UTAH'S ADOPTION CONNECTION
CHILD AND FAMILY SERVICES

MAY 2024 EDITION

LILLY, ROWDY, NADIA,& CHRISTOPHER

Photo by: Amy Jensen

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UTAH'S ADOPTION CONNECTION
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ON THE COVER, LILLY, ROWDY, NADIA, & CHRISTOPHER

Meet Lilly, the epitome of joy! Rainbows hold a special place in her heart, and nothing beats the pure delight of playing in the dirt on a sunny day.
Rowdy is the go-to guy for a good laugh, thanks to his excellent sense of humor! When it is time for fun, basketball takes center stage, with free throws and three-pointers being his game of choice.
Beyond her love for art, the one thing that captivates Nadia's attention is dance, dance, and more dance!
Christopher possesses amazing drawing abilities. His go-to pastime is skateboarding, filling his free time with thrilling rides!

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

NEW RESOURCES ON UTAH'S ADOPTION CONNECTION WEBSITE

OCCUPATIONAL THERAPY RESOURCES

Occupational therapy practitioners help people participate in what they need and/or want to do in order to promote their health and well-being.

A Caregiver's Guide to Promoting Self-Regulation in Foster and Adoptive Youth Occupational Therapy (OT) can help your child engage in the activities they need and want to do. To learn more about occupational therapy watch the video's at **https://www.utahadopt.org/support-resources/occupational-therapy-resources.**

There are many reasons a child may benefit from occupational therapy. All children are different and develop skill sets at their own pace. It is not uncommon for children to struggle with some of these skills at some point during their development, however, when these challenges significantly impact your child's ability to participate in daily activities it may be beneficial to seek a referral for occupational therapy services.

What is Occupational Therapy? (video)
How Do I Know if My Child Needs Occupational Therapy? (video)
Receiving an Occupational Therapy Referral (Tip-sheet)
A Caregiver's Guide to Promoting Self-Regulation in Foster and Adoptive Youth (PDF Booklet)
Pediatric Occupational Therapists in Utah (List)
What is Sensory Processing Disorder? (video)

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Hope and Healing Begins with Awareness and Bravery

BY: KATHARINE MAITLAND, MSW

"The simple truth is that it is nearly impossible for a parent to lead a child to a place of healing if the parent does not know the way [themselves]. Therefore, we must recognize that a critical aspect of our role in helping our children connect and heal is to travel the journey of healing ourselves" - Dr. Karyn Purvis (Purvis et al., 2010, p. 75).

My name is Katie. After nearly a decade as a classroom special education teacher, I decided to step away from my job and move halfway across the country in order to expand my understanding of how best to serve children and families by studying Developmental Trauma at the Karyn Purvis Institute of Child Development at Texas Christian University. As I continued my educational journey, this quote from Dr. Purvis quickly became my focal point; if I was going to support children and families walking through difficult places, I needed to go on this journey myself. As a result, my research focuses on the impact of intergenerational and transgenerational trauma on one's biology, brain, body beliefs, and behavior (the 5 B's).

This research began because of the need to go through a simple medical procedure that profoundly impacted my life. To help understand the reason for the pain in my knee, I needed to have an MRI done. At the end of the procedure, the nurse, in an abundance of kindness, said, "You did a good job laying still." At that moment, a thought popped into my head, "I've had a lot of forced practice," my body underwent a series of visceral sensations that shocked me. When I could go back and explore what had happened, I realized that my body might be holding onto something that did not match my history but was powerful and needed to be explored.

Mark Wolynn said, "...We are connected to people in our family history whose unresolved traumas have become our legacy" (Wolynn, 2016, p. 143). While the reason for the legacy may go unspoken, its impact can be seen from generation to generation until an individual recognizes and engages with that which needs to be worked through and healed. There are two forms of trauma transmission: intergenerational and transgenerational. Intergenerational trauma is when the impact of trauma is passed down from the directly exposed parent to their child (Jawaid & Mansury, 2019). Transgenerational transmission of trauma is the impact of trauma that is passed down through multiple generations (Fraizer et al., 2009). The effects of intergenerational and transgenerational trauma can impact one's biology, brain, body, beliefs, and behavior. In the paragraphs below, I will describe this transmission's impact in these areas and provide "takeaways" and promising interventions that can provide hope for children, families, and caregivers.

Trauma transmission can impact our biology. While it does not change the structure or sequence of our DNA, generational trauma can change how our DNA is expressed. The term for this research is epigenetics. This study describes how genes are expressed or not and to what degree. We can see this expression in how our brains work, our bodies look, our behavior, and our beliefs about ourselves and others.

The takeaway. We can carry histories of family trauma in our genes. Moreover, the body's ability to keep itself safe using historically passed-down cues is astounding. As we engage with children displaying challenging behaviors, they may not completely understand their needs because the need is hidden in their DNA from the transgenerational histories of trauma in their families. Their biology communicates with their brain that there is an unmet need, but the brain cannot yet discern the "language" of biology.

Trauma transmission can impact our brains. "The most important job of the brain is to ensure our survival, even under the most miserable conditions" (van der Kolk, 2014, p. 55). While the research describing the brain's development of the individual who experienced trauma is robust, the research describing how trauma transmission impacts the brain is lacking. Interestingly, the research describes a strong interrelationship between epigenetic markers, environment, and parental factors in developing the hypothalamic-pituitary-adrenal axis (HPA axis) functioning in early childhood. The HPA axis is responsible for balancing hormones in response to stressful situations. From the time we are in utero, bathed in the hormones of our biological mothers throughout our early life, experiencing our environment and our parents' behaviors, the HPA axis gets primed to respond to the world around us. When the HPA axis is functional well, it will respond appropriately with the correct amount of stress hormone in response to the situation. However, when the HPA axis has been conditioned to be over-reactive through epigenetic markers, the environment, and parental factors, it loses its ability to respond appropriately, therefore releasing too much or too little stress hormone in a given situation (Bierer et al., 2014; Slopen et al., 2018).

The Takeaway. Our brains can be hard-wired to respond to situations that we may not be conscious of until we find ourselves in a similar situation. As we engage with children, it is essential to remember that their brains have formed from the bottom up, beginning while they are still in utero. The part of their brain that has spent the most time being used is their "downstairs brain," the part of the brain designed to keep them safe (Sigel & Bryson, 2012, p. 35). We will build the most vital foundation by sharing with our children that this part of the brain is needed to help them know that they are safe and that we can find ways to help build and strengthen the connections in their "upstairs brain" (The part of the brain used for reasoning, learning, and memory).

Trauma transmission can impact the body. Van der Kolk (2014) states, "...the memory of trauma is encoded in the viscera, in heartbreaking and gut-wrenching emotions, in autoimmune disorders and skeletal/muscular problems" (p. 88). Intergenerational and transgenerational trauma, alongside environmental factors, can epigenetically modify gene expression, causing differences in our physical appearance and affect (Bezo et al., 2018; Conching, 2019). These differences can include mental health struggles, decreased levels of resilience, and poorer physical health (Altaha et al., 2017; Whitbeck et al., 2009). All of these differences increase our body's allostatic load - which is the physical toll or strain on the body due to overwhelming stress - causing the sympathetic nervous system, the HPA-axis, and the immune system to overreact, causing further complications (Bezo et al., 2018; Kendall-Tackett, 2009; & Thayer et al., 2017).

The Takeaway. The body holds our past and present while moving us toward our future, influenced by those who have come before us, those we interact with, and the environment we find ourselves in. Our physical presentation can tell an onlooker such as a caregiver a lot, but more is happening under the surface that can impact our survival ability. An increased awareness of how the body can be changed by transmitting trauma across generations can help guide interactions with those we serve by helping us to increase our ability to be compassionate detectives as we engage with our children.

Trauma transmission can impact our beliefs. In a study by Cherepanov 2015, the researcher articulated how the "wisdom of the elderly" is passed down from generation to generation. This wisdom is shared through family stories, also called family or cultural messages, proverbs, superstitions, folklore, fairy tales, mythos, songs, and literature (Cherepanov, 2015). For this wisdom to be passed successfully, five elements are required. They are intent (the purpose of the story), prescription (instructions on how to stay safe), magic thinking (the belief that those who came before know something we do not), all-or-nothing thinking (the belief that the message must be followed in its entirety), and consequence of disobedience (what will happen if this wisdom is not followed). Ainsworth et al. (2023) and Moroz (2005) assert that family systems where individuals have experienced trauma often establish and organize their lives in a repetitive pattern that re-lives and attempts to ward off traumatic reminders, effects, and memories. This repetitive pattern or behavior is often the result of each generation trying to survive and rewrite the trauma narrative. Due to the transmission of these family stories, the individual's trauma becomes a family affair that alters the dynamics of the whole family for multiple generations (Cherepanov, 2015).

The Takeaway. The "wisdom of the elderly" passed down from generation to generation will inform the beliefs that shape how a family pursues and maintains a sense of safety (Cherepanov, 2015, p. 13). As caregivers, we may or may not be aware of the stories carried by the children in our care. However, the transmission of intergenerational and transgenerational trauma through these messages can positively or negatively impact the child's ability to navigate the world around them. When we discover the intent behind the messages we believe, we can separate the reason for the message from the magical thinking, making it possible and more manageable to acknowledge the message and put it in its proper place. Hence, it no longer has as much power to influence the child's beliefs. If we can help the child do this, we will aid in breaking the cycle and the weight of the transgenerational transmission of stories.

Trauma transmission can impact our behavior. Behavior is often the expression of an unmet need. While behaviors can be challenging in the best of times, it is our responsibility to be compassionate detectives and help our children discover the need behind the behavior. Behavior comes in three forms: internalizing, externalizing, and prosocial. Internalizing behaviors are actions directed inwardly toward oneself. They are often classified as over-controlled and self-directed behavior that is cognitive and affective (Memmott-Elison et al., 2020). Examples of internalizing behaviors include but are not limited to social withdrawal, eating disorders, depression, self-harm, suicidal ideation, and low affect expression (Stepleton et al., 2018). Memmott-Elison et al. (2020) define externalizing behaviors as harmful acts perpetuated due to a lack of regulation. They consist of a wide range of actions that share the element of being directed outward and being problematic or unwanted; for example, physical assault, lying, defiance, truancy, substance abuse, risky sexual behavior, and hyperactivity (Stepleton et al., 2018). Antithetical to internalizing and externalizing behaviors, prosocial behaviors are adaptive behaviors defined as voluntary activities intended to benefit others; examples include sharing, volunteering, donating, and offering physical and emotional assistance to others (Memmott-Elison et al., 2020 & Stepleton et al., 2018). Patterns of behaviors can be passed down through the generations, whether observed and learned or displayed seemingly out of nowhere. We will behave in whatever way our brains tell us is best to stay safe.

The Takeaway. When witnessing a child's behavior, instead of thinking that the behavior is due to a desire on the child's part to irritate or disrupt the caregiver. The caregiver should view it with compassionate curiosity and determine the need behind the behavior. If the caregiver can consider and communicate to the child that showing their needs through behavior is an excellent place to begin, they have a solid foundation to form a connection and felt-safety that can be built upon. Adding the complexity of intergenerational and transgenerational transmission of trauma means children may not know the need behind their behavior while their behavior shows they need something. Thus, it is the privilege and the responsibility of caregivers to practice and model their ability to sit with the child patiently. At the same time, the child shows with actions what words cannot articulate; neither the child nor the caregiver will necessarily understand the source of the behavior. However, both can partner in recognizing a need and figuring out how to meet it using a new form of communication.

Hopeful Approaches. If you have made it this far in your reading, whether in one sitting or across multiple occasions, take a moment and take a deep breath. I am serious. This is a lot of information that carries much weight, not only for us as caregivers but for us individually.
So, where is the hope in all of this? The hope is having an awareness of what you and the children you are caring for may be facing and being willing to encounter and journey through life's challenges with each other bravely. Through my research and personal journey toward healing, I have identified two therapeutic modalities and two interventions that have assisted me on my own journey toward becoming my authentic self and allowing myself to be seen by others appropriately. The paragraphs below describe each of these approaches and interventions.

Core Language Approach. The first therapeutic approach is called The Core Language Approach. It was developed and coined by Mark Wolynn and described in his book *It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle* (Wolynn, 2016). The Core Language Approach leverages words' power, not primarily to discuss the traumatic event, although that may happen, but to explore feelings and sensations with words. The use of genograms allows the participant to see the connections and discord between family members and any possible patterns of family health, trauma, and behaviors that cross generations, giving a more tangible, comprehensive view of the dynamics and health of the family. Core Language Approach is also participant-directed; the individual is empowered with the permission to follow where the words lead with the help of a trained professional. This approach can also work even if the story behind the feelings, emotions, and words remains unknown (Wolynn, 2016). The Core Language Approach is designed to work with individuals in distress due to intergenerational or transgenerational trauma transmission.

Internal Family Systems. The second therapeutic modality is Internal Family Systems (IFS), which was created and coined by Dr. Richard Schwartz (Schwartz, 2013). He describes a person as having four parts of themselves: the manager, the firefighter, the exile, and the self; each part plays a vital role in the individual's survival. When the exile, the firefighter, and the manager are working in balance with each other, the self, that is who we are when we are calm, confident, curious, compassionate, curious, creative, courageous, and clear-minded, can be expressed and seen by those we love and serve (Schwartz, 2013). When the exile, manager, and firefighter are working out of balance due to trauma, we are unable to be our authentic selves. When approached with kindness and curiosity, each part can be taught how and when it is needed and that it still has a place but that the individual may not need as much protection in the present as he/she did in the past. When these parts are taught to work in harmony, and the self can be fully present, one may notice a renewed sense of hope and confidence in being fully present.

Making Sense of Your Worth. Making Sense of Your Worth (MSOYW), created by Cindy R. Lee, LCSW, is an eight-week program that addresses topics such as defining self-worth; identifying needs and lies, safety; the truth about power and control games; understanding relationship red flags; addressing how lies affect behavior; rebuilding boundaries; and affirmation and forgiveness, all to help improve one's self-worth (Lee, 2018; Lee, 2021). The teaching and guided exercises help participants understand and recognize maladaptive behaviors in themselves and others while discovering their strength to make changes at appropriate times and places. A powerful aspect of this program is that participants can process the lies believed using visualizations with Internal Family Systems components and release them as each individual determines they are able (Lee, 2018). The concluding session of MSOYW is about forgiveness, not only for others but also for self (Lee, 2018; Lee, 2021). While this intervention does not explicitly address intergenerational or transgenerational trauma, it does help build one's positive sense of worth that the effects of trauma transmission can negatively impact. Building an increased self-perception of positive self-worth will help lighten the toll from the stress and burden of the participant's life and the transmission of trauma.

Trust-Based Relational Intervention. Finally, Trust-Based Relational Intervention (TBRI) is built on a foundation of connection and felt-safety. TBRI is an attachment-based, trauma-informed intervention created to meet children's complex needs. It uses Connecting Principles for attachment needs, Empowering Principles to address physical and emotional needs, and Correcting Principles to disarm fear-based behaviors. Dr. Purvis declared, "A relationship trauma can only be healed relationally" (Karyn Purvis Institute of Child Development, 2012). Using TBRI on oneself or with others offers healthy bi-directional relationships built on a foundation of felt-safety and connection. In this space, individuals can practice appropriate ways of giving and receiving care, using one's voice, and making healthy choices. By engaging in these practices, the participants will see in themselves and the reflection of others the positive outcomes of these interactions, helping to heal relational wounds and build new pathways leading to repairs in the 5 B's (biology, brain, body, beliefs, and behavior). Every day, we ask our children to be brave in the actions they take and the decisions they make. All the while, our kids are taking their cues from us. What better way to show our children that "it is you and me against your history" (TCU Institute of Child Development, 2008) and that there is hope for the journey than by modeling awareness and bravery? My hope for you and your families is that this deeper level of awareness and a toolkit of new resources will help you discern the best ways to walk out your journeys as your authentic selves while encouraging your children to do the same.

Katie Maitland recently graduated with a Master's in Developmental Trauma at Texas Christian University. Katie began her career as a middle school special education teacher in New York and eventually learned about TBRI through the KPICD online course TBRI and Trauma-Informed Classrooms. She began using TBRI principles and strategies in her classroom, focusing on connection and felt safety, and marveled at the changes she saw in her students as they became more confident self-regulators, communicators, and learners. While earning her master's, Katie's research focus was Intergenerational and Transgenerational Trauma and how they impact our biology, brain, body, beliefs, and behaviors (5 B's in TBRI). After Graduation, Katie began working for Academy 4, a non-profit organization, as a Site Coordinator and TBRI specialist.

Seven Tasks for Parents: Developing Positive Racial Identity

By Joseph Crumbley, D.S.W.

Each night, without fail, she prayed for blue eyes. Fervently, for a year, she had prayed. Although somewhat discouraged, she was not without hope. To have something as wonderful as that happen would take a long time. Thrown, in this way, into the binding conviction that only a miracle could relieve her, she would never know her beauty. She would only see what there was to see: the eyes of other people.

In her description, in *The Bluest Eyes*, of a young black girl who wishes that her eyes were blue so would be as beautiful as all the blond, blue-eyed children in her school, author Toni Morrison captures the struggle that many transracially and transculturally adopted children face: judging their own beauty by the standards of a culture that is not their own.

Although transracial adoption and foster care have been a controversial topic for more than a decade, the number of children entering such placements continues to increase. In 1997, approximately 17 percent of all domestic adoptions were transracial placements in which at least one of the parent's race was different from the child's. In 1998, Americans adopted 15,774 children born outside of the United States. The largest number of these children were adopted from regions of the former Soviet Union and from China. As of March 31, 1998, at least 110,000 children were in foster care, with the goal of adoption. Twenty-nine percent were white, 59 percent were African American, and 10 percent were Latino. Twenty-seven percent (3,601) of the African American children who were adopted and 7 percent of the white children were in transracial adoption. The realities of children living in transracial families raise many questions:

- How does a child develop a positive racial or cultural identity?
- What are the affects of transracial adoption or foster care on a child and his or her family?
- What are the special needs of adopted or foster children living in tranracial families?
- What are the parenting tasks specific to transracial families? And
- What skills, attitudes, knowledge, and resources must parents in transracial families have or develop?

How Positive Racial Identity Develops

Object identifications suggest than a child's identity is influenced by significant role models and relationships to which the child is consistently exposed in his or her environment (family, school, society, and the media). The child from the dominant group-the group that has power over the distribution of goods, services, rights, privileges, entitlements, and status-begins his or her identity formation by:

1. observing what group is in power
2. observing that members of the group in power are like him or her (i.e. in race, gender, or religion), and
3. assuming that because he or she is like members of the group in power, he or she has the same rights and will achieve similar accomplishments and power as members of that group.

The ultimate result of the child's identity is a sense of positive self-esteem, confidence, worth, entitlement and goals. In contrast, the child from the minority group-the group subject to the power, control, discretion, and distribution of goods and privileges by another group-begins his or her identity formation by:

1. observing what group is in power,
2. observing that group members who are like him or her are not in positions of power and control,
3. observing or experiencing prejudice, discrimination, and exposure to stereotypes, and
4. assuming that because he or she is like members in the minority group, he or she has the same limited rights, can only achieve the same accomplishments, position, and status as similar group members, and that members of the minority group are not as good as those in power.

The minority child's identity affects his or her self-self-esteem, confidence, goals, worth, self-respect, sense of entitlement, and expectations by making him or her feels inferior. This inferiority is not the result of identifying with or being a member of a minority group, but from exposure to discrimination, prejudice, and negative stereotypes about he group. A child from a minority group that is celebrated, held in esteem, or that shares power and control with the dominant group can have identities that are just as positive as a child's from the dominant group.

To counteract a minority child's formation of negative identities, he or she must see and be told:

1. that members of his or her minority group can also make positive achievements if given equal opportunities,
2. that he or she and his or her minority group should also have the same rights and entitlements as members in the dominant group,
3. that he or she and his or her group are equal to and as good as any other group,
4. that stereotypes, prejudice, and discrimination are wrong, and
5. that there is proof that prejudices and stereotypes are untrue. The child must be able to see it to believe it.

This last task may be the most difficult and challenging to accomplish if the minority child's group is not in a position of power, control, and success in the child's environment. Alternatives may need to include:

1. exposing the child to historical figures and information about his or her group's accomplishments, capacities, values, and culture.
2. redefining and reframing the child's definitions of success, strengths, and accomplishments by not using standards and definitions based on those of the dominant group (e.g. highlight individual accomplishments, family commitment, group survival, spiritual and moral integrity, and civil rights activities against discrimination),
3. exposing the child outside of his or her environment to members of the minority group in positions of power and control (e.g. geographically, in other countries, through films and other media).

Parenting Tasks that Facilitate Positive Racial Identity

Because children from minority groups (Asian, Latino, African American, or Native American) who experience prejudice or discrimination are subject to developing negative racial identity, they require monitoring, with attention paid to their perception of racial identity. They should not be expected to develop positive racial identity without support and reinforcement from their families, role models, and the community. Parents can provide support and reinforcement through the following 7 tasks.

TASK 1: Acknowledge the existence of prejudice, racism, and discrimination.

Adoptive parents must recognize not only that racism, prejudice, and discrimination exist, but that they, too, have been victims and survivors of it. By admitting the existence of inequities, parents can avoid racist, prejudicial, or discriminatory behavior. By admitting being a victim and survivor, parents are able to: 1) recognize inequities and how they affect others; and 2) elicit strategies for intervening on behalf of their child, based on personal experiences and knowledge.

While the victimization of minority groups is fairly obvious, that of members from the dominant culture and race may not be. Children in the dominant group are victims of racism by inadvertently developing superiority complexes.

Superiority complexes occur when a child:

1. observes that those in power are racially the same as he or she is,
2. observes those not in power are of a different race or color,
3. observes or is exposed to prejudicial and discriminatory beliefs and practices against a minority race,
4. assumes, therefore, that he or she and his or her race are better or without having any contact with a minority group.

Once parents understand how racism victimizes members from both the dominant and minority communities, they are prepared from the second task.

TASK 2: Explain why the child's minority group is mistreated.

Parents must explain and define racism, prejudice, discrimination, and bigotry, and why such behavior exists. Understanding the behavior exists. Understanding the behaviors beyond their simply being "good or bad" will enhance the child's coping skills. Understanding the functions and reasons for the behaviors increases the child's range of responses beyond anger or retaliation.

TASK 3: Provide the child with a repertoire of responses to racial discrimination.

1. selective confrontation or avoidance,
2. styles of confrontations (passive, aggressive),
3. individual, legal, institutional, or community resources and responses (i.e. grievances, suits, NAACP, protests)
4. priorities and timing (when to avoid and when not to avoid issues),
5. goal-oriented responses rather than unplanned reactions,
6. institutional/organizational strategies (positioning, coalitions, compromising).

TASK 4: Provide the child with role models and positive contact with his or her minority community.

Parents of a different race from their child are quite capable of modeling and helping the child develop various identities (i.e. gender, class). However, counteracting the racial identity projected by a racially conscious or discriminating society requires positive exposure to same-race models or experiences. These contacts and experiences require: 1) interacting with the child's minority community, 2) providing the child information about his or her history and culture, and 3) providing an environment that includes the child's culture on a regular basis (i.e. art, music, food, religion, school, integrated or same race community).

This task requires that the parents be comfortable with 1) being a minority when interacting in the child's community, and 2) sharing the role of modeling with members from the child's race. Same race contacts and experiences function to: 1) counteract negative stereotypes, 2) teach the child how to implement the repertoire of responses, and 3) provide a respite from being a minority (i.e. the only child of color, the object of stares, or needing to prove one's equality).

TASK 5: Prepare the child for discrimination.

Providing the child with information on how his or her racial identity might be degraded helps him or her develop better coping skills and methods of maintaining a positive identity. Feeling self-confident about his or her ability to cope with and appropriately respond to

Same race role models may be a helpful resource for information and preparation if an adoptive parent has not experienced discrimination similar to the child's minority group (i.e. double standards, slander, interracial dating, and gender issues).

TASK 6: Teach the child the difference between responsibility to and for his or her minority group.

This task relieves the child of: 1) feeling embarrassed or needing to apologize for his or her racial identity or group, 2) not having to overcompensate or prove his or her worth because of his or her racial identity or negative stereotypes. However, the child is able to develop a commitment to both his or her individual and minority group's accomplishments, resources, and empowerment.

The Clark Doll Test suggests that children are aware of differences in race as early as four years old. This study also found that African American children became aware of stigma associated with race as early as seven years old. Although parents cannot stop the minority child's exposure to racial prejudice, discrimination, and stereotypes, parents (adoptive, birth, same or different race) of any minority child must help develop the positive racial identity necessary to counteract the effects of racial inferiority.

TASK 7: Advocate on behalf of your child's positive identity.

The purpose of this task is to provide the child an environment that is conducive to the formation of a positive identity. The parent should advocate for family, social, and educational experiences that are respectful, reflective, and sensitive to cultural diversity. Therefore, the parent may need to be prepared to correct or confront individual or institutional racism, prejudice, or discrimination that the child may encounter.

As an advocate the parent models for the child how to advocate for themselves. The child also sees and feels their parent's protection, loyalty, and commitment, which are essential in attachment and bonding. Confronting prejudice and discrimination on the child's behalf is no longer optional once a parent adopts transracially.

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Birth Mothers Day

SIXTH ANNUAL CELEBRATION

Little America Hotel

- Arizona Room -

500 South Main Street
Salt LakeCity,Utah 84101

May 11, 2024

11:00 - 2:00 PM

#LifeAfterPlacement

Registration on Eventbrite

SIX WAYS TO INTENTIALLY RAISE KIND CHILDREN

Research shows that when we shame, blame, and guilt children into kindness, or when we dangle carrots for caring, children begin to view kindness as a chore rather than a choice.

GENERATION MINDFUL
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Which of these three attributes do you desire the most ... to raise your children to be a) kind, b) smart, or c) successful?
Research shows that more than 90 percent of American parents say that one of their top priorities is to raise kind children. But, what does this mean ... to be kind?

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

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

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

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

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

Research shows that when we shame, blame, and guilt children into kindness, or, quite the opposite, when we dangle carrots (aka external rewards) for caring, children begin to view kindness as a chore rather than a choice.
With our words and actions, we can teach children the art of kindness. With our positive attention, we can show children that their compassion, whether it is for themselves or others, is both noticed and valued.

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

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

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

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

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

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

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

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

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

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

Tips to help teach kindness to children
1. Stop and manage the situation as needed. If a child is going to hurt themself or another, intervene for safety.

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

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

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

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

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

6. Read books about kindness. Another great way to reinforce this behavior is by reading books that teach kindness. As you read, ask questions to help children think about and relate to the characters in the book. Some talking points for prompting children to consider kindness are, "What do you think they were thinking?", "How do you think they were feeling when they said or did that?" and "What would you have done in that situation?"
When we model kindness for ourselves, others, and yes, for the planet, we nurture it in our children. Kindness in action. This is where real and lasting power for systemic change will come from.

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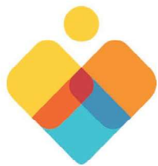

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How to Invest In your Child's "Emotional Bank Account"

Many children with ADHD, battered by daily criticisms and admonitions, have low self-esteem as early as second grade. As that child's parent or teacher, make a powerful difference with these reframing strategies.

BY CHRIS A. ZEIGLER DENDY, M.S. REPRINTED WITH PERMISSION

Children with attention deficit disorder (ADHD or ADD) who struggle in school get lots of negative feedback. As a result, their self-esteem is battered as early as second grade. Adding insult to injury, many parents may get caught up pushing their children to work harder to make top grades. This adds another layer of negativity at home.
I lost my perspective when my son was struggling in high school. At times, I found myself thinking that he was lazy and just didn't care. I was focused on monitoring his homework, hoping he would make better grades. I met him at the front door every day when he came home from school and asked, "Did you bring home your books and assignments?" I never bothered to ask him how his day went.

When he started avoiding me at the front door, by going in through the basement, a light bulb went on. I had lost sight of my most important duties as a parent: loving my son and building his self-esteem.

We should all be investing in our children's emotional bank account. Your job as a parent is to keep the most important things in mind: nurturing your child's self-esteem and maintaining a strong relationship with him or her. Your loving relationship may one day save your child's life.
Investing In and Nurturing Our Children

Stephen Covey, author of The 7 Habits of Highly Effective People (#CommissionsEarned) and other best-selling books, coined the phrase "emotional bank account," and Russell Barkley, Ph.D., recently used it in one of his top 10 tips for grandparents of children with ADHD. Just as we make regular deposits into our savings account, so we have money when times get tough, adding to our children's emotional bank account serves the same purpose. Are you making deposits, or emptying his account?

Offer lots of positive statements and fun activities. Catch your child being good. When you do, say, "Great job. You put all your dirty clothes in the hamper." "You're getting better at making up your bed." "Thank you for taking out the garbage!" "You make me proud. You've been reading that book for a long time, and you didn't give up when there were words you didn't know!" Find joy again in spending time with your child. Enjoy a special meal, just the two of you, with no nagging. Attend a concert or sporting event together. Let your child teach you a video game.
Reframe negative thoughts about your child. When your child struggles, stop and look at her in a new light, focusing on her strengths and talents. Remember that your child's traits, which may not be valued in school, may be useful in the work world. Here are a few examples of reframing: Bossiness may be an indication of potential leadership skills. Hyperactivity may mean that your child can approach workplace projects with high energy and the ability to work longer on more projects. A strong-willed child brings tenacity to his job and career. And who knows? Maybe an argumentative child will one day be a great lawyer.

Recruit others to help you. Parents alone can't fill this bank account, so enlist willing siblings, grandparents, relatives, friends, co-workers, coaches, teachers, or members of your religious group. If parents are lucky, grandparents can be their strongest and most helpful allies. By calling weekly via "FaceTime," grandparents can be active in the child's life when distance separates them.

Believe in the goodness of your child, encourage her, and show affection. Hugs, pats on the back, or holding her on your lap gives the child a sense of self worth. Take photos of your child when she is engaged in happy activities, and hang them on the refrigerator.

Identify and facilitate your child's interests and talents. If your son is interested in sports, music, dance, drama, or debate, make certain he has a chance to participate in those joyful activities. The successes he will achieve doing something he loves put deposits in his emotional bank account.

Ensure your child's school success. If your child is struggling and stressed by school, be a persistent detective and advocate. Work with the school to figure out what is causing the struggles. Up to 50 percent of our children with ADHD also have learning disabilities that are overlooked.

How Teachers Can Make Deposits
Greet each student by name as he or she comes into class.
Set the child up for success in the classroom. Talk to the student privately and have him answer the question that will be asked in class the next day. When students know the answer, they feel good about themselves.

Address and accommodate academic and executive function deficits.

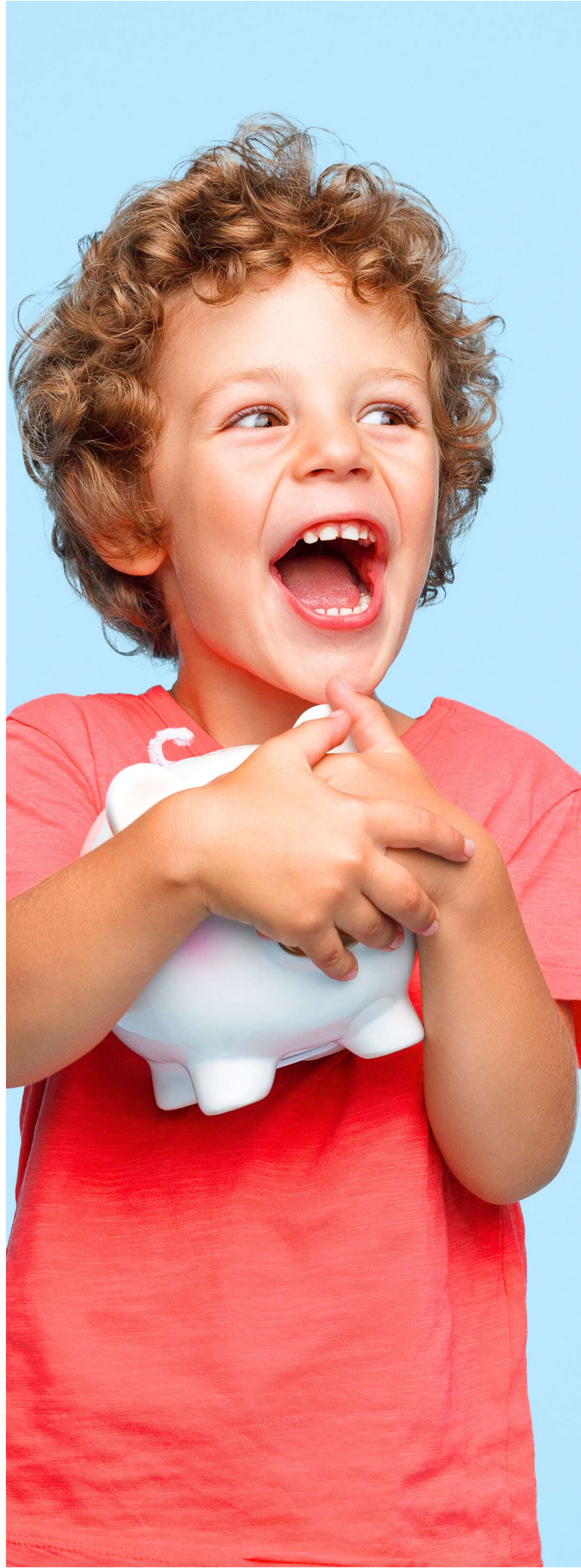
- Post the names of five students you've caught working hard or being kind on the board. Rotate names so everyone gets on the board.

- Use "encouraging" words more than praise. Examples include: "Wow! You figured out how to do that." "You did it. Tell me how you did it." "This is hard for you, but you are sticking with it." "Super progress."

- Create a booklet of students' best work. Print and send the booklet home to parents during the holidays.

- Visualize your child's emotional bank account right now. Is it full or nearly empty? Your goal as parent, grandparent, or teacher is to make regular deposits in the child's account. And if it gets low, you now know what to do.

Chris A. Zeigler Dendy, M.S., a member of ADDitude's ADHD Medical Review Panel, is a former educator and school psychologist. She is the author of Teenagers with ADD & ADHD: A Guide for Parents. You can reach her at chris@chrisdendy.com.



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-Dr. Karyn Purvis -