is valid, even if it doesn't agree with yours.***

While we encourage every adoptee (and birth parent and adoptive parent) to express their opinions and share their stories, focusing on anger rather than moving forward in the grief process is often counter-intuitive. It can not only harm the individual itself, it can make others feel bad about their (valid) personal experiences with adoption.

Everyone grieves in their own time and manner, but if you find that you're stuck in the difficult emotions of adoption without moving forward, please reach out for help. Counselors experienced in adoption may be able to guide you through this healing process and help you accept your personal situation.

## Other Suggestions for Coping with Grief

Research on adoption grief and loss is still in its early stages. But, there is plenty of research on grieving loss and trauma of other kinds. You may find some of these tips helpful as you work through your emotions and come to terms with your own feelings toward adoption. Here are a few healthy ways to cope with grief, whatever its origin:

- Talk to your family and loved ones about what you're feeling.
- Give yourself permission to sit with your feelings.
- Don't put a timeline on your grieving process.
- Physically release emotions through exercise.
- Cry it out.
- Journal about your thoughts and feelings.
- Practice deep breathing.



# ADOPTION AND FOSTER CARE TRAINING DESIGNED JUST FOR YOU!



"NACAC trainings, both for professionals and families, have proven to be practical, engaging, and filled with strategies that work! The fun and hope-filled trainings encourage attendees to think in new ways about the challenges that they face when supporting the kids who need us most."

—state director of adoption

NACAC works with public and private agencies, associations, parent groups, and others to create customized training for parents, professionals, and

group leaders presented by experts in adoption and foster care. Whatever your budget, we can work with you to create multi-day conferences, webinar series, one-day events, virtual or in-person workshops, and much more for parents or professionals.



# TOPICS INCLUDE (BUT ARE NOT LIMITED TO):

## ✓ Adoption and Foster Care Best Practices

- Trauma responsive strategies
- Fetal alcohol spectrum disorders
- Understanding the impact of trauma on children
- Attachment and bonding
- Adolescent brain development
- Adoption competency for support staff and group leaders
- Recruiting families
- Permanency work with older youth
- Openness in adoption across a continuum/birth family connections

## ✓ Race and Equity

- Transracial parenting
- The impact of race and racism on children in care
- Supporting LGBTQ+ children and youth
- Supporting LGBTQ+ foster and adoptive parents

## ✓ Support Networks

- Parent leadership development
- Starting, maintaining, and enhancing parent or youth support groups
- Youth leadership development
- Creating effective online support networks
- Advocacy

## ✓ Adoption Assistance/Subsidy

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# How to Talk to Kids About Starting Therapy

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BY: STEPHANIE CORNWELL, CHILD MIND INSTITUTE: REPRINTED WITH PERMISSION

Starting therapy can be scary and uncomfortable, especially if your child isn't used to talking about their emotions or if they don't think they need help in the first place.

How you talk to your children about starting therapy can make them feel more comfortable, open, and prepared to go into the first session.

## **Normalizing therapy**

Getting kids accustomed to talking about feelings is important to set the stage for what goes on in therapy. "If we're going to normalize talking about emotions and mental health conditions, notes Karol Espejo, LCSW, a clinical social worker at the Child Mind Institute, "we need to have open conversations."

Talk about therapy as something that will help the child rather than making them feel like something is wrong. By talking openly about some of the concerning behaviors that you see, you are modeling that it's not something to be embarrassed about. Espejo compares this to a toothache -- if your tooth hurts, you go to a dentist. Likewise, if a child is having issues regulating their emotions, a therapist can teach them how to do so more effectively. In both cases, the goal is to feel better.

Therapy, especially for children, is about learning new skills to help them throughout their lifetime. The therapist is like a coach -- their job is to teach, support, and help your child be the best version of themselves.

## **Timing matters**

Timing for bringing up therapy is not one-size-fits-all, but Karol says a meal with the child, a drive in the car, or during the weekend when things are less busy are all good times to begin the conversation about going to therapy.

How far in advance the child should know about the session depends on how they will handle it. While every kid deserves a heads-up, kids with anxiety may worry themselves sick leading up to the appointment. "I would suggest about a week in advance for most children, but for anxious kids, the timeline should be shorter -- about two days before the first session."

There are also specific times when bringing up therapy could do more harm than good. "I would avoid talking about it at bedtime as increased anxiety can impact sleep or lead to rumination ahead of sleeping," Karol says. Another big thing is to never bring it up during an emotional conflict or argument or use therapy as a punishment -- "See, this is why you're going to therapy!" The role of therapy is not to punish or shame.

## **How to talk to young children**

Using developmentally appropriate language that connects to something your child is already familiar with is important in preparing them for therapy. Espejo advises being honest, direct, and simple for toddlers and preschool-aged children. Parents can say things like, "We're going to see a doctor," or "A support person who talks about feelings and emotions." It's important to clarify that this isn't the kind of doctor who will give them a shot; this is a doctor who's more interested in talking, possibly playing a game, or doing something fun together.

Also, try to avoid over-promising. Rather than saying, "We are going to meet a new friend today," try, "We are going to see somebody who helps with emotions, and they will ask you some questions."



Young kids also benefit from repetition and reminders to help them internalize their understanding of what's happening. So, if you have the initial conversation a week before their first session, you might remind them a few times throughout the week leading up to the appointment. For example: "Remember, on Wednesday after school, I'm going to pick you up, and we're going to see that adult I told you about. The one who helps us with our feelings."

### **How to talk to school-aged children**

For elementary-aged kids, comparing a therapist to their school counselor can be helpful. Even if they don't see the counselor regularly, they likely know who the person is. And they're familiar with the idea of kids speaking with that adult about feelings and behaviors. You can say something along the lines of, "You know how Ms. so-and-so in your school talks about feelings? We're going to see someone like that who has their own office and will talk to you about the emotions that have been coming up for you."

If your child seems reluctant or nervous about the appointment, you might say, "We're going to meet someone new, and I know it can be scary. I know sometimes you feel nervous. But I've spoken to Ms. Espejo, and she told me I could be in the room with you initially. And I won't leave until you're ready for me to leave."

It can also be comforting to let your child know that the whole family wants to support them through whatever is going on and that they aren't alone.

There are things you can do before the appointment to help your child feel prepared. The therapist will likely send several questionnaires for both the parent and child to fill out before the first session. This can be a good segue into therapy, as the child can see what questions the therapist might ask.

"We want to lessen any anticipatory anxiety," Espejo says, "so if your therapist has a website with pictures or videos of themselves, that can help make the child feel comfortable."

### **How to talk to tweens and teens**

Tweens and teenagers are generally much more aware of what's happening and might be more resistant to therapy. Whereas younger children may not understand why their parents are seeking treatment, older kids have their own opinions and often object to outside intervention in their lives. So, what if your teen doesn't want to go to therapy?

"We need to normalize therapy as a safe place to talk about emotions and feel better," Espejo says. "I think sometimes parents approach the conversation from a problem. 'There is this problem; let's go to therapy to fix it.' That can make kids defensive and feel targeted." It's important to talk about the therapist as an expert who teaches us how to process emotions to, for example, communicate better or not feel so nervous. In other words, focus on how therapy can help them.

No one wants to start therapy feeling blindsided by the process, especially not a teenager, who typically is starting to feel a little more control over their life. As with younger children, it's important to be direct and honest with your teen about why you're seeking treatment and how it can help them. If parents can get their children to try therapy, it will likely be more effective. You can say, "Let's explore the possibility of therapy because I noticed that you've been sad more days than not," or, "I noticed that you're not interested in some of the things you were interested in before." These conversations allow parents to model emotional recognition, and rather than blaming the teen -- "you need therapy because we're always fighting" -- it shows an awareness that the child is struggling.

First and foremost, you can assure your child that whatever is said in therapy is confidential, and they can feel comfortable sharing information with their therapist. The therapist will not share any of what is said in the session with their parents. However, therapists must break confidentiality if the child is in danger of harming themselves or another.

What if your child had a negative experience in therapy in the past? Therapy success depends on the relationship and rapport between therapist and child. And every therapist isn't going to be the right match for every kid. If your child didn't connect with a particular therapist in the past, it can be difficult to convince them to try again. Espejo suggests reassuring them that they just haven't found the right match and encouraging them to try this new person. You can also urge them to be patient and give the new therapist a few sessions before judging the connection. Parents can say, "If after a few sessions, you still feel like this is not going to work with this person, we will find somebody you will connect with."

### **Is it OK to tell people that your child is in therapy?**

Some kids are open and comfortable about seeing a therapist, while others may want to keep it private. Kids may feel uneasy about explaining why they go to therapy, whether it's to friends, extended family, or siblings. So, it should be up to them if and how their siblings or other kids in their social circle are told. Espejo suggests asking the child in therapy what language makes them comfortable -- therapist, counselor, feelings doctor, etc.

When explaining to a child that their sibling is in therapy for anxiety, for example, you could say, "Your brother gets really nervous every day, so we're going to see somebody that helps reduce some of the nerves."

### **How to talk about medication**

If you and your child's therapist think your child will benefit from medication, you will need to see a psychiatrist or other medical doctor. Ask the person prescribing medication any questions, and ensure you and any other parents are comfortable with the medication route before presenting it to the child. Medication may seem frightening to a child, and hearing conflicting opinions between caregivers will add to their confusion.

When discussing medication with your child, the goal is to emphasize that medication can make learning new skills easier. Espejo uses anxiety as an example: Sometimes, we are so anxious and constantly uncomfortable that we can't practice the coping skills we're trying to learn in therapy, like deep breathing.

It's important that the child knows this isn't their fault; instead, something is going on in their brain that they can't control. Espejo does a lot of psychoeducation with the kids she sees so they understand that medication is there to help reduce the symptoms of their condition. If they are anxious, for example, medication may be used to help reduce panic attacks and extreme worry.

## Tips for parenting your transracially adopted child

by [Gina E. Miranda Samuels](#), PhD, MSW

I am a transracial adoptee who has spent my professional life working with and conducting research on the experiences of multiracial families and families created by transracial adoption. These guidelines offer suggestions for adults raising children in multiracial families, with special considerations for families that include transracial adoptees. Transracial adoption is a unique context in which children learn about race, ethnicity and culture, and has important implications for how parents can support their children, within and beyond families, to develop healthy racial identities.

Find other resources I recommend, including my recent book, [Multiracial Cultural Attunement](#).

#1

**Remember that babies can recognize race differences by the age of 6 months old. Children as young as 2 years old will exhibit same-race preferences.**

THIS MEANS: From the moment we are born into the world we are taking it all in. Living in ways that socialize your child to fully experience this world naturally and regularly is important even for very young children. If you are waiting for your child to initiate this conversation, it will be too late.

- It requires the family to be fluent in “race talk” – socialization is not a conversation, it is a daily, incremental, and developmental family process.
- Engaging race, ethnicity, culture are normal parts of everyday life. Families should not relegate engaging child’s development around these identities to isolated experiences like culture camps, field trips and things that exist outside of regular family life.
- It requires parents to also live these experiences of multiraciality without their children. Your adopted child should not be the first person of color in your life.



#2

**Remember that it is normal to have questions about “where you come from” and about one’s birth family and their racial/ethnic/cultural heritage.**

Some adopted children never talk with parents or other siblings about their questions. This does not mean they do not think about their birth families, about race, or that it is not important to them, or that it’s “not an issue.”

THIS MEANS: “Family and Kinship Talk” (discussions about “relatives” and inherited traits, and stories of where “we” come from, etc.) should openly acknowledge child’s birth family as present in those conversations and part of the larger family’s shared story. It can also involve parents needing their own supports to deal with issues they may have about openness in adoption, or insecurities about what it does and does not mean for an adopted child to search for birth family, have “first parents” and families of origin.

Many people change their minds about wanting to search at different moments of their lives. Some people never search for biological families. We are all different. Facebook and DNA searching complicates this process, as sometimes biological family members find adopted family members who do not want to be found. This can take the control out of the hands of the adopted person and parents should be ready for these pathways of searching as well.



#3

**Not talking about race or being “colorblind” is harmful not helpful to children of color and prevents a family’s ability to authentically connect and be mutually supportive to each other.**

THIS MEANS: Avoiding race does not eliminate racism or the reality that race is always present for all of us. Your child is listening and watching you all the time and noticing how you (and those you spend time with) engage, avoid, or diminish issues of race, ethnicity and culture even if you are not directly talking to the child. Thinking in terms of racial appearance: Who do you approach to ask questions? How do you engage people with lighter skin versus darker skin in your day-to-day life? Are there people of color in your day-to-day life, are these people who share a culture of origin with your child? What comments do you or extended family members make about people who look like your child while watching TV? What do you not talk about?

What you say and do not say all directly send messages to your child about whether or not you are a person they can go to with their questions, share their experiences of race with, as well as seek support from when they are hurting. Avoiding it, or claiming to be blind to it, does not control or limit its presence in your or your child’s life. Instead, it leaves your child alone without parental or family support to help navigate these dynamics and limit their harm.

#4

**When your child comes to you with an experience that has hurt them, do not ask them to prove to you that it was racism, diminish their assessment of it as racially motivated, or avoid identifying it as racism even when you know it was.**

THIS MEANS: Spending time asking children if they were “sure” that was about race, or finding ways to explain what happened as something other than racism or discrimination will likely not be experienced by your child as supportive. When your child comes to you in pain, be with them and explore and validate with them how they are feeling. Today, most experiences of racism are very subtle. Spending time proving it was or was not racism takes you away from being present with your child and providing support to them immediately. You can always later find out more information about a situation to know if there is additional action you need to take.

#5

**Racial identity development is complex and relational. Identities cannot be developed through providing children with same-race dolls, books, or abstract experiences that are disconnected from real people and places.**

THIS MEANS: In order for your child to have a sense of connection, pride, or belonging within a racial-ethnic or cultural community, they must have early and ongoing experiences and relationships that anchor these identities. It is through relationships (not dolls, books, race labels or even our biology) that we have lived experiences of ourselves as belonging (or not) within various racial-ethnic and cultural communities. The importance of these relationships is critically relevant for transracial adoptees, as our adoptive families and extended families are not routes to relatives through which we experience and learn about our racial-ethnic and cultural heritages. Parents must be proactive in charting possible pathways for a diversity of experiences to occur naturally and emerge across your child's life course in a host of racial-ethnic communities.



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# it's **ALL** about the **“AND”**

I love my child.

**AND**

I struggle with their behavior.

I relish motherhood.

**AND**

I feel burnt out.

I am allowed to set boundaries.

**AND**

My child is allowed to feel.

I can be firm.

**AND**

respectful with my child.

There is what my child does...

**AND**

there is who they are.

I am imperfect.

**AND**

I am enough.

*you've got this. and we've got you.*

[genmindful.com](http://genmindful.com)



# How to Advocate for your Adopted Child at School

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For many parents and children, the return of the school year is an exciting time, bringing back the routines that make life at home easier and a chance for children to be back with well-loved friends. For children with special needs who have trouble achieving or don't make friends easily, however, school can be overwhelming and anxiety provoking. The stress it causes can disrupt fragile family relationships, hamper learning, and result in arguments and tears over homework, grades, and behavior. For adopted children school can be especially difficult. They may be further compromised by emotional and mental health issues, learning disabilities/delays, difficulty fitting in socially, and curriculum that is not adoption-friendly.

Abuse, neglect, ongoing grief, attachment issues, and trauma may be so distracting that classroom learning becomes nearly impossible. The added anxiety of a new school and the need to make new friends can be overwhelming to a previously traumatized child, and children, whose mental health issues have been successfully managed through medication and family structure, now must deal with school stresses that may derail them. If your child has recently been adopted, you may want to focus more on family and school relationships the first year than school performance, which is likely to improve once a child is settled in.

Many adopted children have learning delays and disabilities. Under the law, if you believe your child has a learning disability, or other special educational needs, you have the right to request a screening to determine his/her special education eligibility. Qualifications are spelled out in the Individuals with Disabilities Education Act (IDEA), and must be related to one of the following conditions:



**Physical Disabilities (PD)**

- orthopedic impairment
- health problems (spina bifida, cerebral palsy, etc)
- autism
- traumatic brain injury
- AD/HD
- specific learning disability or other health impairment

**Cognitive Disability (CD)**

- mental retardation
- developmental delay

**Hearing Disability (HD)****Visual Disability (VD)****Emotional Disability (ED)**

- affecting social/emotional functioning

**Learning Disability (LD)**

- a specific identified problem that is perceptual or communicative

**Multiple Disabilities (MD)**

- two or more areas of significant challenge

**Speech/Language Disability (S/L)**

To qualify for special education services under IDEA, your child must also meet the criteria that his/her disability adversely impacts his ability to perform educationally. If your child qualifies, you have the right to meet with the school district to develop a written Individualized Education Program (IEP) for your child and to monitor this Program and resolve disputes about it.

If your child does not meet the special education criteria, you may ask the school to develop a 504 Plan. This Plan sets out an agreement for making sure that a child with a disability has the same access to education as do other children. It helps parents and the school to consider potential problems ahead of time and get the child supportive services to address those areas.

For more information about IDEA, 504 Plans, and special education law, contact your local school district, which is required to provide you with federal and state statutes and regulations, as well as policies.

Don't count on an IEP or 504 Plan to solve all of your school problems. Work collaboratively with the school. If your child has difficulty with transitions, has AD/HD, or is behind developmentally because of abuse or neglect, let the teacher know so that she can help you problem-solve for your child. If your child has attachment issues, let her know, so your child will not successfully split parents and professionals and so that there is consistency between school and home when difficulties arise. Help the school monitor your child's behavior and progress.

Don't forget, your child can be progressing in leaps and bounds and still be getting low grades because he or she may be starting at a low level. Remind teachers that their efforts have born fruit, as it is easy to forget how important progress is.

Another issue for adopted children is fitting in-- they often feel very "different." Small children are very proud of being adopted because they see themselves as "special" or "chosen". Later on in elementary school, where children begin to play together in groups and bully one another, adopted children may find it difficult to deal with the teasing of other children in school. Other children may say cruel things like, "You must be stupid for your parents to give you away" or "My parents say your parents must be druggies because only druggies lose their kids."

If your child has been adopted transracially and is in a school that is not very diverse, remarks that are directed at their ethnic or cultural heritage may be especially cruel. Work with your child on a story s/he can tell or remarks s/he can make to respond to this kind of attack. The better prepared the child is, the more control s/he will have over whether these remarks will wound.

School curriculum is often anxiety provoking because there are so many assignments related to family that your child may feel uncomfortable doing, such as family photo boards. Find out at the beginning of the year if anything like this is to be assigned, so that you can help your child be ready to do these assignments. Families have found that educating school personnel about adoption issues can be helpful. Family Diversity in Education: Foster Care, Kinship Care, Adoption and Schools.

**Should you let the school know your child is adopted?** If a child is newly adopted, the emotional issues s/he may bring to the school community should be explained to the principal and teacher, so that accommodations can (or will) be made. School personnel are often more patient with a child's behavior if they understand its source. Be circumspect about how many details you share about your child. You can always assume that little ears are listening to adult conversations and you don't want your child's intimate experiences to become the talk of the school. Take time to let your school know you support your child's education and the school that provides it. Form an alliance with your child's teacher, counselor, social worker and/or principal so that they can provide support for your family, both around educational and attachment issues.





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## CONTACT YOUR POST ADOPTION SPECIALIST

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beneath the survival  
strategies, and to let them  
know that we see them.”*

*-Dr. Karyn Purvis -*