UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

MAY 2020

utahadopt.org

UTAH'S ADOPTION CONNECTION
CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER

SCOTT age 15
Photo by: Linda Boyd Linda Boyd, Photographic Artist, Inc.

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NEED SOMETHING TO DO WHILE YOU ARE STAYING SAFE AND STAYING HOME?

UTAH'S ADOPTION CONNECTION
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WWW.UTAHADOPT.ORG

LENDING LIBRARY

Utah's Adoption Connection Lending Library is just one of a variety of post adoption services provided by The Adoption Exchange. The Library includes selected titles for both adoptive families and the professionals who serve them.

FREE

The library has many great selections that are available to the adoption community, across the United States at *no charge.*

Please visit the website for the most recent title selections.

www.utahadopt.org

Here are some of the categories available in the Lending Library:

Children's Books
Fetal Exposure (FASD)
Grief and Trauma Healing
LGBTQ+
Mental Illness
Parenting Advice
Sexual Abuse
Special Needs Adoption

HOW IT WORKS

You can place an order online at **www.utahadopt.org**

Patrons check-out up to three titles at a time and return them within six weeks.

Your order will be filled and sent to you by mail.

With your library order you will receive the return postage to send the items back when they are due.

The Adoption Exchange

On the Cover
Miranda, age 15

This friendly girl is Miranda! Journaling is a well-loved activity for this cordial teen. When she isn't writing in her journal, she enjoys painting nails, exploring makeup looks, and coloring. Miranda gets along with adults and peers. She has fun exploring future career options and has expressed an interest in becoming a teacher.

Miranda is doing well in her seventh-grade year.

She would do best in a home in which she can be the youngest child. Financial assistance may be available for adoption-related services.

This is a LEGAL RISK ADOPTIVE PLACEMENT.

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

Photo by: Chauntelle Janzer, Opie Photography

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

Getting Family Members on Board with Treatment

By Jilian Garey, Reprinted with Permission from Child Mind Institute

It is never easy to acknowledge that your child has a serious mental health issue and then to take the difficult step of seeking a diagnosis and treatment. In an ideal world, parents seeking care for a child would have the support of family members, other caregivers and their child's teachers. But the reality is that it's not unusual for parents to be second-guessed and criticized by people close to them. In some cases, extended family members or caregivers will even speak inappropriately to the child about their diagnosis or treatment.

Rachel Busman, PsyD, head of the Anxiety Disorders Center at the Child Mind Institute, works with children who have selective mutism, an anxiety disorder that makes them unable to speak in school and other settings outside the home. When all the adults close to the child work together, specialized therapy is very successful in treating it. But treatment can be derailed when the child gets mixed messages. Dr. Busman hears reports of grandparents who say things like, "She's just shy. She'll grow out of it. You don't need that hocus pocus. She just needs to buck up."

The other problem, she adds, is that family members may misinterpret the child's inability to speak as a form of defiance, and conclude that parents just need to be tougher on their kid.
The same thing applies to children with other mental health and learning disorders.

Skepticism on ADHD

"We often see this with ADHD, where people in the extended family say the kid just needs to try harder, he isn't putting forth enough effort," says David Anderson, PhD, the Director of National Programs at the Child Mind Institute. "The relatives tend to see kids in leisure activities, like watching TV or playing on the computer, where their focus is fine. They don't see them in school, so they invalidate the difficulty they're truly having there."

Skepticism may be especially aggressive when medication is involved, Dr. Anderson adds. "One of the difficulties for ADHD is that medication is one of the frontline treatments, so all the stigma that goes along with psychiatric medication is something that parents have to hear about, even though ADHD medication is among the most researched and the safest when monitored by a child or adolescent psychiatrist."

Autism denial

Cathy Lord, PhD, an autism expert at UCLA, says pushback from family members is a "huge problem" with young children on the spectrum, for whom early diagnosis and treatment are crucial. "Often the first reaction of grandparents, and friends, too, is, 'Oh no, no, he's so cute.' How can that possibly be true?' "

"A common impulse, Dr. Lord explains, is to reassure the parents that the behavior they're seeing is nothing unusual. They'll say, 'Your father didn't talk 'til he was six'— which is probably inaccurate, given how unreliable our memories are — 'And look at him now. So why are you making such a big deal?' "

And even more troubling are family members who blame the symptoms on the parents: " 'He's just spoiled. If you didn't give into him all the time, he'd be fine.' "

How to help family members get on board

Parents may be dissuaded from engaging in treatment — whether it's therapy or medication — because people in their lives are telling them their child's disorder is not real or treatment is a waste of money. Sometimes these attitudes are generational, and sometimes they can be cultural. Whatever the reason, getting the other adults in your child's life on board with the diagnosis and treatment plan can be important to the success of treatment. Here are some tips for how to do that.

Prioritize

It's important for parents to prioritize. How important is the skeptic they're dealing with to the child? If he is not, minimizing interactions may be your best option. If you do overhear him saying something that makes your child uncomfortable you can always say something to reassure her — "You know that's not what we believe, right?" In the case of family members like grandparents or siblings who play an important role in your child's life, the answer is usually yes: It's worth sitting down with that person and having a real conversation.
Write out a script

Dr. Busman recommends that parents write out a script or "talking points" before heading into what may be a potentially emotional conversation. Then get the person alone. "You never want to do this conversation in front of the kids," Dr. Busman says, "because then Aunt Suzie loses face, or the grandparent loses face." Have a piece of paper with you that you can refer to — things the clinician shared with you that you want to explain.

Practice what you want to say

Knowing what you want to say and saying it can be two different things, so practicing your talking points out loud can help you be more confident and comfortable discussing the diagnosis, notes Dr. Lord. "We advise parents to practice it five times before you go in. "

Lead with gratitude

Dr. Busman tells parents to begin the conversation by telling the grandparent or aunt or caregiver how grateful you are for the role they play in the child's life. "Lead with the positive and lead with gratitude," she says. So, if you're talking to your sister, you might say, "You are such a great aunt. You mean so much to my child. I know you might not agree with the treatment I've pursued for her, but we really need you to support what we're doing."

Explain the diagnosis

As clearly as possible, explain the diagnosis to the family member or caregiver. Giving some concrete examples of the behaviors you are seeing can help, too. What's the difference between a typical child and the behavior you're seeing?

Invite questions

It's important to say to the person, "I know you care about my kid and I want to hear what you think." If you listen, then you get a lot of information about what the person does or doesn't understand or what their concerns about treatment might be. You need to find out what their issues are in order to address them.

Outline the treatment

Whether you're doing behavioral therapy or medication, explain the basics to your family. This can also be an opportunity for you to discuss specific goals you are working on in treatment and ways that you (and your family) can help reinforce those goals. If you've seen some positive results, share that progress with the family member.

Be positive

"We tell parents all the time, tell your child what you want them to do rather than what you don't want them to do," Dr. Busman says. And that same idea applies to the people in your child's life. "Don't give people a bunch of things not to do. Give them a few tips of things they can do." A lot of grandparents or caregivers or teachers who have different parenting styles will get on board if you just help them know what they're supposed to do, such as how to praise and reinforce the behaviors your child is working on instead of responding to negative behavior.

Share the tools you've learned

Share the specifics of what you've learned from your child's clinician and the skills you've been practicing with your child. Many of these skills will be unfamiliar to them. So, Dr. Busman says, you can say something like, "I've learned so many really helpful tools. Here are some of the tools I've learned."

When in doubt, blame the therapist

When dealing with a skeptical person, Dr. Busman argues that it's okay to put the "blame" on the therapist. You tell the person, "the psychologist said you need to stop talking like that, because it's not helpful." Many therapists are open to communicating directly with extended family or caregivers. "I've done Skype calls," Dr. Busman says. "I've emailed with a person. I've had mom come in with grandma."

Offer resources

You could also point them towards some reliable resources online. "If a child has a learning problem or an attention problem," Dr. Busman explains, "the grandparent or the caregiver could find out some more specific details of what the child's diagnosis or what their academic challenges mean so they understand it." The Child Mind Institute has a large archive of articles about therapies and medications and how helpful they can be for kids when the clinician determines they're needed. Other helpful sites might be Understood for kids with ADHD or learning disabilities, the Selective Mutism Association, the International OCD Foundation, the National Eating Disorders Association or Autism Speaks. Your child's clinician may also have a fact sheet or particular resource that she recommends.

Protect your child

Sadly, there are some situations in which no matter how hard you try, you simply can't get through to the adult in your child's life. If that relationship is harming your child or undermining his treatment, you have to be prepared to distance your child from that unhealthy influence. "I worked with a family where the mother's sister was saying really inappropriate stuff to the kid," says Dr. Busman. "It was very devaluing of his anxiety, was making the mom feel like she was a really bad mom. It was very judgmental and really hurtful."

In that case Dr. Busman took a firmer approach than usual, advising the parents to tell the aunt, "we're not going to be able to see you if you're speaking in this way, because it's actually damaging." But since ultimately everyone involved in the child's life just wants what's best for her, there's usually a way to help the relative in your child's life come around.

Summer, Sunshine and Stress

By: Nicole Fakaua, M.C., R.C.C.

Summer holidays usually conjure up images of sunshine, sweet watermelon, and happy kids playing along the beach. But let's face it, for many kids with a trauma background, summer holidays can also be stressful! Normal routines have been bypassed by longer, leisurely days filled with a degree of flexibility and unpredictability on many fronts. Though enjoyable, this can be particularly challenging for kiddos with a history of trauma. As a result, challenging behaviors, increased levels of anxiety, difficulty sleeping, fits and emotional outbursts often seem to resurface.

Trauma does not take a summer vacation.

As a caregiver, summers can be wrought with frustration and difficulty. So in order to help provide you with some summer reprieve and keep your summer calm on, I've compiled some thoughts and ideas to help your child.

Routine

Often summer holidays invite a lack of routine and for kids with a history of trauma, this can be especially disruptive. Often, these children function better with structure and predictability as this enhances their feeling of being safe. Being safe is a critical message that kids with trauma play multiple times over in their brains – scanning and analyzing (often subconsciously) their environment. So, creating a safe feeling for them to thrive is necessary (tips: giving advance notice of schedules and/or changes for the day, utilizing a family calendar, enhancing morning or daily routines that are visible etc.) It not only perpetuates a calmer person but it does wonders for their nervous systems. Anxiety has a tendency to heighten the amygdala's response to stress and as a result, the brain releases cortisol – the stress hormone. When life becomes unpredictable, kids with trauma tend to go into high alert mode – and with an increased release of cortisol – this signals stress and danger. Keeping this at bay can happen with a predictable and structured schedule and is also critical to decreasing anxiety which will help enhance a more peaceful abode.

Enhance Learning

It is known that children with trauma histories usually experience some delays in learning. Learning loss is a thing most children experience over the summer and is a long contested issue among teachers. In order to build on all the wonderful input over the school year, summers can be a great way to enhance retention, knowledge, and help maintain the momentum they have garnered over the school year. This is important as solidifying concepts can take longer for kids with a trauma history and engaging in one on one or small group activities can help them be ready to start a new school year in the Fall rather than lagging behind.

Activities can be engaging, fun, low-key but with an intentionality to them. IXL has some great math games available for a very low cost, Trading Cards builds on themes and writing skills with characters (no cost), Explore/Read/Learn at Start with a Book hosts many cool and exciting projects that are theme based as you navigate around (no cost).

Understanding your child's anxiety, their trigger points and what accentuates this is critical to disarming the 'anxiety bug'. Learning to implement strategies to help them regulate big emotions is very helpful. Techniques such as breathing (deep breathing), attending yoga classes to learn and incorporate mindfulness, developing emotional literacy can all help (see this blog for more specifics on anxiety: https://www.complextrauma.ca/anxiety-complex-trauma/)

Exercise

Research has shown that regular exercise can decrease anxiety, sleep disturbance, and other symptoms of traumatic stress – all the while improving a child's quality of life (Babson et al, 2015; Goldstein et al, 2018; Rosenbaum et al, 1985; Ward & Stubbs, 2017). As trauma has a way of keeping score in the body, moving large muscles helps with endorphin release (increasing the happy vibe) – so things like the trampoline, nature walks, bicycling, hiking etc. are all key ingredients to freshening the mind and the body.

Visit a therapeutic-guided farm
Most cities have them and these are wonderful at assisting kids with attachment, self-regulation, affiliation, and attunement. So many children feel akin to being close with animals and they provide a safe feeling of comfort (as well as makes for a great family outing in nature).

Reading

Reading is a great way to bond with your child and keep their brains active and learning – it's a quieter activity but can build on connection with care givers so this one is a win-win. So get on those shoes and explore your city libraries for story hour or keep it simple and snuggle up on the couch and read out loud or create a structured reading routine at bedtime or in the middle of the day.

Build on their interests

This summer infuse in fun but low key activities. Examples could be hitting up the dollar store to fuse a sensory activity like making sand balloons otherwise known as stress balls for the crafty child or buying a couple of beach balls and throwing them around in your yard together for the sporty kid. It doesn't need to cost a lot but can pique interest, create fun, and build memories together.

Here's some additional fun links:

Outdoor games for kids:
http://www.mykidsadventures.com/outdoor-games-for-kids/

101 things to do with kids over the summer (keep boredom at bay)

https://www.care.com/c/stories/3331/101-fun-things-to-do-with-kids-this-summer

Nutrition

Sugar, even though it tastes good, can wreak havoc with kids – high high's and low low's which aren't so fun for caregivers to manage. Summers should be filled with special treats and low key eating without all the stress and strain. Nutritious and balanced snacks shouldn't be time consuming to make and can be free of all of those added preservatives. This makes a huge difference in managing challenging behavior.

Sleep

The body heals and resets through sleep so ensuring your child is getting enough regular and structured sleep is critical to enhancing those peaceful days. Let's face it – none of us do well without adequate sleep and kids with trauma histories, need consistent and regular sleep to help reset the brain and ward off those 'crabby blues'. An upside to structured bedtime routines over the summer means structured down-time for caregivers. (Note: black out drapes, weighted blankets, low whirring fans can all enhance sleep in the summer.)

Wishing you all the best as you learn, grow, connect, and enjoy this time of togetherness over the summer with your children.

Extra Links

Various Deep Breathing Exercises that are easy to use with kids:

https://copingskillsforkids.com/deep-breathing-exercises-for-kids

Summer filled ideas about learning and engagement:
https://www.readingrockets.org/article/get-ready-summer-ideas-teachers-share-families

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About the author

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The Importance of Attachment in Adoption

By: Dr. Lucy LeMare, Reprinted with Permission

The adoptions of children from overseas orphanages, especially of children who are beyond the infancy period, are often considered to be "special needs" adoptions. The same can be said of adoptions of children who have a history of foster care. A common concern for both of these groups of children is that they may suffer from or be "at risk" for attachment problems. Indeed, in recent years, the term "attachment disorder" has been used frequently and rather loosely in reference to the social, emotional, and behavioral difficulties experienced by some fostered and adopted children. The imprecise use of the term "attachment" has perpetuated a lack of understanding of the specific ways in which care-giving history can affect a fostered or post-institutionalized child and how these children can best be understood by their parents. My aim in this article is to make clear the implications of attachment theory for previously fostered and post-institutionalized children and their adoptive parents. In doing this, a necessary starting point is to consider what attachment is and what it is not.

What is attachment?

Attachment is a unique and very specific form of bond. It does not refer to all the feelings a child has for a caregiver, nor to the feelings a caregiver has for a child. It is a bond that begins in infancy with the baby's biological predisposition to single out a primary caregiver from whom to seek security. The infant's predisposition for forming an attachment has a survival function. It is her attachment that keeps the young child near her caregiver and causes her distress when they are separated.

Attachment does not always refer to a positive or healthy bond. As a result of the infant's biological tendency, attachments of babies to caregivers develop under nearly all circumstances. For this reason, babies of neglectful or abusive caregivers are as likely to form attachments to their caregivers as are babies of warm and caring caregivers. In other words, all babies and young children seek security and protection from their caregivers and become attached. It is the availability of the caregiver, and the manner in which he or she responds to the child's needs for security and protection, that determines the quality of attachment. So, very rarely is there an issue of whether a child is attached or not. The important concern is what kind of attachment has been formed.

What kind of attachments can form?

The attachment relationships that children have with their caregivers are differentiated on the basis of the extent to which they provide the child with a sense of physical and emotional security; hence, the distinction between securely and insecurely attached children. The security of a child's attachment to a caregiver is dependent on two things: (1) the continuity of the caregiving relationship, and (2) how sensitive and responsive the caregiver is to the needs of the child. Young children become securely attached when caregivers respond quickly and warmly to their distress, provide them with appropriate stimulation, are affectionate and generally positive with them, and are responsive to their needs and feelings. Insecure attachments develop when caregivers are intrusive, excessively stimulating, punitive and controlling, or are unresponsive and uninvolved. For a secure attachment to form, a sensitive and responsive caregiver must be available to the child on a consistent and continuous basis. Caregiving that is unpredictable or that is disrupted will support the development of an insecure attachment.

Different types of attachment

A child's early attachment to her caregiver contributes very importantly to the development of her understanding and expectations about relationships and social interactions beyond the attachment relationship. This understanding and set of expectations is referred to as the child's "internal working model." Securely attached children will develop an internal working model in which they view themselves as worthy and loveable and others as benevolent and predictable. This optimistic set of expectations typically leads to a prosocial orientation. On the other hand, insecurely attached children develop a sense of themselves as unworthy and, based on their histories, they expect neglect, malice or rejection from others. This negative set of expectations can lead to anger and acting out or depression and withdrawal.

It is important to note that although attachment formation in early life plays a key role in subsequent development, a young child's internal working model is not completely fixed. The early years of life are a particularly sensitive time for the formation of an internal working model but experiences beyond those years can alter what has already been formed. Positive interactions within the context of a stable and sensitive caregiving relationship can result in an insecure child becoming secure, whereas repeated disruptions in a positive caregiving relationship, due to factors such as parental hospitalizations or discord, can lead a secure child to become insecure.

The post-institutionalized child

As noted above, it is a rare circumstance in which a child is unable to form an attachment to a caregiver. Unfortunately, in some countries orphanages still exist in which this is the case. For example, children who were reared in Romanian orphanages, prior to and shortly after the fall of the dictatorship in 1989/90, lived in conditions of severe deprivation where individualized care was often non-existent and opportunities for attachment formation did not exist. Study of these children who were adopted by Canadian families has shown us that attachment formation can occur later in development, beyond the first years of life. In our study of Romanian orphans, it was found that all were able to form selective attachments to their adoptive parents; however, many of these attachments were insecure and some were very unusual. Many of the children appeared not to discriminate between their parents and unfamiliar adults when it came to expressions of affection or wariness suggesting that their early experiences had prevented the development of an understanding of one's caregiver as distinct from others as a unique source of security.

The child from foster care

Historically, foster care has been viewed as a solution to the problem of providing continuity of individualized care in an institutional setting. Unfortunately, the current state of affairs falls short of this goal. Multiple foster placements are very common and much of it is purposely planned as short term, with foster parents looking after large numbers of children who rotate in and out of the family. We now know that unless children are returned to their homes quickly after being removed and placed in foster care, there is a tendency for foster care to become long-term with a high likelihood of frequent moves.

Attachment theory, with its emphasis on continuity of the caregiving relationship and sensitive and responsive care, strongly suggests that discontinuity of care in multiple foster homes will have negative ramifications for the development of selective attachments and internal working models. The attachment system of the child who has moved around in the foster care system for any length of time is likely to be organized in such a way as to chronically anticipate rejection and loss. Such children, who still hope for love and care, may be deeply anxious about being neglected, rejected or deserted and, consequently, may behave in attention-seeking ways and experience considerable anger. In other cases, repeated separation and loss can lead the child to develop a defensive protective "shell." When this happens, the shell can become so thick that it appears that the child no longer feels loss. This immunity to loss comes at a great cost: relationships no longer hold significance for the child.
Implications for parents

It is important that adoptive parents realize the central role of attachment in social and emotional development and that disruptions in previous attachments or the lack of opportunity to form an attachment can explain some of the characteristics of post-institutionalized and fostered children. The formation of an attachment to adoptive parents will be supported by responsive and sensitive caregiving and a period of time immediately post-adoption in which the child spends the majority of her time with her new family. Emphasis on relationships outside the family can come later once the child has the opportunity to come to understand her relationship with her parents as unique.

When a child has had the chance to form an attachment earlier in life, either to a birth parent or a previous caregiver, new parents should recognize that their child has already experienced a loss that will have shaken her sense of security. If the previous attachment was secure, then the child's internal working model will likely provide a positive foundation on which to build a new attachment. If the previous attachment was insecure, the child's loss is no less. Indeed, the child may require greater patience and support, as the negative expectations associated with insecurity will need to be overcome. Children who have experienced repeated losses might have great difficulty forming relationships because they are emotionally shut off or because they behave in ways that seem to undermine this goal by expressing deep anger and demanding attention in unacceptable ways. Attachment theory explains these behaviors. Understanding such behavior is not the same as knowing what to do about it; however, it can go a long way in reducing parents' feelings of confusion and inadequacy.

Although every child is unique, there are some general suggestions that can be made regarding ways parents can support the development of a secure attachment in their child.

1. Secure attachments develop through the consistent and appropriate responsiveness of caregivers to their children's cues. Previously fostered or institutionalized children, because of their histories, may not give clear clues regarding their needs and, hence, can be very difficult for parents to "read." They may not call out to you when they awaken, they may not cry when they are frightened or hurt themselves, they may not let you know they are hungry. As a result, parents are advised to think about what is typical behaviour in given situations and to respond to their child on that basis. For example, go in to your child's room when you expect her to awake, greet her and get her up; when your child bumps himself or has a frightening experience, comfort him even if he is not apparently upset; feed your child at mealtimes and always have healthy snacks available.

2. For some parenting decisions, as a guide, it can be helpful to think of your child more in terms of her emotional age than her chronological age. For example, a three or four-year-old who has been institutionalized or in foster care may not be socially and emotionally ready to enter preschool even though that is the age at which children with typical upbringings often start school.

Power Up Positive Emotions to Raise Resilient Kids

By: Cinda Morgan, LCSW

The Spark of Hope

You never know when an idea will hit you on the side of the head and change the course of your life. I'm a child and family therapist by profession, and throughout my career I've worked with children in foster care. I've always been passionate about helping these children because, by and large, they carry heavy burdens due to the choices of others. Obviously, if you're reading this, you have strong feelings about wanting to help children who have been in the foster care system, too. And you may have had a thought that changed the course of your life, as well.

A few years ago, I was sitting in a professional conference where there was some talk about resilience. I thought, "Children in foster care need more resilience." They needed more than what I could offer as a mental health therapist. And that's where Handful of Hope, a nonprofit organization designed to boost resilience through increasing positive emotions, began. I've been researching and developing Handful of Hope for the past nine years.

Children in foster care demonstrate amazing resilience because they have already survived many difficulties, but a stream of hurtful and confusing experiences can lead to the belief that things will never change. Particularly harmful to children in foster care is the belief that things will always go wrong. It's called learned helplessness and is the conviction that nothing you do will make any difference. It is giving up. It is having zero hope things will change or that you can make a difference in your own life, at least in some areas of your life. Children who have many hurts need resilience to help them overcome the destructive assumptions of learned helplessness, but they aren't the only ones who could use a surge of resilience. Parenting is a marathon, so aid stations that provide nourishment are vital to help you maintain your energy level, too. And if you are parenting children from hard places, you might experience some vicarious learned helplessness yourself.

The Power of Positive Emotions

Think about your day so far and some of the emotions you've felt. Did you feel joy at seeing a friend? A moment of gratitude? A bit of optimism? These are positive emotions. They may not seem like much, but groundbreaking research has found that if we can increase our positive emotions by just a little bit, it increases our ability to bounce back from difficulties and be more resilient. You don't have to eliminate negative emotions to get the benefit. And you can add these research findings to your day in simple ways.

Before I get to some ways to increase your positive emotions and boost your resilience, I want to help you understand how we know that positive emotions really will lead to greater resilience. The resiliency effect of positive emotions was demonstrated in the aftermath of the terrorist attacks of September 11, 2001. Just prior to this tragedy, Dr. Barbara Fredrickson had completed a research project that looked at the connection between increased positive emotions and resiliency. After the shock of 9/11, Dr. Fredrickson despaired about the relevance of positive emotions in the face of such a tragic event. Interestingly, a few days following 9/11, Dr. Fredrickson bounced back from her own sense of hopelessness, regained her equilibrium, and quickly obtained the necessary permissions to conduct additional research on the same group of participants. Her hope was that she might discover something valuable about positive emotions in the midst of this national tragedy.

Indeed, she did. Dr. Fredrickson's research showed that those who experienced higher levels of positive emotions prior to the attacks not only showed fewer symptoms of clinical depression following 9/11, they even emerged emotionally stronger than before. It is important to note that the people with higher positivity didn't just plaster a smile on their faces in order to block feelings of negative emotions. All of the participants experienced elements of despair, sadness, fear, and hopelessness—the tragedy took a toll on everyone. And those with more positivity didn't just switch out their negative emotions with positive ones—they experienced positive and negative emotions side by side, like a chocolate and vanilla swirl ice cream cone. But those who had a higher ratio of positive emotions bounced back stronger than before. They recovered more quickly from the trauma and they had an increase of gratitude, optimism, life satisfaction, and even a greater sense of tranquility.

Resilience is amazing. It is the ability to bounce back from something difficult. It is the difference between falling flat on the sidewalk and falling flat on a trampoline. Both involve going down and even hitting hard, but there is a world of difference between the two in how you rebound.

Does Positive Thinking Lead to Resilience?

The answer to this question may surprise you. While I don't want to knock the benefits of positive thinking, there is something different that happens in your body when positive thinking actually leads you to feel positive emotions. In fact, research has found that just having positive thoughts does not reduce our cortisol levels. Actually feeling positive emotions is the key to undoing our stress.

Consider the efforts of my friend, Lisa, to shift her emotions during a low point in her life. In one week, Lisa opened her own business and was required by her landlord to supply "sweat equity" and help with the remodeling or she would lose her lease, her 40-year-old brother died of kidney cancer and left behind his wife and three children, and her dentist told her she needed a root canal (she didn't have insurance). The news about the root canal was the last straw. Lisa made it from the dentist's office to her car before bursting into tears. The combination of her grief and the other stresses of that week was too much for her. As she described it, "I had no positive emotions or positive thoughts or positive anything."

While sitting in her car, Lisa had a moment of clarity and knew that if she went home, she would wallow in her feelings of despair and hopelessness. Then she flashed on an idea. A 12-year-old neighbor girl was in the local children's hospital awaiting a serious operation. Lisa, who liked to make jewelry, took her supplies to the hospital, where the two of them made stretchy bracelets. Lisa could have found and focused on a positive thought, such as noticing how her family rallied together to support her brother's family. But instead Lisa decided to take action in order to divert her overwhelming feelings of hopelessness and fear. She engaged in an act of kindness, and this ended up boosting her positive emotions. Armed with increased positivity, Lisa's hope was restored even though she continued to mourn the loss of her brother.

Positive emotions act like an emotional immunization or an emotional flu shot against discouragement, despair, and depression. We all experience disappointment and adversity, but with the vaccine of positive emotions, the symptoms are not as bad and do not last as long. Perhaps the most surprising finding from Dr. Fredrickson's post-9/11 research is that positive emotions create a springboard effect: After we go down, we can actually bounce higher than we were when we started. Some call this post-traumatic growth.

How One Foster Family Boosted Resilience

A fourteen-year-old girl, Ashley, was removed from everything that she knew and everyone with whom she was familiar because of the choices of her parents, who abused drugs. Ashley was plopped into a foster home with her younger brother, to whom she had always been more of a mother than a sister. Because of her past experiences, including the kind of trauma that most people only see on television but with which foster parents are intimately familiar, Ashley didn't trust others and didn't believe that there could be good things in her life that would last. Her foster parents participated in the Handful of Hope resiliency program. In the beginning, when her foster parents presented ideas and activities related to the core concepts of the resiliency program, Ashley was very cranky about the whole thing. She said, "I'm not grateful for anything." She couldn't even think of a food that she liked. As she experienced the security of a stable home life, and as her foster parents persisted in teaching the concepts designed to increase positive emotions, a shift occurred in Ashley. Her foster mother came up with the idea to have a poster of different categories of things family members might be thankful for. One of those categories was food. The first positive thing Ashley said, albeit reluctantly, was, "I'm grateful I had a peanut butter sandwich today."

As her foster parents were teaching about courage, they were also packing up boxes to move the family, including Ashley and her brother, to another state. This disruption in her life, even though she was staying with a family that she was growing to love, hurled Ashley into a tailspin. It felt like her whole world was crumbling again. "You don't care about us. I'm running away and there is nothing you can do about it," she shouted at her foster and soon-to-be adoptive mother. Ashley's understandably frantic reaction to the move threw her younger brother off kilter too. He became anxious and scared as he looked to Ashley for how to react. Ashley's foster mother quietly said to her, "Sometimes we choose to be courageous for someone else." In a matter of hours, Ashley chose to display heroic courage about the upcoming move, and she embraced a little more hope.

Ashley's hope for something better started from a beginning no bigger than a grain of sand. She became noticeably happier and more optimistic. Now Ashley even creates and teaches her own activities that promote gratitude, growth-minded, generosity, courage, or connection. For one such activity, family members were asked to name one gift of generosity or kindness they had received as they each took turns hanging ornaments on their Christmas tree.

Ashley's hope, a result of her increased positivity, started when she had a different internal experience—a meager amount of the positive emotion of gratitude. Certainly, Ashley's foster parents wanted something more for her than her negative emotions could generate. If you think about it, parents and business executives want the same thing: different results. Parents want a different bedtime result from their preschooler. Supervisors want a different revenue result from their sales force. However, both parents and professionals often get stuck trying to just talk others into a different result. Effective change comes from focusing on providing new experiences. If you want a different result, you start with a different experience. And those experiences don't need to be big. Changed experiences spark a shift in perception or understanding that leads to different results. Somehow, Ashley sensed the power that occurs from creating different experiences and eventually delighted in designing positivity-building experiences for her family.

A Baby Step to Increasing Resilience

The place to start is to create a family gratitude journal. Like Ashley's family, you can divide it up into categories or you can just ask family members to write or draw something they are grateful for each day. And then talk about it together. That little micro-experience done once a day or once a week can start increasing your family's positive emotions and resilience.

As stated above, Handful of Hope is a resilience program designed to help children, young children, teens, and adults adapt, grow, and thrive—even when they face challenging or less-than-ideal circumstances—by building resilience through increasing positive emotions. There are five core concepts in Handful of Hope—one for each finger—that are used to increase positive emotions: gratitude, growth-minded, generosity, courage, and connection. Each of these concepts has been shown through research to increase positive emotions and help individuals flourish. So just being armed with knowledge of the research about positive emotions and resilience, you can make micro-choices and create micro-experiences to increase your positivity and that of your family. If just a sliver of hope is enough to shift you into motion, then a handful of hope is enough to see you through the ups and downs of life. It doesn't take a mountain of hope or even a mound of hope—a handful is sufficient. Within each of us is the capacity to thrive when we have a little leavening of hope.

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Seven Core Issues in Adoption

By: Sharon Kaplan Roszia and Allison Davis Maxon, Reprinted with Permission

Adoption, foster, and kinship care are important resources for addressing the needs of children in crisis. The majority of adoptions today originate from foster care and kinship caregiving which typically means the child has suffered trauma and/or neglect. Families built through foster, kinship care, and adoption represent bitter sweet forms of family building as they incorporate the joys and pain of both loss and gain. All members of the adoption/permanency constellation—which include adopted persons, birth/first parents, permanent parents, and extended family—experience lifelong intergenerational losses and complexities. How and when individuals are affected by both the positive and challenging issues of adoption and permanency depends upon many factors. These variables include personality, temperament, developmental stage at the time losses and/or trauma occurred, support systems, numbers of attachment disruptions, ongoing access to kin, and whether there is open and honest communication between constellation members. Seven Core Issues in Adoption and Permanency are experienced by all members of the constellation and include the following:

Loss
Rejection
Shame and Guilt
Grief
Identity
Intimacy
Mastery and Control

Awareness of these Seven Core Issues and the challenges and their accompanying tasks can help constellation members better understand how the experience of adoption/permanency has impacted their life and relationships. In addition, it allows constellation members to use this unifying lens to better communicate their own core issues and better understand other constellation members' core issues. A parent's understanding of the Seven Core Issues enables them to better address the complex challenges and feelings their child may experience throughout various stages of development. This article provides an overview of the Seven Core Issues in Adoption and Permanency and how they may affect the thoughts, feelings, and experiences of each constellation member throughout their lives.

Seven Core Issues in Adoption and Permanency

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"

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.

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.

About the Authors:

Sharon Kaplan Roszia, M.S., is an internationally known trainer and author who helped pave the way for open adoption practice believing in keeping connections over time. She has been devoted to her work in adoption and foster care since 1963 and is also a parent by birth, adoption, and foster care. She has co-authored two books on open adoption, The Open Adoption Experience and Cooperative Adoption. She is co-author and master trainer of Kinship Center's ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals. Sharon is a consultant for the National Center on Adoption and Permanency. Contact Sharon at sharon@sharonroszia.com and learn more at www.sharonroszia.com.

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GETTING TO KNOW YOUR POST ADOPTION WORKERS:

JEANA BURGESS

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