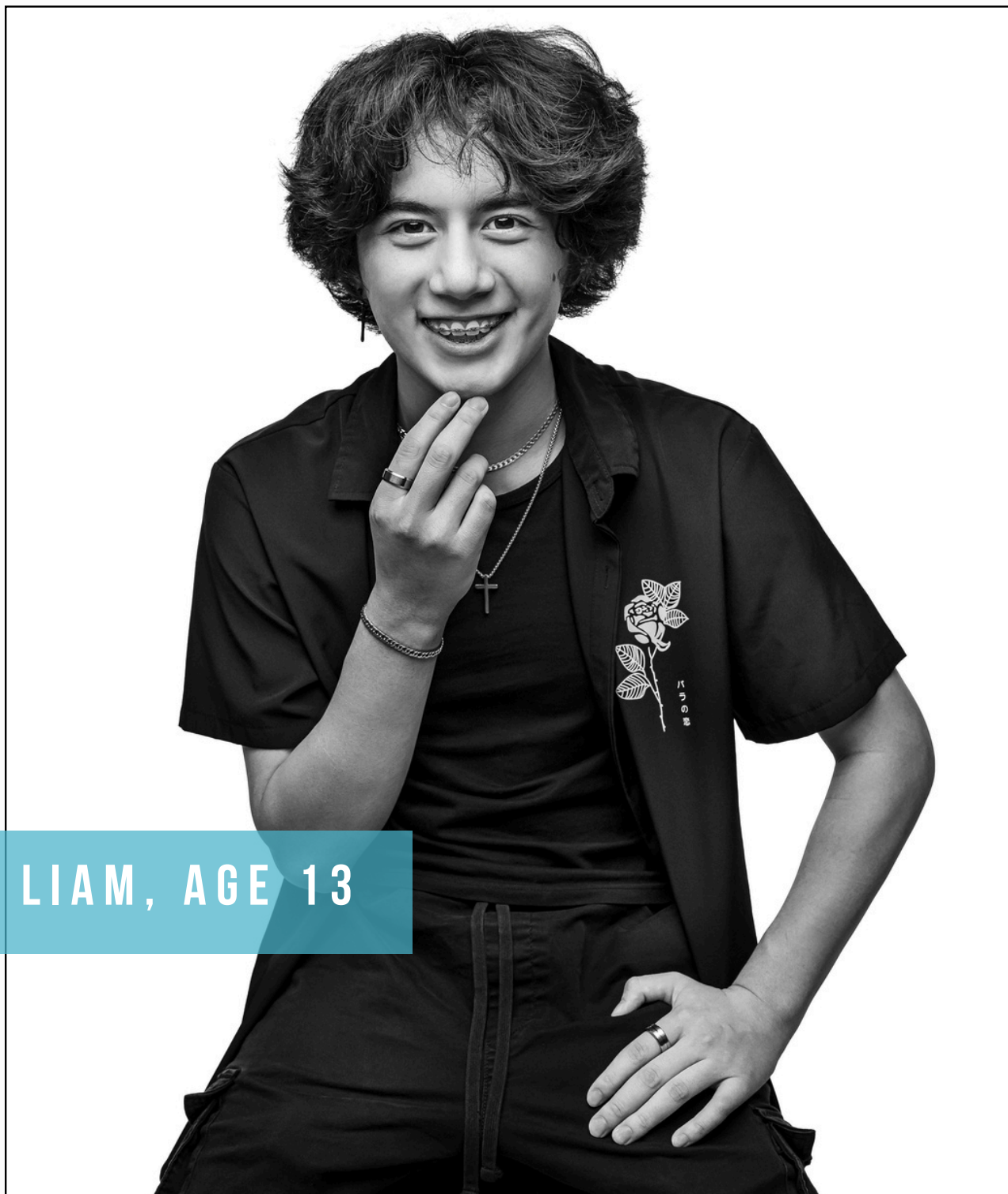


UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2025 EDITION



LIAM, AGE 13

Photo by: Michael Schoenfeld



RIOT, CHAOS, AND MAYHAM
PHOTOGRAPHED BY AMBER SCHIAVONE

04

FIVE RESOLUTIONS THAT WILL MAKE YOU A BETTER PARENT THIS YEAR

DR. LAURA MARKHAM

12

RESTING ASSURED: GUIDELINES FOR HEALTHY SLEEP FOR CHILDREN AND ADOLESCENTS IN FOSTER CARE

SARAH KAMHOUT, MS & KARA M. DURACCIO, PHD

06

SEVEN CORE ISSUES IN ADOPTION AND PERMANENCY

SHARON KAPLAN ROSZIA AND ALLISON DAVIS MAXON

RESPITE CARE

Everyone needs an occasional break from stressful situations. Most parents do not schedule adequate time away from their children who have special needs out of embarrassment or feelings of inadequacy. But in fact, taking time out for yourself is HEALTHY! Schedule some time for yourself or for you and your spouse to have an evening out or an occasional weekend away. Sane parents and a good marriage are gifts to your children. Relatives and friends who can come into your home are the most common source of evening or weekend respite care.

You may need daily breaks to stay at your best. Find after school programs or activities for your children to be involved in. If your child has behavioral challenges, there are some very good after school programs that offer structure yet fun. After school and summer programs often take children as old as 13 years. Older youth may get involved in volunteer projects or activities that enhance their self-esteem. After school or weekend jobs promote job skills and responsibility while giving you a break.

Become part of a cluster support group where you can meet other parents who understand the challenges your children present. You will not only gain support and education, you may develop a network of people who can exchange respite care.

Respite means relief or break, but there are many other benefits. For more information about Respite Care visit <https://www.utahadopt.org/support-resources/respite>



ON THE COVER: LIAM

Unlocking melodies note by note, Liam is mastering the piano with passion and grace! This child has a smile that lights up his whole face. Liam delights in spending his time outdoors. Liam thinks having the prowess of time travel and teleporting would be the coolest superpowers. Caring and helpful, Liam always tries his best. He does well with peers and gets along well with others. Liam has positive interactions with adults and thrives on praise. Exploring and trying new things is enjoyable to this kiddo. He can see himself as a video game programmer as an adult. Liam is in the eighth grade and loves to learn history. He appreciates learning.

Liam has significant connections to maintain following placement. Financial assistance may be available for adoption-related services.

February 2025 EDITION

Brandie Naylor, Editor

Lindsay Kaeding, Design Director

To submit articles or for a subscription, call 801-265-0444 or email brandie.naylor@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.



Five Resolutions That Will Make You a Better Parent This Year

"Dr. Laura....My new year's resolution is to be more patient. But when I told my family, they reminded me that I made the same resolution last year. I feel like a failure, even though I know I've become a better mother over the past year." -- Christina

BY DR LAURA MARKHAM
FOR ADDITIONAL RESOURCES VISIT
www.peacefulparenthappykids.com

Many people don't make New Years Resolutions, because they find themselves making the same resolutions every year. But that doesn't mean you're a failure. It means you're headed in the right direction, and you aren't perfect yet. (Shocking, I know!)

The bad news is, you won't be perfect this year either. The good news is, you don't have to be! Kids don't need perfection from parents. What they need is parents who accept the child and themselves with all their imperfections, model compassion and respect, and apologize and reconnect when things go wrong -- as they inevitably do. Parents who love themselves as they are, but still want to grow.

This is tough work, because it's about regulating our own emotions. That's why resolving to be more patient rarely works. By the time we're gritting our teeth to stay "patient" we're already sliding into the stress response of fight or flight.

But if you want to become a more patient parent – and a happier person – it's completely possible. Here are 5 simple resolutions to support you in creating a home with less drama and more love. Practicing these is the work of a lifetime, so you still won't be perfect in a year -- in fact, you might make these same resolutions next year! But I guarantee you'll be a more peaceful parent, with a happier, more cooperative child.

Resolve to work on regulating your own emotions.

That's the only way that you can be the emotionally generous parent you want to be. Start by integrating daily sustainable self-nurturing into your life: Go to bed earlier so you're better rested, eat healthfully to maintain your energy, transform those inner negative comments into encouraging ones, give yourself compassion when you mess up, and slow down your pace so you're not so stressed.

Most important of all, commit to managing your reactions. When you're in fight or flight, your child looks like the enemy and you can't teach well. Just say No to taking any action while you're angry.

Does this sound hard? It is. Maybe the hardest thing we ever do. But that urgency to act is a signal that you're in "fight or flight." Calm your own upset before you engage with your child.

Every time you restrain your own "tantrum" you're rewiring your brain. Each time you choose love, it makes the next choice easier. There's no time like the present to begin. And you'll be astonished at how your child changes, as YOU get better at self-regulating.

Resolve to love the one you're with.

The one thing we know for certain about child development is that kids who feel loved and cherished thrive. That doesn't mean kids who ARE loved – plenty of kids whose parents love them don't thrive. The kids who thrive are the ones who FEEL loved and cherished for exactly who they are.

Every child is unique, so it takes a different approach for each child to feel safe, seen, and valued. The hard work for us as parents is accepting who our child is, challenges and all – and cherishing him for being that person, even while guiding his behavior. The secret? See it from his perspective, empathize with him, and celebrate every step in the right direction. Maybe most important? Enjoy your child!

Resolve to stay connected.

Kids only cooperate and "follow" our leadership when they feel connected. But separation happens, so we have to repeatedly reconnect.

Remember that quality time is about connection, not teaching, so it's mostly unstructured. Hug your child first thing every morning and every time you say goodbye. When you're reunited later in the day, put your phone away and spend fifteen minutes solely focused on your child. (What do you do in that 15 minutes? Listen, commiserate, hug, roughhouse, laugh, play, empathize, listen some more.) Not enough time? What could be more important?)

Stop working and turn off your phone and computer before dinner so you can focus on your family. Eat dinner together without screens and do a lot of listening. Have a chat and a warm snuggle at bedtime every night with each child. Laugh as much as you can!

Resolve to role model respect.

Want to raise kids who are considerate and respectful, right through the teen years? Take a deep breath, and speak to them respectfully. After all, kids learn from what we model. If we can't manage our own emotions, we can't expect our kids to learn to manage theirs. Not always easy when you're angry, so remember your mantras:

- "It's not an emergency."
- "I'm the role model."
- "He's acting like a child because he IS a child."
- "Don't take it personally."
- "This too shall pass!"

Get curious about the needs and feelings driving your child's behavior.

All "misbehavior" is a red flag that your child needs your help to handle big emotions or fill unmet needs. Once you address the feelings or needs, the behavior changes. If you can lead by loving example, redirect preemptively rather than punish ("You can throw the ball outside"), and set limits empathically ("I see how mad and sad you are. You can tell your sister how you feel without attacking her,") you'll raise self-disciplined kids who WANT to follow your guidance. The most important time to stay connected with your child is when she's acting out. Sure, your child will make mistakes, and so will you. There are no perfect parents, no perfect children, and no perfect families. But there are families who live in the embrace of great love, where everyone thrives. The only way to create that kind of family is to make daily choices that take you in that direction. It's not magic, just the hard work of constant course correction to get back on track when life inevitably throws you off.

So don't worry if you're making the same resolutions every year. That just means you're keeping yourself on track by choosing, over and over, to take positive steps in the right direction. Before you know it, you'll find yourself in a whole new landscape. Parenting, after all, is a journey -- not a destination. For today, just choose less drama and more love. You'll be amazed at how far that takes you.

And if keeping these resolutions sounds like too big a lift, that just means you need more support. This is some of the hardest work anyone ever does. Figure out what you need to give yourself every day, to help you stay on track. Would it help you to have inspiring parenting audios to listen to every day, or a book to read? Would seeing a [parenting coach](#) or counselor help? Have you thought of taking my self-paced [Online Course](#), which gives you a wealth of resources to transform your family? (If you've already taken it, remember that you can re-take it for free!)

Giving yourself support is not selfish. It's the best gift you could give your family.

Thank you for all the hard work you do, every day, in your home. I'm honored to accompany you on your parenting journey, and I look forward to supporting you in making 2025 the best year yet for you and your family. May the New Year shower blessings on you and your family.





Seven Core Issues In Adoption and Permanency

BY: SHARON KAPLAN ROSZIA AND ALLISON DAVIS MAXON, REPRINTED WITH PERMISSION

The Seven Core Issues were first introduced in the 1982 article “Seven Core Issues in Adoption” by Sharon Kaplan Roszia and Deborah Silverstein. Regardless of how a constellation member experienced adoption—whether losing a child, adopting a child, or being adopted—these lifelong complexities impact the lives of individuals and families. In 2019, Sharon Kaplan Roszia and Allison Davis Maxon expanded the Seven Core Issues to include all forms of permanency, as well as the additional impact that attachment disruptions and trauma has on constellation members. Regardless of your experience—whether you were adopted, fostered, or parented by an extended family member; whether you adopted or fostered an infant, child, or youth; whether you adopted from an agency, attorney, facilitator, or from another country; whether the adoption was open, semi-open, or closed; whether the loss of the child occurred voluntarily or involuntarily for the birth/first parents—these lifelong core issues will have an impact.

Loss

Loss begins the journey. It is crisis and/or trauma that create the circumstances that lead to the necessity of adoption and permanency. The crises of an unplanned pregnancy, rape, incest, poverty, addiction, divorce, mental illness, war or a country’s crisis that results in refugees, natural disasters, epidemics, and cultural biases leads to the displacement of children. Seven Core Issues in Adoption and Permanency, which include loss, rejection, shame/guilt, grief, identity, intimacy, and mastery/control, are created through the disassembling and creating of a new family system. Loss began the journey for all members of the constellation and is the unifying issue that binds them together.

For birth/first parents, adoptive/foster/kinship parents, and people who are adopted, involvement with adoption/permanency is typically associated with an initial loss and many secondary losses that continue to affect constellation members throughout their lives. There are ambiguous losses that impact all members of the constellation which are vague and may be described as a feeling of distress and confusion about people who are physically absent but psychologically and emotionally present in their lives.

For birth/first parents, adoption and permanency means the loss of a child whom they may never see again and the loss of their parenting role. Adoptive parents may have experienced the loss of not giving birth to a particular child, failed fertility treatments, and dreams of raising a child with whom they are genetically connected. People who are adopted lose both their birth/first families; siblings, grandparents, aunts and uncles, and cousins. They may lose cultural, racial and ethnic connections and/or their language of origin. If they are adopted as older children, they may also lose friends, foster families, pets, schools, neighborhoods, and familiar surroundings.

Losses for constellation members may include:

- A family member; the family tree is permanently altered
- The loss of their familial tree that includes a history, culture, and lineage
- Vital physical, genetic, mental health, and historical information
- Safety, love, and protection of one’s birth/first parents
- Societal status and being part of the norm
- Their original role in somebody’s life
- Power over their life’s circumstances

Rejection

Constellation members' core losses are most often experienced as a form of social rejection. Rejection is a perceived loss of social acceptance, group inclusion or a sense of belonging. Rejection can be real, imagined, or implied. People get their most basic needs met through human connectedness; being rejected or ostracized from a person, family, or community can leave an individual feeling a deep sense of abandonment and isolation. People describe feelings of unworthiness, being of little value, and a fear of future rejection.

Constellation members may personalize their core losses in order to gain a deeper understanding about what happened to them and what role they may have played in those events. In an unconscious attempt to avoid future losses and to regain control of their life's journey, the individual may assume the responsibility for the loss, believing that if the rejection was their fault, then they can change or act differently and avoid future rejection. Rejection is felt in a person's body as discomfort and physical pain.

Feelings of Rejection may include:

- Increased sensitivity to any further rejection; large or small
- Subsequent losses being experienced as rejection
- Questions such as "Why me?" or "What did I do or not do to deserve this?"
- Children believing the crisis was their fault due to ego-centric thinking
- Feeling judged, unwanted, different, "less than", or "not good enough"

Constellation members may anticipate rejection, provoke rejection, and/or defend against further rejection.

Shame and Guilt

Rejection leads to feelings of shame and/or guilt. Shame and guilt impact an individual's self-esteem and self-worth and may create anxiety. Shame is maladaptive, while guilt is generally an adaptive emotion. Shame relates to self, guilt to others. Shame is the painful feeling that one is bad and undeserving of deep connections and happiness. Guilt is a feeling of responsibility or remorse for some offense, crime or wrong, whether real or imagined. Shame is about "being" (I'm bad) and guilt is about "doing" (I did something bad).

When shame is intensely experienced from infancy through the formative years, an inner critic is developed that creates a negative or harsh view of the self, caretakers and the world. Shame greatly impacts self-esteem. Shame leaves a person believing that their core self is "less worthy" than other people. These beliefs increase anxiety and may lead to defensive behaviors. Shame and guilt discourage people from thinking of themselves in a constructive or positive way. It can limit individuals from loving and receiving love as they do not feel worthy.

Guilt develops from our earliest parent-child attachment experiences. Guilt is a learned social emotion. Consistent, secure and healthy primary attachment relationships allow the child to experience and internalize the attachment figures' values and beliefs upon which a conscience develops. The conscience allows for guilt to be felt and develops as the child internalizes the primary attachment figures' voices, actions and images, which are subsequently carried within an individual for the rest of their lives.



Family members, religious institutions, and societal expectations have long created shame and guilt that impact birth/first parents and extended family. Adoptive, foster, and kinship parents can also experience shame and guilt from those same sources. Children impacted by foster, adoption, and kinship caregiving often experience both shame and guilt ongoingly as their understanding of what happened to them unfolds developmentally over time.

Shame and guilt have long been created by the secrecy attached to adoption and permanency. Secrecy has been used as an element of control over constellation members in the name of privacy.

Constellation members may experience shame and guilt when:

Attachments have been broken

Relational trauma, violence, abuse, and neglect occur

Stigmatizing words and labels are used

Parents withhold important information from the child, adolescent, or adult

People are lied to, manipulated, coerced or important information is withheld

Professionals and “systems of care” criticize or demean (intentionally or unintentionally)

Grief

The profound losses that created feelings or fears of rejection, which led to the emotions of shame and guilt, must be grieved. Adoption and permanency losses are too often left un-named, un-acknowledged, and un-grieved. The losses may be difficult to acknowledge and mourn in a society where these forms of family building are seen as problem-solving events that benefit everyone. The culture perceives these families being formed as a solution to several individual’s problems; a child needs a family, a parent can no longer parent, and new parents are created. This may be perceived as a “gain” for everyone, rather than an event to which loss is integral. Because of this point of view, it may be difficult to accept, discuss, and express the emotions connected to grief.

Acknowledging loss and making room for the “work of grief” is essential to any healing process. In today’s culture, there are few models for healthy grieving. People live in a “quick fix” society where individuals are expected to get over things rapidly and simply move on. Children are not taught how to cope with loss. Grieving is important because it allows people to speak their truth and express their feelings.

Grief is universal. However, it is experienced as a personal and highly individual process. A person’s grief process depends on many factors including: personality, gender, culture, temperament, religious and/or spiritual beliefs, coping styles, life experiences, the age the loss occurred, the nature of the loss and an individual’s support system. Everyone grieves according to their own timeline and in their own way. There is no recipe or prescription to shorten the process or make the suffering go away. It illuminates a truth in an individual’s life. Grief is about acceptance, patience, adaptation, forgiveness and endurance; it changes you.

Grief for constellation members is complex as they have experienced a profound loss that changed the trajectory of their life. In the re-arranging of family trees through adoption and permanency, parents are grieving unborn children, children are grieving as their understanding of what happened to them unfolds, and birth/first parents are grieving the loss of their baby/child that they hope is alive and well.

Constellation members may experience grief when:

- The original separation occurs
- Anniversaries of the loss or crisis occurs
- Subsequent losses that require more adaptation occurs
- Someone asks a question that triggers the feelings of loss
- Memories surface in connection to the crisis, loss, or person lost
- A child/teen’s understanding of adoption and their story unfolds
- Search and reunion occurs

Identity

If constellation members have acknowledged and identified their losses, examined feelings or fears of rejection, become aware of any issues connected to shame and guilt, and addressed their grief process, they have the opportunity to build a cohesive identity that includes their adoption and permanency status. As a life-altering event, adoption/permanency affects an individual’s identity. The pursuit for self-identity is at the heart of the human journey. All individuals are on a quest to understand who they are, where they fit and share their stories with others to better understand themselves. Stories that are broken due to historical or personal events can make it difficult for people to understand and express who they are and solidify their life’s narrative.

Identity formation begins in childhood and moves to the forefront during the teenage years. Gaps in identity may be more pronounced when a child starts school or has a family-oriented classroom assignment (e.g., creating a family tree). If you are adopted, you may have experienced adoption-related identity issues throughout your life and you may feel as though your identity is incomplete, as if you are missing some pieces to your puzzle. Your birth/first parents are your genetic parents, but they aren’t parenting you. You were born into one family and became part of another family from whom you learned values, religions, traditions, family stories, and views of the world.

If you were adopted and lack genetic, medical, religious, cultural, ethnic, racial, and other historical information about your birth/first family, you may want answers to questions that would help form your identity, such as why your birth/first parents placed you, what became of those parents, if you have siblings, and whether you resemble your birth/first parents or extended family.

Adoptive, foster and kinship parents may not feel like the “real” parents or feel entitled to be the “real” parents. Birth/first parents may be unsure of their role in their child’s life since they are not actively parenting the child day to day. People who were parents are no longer the “everyday parents” and people who did not give birth become “everyday parents.”

The losses in adoption and permanency create complexities and additional tasks for all constellation members that need to be addressed in order to achieve a healthy identity.

Constellation members may experience identity issues when:

- Tweens and teens are forming their identity
- Children feel insecure or angry and say, “You’re not my real mother/father”
- Search and reunion occur
- Personal or intrusive questions are asked
- Medical issues arise
- People ask, “Are those your real children?”, “Are those your real parents?”
- People ask the birth/first parent, “How many children do you have?”
- Birthdays, Mother’s Day and Father’s Day create questions about one’s connections

Intimacy

Intimacy requires an individual to know who they are and what they need in relationships and believe that they have value. Individuals’ most primary motivation is the drive to belong and learn how to get their emotional needs met through human connections. Intimate attachments provide the network through which all social, emotional, physical and psychological needs get met. Intimate attachment relationships require trust, respect, acceptance, empathy and reciprocity.

If individuals have acknowledged their core losses, noted where, when and with whom rejection surfaces, addressed feelings of shame and guilt, taken time to grieve, and have embraced their identity, they are able to offer an authentic self in an intimate relationship. Identity and intimacy are linked; as a person clarifies and re-clarifies who they are, their ability to relate to others, forgive others, embrace others, and trust others is enhanced. If the earlier core issues have not been addressed, an individual may not know themselves well enough to know what they “really need” or what they have to offer the other person in an emotionally intimate relationship. All constellation members have been impacted by a core loss that changed their identity, which may lead to intimacy challenges.

Constellation members may experience intimacy challenges when:

- They have experienced relational trauma, multiple moves, and attachment disruptions
- They have experienced abuse, violence and neglect
- An adoptee lacks genetic, ethnic, and racial mirroring
- They lose an intimate connection to a child they were parenting
- They lose an intimate relationship with a partner and/or family members
- The crisis of infertility, invasive medical procedures and sex on demand in order to conceive, impacts the couple’s sexuality and their relationship
- Professionals and the courts intrude into a person’s most intimate and personal decisions
- People ask intrusive questions about infertility, your child’s story, or the loss of your children

Mastery and Control

All of the unidentified, un-named, unacknowledged and un-grieved losses can create intense feelings of powerlessness and loss of control. Mastery over one’s life circumstances has been lost at some point by all members of the constellation. Everyone lost some power and control because of a life crisis, with the infant/child losing the most as they had no input into the decision that changed their life trajectory. For adoptees, the early loss of control that moved them from one family tree to another resulted in the ultimate loss of power and control. Traumatic losses and multiple attachment disruptions are a repeated assault on one’s need to feel empowered, secure, valued, and connected. The desire for power and control over one’s life unfolds through each stage of development and throughout adulthood.

Human beings need to feel in control to feel secure. The loss of control can have a long term impact on constellation members. Birth/first parents may emerge from the adoption/permanency process feeling victimized and powerless. Adoptive/permanency parents have lost control of over when, how and whom to parent. Adoptees and/or children in foster care had no choice about being adopted or fostered and must cope with the haphazard nature of how they joined their particular family. They may wonder, with all the families in the country that are looking to adopt or foster, “How did I end up in this family?”

The ultimate goal for all members of the constellation is mastery, which is a regaining of power and control over one’s life. Every human being needs to feel powerful. Power is a strong component of resilience. Feeling empowered gives a person the ability to have an effect on others, feel that they have authority and rights, be hopeful and create change.



Mastery is a hard-earned proficiency. The achievement of mastery in various aspects of one's life is a process, a journey, which includes adapting, learning, self-awareness and forgiving.

Constellation members may experience a loss of power and control when:

- Major life decisions about who will parent the child are made by courts, social workers, and others
- Infertility, genetic factors, and life circumstances force a decision whether or not to parent and how to become a parent
- The courts terminate parental rights
- An infant/child/teen is repeatedly moved from place to place
- A new birth certificate is issued and the child's name and birth information is changed

Constellation members gain a sense of mastery when:

- Their own core issues are acknowledged and addressed
- They can identify their strengths, needs, and value to themselves and others
- They clarify what they were able to control and not control
- They can forgive themselves and others for decisions/mistakes that were made
- They can acknowledge other constellation members' losses, challenges and pain
- They clarify the lessons that they have learned and take the time to celebrate their accomplishments, their resiliency, strengths, and gains

The Seven Core Issues in Adoption and Permanency triggers such depth of emotions that the authors recognize that there is no way to put into words the feelings that all constellation members experience over time and no words that truly reflect each individual constellation member's unique experience. This article is a brief introduction to the Seven Core Issues in Adoption and Permanency. The book includes a more thorough exploration of the Seven Core Issues along with tools and interventions for healing.



LYING AS A *Trauma*-driven BEHAVIOR

Lying is actually completely normal human behavior.

Yes, it's
TRUE

But WHY do we lie?

Think about it...

You likely have all sorts of reasons floating into your mind that all land somewhere near the truth that we only lie because it doesn't feel safe to tell the truth. And safety doesn't necessarily mean physical safety. It can be relational safety, too.

When was the last time you told a lie?

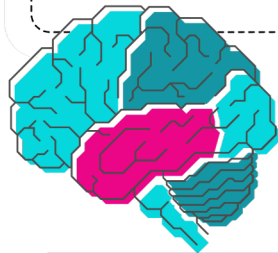
It probably wasn't that long ago!

Ultimately it almost always comes down to it's NOT SAFE to tell the truth.

Sometimes lying happens because we cannot tolerate the idea of what could happen to the relationship, even if it's just for a moment if we tell the truth.



There are many explanations for lying, but ultimately, it almost always comes down to the fact that.. **it's not safe to tell the truth.**



OUR BRAIN FLIPS INTO PROTECTION MODE.

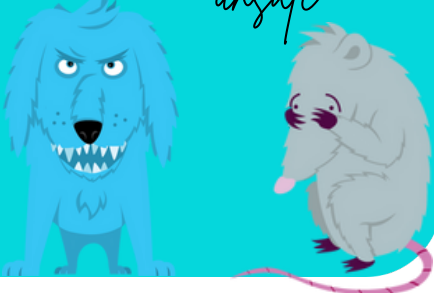
NOT SAFE

Sometimes, lying happens because we cannot tolerate the idea of what could happen inside us if we tell the truth, like feelings of shame or dysregulation.

WHAT HAPPENS IF YOU REALLY LET THAT SINK IN?

Does it change anything for you about how you see the behavior of lying?
It's OK if it doesn't, I'm just prompting you to notice!

My child feels... unsafe





Resting Assured: Guidelines for Healthy Sleep for Children and Adolescents in Foster Care

BY Sarah Kamhout, MS & Kara M.
Duraccio, PhD
REPRINTED WITH PERMISSION

Why is sleep important for children in foster care?

Sleep is a vital biological function for humans of all ages and of all backgrounds. In many studies, poor sleep has been associated with difficulties in academics, attention, mood, mental health, and physical health (Matricciani et al., 2019). Children in foster care may be especially vulnerable to disrupted sleep, as they are already at risk for increased difficulties in these areas (Alfano et al., 2022). Children in foster care may also be more likely to experience difficulties getting sleep, due to increased nighttime fears and hypervigilance associated with trauma exposure (McGlinchey et al., 2023). While alarming, these researching findings also illustrate that better sleep can serve as a way to improve the lives of foster children. For example, other studies have found that promoting good sleep after trauma exposure may reduce the onset or severity of PTSD symptoms (Krakow et al., 2001). As such, prioritizing sleep may serve as a means for healing and improving the quality of life of foster children.

How much sleep is needed?

Many caregivers wonder if children and adolescents in their homes are getting enough sleep. This is for good reason, as recent estimates suggest that 1/3 of children ages 4 months through 17 years sleep less than the recommended amount for their age (Wheaton & Claussen, 2021). Rates of sleep deprivation climb even higher during the teenage years, with 70% of adolescents getting less than the 8-10 hours of sleep needed for best health, and over 40% sleeping even less than seven hours per night (Wheaton, 2018). National sleep experts recommend that the following targets be met for each age group (NIH, 2022):

Age	Target Sleep Time
1 - 4 Months	Typical sleep patterns vary widely
4 Months - 1 Year	12 - 16 hours/day, including naps
3 - 5 Years	11 - 14 hours/day, including naps
6 - 12 Years	9 - 12 hours/day
13 - 18 Years	8 - 10 hours/day

What can I do if my child is not getting enough sleep?

As much as we'd love to be able to flip a switch and fall asleep quickly, sleep is not something adults, let alone children and teens, can consciously control. However, we can teach our bodies to associate certain sensory experiences, like activities, textures, temperatures, and light levels, with time to sleep. And the good news is, we have complete control over using these experiences! A leading researcher in trauma-informed sleep interventions has identified 4 Cs that can guide you as you establish healthy routines for sleep in your home (Alfano, 2024)

Calm Evening Environment

- Lower noise and light levels (including that from screens) throughout the home, about 2 hours before bedtime
- Participate in calming activities, such as reading, listening to audiobooks/podcasts, or doing puzzles
- Avoid activities which typically trigger conflict or worry, such as bathing (if distressing to individual) or discussing charged topics
- These activities or discussions can be saved for earlier the next day, or if vital for healthy or hygiene, put first in the nighttime routine to allow ample time to return to calm before sleep

Cues that Encourage Sleep

- Doing the same relaxing or preparatory activities in the same order every night can help strengthen connections in the brain between the routine and the biological functions necessary to begin sleep
- You can also create new, positive associations with sleep
- Children and adolescents can help choose new sensory cues (smells of soap, textures of pillow, sounds to play) that are unique to their new, safe space

Consistent, Adequate Schedules

- Keep bed, nap, and wake times the same on school and non-school days
- Establish bed and wake times which allow sufficient sleep length (see table above),
- Remember that time in bed does not necessarily mean time actually asleep
- Monitor your child's/teen's behavior and mood
- Watch for potential signs of insufficient sleep (lethargy, hyperactivity, increased moodiness, inattention, etc.)
- Adjust schedules as needed

Close Connection

- Children with histories of trauma may have different developmental needs than others their age.
- Spending quiet time connecting individually with a child or teen before bed can help strengthen their sense of security, promoting feelings of safety which are necessary for sleep
- Verbal and nonverbal forms of affection, acceptance, and love, including affectionate touch, as appropriate, can be powerful signals to the body that it is okay to relax



When is a night light recommended?

Ideal sleep spaces are as dark as possible, in order to help the brain produce plenty of melatonin (a sleep hormone that helps humans fall asleep more easily). However, some children and adolescents with vivid imaginations or with histories of trauma can become especially frightened when they cannot see details of their surroundings. In these cases, a nightlight that is as dim as possible to increase visibility and minimize shadows can be greatly beneficial. It is important to leave the nightlight on the entire night, so that the appearance of the sleep space stays consistent, and so a child or teenager does not experience increased fear between sleep stages, when they may briefly awaken and find that the room is now dark. Warm bulbs (orange, yellow, red) and lights which can be placed near the floor are also less disruptive to sleep than overhead or cool-toned lights.

Should I use sound to help my child fall asleep?

Some children and teens find external sounds to be comforting as they drift to sleep. Sounds which are low and consistent in pitch and volume are best in order to prevent nighttime awakenings. Examples include fans, constant running water, and static sounds. If these are not tolerated, sounds with more variation, such as ocean waves or soft classical music, can also be employed but are less ideal. Recordings of jungle or forest sounds can be more disruptive to sleep due to significant variability/sudden changes, as can stories or podcasts which may be overly engaging. If a child or teen is adamant about wanting sound with more variation, consider having them turn the sounds off just before they drift off to sleep (but not after), or leave a more boring recording they've already heard before on loop throughout the night.

What can I do if my child is still worried at night?

The following interventions are typically guided by a licensed mental health professional with expertise in sleep, who can help you tailor these general concepts to the needs of your individual child and family.

Scheduled Worry Time

Schedule a time earlier in the day for children and teens to share their worries with a caregiver and still have time to calm down before sleep. If they continue to bring up worries at other times (especially at bedtime or during the night), you can lovingly thank them for sharing, validate that it is hard to feel worry, and express confidence that you know they can handle it until the next worry time.

Worry Notebook

Drawing or writing something down can be a powerful signal to the brain that the recorded concern will, in fact, be taken care of at a later time. Any small notepad or paper can be kept by the nightstand for quick drawings and notes to be made as needed in the night, and followed up on with a trusted caregiver the next day.

Gradual Exposure to the Dark

One way of reducing fears of the dark is to create new, positive experiences in the dark. Examples can include dim-light story time, glow in the dark frisbee, or scavenger hunts for stuffed animals with flashlights. Complete these practices at other times of the day, away from bedtime, until the child or teen is able to tolerate them. Then work on moving them closer to the bedtime routine, until they can eventually tolerate darkness at bedtime and throughout the night.

Nightmare Coping Skills

Behavioral treatments for nightmares include sensory changes to remind the brain of present safety, exercises to change the endings of bad dreams, and positive visualization exercises to “change the channel” of the brain away from distressing content and towards more relaxing thoughts.

What are some signs a child or teenager may benefit from professional help?

If you notice a child or adolescent in your care snoring without illness, gasping for air during sleep, going long periods of time without breath while sleeping, or experiencing fatigue that does not improve with increased sleep, a pediatrician or sleep medicine doctor can help rule out medical concerns such as sleep apnea or other sleep disorders.

If you have tried the sleep routine and durations recommendations above without sufficient improvement, or if you would like assistance initiating these changes or identifying areas of focus, a licensed mental health professional with expertise in sleep can guide you through behavioral treatments for nighttime fears, difficulty falling asleep, nighttime awakenings, nightmares, trouble sleeping independently, and other concerns.

Local resources include:

Primary Children's Hospital Behavioral Sleep Clinic (Medical and Behavioral)
Department of Pediatrics, Division of Pulmonary & Sleep Medicine in Salt Lake City, UT
Dr. Celeste Buckley, PhD and Drs. Maloney, Schaer, and McGinley, MD

801-213-3599

Sleep Again Solutions (Behavioral)

Teletherapy and In-Person Services at BYU Comprehensive Clinic in Provo, UT

Dr. Kara Duraccio, PhD and Bella Wright, MS

<https://www.sleepagainsolutions.com/>

801-422-2314



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 County	Erma Hawker	801-668-0339
Weber County	Emily Rodríguez	385-395-6765
Box Elder/Cache Counties	Andreina Palma	385-363-1753
SALT LAKE REGION:	Adoption Helpline	801-300-8135
WESTERN REGION:	Jill Backus (A-L)	801-717-7336
	Megan Hess (M-Z)	801-921-3820
SOUTHWEST REGION:		
Richfield/Cedar City	Shandra Powell	435-590-2299
St. George/ Cedar City	Ryan Johnston	435-592-3234
EASTERN REGION:		
Price/Castledale	Breanna Powell	435-650-4986
Vernal/Roosevelt	Fred Butterfield	435-630-1711
Moab/Blanding	Lindsay Matthews	435-650-5535

WWW.UTAHADOPT.ORG
FB@UTAHSADOPTIONCONNECTION

TRUST-BASED
RELATIONAL
INTERVENTION®

TBRI® TIDBIT:

“Even more hopeful, this attachment healing doesn’t need to come from your relationship with a parent. A safe connection with another trustworthy, attuned adult can change your own attachment trajectory.”

-Dr. Karyn Purvis