

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

FEBRUARY 2019



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



TYLER, age 16

Photo by: Amber Schiavone, Amber Schiavone Photography

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UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

WWW.UTAHADOPT.ORG

Considering Adoption? BEFORE YOU START

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On the Cover *Patricia, age 16*

Get to know Patricia! This happy, optimistic, and independent teen can be shy when first meeting people, and when she feels comfortable her wonderful personality shines through. Patricia's best-loved hobby is dancing, and has been known to spend hours perfecting her moves and dancing to the beat of her favorite tunes. This fashionista adores going shopping and can often be seen riding her bike.

Patricia is doing well in her ninth grade year.

The caseworker will consider all family types for Patricia. Financial assistance may be available for adoption-related services.

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

Photo by: Mark Bowers, Bowers Photography

To view other children that participated in Heart Gallery 2019 visit the gallery online at www.utahadopt.org.

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

LENDING LIBRARY

Parenting is a challenging task under the best of circumstances. Parenting children who have experienced trauma requires additional skills. The Lending Library was created to deliver information and knowledge to parents and professionals who work with children who have challenges.

RESOURCE DATABASE

The Resource Database was created to help support families once adoption had taken place. It is a great resource for mental health professionals, foster and adoptive parents, or parents in general for children who may have special needs or simply looking for additional support. We strive to serve those across the whole spectrum. This database is a free service offered to anyone in need of resources and support. You can refine your search by county, age of your child, and what type of resource you are in need of. Some examples of what this database includes are: Mental Health Services such as counselors who specialize in adoption, respite care, and support groups for adults as well as children.



utah department of
human services
Child and Family Services



Fight, Flight, Freeze....or Fib?

By; Monica Hassall, R.N. and Barbara Hunter, M.ED
Reprinted with Permission from ADDitude

What if your child's lying is not evidence of a character flaw or disrespect? What if his fibs are actually a self-preservation strategy rooted in poor inhibition, emotional regulation, working memory, and attention — all hallmarks of ADHD? This is the premise behind a new theory that is giving caregivers and educators a new, neurological lens through which to view lies.

Why lie? As the human brain has evolved, it has developed a self-protective mechanism designed to ensure survival in times of extreme danger or stress. Faced with a threat, the brain must react in a split second; deciding how to best protect itself is an instantaneous reaction. This is widely referred to as the "Fight or Flight" response¹.

More recently, the field of psychology has added "freeze" as a significant and common behavioral response². In the event of a harmful attack, this may mean playing dead while literally petrified with fear. Today, psychologists are beginning to observe and document a fourth "F" that manifests in times of real

or perceived danger for children, adolescents, and even adults with attention deficit disorder (ADHD or ADD): "fib."

The Limbic region of the brain processes an immense variety of information from myriad sources. It senses the presence of danger, assesses threats, and activates defense. These Limbic structures are ready to respond to threat. By activating the sympathetic nervous system, which is in contact with the brainstem or cerebellum, a person is "chemically fueled" by the provision of adrenaline being released into the body. This adrenaline, in turn, triggers the decision to Fight (attack and defend) or Flight (to flee) or Freeze (play dead). Meanwhile, the body is flooded with the stress hormone cortisol.

As neuroscience research itself continues to evolve, it appears to support these observed behaviors related to stress. However, neuroscience also encourages us to study the development of the neocortex (the outermost layer of the brain), which is an additional avenue

for processing thoughts and a new line of self-defense achieved through language. With complex and advanced language (not available to our primitive ancestors), we have the ability to verbalize both factual and/or fictitious reasoning instantaneously at point of performance, most notably in times of stress and threat.

As you know, ADHD is a condition of impaired or challenged executive function. Having coached many individuals (some with a diagnosis of ADHD, but all with a challenge of executive function), we have observed this Fib mechanism as a powerful response.

The Fib mechanism protects its maker in a number of ways:

1-Protection (temporary) from the feeling of having disappointed someone, such as a parent, teacher, coach, or mentor. Fibbing often follows poor academic outcomes, incomplete assignments or projects, and missed appointments or classes.

2-Deflection (temporary) of parental/ significant other anger and the anticipated consequence.

3-Extension: This may be caused by a desire to “buy some time” in the momentary absence of information, or information that is not acceptable to the person that is perceived as a threat. This provides the maker with an extension of available processing or thinking time. The consequence of the fib is not planned for.

4-Self-preservation: Preserving self-esteem and self-efficacy; perceived reduced self-esteem of a “failure” due to an ADHD related behavior that ended in a negative consequence, leading to shame and embarrassment.

Often, a “fib” or “fabrication” does allow an individual to avert a present danger or threat, at least for the time being. The escape from fear, embarrassment, judgment, guilt, or shame provides a brief but powerful sense of reward (or escape/victory). This is evidenced when an individual lies to lessen the intensity of an inquisition about work completion. He is able to gain relief from what seems like a barrage of questions, while justifying possible completion scenarios in their own mind. “Oh, I’m nearly finished with the essay. I’ve

only the quotes to add, but I have the quotes in my notes.” The reality is far different.

What’s more, an individual may lie to him or herself to avoid the fear of the perceived threat of their current situation. An example of this might be delaying a complicated or unpleasant task in order to undertake something more enjoyable.

Examining four key elements of executive functioning (adapted from Russell Barkley, Ph.D.³) and the associated challenges faced by those with ADHD, we can understand how this self-fibbing happens easily and readily:

1-Weak Inhibition: The inability to stop an action – in this case, the verbal or physical communication – when under pressure for an answer.

2-Poor Emotional Regulation: Overwhelming fear in the face of the stressful situation.

3-Faulty Working Memory: Planning for the future consequence of potentially being “found out” in the heat of the current moment does not happen. By not accessing the information of “the relief of now” in contrast to the later unpleasant outcome, the working memory weakness is evident. Also, the inability of “self-talk” to self-soothe and plan a logical way forward.

4-Inconsistent Attention Regulation: This may be implicated if the subject had succumbed to a dire situation from ineffective regulation of attention or was distracted, causing their inability to achieve success.

[Free Checklist: Common Executive Function Challenges – and Solutions]

So what can we do as parents, coaches, teachers, mentors, or healthcare professionals to identify, support, and alleviate the impact of this stressful situation and the maladaptive fibbing strategy/habit that follows?

1-Use metacognitive or Socratic questioning techniques, encouraging awareness of the Fib response, and supporting the individual in changing the identified response at the point of performance.

2-Assist the individual with creating a “space for time” in order to reduce feelings of being overwhelmed.

3-Create extra, or intermittent accountability opportunities to ensure effective self-monitoring and evaluation.

4-Encourage the individual to seek assistance or input from others, such as an accountability partner, early in a problem-solving situation.

5-Implement a perspective of curiosity in place of judgment. Use open-ended questioning to uncover the fear component of a situation. “Is there something you are worried about?”

The evolving and adaptable human brain has undergone significant expansion and modification over millennia as we progress and face new threats to our survival. With the advancement of complex brain regions and neural networks, we are able to access a more complex, self-preserving response beyond Fight, Flight, or Freeze.

The Fib or Fabrication response (while not solely the domain of people with ADHD) is a less successful

self-preservation strategy, but that doesn’t make it any less popular. When ADHD is in the mix, challenges with inhibition, emotional regulation (and motivation), attention management, and working memory almost certainly contribute to this phenomenon.

Still, taking a psychological approach may provide an opportunity for caregivers and educators to identify fibbing as a neurological response and one sign of a fractured self-esteem, not as a character flaw.

Footnotes

1Oltmanns, T. and Emery, R. Abnormal Psychology, Eighth Edition. (Great Britain: Pearson Education Limited, 2015), 231.

2Lissy, F. Jarvik, MD, PhD. and Russell, Dan, MA. “Anxiety, Aging, and the Third Emergency Reaction,” Journal of Gerontology. Volume 34, March 1, 1979.

3Barkley, R. Taking Charge of Adult ADHD. (New York: Guilford Press, 2010), 7-12.

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UTAH’S ADOPTION CONNECTION RESOURCE DATABASE

Families with adopted children sometimes need specialized resources, but also need resources in their own community whenever possible. Utah’s Adoption Connection has collected a database of resources that is searchable, when you find a helpful resource you can print it out or send it via text message to your smart phone. Topics include:

Respite Care
Orthodontia
Support Groups
Search and Reunion
Transition to Adult Living
Mental Health Services
Disability (DSPD) Providers
Educational Supports

www.utahadopt.org

POST ADOPTION RESOURCES

HAVE YOU EVER WONDERED WHO TO CALL WHEN YOU NEED HELP WITH YOUR CHILD YOU ADOPTED FROM UTAH'S FOSTER CARE SYSTEM?

POST ADOPTION WORKERS CAN...

PROVIDE EDUCATION

Find out about relevant parent training classes by contacting your post adoption worker or Utah's Adoption Connection website.

They can tell you about upcoming trainings in your area. Also the Calendar section of the website lists community workshops.

FIND COMMUNITY RESOURCES

Help finding appropriate community or educational resources such as respite care, support groups, special needs services, cultural awareness and adoption search information.

Information about common adoption related issues such as the effects of trauma or fetal drug and alcohol exposure on brain development and behaviors.

Advocate with therapists or in schools

ACCESS THE CHILD'S HISTORY

Help adoptive families access adopted youth's foster care files.

Develop ways to encourage pride in their child's heritage.

FACILITATE BIO-FAMILY CONNECTION

Help adoptive family navigate healthy and positive connections with the child's biological family.

HELP STRUGGLING ADOPTIVE FAMILIES

Provide clinical assessment and information to find appropriate therapeutic intervention choices for families to obtain the treatment that meets the child and family needs.

Plan an array of services such as respite care, day treatment and adoption competent therapists.

Some therapists do not take regular Medicaid and the regional post adoption worker can determine if a carve-out for specific treatment is available.

HELP ADOPTIVE FAMILIES IN CRISIS

Provide crisis intervention to stabilize the family.

Facilitate Child and Family Team Meetings to concurrently work with community mental health, respite care, cluster group and other resources to promote family stability.

In extreme cases can help find a short-term(a few weeks) of out-of-home placement with a DCFS contracted agency to help stabilize the family. While the child is out of the home, the post adoption worker will work with the family to help the child return home.

POST ADOPTION WORKERS CANNOT...

Cannot help pay for out-of-home treatment that is not contracted with DCFS and bill at Medicaid rates.

Cannot help facilitate getting a child into State custody.

Cannot help a parent relinquish their parental rights.

TO FIND YOUR POST ADOPTION WORKER, PLEASE CONTACT THE ADOPTION EXCHANGE AT 801-265-0444 EXT 285

Claiming the Federal Adoption Tax Credit for Adoptions Finalized from 2012 to 2018

Who Is Eligible for the Adoption Tax Credit?

You can claim the federal adoption tax credit if:

- **You adopted a child other than a stepchild.** You can claim the credit if you adopted from foster care, adopted internationally, adopted a relative's child, or adopted privately from US (except your spouse's child). If you were adopting from the US, you can also claim the credit for expenses for a failed or non-finalized adoption, although you need to wait until a year after you incur the expenses.

AND

- **At the time of adoption, the child was under 18** (or physically or mentally unable to take care of him or herself).

How Does My Income Affect My Benefit?

How much you will benefit from the credit depends on your income and federal income tax liability—which is the amount you are responsible for in federal income taxes. Those who have lower incomes may not be able to use the credit and those with moderate incomes often can't use the whole amount.

For those with higher incomes, the credit phases out. For 2018, those with adjusted gross incomes above \$247,140 could not claim the credit; those with incomes from \$207,140 to \$247,140 could claim a portion of the credit.

How Much Can I Claim?

Adoptions from Foster Care When the Children Receive Adoption Assistance

When a child adopted from US foster care receives adoption assistance (also known as adoption subsidy) it is considered a special needs adoption for the purposes of the adoption tax credit, even if the child does not have a disability. Children with disabilities who do not receive adoption assistance/adoption subsidy benefits are not considered special needs for purposes of the adoption tax credit. Some private domestic adoptions may also receive adoption assistance and therefore be considered special needs for the adoption tax credit.

If you completed a special needs adoption from foster care (as defined above), you can claim the federal adoption tax credit *even if you had no adoption expenses*. (This doesn't mean, though, that you will receive the full credit. How much you can actually receive still depends on your income as explained in the next section below.)

If you receive adoption assistance or adoption subsidy benefits for your child, you can claim the maximum credit (\$13,810 per child for adoptions finalized in 2018) as your expenses, even if you had little or no expenses.

Other Adoptions

For all other adoptions (except those where you adopt your spouse's child, which are not eligible for the credit), you must have qualified adoption expenses to claim the credit. These expenses are the costs associated with completing the

legal adoption of a child, such as attorney’s fees, court costs, agency fees, homestudy costs, travel to complete the adoption, etc.

Will I Benefit From the Adoption Tax Credit?

What you can *claim* is different from how much you will actually be able to *use*. **How much of the adoption tax credit you will actually use depends on your income and personal tax situation.** Whether an adoption is considered special needs does not affect how much you will be able to benefit from the adoption tax credit. It only enables you to claim the full amount of the credit even if you did not have any expenses.

The adoption tax credit is a nonrefundable credit, which means it only offsets your federal income tax liability. Your income tax liability is the amount you are responsible for in federal income taxes for the year.

If you have ever done your taxes manually, your federal income tax liability is roughly the amount you would look up in the tax tables in the back of the instructions. If you want to see what your tax liability was in 2017, you can look at line 47 of Form 1040 (or line 30 of Form 1040A). If the line is blank or zero, you had no federal income tax liability. People with no tax liability will not benefit from the adoption credit this year. You can still file for the credit so you can carry it forward to future years if your tax situation changes. (Please note that the amount on line 47 is not exactly the amount you would benefit because there are some credits that come before the adoption credit.)

If you can’t use all of the credit in the year you claim it, you can carry the remainder forward for up to five more years to offset any of those years’ federal tax liability.

Data shows:

- Families with adjusted gross incomes of less than \$30,000 are not likely to benefit from the adoption tax credit at all because they do not owe any federal taxes.
- Those making \$30,000 to \$50,000 will probably be able to use only a portion of the credit (maybe a few thousand), with the benefit spread out over six years.
- Those making more than \$100,000 can typically use most of the credit for one child in a year or two.

Adoption Tax Credit Basics

Amount of the Adoption Tax Credit

The adoption tax credit is a one-time credit and the amount you can claim depends on the year you finalized your child’s adoption.

Year of Adoption	Maximum Amount of Credit per Child
2018	\$13,810
2017	\$13,570
2016	\$13,460
2015	\$13,400
2014	\$13,190
2013	\$12,970
2012	\$12,650

When You Claim the Adoption Tax Credit

Domestic Adoptions

For a special needs adoption (adoption of a child from U.S. foster care who receives adoption assistance benefits), you claim the adoption tax credit the year it is finalized. So if you finalize in January 2018, you claim the 2018 adoption tax credit when you do your taxes for 2018 (typically early in 2019).

For other domestic adoptions, you can claim your qualified adoption expenses before the adoption is finalized, but you must wait a year after the expenses are incurred to claim the credit for a non-finalized adoption. So, if you started the adoption process of a US child in 2016 and had expenses that year, you would claim them when you filed your taxes for 2017 (in early 2018). If the adoption then finalized in 2018, you would claim your 2017 and 2018 expenses with your 2018 taxes. The total maximum you could receive would be the 2018 limit, which is \$13,810.

If you had expenses...	Then take the credit...
Any year before the adoption becomes final	The year after the year of the payment
The year the adoption becomes final	The year the adoption becomes final
Any year after the year the adoption becomes final	The year of the payment

Exclusion

The law also allows adoptive parents whose employers offer an *approved adoption assistance program* to exclude any reimbursed expenses from their taxable income. Parents cannot claim the expenses for the exclusion and the credit. For example, a family spends \$17,000 on their adoption, and the employer reimburses \$10,000 through an approved adoption assistance program. The family can exclude the \$10,000 from their taxable income, and claim only the remaining \$7,000 for the adoption credit.

Those who adopt children with special needs can use the maximum amount of the exclusion (\$13,810 for 2018) regardless of any expenses or reimbursement as long as their employer offers a qualified adoption assistance program. (Please review the instructions for Form 8839 for more information on the exclusion.)

How to Claim the Adoption Tax Credit

- If you adopted in 2018 you will claim the credit when you file your 2018 taxes in 2019.
- **If you adopted in 2017** you will claim the credit when you file your 2017 taxes in 2018.
- **If you adopted in 2016** you need to first amend or file your 2016 taxes in 2017.
- **If you adopted in 2015** you need to first amend or file your 2015 taxes.
- **If you adopted in 2014 or If you adopted in 2013 or 2012** — Because 2012-2014 are now closed tax years, you cannot receive any refund you were due for either year. BUT you can still amend your 2012-2014 taxes and claim the credit in order to carry any remaining benefit of the credit forward to 2015 and other open tax years. Any amount you would have received with your 2012-2014 taxes will be lost to you (for a 2014 adoption if you filed for an extension in 2015, you would receive any 2015 tax benefit up to October 15, 2018).
- **If you adopted in 2011 or earlier** — Tax years 2011 and earlier are closed so anyone who finalized an adoption in 2011 or earlier is no longer able to claim an adoption tax credit.

This information is provided by the North American Council on Adoptable Children for more information visit their web site at www.nacac.org. There website features an online webinar about the Adoption Tax Credit.

A Parent’s Guide to Screen Time

Excessive screen time is the most frequently identified health concern for parents, according to a recent survey. Contemporary studies by Common Sense Media and the Kaiser Foundation indicate that kids spend an average of 9 hours per day using digital media. Here’s a look at what screen time means for kids growing up in the digital age:

- Watching TV and listening to music are the 2 most popular screen-based activities
- 51% of screen time is interactive/communicative
- Tweens and teens spend about 1 hour 20 minutes per day playing video games
- 5 hours per day is spent on screen-based entertainment
- 75% of kids use texting, music, and other media while doing homework

We’ve long held the belief that it’s important for kids to have a healthy and balanced “Play Diet” -- similar to the American Academy of Pediatrics’ new “Media Diet” recommendation -- that includes physical, social, creative, and unstructured play as well as digital play. Rather than set strict limits on screen time in general, our team at LearningWorks for Kids advises parents to **focus on setting limits on video games, app usage, and television viewing.**

Setting Limits on Digital Play

Age	Time	Considerations
0-24 months	limited	Screen time should always be with an adult and is still secondary to traditional sensory, motor, and interpersonal experiences.
2-5 years	1 hr/day	Adults should still choose & supervise technology. Physical/social activities remain priorities, but technology can help kids learn academic skills!
6-9 years	90 mins/day	Adults should still choose technology, watching for violence and other inappropriate content. Limits are very important, although technology has become an important social activity.
10-13 years	90-120 mins/day	Parents should closely monitor chosen technology content and model good technology use, fostering a conversation of how to use it appropriately.
14+ years	120 mins/day	Continue to discuss and observe behavior, guiding content choices but allowing more screen time freedom as it is earned. Technology is now very important socially and academically!

Screen time limits *will* vary from family to family. The above guidelines should be adjusted based on your child’s individual needs and abilities. It’s also important to understand that there is no real harm in relaxing limits for any number of reasons, including holidays, sick/snow days, and long trips and waits.

For more information about setting screen time limits, check out these articles:

The AAP’s Media and Children Communication Toolkit (includes Media Plan tool): bit.ly/1LXkyCm

Screen Time Limits and the Individual Child: <https://bit.ly/2TTgYAi>

Helping Kids with ADHD Manage Screen Time: <https://u.org/2Lnt55g>

Introducing LearningWorks Live!

Live, online, small-group tutoring for training and improving executive functions and vital thinking skills!

learningworksforkids.com/live

Benefits for Adopting an Older Youth from Foster Care

YOUTH 13 YEARS OLD AND OLDER

Health and Mental Health

Medicaid covers medical, dental and mental health services to age 18.

Financial Adoption Monthly Subsidy

Monthly financial subsidy is based on the youth's needs.

Post-Secondary Education

Federal Pell grants pay tuition and often other expenses

YOUTH 16 YEARS OLD AND OLDER

Adopting a youth 16 years old and older could have all the benefits of adopting a youth 13 years and older plus...

Transition to Adult Living Services

Basic Life Skills classes (Milestone Classes) -- the same that are available for youth in foster care.

Post-Secondary Education

Olene S. Walker Transition to Adult Living Scholarship from \$2,500 to \$5,000 for degree or certificate programs until the age of 26.

Utah JOB CORPS for youth 16-25 years old who want to complete their GED and receive job training while living on the JOB CORPS campus.

Education Training Voucher, to help with the cost of post-secondary education until age 26.

Aftercare Funding to support transitional expenses from age 18 to 23.



BENEFITS FOR ADOPTING OLDER YOUTH FROM FOSTER CARE

YOUTH 13 YEARS OLD AND OLDER

Health and Mental Health

Teenage youth adopted from foster care generally qualify for Medicaid coverage to age 18. Medicaid covers medical, dental and mental health services and is transferrable to any other state in the United States.

Financial Adoption Monthly Subsidy

Monthly financial subsidy is based on the youth's needs and helps with the costs of raising a teenager. It is generally less than the amount paid for youth in foster care.

Post-Secondary Education

Youth adopted at age 13 years and older are eligible for federal Pell grants that pay tuition expenses, and often for books or other expenses. Application for FAFSA (Federal Assistance for Financial Student Aid, i.e., Pell grant) will be based on the student's own income, however should disclose if they have money put aside or other college savings type of account. They do not have to disclose their adoptive parent's income. Pell grants are based on income eligibility and disbursed through the financial aid office of the college or training institute. The Pell grant pays tuition expenses, and if there is any left over, it is disbursed to the student for books or other expenses.

YOUTH 16 YEARS OLD AND OLDER

Adopting a youth 16 years old and older could have all the benefits of adopting a youth 13 years and older plus funding for post-secondary education.

Transition to Adult Living Services

Basic Life Skills classes (Milestone Classes) – the same that are available for youth in foster care. Classes are geared for youth ages 14 and older. Classes are dependent on availability (adopted youth do not qualify for the financial incentives). Contact the Transition to Adult Living person in your region for more details.

Education Training Voucher (ETV) – Available through the Dept. of Workforce Services' WIOA program. Youth who meet ETV qualifications can receive educational assistance until their 26th birthday. An eligible youth may receive up to \$5000 per state fiscal year for tuition, room and board, books, a computer, and other costs of education, actual award is based upon need.

Olene S. Walker Transition to Adult Living Scholarship - The scholarship is designed to assist qualified youth up to the age of 26 who are transitioning out of state foster care to complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions. The scholarship is sponsored by private donors in partnership with the Utah Educational Savings Plan.

Selection: Applicants will be selected based on their strong desire to complete a post-secondary program of study, potential for academic success, and financial need. Students who are awarded the scholarship are required to participate in extra-curricular activities and meet regularly with a mentor.

Scholarship Amount: The maximum yearly scholarship award is \$5,000 for full-time enrollment (12 or more credit hours), \$3,750 for three quarters-time enrollment (9–11 hours), and \$2,500 for part-time enrollment (6–8 hours). The scholarship may be renewed each semester with a review of an updated application to determine the youth has been making satisfactory progress.

AfterCare Funding – There may be funding to support transitional expenses for youth ages 18 to 23 (Housing, transportation, employment, education). Contact the Transition to Adult Living person in your region for more details.

Utah JOB CORPS is a program for youth 16-25 years old who want to complete their GED and receive job training while living on a JOB CORP campus.

Children's Blocked Trust: How Compassionate Care Helps Reverse the Effects of Early Poor Care

By Jon Baylin, PhD, and Dan Hughes, PhD © 2018, From Adoptalk 2018, Issue 2; Adoptalk is a benefit of NACAC membership

From the moment we're born, our brains adapt and evolve according to our experiences. For children exposed to trauma, neglect, or chronic stress, the brain develops strategies to cope, focusing on self-preservation and identifying the next potential threat. Over time, these strategies become behaviors and can persist even when a child enters a safe and nurturing environment. Therefore, understanding how a child's mind is altered by trauma can help parents and professionals better direct their support.

Developing Defenses

Children depend on adults for food, shelter, and protection. Abuse and neglect may jeopardize these safeties, so when a child experiences chronic distress, the brain uses its pain-relief function—called the analgesic opioid system—to block out feelings of hurt or pain in favor of remaining near the adult who can provide these basic necessities.

In this survival mode, the mind becomes focused not only on basic necessities such as food, but also on identifying the next potential threat. A child pays more attention to the aspects of their environment that are potentially harmful instead of what is safe, comforting, or enjoyable. In other words, while the pain is blocked, so are feelings of joy, love, and affection.

Another part of protecting oneself from future harm is remaining invulnerable. By keeping a distance between oneself and others, a child can remain unhurt. As a result, honest and unprotected communica-

tion with others—where a child shares their inner life—becomes a luxury rather than a normality.

Developing Behaviors

By blocking emotions and communication, children experiencing abuse are able to protect themselves from chronic, overwhelming pain while still accessing basic necessities. When these strategies become behaviors, however, these children are often labeled "antisocial," "bad," "bossy," or "uncaring." This perception causes harm too: the child internalizes these titles, believing that they are inherently unlovable or alone in this world.

This societal focus on the negative makes it easier for a foster or adoptive parent to see a child's defensive behavior as a problem. Together, both the parent and the child internalize these negative titles—the children begin to believe they are unlovable, and the parents begin to believe that the children are inherently bad. The result of this perception is reactive parenting, where a parent focuses on the negative things about their child and allows the stress of an immediate moment to overcome sustained feelings of love and empathy. This is called parental blocked care.

When parental blocked care is practiced, the child's defenses are triggered again. Quickly, this becomes a harmful cycle, where hurt leads to blocked senses and communication which leads to more hurt, and so on. Because parental blocked care often results from a focus on a child's behavior, approach-

ing a child's journey toward healing from abuse and trauma through behavior change can sometimes be harmful, driving a child deeper into states of shame, rage, disengagement, or isolation.

A Call for Compassion

One would expect empathy to be the solution to this problem—if parents recognize and strive to understand the depths of a child's pain, all will be okay. In fact, attachment-focused models of treatment highlight the need for parental empathy. However, recent neuroscience research makes our understanding of empathy in treatment for abuse more complicated. In this research, empathy is defined as a response to another person's display of distress, pain, or struggle. For children who experienced trauma, these emotional displays are suppressed. Therefore, empathy might be a valuable tool in creating a safe space, but it probably will not be a parent's first response to a child's behavior.

Instead, a child's blocked trust calls for radical compassion, tapping into our brain's higher functioning and moving beyond faster, lower, defensive reactions. This means recognizing the reasons behind a child's automatic, triggered behavior even in the most stressful or challenging moments. Neuroscientists call this process mentalization and reflective functioning. This means imagining what's going on in someone else's mind and assessing the potential needs, desires, feelings, beliefs, and goals that drive the other person's actions.

It is in the intense instances—when a child is feeling the most hopeless and unlovable—that a parent must display understanding, care, and acceptance. While this radical compassion might confuse the child, it will also allow and encourage the child to be vulnerable. Then at this stage, a parent's empathy can be activated, working in tandem with compassion, to foster a child's trust and buffer against parental blocked care.

Over time, the child will be able to overcome the story that has come to define them. Instead of feeling inherently bad or unloved, the child can begin to understand herself as brave, strong, and no longer alone.

Handling the Hardships: Tips for Parents & Professionals

Maintaining constant and unwavering compassion—even and especially in moments of overwhelming strife—is not easy. Part of radical compassion and reflective functioning is understanding that your kindness might be repeatedly rebuffed or rejected by a child struggling to overcome habitual defense systems. This one-sided relationship can be incredibly taxing.

In fact, the Social Baseline Theory—a model of social relationships developed by Jim Coan, a social neuroscientist at the University of Virginia—states that while bonded, trusting relationships reduce stress for each partner, allowing challenging tasks to be shared, a one-sided relationship such as those we're talking about here places all of the executive load—those higher level regulatory processes that rely heavily on the prefrontal cortex—on the parent. In other words, in addition to offering the child protection from harm, basic necessities, and extreme patience, a parent needs to be sure that the activities a child engages in are safe and also plan for inevitable episodes of challenging behavior.

In a well-bonded relationship, parents and children can occasionally turn off that higher-level thinking to simply enjoy one another's company or spend time alone. For parents helping a child cope and heal from trauma, those high level self-regulating and reflective systems must always be activated.

The effect of this constant drain is sometimes called compassion fatigue, as parents become physically and emotionally exhausted by a child's constant need for care and empathy.

To access and engage with the part of the mind in charge of mentalization and combat this compassion fatigue, consider the following tips:

Access your own compassionate support systems. Studies show that parents who feel safe and secure in their relationship with a child are more capable of accessing this higher level of thinking. Parents who are prone to feeling insecure in intimate relationships inevitably struggle to access and engage this part of the brain. In other words, to practice radical compassion with a child who has experienced trauma, an adult must learn how to practice radical compassion with themselves. Adult therapy or a robust network of personal support is instrumental in feeling more secure in these challenging, often one-sided parent-child relationships.

For professionals offering support: In an effort to be as understanding as possible, mentalizing and reflecting on their child's needs above all, parents are frequently denied the compassion and empathy they crave in return. Caregivers need compassionate care too—be the understanding and patient support they need. Realistically, not all parents are ready to develop this compassionate state of mind. Assess their readiness and do what you can to encourage them to move beyond reactive parenting.

Develop self-care and coping mechanisms. To combat the compassion fatigue that comes from carrying the executive load of a relationship, parents must be careful not to neglect their own needs amid caring for another's. This means trying to maintain a balanced diet, regular sleep, and an exercise routine, as well as relationships with a few caring adults.

For professionals offering support: Recognize the genuine potential for burnout in parents caring for children who have experienced trauma, and encourage them to find moments for themselves throughout the day. Help them to learn coping mechanisms

like breathing techniques and acceptance-based therapy.

When a child's sense of safety and happiness is repeatedly threatened, their brains adjust to focus on survival. Understanding the science behind these reactions can help parents and professionals begin to offer children the radical compassion needed to overcome challenging behaviors and recognize themselves as strong, brave, and capable of love—reversing the effects of the past and creating a brighter future for parents and children alike.

*Jon Baylin is a clinical psychologist who has been working in the mental health field for 35 years. For the past 20 years, while continuing his clinical practice, he has immersed himself in the study of neuroscience and in teaching mental health practitioners about the brain, giving numerous workshops for mental health professionals on "Putting the Brain in Therapy." Dan Hughes is a clinical psychologist who founded and developed Dyadic Developmental Psychotherapy (DDP), the treatment of children who have experienced abuse and neglect and demonstrate ongoing problems related to attachment and trauma. Several years ago, Dr. Baylin began a collaborative relationship with Dr. Hughes. Their books, *Brain Based Parenting* (2012) and *The Neurobiology of Attachment-focused Therapy* (2016) are both in the Norton series on *Interpersonal Neurobiology*.*

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HONORING EXCELLENCE *NaShay Lange*



NaShay Lange is a caseworker in Moab, Utah, for the Division of Child and Family Services for a few years. She has an immense passion for her work, and the children she serves. She has helped many children to find their forever families. She constantly goes above the call of duty, taking on more than she can handle due to her burning desire to find permanency for children.

NaShay works tirelessly to please other entities and ensure she is available to assist people even after work hours. She has welcomed the support of the Wendy's Wonderful Kids Recruiter. She has also welcomed some of the most difficult cases with professionalism and commitment to thinking outside of the box to find permanency for the clients on her caseload.

NaShay is a mother and in her free time she likes to spend time with her family.

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