



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

NOVEMBER 2019

UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

QUARTERLY DCFS NEWSLETTER



DORIAN age 12
Photo by: Deanne Parry, Parry Photography

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NOVEMBER 2019 EDITION
Kathy Searle, Editor
Lindsay Kaeding, Design Director

To submit articles or for a subscription, call (801) 265-0444 or toll free outside Salt Lake County call (866) 872-7212. This publication is funded by the State of Utah, Division of Child and Family Services. The Adoption Exchange prepares and prints the newsletter and the Division of Child and Family Services mails the publication. The mailing list is kept confidential. One can be removed from the mailing list by calling: (866) 872-7212 or 265-0444 within Salt Lake County.

NATIONAL ADOPTION MONTH
**ADOPTION
CELEBRATION**

SATURDAY, NOVEMBER 2, 2019
11:00 AM - 2:00 PM

PRE-REGISTRATION IS MANDATORY

Boondocks
FOOD & FUN

525 SOUTH DESERET DRIVE • KAYSVILLE
75 SOUTH FORK DRIVE • DRAPER

\$5.00
PER PERSON

EACH PERSON WILL RECEIVE 2 ATTRACTION PASSES!
\$5 WORTH OF TOKENS.
CHILI WILL BE AVAILABLE FROM 11:00-1:00



REGISTER ONLINE

HTTPS://ADOPTION2019.EVENTBRITE.COM
PRE-REGISTRATION IS MANDATORY AND MUST BE COMPLETED BY WEDNESDAY, OCTOBER 30TH



On the Cover

Kaydreanna, age 11

Kaydreanna, who likes to go by "Kaydee," is a great gal to know! This happy girl enjoys working on crafts and coloring whenever she can. Pleasant to be around, Kaydreanna appreciates the company of adults and likes making friends. She adores being pampered, especially getting her nails and hair done. Kaydreanna thinks that turquoise and violet are the prettiest colors.

She is doing well in her fifth-grade year.

Kaydreanna would do best in a two-parent or single female parent home, in which she can be the youngest child. Financial assistance may be available for adoption-related services.

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

Photo by: Linda Boyd, Photographic Artist Inc.

To view other children that participated in Heart Gallery 2019 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.utahdopt.org.

SAVE THE DATE

ADOPTION CONFERENCE 2020

WITH SPECIAL GUEST SPEAKER, NATE SHEETS

NORTHERN REGION - APRIL 21
SALT LAKE REGION - APRIL 22
WESTERN REGION - APRIL 23

EASTERN REGION - APRIL 24
SOUTHWEST REGION - APRIL 27

WATCH FOR MORE INFORMATION IN THE FEBRUARY 2020 EDITION



Teenagers, Trauma and Trusting in the Power of Relationships

By: Heather T. Forbes, LCSW, reprinted with permission

“Oh! Teenagers!” Have you ever found yourself saying this or overheard another parent saying this with an exasperated tone to her voice?

Raising teenagers takes parents to a whole new level. In order to rise to this occasion without exasperation and frustration, it takes understanding our teenagers at an entirely new level. This is especially true for foster parents raising teenagers who have experienced traumatic and unpredictable childhoods prior to being in their homes.

The following are four important factors that will give you the tools and the understanding you need to create a stronger relationship with your teen.

1. Circadian Rhythms. For any teenagers, and especially for teenagers with traumatic histories, their circadian rhythms are disrupted. Circadian rhythms are the daily rhythms in the body that keep you balanced at a physiological level. They help you wake up and calm

you down around sleep, they give you indicators as to when to eat, and they provide several other sensory experiences.

Circadian rhythms are naturally disrupted during the teenage years. For children with traumatic histories, these rhythms were most likely disrupted even before becoming a teenager due to environmental stressors, which means that during the teenage years, they are intensely disrupted.

The result is a teen who sleeps at all hours of the day, eats in an unpredictable fashion, and simply operates in a disrupted physiological state. It is not a choice for your teen. It is simply how his or her body is operating at this developmental stage in life; it is his or her inherent biological rhythm.

So the next time your teen has a hard time waking up at 5 or 6 a.m., realize that his or her biological clock is telling him or her to sleep until noon. Having this

understanding will give you more patience and allow you to support him or her more as he or she struggles through the requirements of life.

2. Influence versus Control. A teen operates from two opposite ends of the spectrum – he or she is both a regressed child and an emerging adult. One minute he or she is capable of having a 2-year-old tantrum and the next minute he or she can have the insight of a full grown adult. As parents, we interpret this as a child who is out of balance and that scares us. Our blueprints from our history and from other parenting resources have told us that this is a child who needs to be controlled and told what to do.

Yet, we all know what happens when we try to control a teenager. Explosions! And the intensity of such explosions is magnified when we are parenting a teenager who has a history of abandonment, abuse or neglect. Many children in foster care are literally living in survival mode and it can become a life or death struggle for them to keep one more person from controlling their lives. What we have failed to realize in the past is that we have much more “control” when we work toward influencing our teens. Influence comes through developing a safe and loving relationship. It takes learning to listen first to your teen, learning to be present with him or her, and giving him or her the emotional space for complete expression.

Listening to a teenager begins by having more of a monologue where the teen talks and the parent sits and listens. Teens are trying to figure out who they are and they cannot do that if the parent is telling them who they are, how to behave, and what to do.

The reality is that your teen, due to his or her painful past, has already decided to run his or her own life because no one has been trustworthy. In order to help him or her change this strategy, it will take you listening first, and I mean really listening and developing a relationship with him or her.

Your teen is not going to want to listen to you until he or she feels like he or she has been listened to first. It is then that he or she will have more openness to listening to your advice and parental directives. This requires an endless supply of patience. It takes trusting that the relationship you are able to develop will be far

more powerful than any authoritative control you try to implement.

3. Fight or Flight Mode. Stressed out teens, living beyond their window of stress tolerance, will either fight by becoming aggressive and threatening or flee by running away. This is typical behavior of any one of us when we feel helpless, scared, trapped or overwhelmed. The issue is that many teens feeling this way have poorly developed internal control mechanisms and lack the ability to self-regulate. Thus, the level of the intensity of these behaviors is magnified and can be scary for the adults charged with their care.

With any child, the road to healing and change comes through understanding the core issue behind the behavior. Anger and aggression is an expression of a feeling or emotion. Essentially, an angry child is a scared child. He or she is a child living in a deep state of fear. Anger is the only safe way he or she has learned to express this fear. Reacting to such behavior as a parent through controlling and fear-based measures only creates more of the same for the child.

A child who runs away is a child who goes in the opposite direction. He or she goes into flight mode. This is a child who feels like he or she cannot win, no matter how hard he or she tries, so he or she just leaves. He or she feels he or she is not good enough or lovable. He or she may also be running away from pain, essentially running away from him or herself. This is typically a child who is not even comfortable in his or her own skin.

What parents typically do when the child returns or when he or she is reunited with the parent is to say, “What were you thinking? It isn’t safe for you to run away like that!” and more. These types of statements only create more rejection and more fear for the teen. What he or she needs in this moment is safety, love and acceptance. What if, at that moment, we put aside our own fear, and celebrate our child’s return, saying, “I’m so glad you’re home. I missed you?”

4. Abandonment. As I was writing this article, my son was sitting with me so I asked him what advice he would give parents about their teens (my son was adopted as a toddler and is now 15 years old). He talked about abandonment, how incredibly painful it is for

children, and how it will always be the biggest piece in his history and in the history of other children who have experienced a break in their relationship with their biological parents.

In his words, "Abandonment is the worst thing that can happen to you, ever! Even going to jail is better than being abandoned because at least you fit in there and you're getting attention. Anything is better than being abandoned."

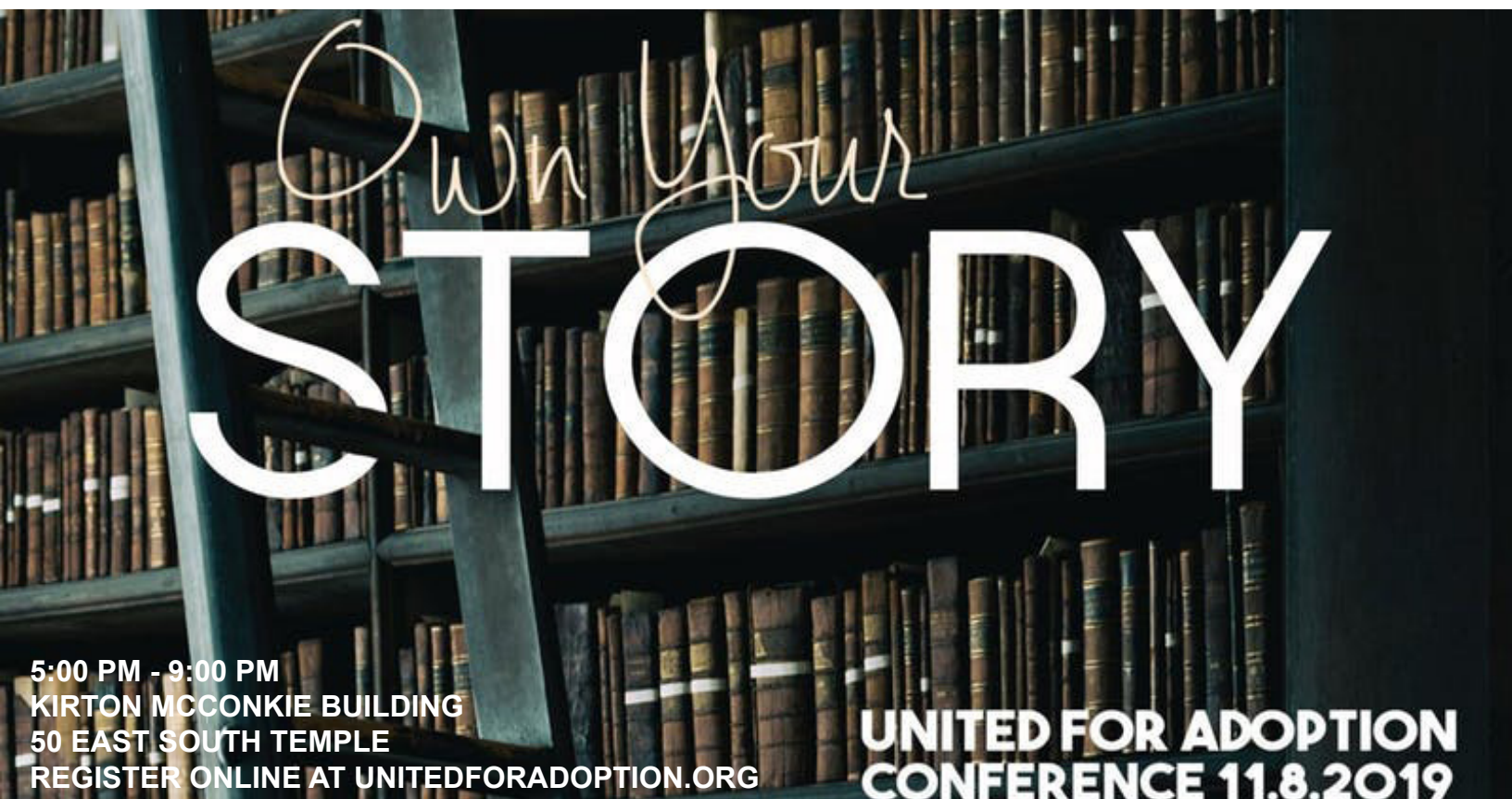
This desire for life-long connection is much more than just a desire or a want. It is literally a biological need within us. Science is showing that we are hard-wired as a species to live in community and to be in relationships. Relationships ensure our survival. We literally die or go insane if we are not connected to one another.

If your child has experienced abandonment, his or her need for connection is magnified more than with most teens. Yet at the same time, he or she is going to be scared of this connection. It is a difficult place to live: needing connection, yet being terrified of it at the same time. What your child needs most from you is a relationship with you. Your

relationship with him or her needs to be the number one priority in all interactions with him or her, which means setting the negative behaviors aside for the moment and giving your child unconditional love in times of heightened stress and behavioral outbursts.

It takes parenting beyond the traditional model of giving consequences, going beyond lecturing on the logics of the choices he or she needs to make, and setting aside a need to control your teen. Parenting teens, especially teens with trauma histories, takes being willing to shift out of your own perspective and being willing to go into a deeper place of understanding in order to see what is driving your child's actions and attitudes.

Your teen does need you, despite the resistance or negativity he or she may outwardly show and give you. Look beyond his or her behaviors and there you will find a child yearning for love and acceptance from you. When you can meet him or her in that place, there you will find the connection, peace and healing you have been seeking all along.



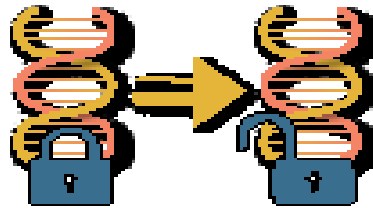
5:00 PM - 9:00 PM
KIRTON MCCONKIE BUILDING
50 EAST SOUTH TEMPLE
REGISTER ONLINE AT UNITEDFORADOPTION.ORG

**UNITED FOR ADOPTION
CONFERENCE 11.8.2019**

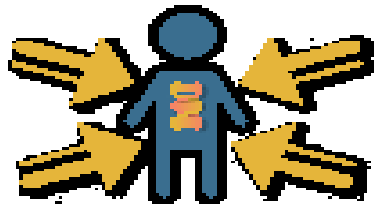
WHAT IS EPIGENETICS?

AND HOW DOES IT RELATE TO CHILD DEVELOPMENT?

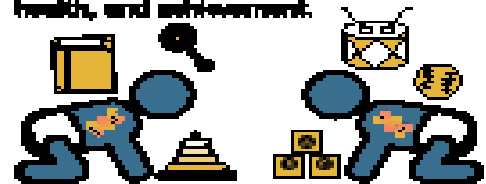
"Epigenetics" is an emerging area of scientific research that shows how environmental influences—children's experiences—actually affect the expression of their genes.



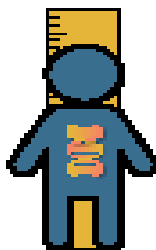
During development, the DNA that makes up our genes accumulates chemical marks that determine how much or little of the genes is expressed. This collection of chemical marks is known as the "epigenome." The different experiences children have rearrange these chemical marks. This explains why genetically identical twins can exhibit different behaviors, skills, health, and achievement.



This means the old idea that genes are "set in stone" has been disproven. Nature vs. Nurture is no longer a debate. It's nearly always both!



EPIGENETICS EXPLAINS HOW EARLY EXPERIENCES CAN HAVE LIFELONG IMPACTS.



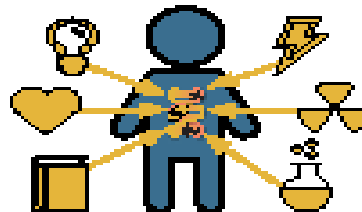
The genes children inherit from their biological parents provide information that guides their development. For example, how tall they could eventually become or the kind of temperament they could have.



When **EXPERIENCES** during development rearrange the epigenetic marks that govern gene expression, they can change whether and how genes release the information they carry.



Thus, the epigenome can be affected by positive experiences, such as supportive relationships and opportunities for learning...

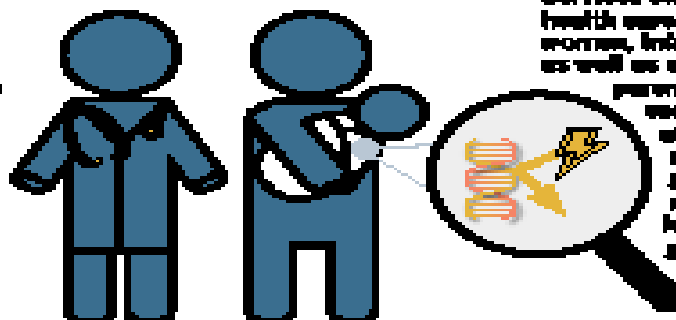


... or negative influences, such as environmental toxins or stressful life circumstances ...

... which leave a unique epigenetic "signature" on the genes. These signatures can be temporary or permanent and both types affect how easily the genes are switched on or off. Recent research demonstrates that there may be ways to reverse certain negative changes and restore healthy functioning. But the very best strategy is to support responsive relationships and reduce stress to build strong brains from the beginning.

YOUNG BRAINS ARE PARTICULARLY SENSITIVE TO EPIGENETIC CHANGES.

Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building. These capacity for health, skills, and resilience. That's why it's crucial to provide supportive and nurturing experiences for young children in the earliest years.



Services such as high-quality health care for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally—effect the chemistry around children's genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that activate genetic potential.



Fact Sheet/Tips:

FACT SHEET/TIPS: TRANSITION TO AND FROM MIDDLE SCHOOL

Change is difficult for everyone. Gathering information and preparing for change can help alleviate anxiety. For adolescents one of the most difficult changes is transitioning to a new school. This transition happens from elementary to middle school and then again quickly from middle to high school. Here are some facts and tips to help prepare students, parents, and teachers for this transition.

Facts about the Transition to and from Middle School:

- The students and parents have mixed feelings of excitement, worry, anticipation, and resistance.
- The students are going through puberty and changing physically and emotionally.
- The school environment is larger and more confusing.
- The students change classes for different subjects exposing them to a larger variety of teachers, classes, and students.
- The students are allowed and expected to appropriately handle increased independence and display more self-motivation.
- The grading standards change to letter grades and students/families are expected to access grades, homework, and information through the school computer system.
- The teachers are responsible to teach, grade, and keep track of more students.
- The students feel increased social opportunities and social anxieties. Being part of a group and fitting in is very important in middle and high school.
- Students who are in special education can be subject to social isolation and bullying.
- Academic course curriculum moves faster and academic performance expectations are higher.
- Students have more homework requirements
- The students receive personal interaction from the teachers.
- Classroom curriculum relies largely on printed text and is not easily accessible to some students with sensory, physical, emotional, or cognitive disabilities who need alternative ways of accessing and processing information.

Utah Parent Center

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info@utahparentcenter.org
www.utahparentcenter.org



Tips For Parents/Students:

- Follow your child's lead...give them as much information prior to the transition that they are comfortable with and can handle.
- Give your student information and exposure to the next step gradually. Consider casual opportunities such as attending a concert or game at the school.
- Request to meet the teacher/principal and arrange a tour for you and your student to walk through the new school the spring before the transition.
- If not offered, request a transition meeting early in the spring to discuss the transition with the school team to help prepare your student.
- Ask to visit the school in the summer prior to school starting to show your child's specific locker and classrooms.
- Take advantage of summer programs — academic or recreational — offered at the new school. Your child will get the feel for the campus in a much more relaxed atmosphere.
- Get a copy of your child's class schedule and mark the location of their locker and each classroom and bathroom on the school map. Tape both of these inside their binder. If your child has trouble reading maps, walk the route between classes with them — more than once, if necessary — and note landmarks that the student can use to navigate.
- Prepare a short 1-2 page fact sheet about your student's areas of strengths, struggles, learning style, and motivators and give it to the teacher(s).
- Once school is in session, email each teacher to introduce yourself and student. Let them know your student has an IEP/SDA and include it if you have it. Also include the fact sheet. Request a reply so you know they received it.
- Ask how your student will access the general curriculum and what adaptations/modifications can be present if needed.
- Encourage teachers to continue using strategies that have worked for your child in the past, such as writing homework assignments on the board, or assigning your child a "homework buddy" they can contact if they forget their assignments. If the school has a homework hotline, make sure your child knows how to use it.
- Practice with your student any new skills that will be needed such as opening a padlock, carrying a backpack, etc.
- Find out the length of the passing period between classes. Time it out for your child. Demonstrate how far they can walk in that amount of time.
- Obtain a copy of the student handbook. Review rules and requirements — especially the school's code of conduct, which describes consequences for violations of the most important rules. Ask the school staff questions about anything that's unclear.
- Create a relationship with school counselor if appropriate.
- Read each disclosure document carefully. Make sure you understand grading process in each class. Look for the best way to communicate with the teacher.
- Help your student be his or her own advocate. Encourage the student to discuss problems and solutions with teachers on their own, but be ready to step in and help as needed.
- Encourage your student to ask questions and clarify things they don't understand. Find out about extra help like after school tutoring.
- Explore the school website with your student including the school's homework website or homework hotline. Use it to double-check their class assignments.

- Seek parental involvement at the school. Attend orientation, parent conferences, and join parent groups in the school such as the School Community Council and the PTA.
- Stay involved with your student. Work to maintain an open, communicative relationship during these formative years.
- Maintain a calm and positive outlook about the transition.
- Talk about social skills. Discuss how words and actions can affect other people.
- Find out what student groups, clubs, athletics, extracurricular activities are available and explore them with your student. Get student involved in activities to help encourage relationship building.
- Encourage your student to try new things, become involved with the student body, and foster their independence.
- Encourage your child to join group conversations. Discuss how to join in without interrupting and to add something relevant to a conversation in progress. Practice this important social skill.
- Talk about and practice traits that make a good friend (such as being a good listener).
- Practice skills needed for difficult social situations.
- Remind your child to make eye contact when speaking or listening.
- Help your student with time management skills. Work together on a schedule for study time, break time, chores, etc.
- Begin to learn about and prepare for the next transitions to high school and out of high school. Investigate what the school offers and seek out parent education from the Utah Parent Center.

Tips for Teachers:

- Personally email or send an orientation letter home before school starts. Provide information such as the schedule, time and day to report to school, transportation information, where the student will meet the teacher upon arrival, classroom rules, and contact info for teacher, principal, and counselor.
- Communicate as much as possible with your students' families. Use a variety of methods: email, phone, notes, etc.
- Provide a basic communication sheet that goes home and back to school daily or weekly.
- Meet with the student/family before school dismisses for the summer and again in the fall after school begins (group orientation for new students).
- Tour the new student and family around school showing them classrooms, lockers, bathrooms, and common areas they will be using.
- Explain the logistics of the classroom and school with new students and their families. Provide details on the daily structure like transportation, class schedule, and lunch procedures.
- Appoint a teacher or peer buddy to help with transition.
- Foster good relationships and friendships. Do not isolate the students from the student body.

Resources:

- Middle School Transition Tips for Parents: www.greatschools.org/pdfs/trans_midschool_adults.pdf
- Smoothing your child's transition to Middle School www.greatschools.org/special-education/health/980-smoothing-your-childs-transition-to-middle-school-as?page=all
- Middle School Transition Tips for Kids: www.greatschools.org/pdfs/trans_midschool_kids.pdf
- Universal Design for Learning and the Transition to a more Challenging Academic Curriculum: Making it in Middle School and Beyond: www.pacer.org/publications/parentbriefs/ParentBrief_Apr15.pdf
- Successful Strategies for Middle and High School Inclusion www.osaiacenter.org/middleschoolseries.html

ARE YOU IN NEED OF LOCAL RESOURCES FOR YOUR LGBTQ+ YOUTH?

The screenshot shows the Equality Utah website's "LGBTQ RESOURCE GUIDE" page. The header includes the Equality Utah logo and navigation links for "ABOUT", "ISSUES", "EVENTS", "WHAT'S HOT", "RESOURCES", "BLOG", and "DONATE". The page is categorized under "Home / Resources / LGBTQ Resource Guide".

LGBTQ RESOURCE GUIDE

Filing a discrimination claim in Utah

- File a housing discrimination complaint here
- File a workplace discrimination complaint here

LGBTQ youth

- GLSA Network: how to start a Gay Straight Alliance
- GLSEN Resources for LGBTQ students
- Funds for LGBTQ teens and their parents
- It Gets Better
- Step-By-Step: Creating a safe environment for LGBTQ youth

Support for college students

- Brigham Young University LGBTQ
- Utah State University LGBTQ+ Center
- Salt Lake Community College LGBTQ Resource Center
- Southern Utah University: Allies On Campus
- Utah State University LGBTQ+ Programs
- University of Utah LGBTQ Resource Center
- Utah Valley University Spectrum
- Weber State University GLA
- Westminster College: Diversity Center

Individuals & families

- TEA of Utah (Transgender Education Association)
- PFLAG find a chapter in Utah
- SAGE is an offering group for LGBTQ individuals in their age
- Seeds is a LGBTQ+ family and resource center
- Name Change is offering LDS members of LGBTQ kids who "transition" for their children
- Affirmation is a community of support for LGBTQ members
- Mormons Building Bridges is a resource for allied Mormons

Legal support

- ACLU of Utah
- LGBT and Allied Lawyers of Utah Resource Guide

Counseling and crisis

- Utah Pride Center Counseling
- LGBTQ Affirmative Therapist Guild of Utah
- The Trevor Project - Suicide and Crisis Helpline
- UMB Health Outreach Team

ID document change

- Passport
- Changing your identity documents in Utah
- Social Security

DISCLAIMER: Equality Utah does not guarantee these resources. Equality Utah does not endorse any of the listed facilities, service providers or support groups.

Share this page with a friend!

JOIN THE MOVEMENT

Join Equality Utah's 10th Annual Gay Equality Day celebration on what is happening here in Utah and in your life!

DONATE

How Can I Help?

Everyone can play a role in building our community. You can support Equality Utah's efforts in the following ways:

- Make a donation
- Volunteer to phone bank, canvass, and promote our work
- Attend a training
- Take action by being in the know from our e-newsletter
- Attend our signature events

<https://www.equalityutah.org/resources/lgbt-resource-guide>



Is it a Sensory Processing Disorder or ADHD?

Reprinted with permission for ADDitude

I remember the day I knew our daughter had a problem that we would later learn to call sensory processing disorder.

We were rushing to an appointment, hustling along a crowded sidewalk on a humid summer day. I was cautioning Elisabeth about something, dragging her behind me the way you sometimes do with an almost-4-year-old. The traffic was loud and smelled of exhaust, a kid on a bike was blowing a whistle, and the storefronts were bursting with bright vegetables and flowers.

Suddenly, my daughter stopped in her tracks and screamed — a long, loud scream of agony and frustration — prompting everyone around us to turn and glare. Later, when I asked her why she screamed, she said she didn't know, she just couldn't control the impulse.

There was more. Elisabeth was terrified of playground swings and of walking barefoot in grass. She hated crowds and washing her hair. But these I chalked up to developmental angst. I knew almost nothing about sensory processing disorder and ADHD. Only when Elisabeth was evaluated, at age 5, as having sensory processing disorder (SPD) by an occupational therapist

trained in sensory integration (SI), did I begin to understand her perplexing behaviors.

The Overlap Between Sensory Processing Disorder and ADHD

I remember another day, too, about two years later. Sitting in our school district's offices with the "special education committee" assigned to evaluate my daughter's needs, I became furious as the psychologist — who had never seen my daughter — pronounced her symptoms as "clearly ADHD," on the basis of a checklist she held in her hands. She was as dismissive of SPD (also known as SI dysfunction) as I was of ADHD, each of us refusing to entertain the possibility that the other's diagnosis was correct.

As it turns out, my daughter has both. But it took another year or so for me to learn the similarities and differences in the two conditions, or comorbidities, and to accept treatment for ADHD. Examine their symptoms side by side, and you'll see some striking parallels, as well as several disparities. The two conditions don't necessarily go hand in hand, but they often do. "Many neurological problems overlap," explains educator Carol

Stock Kranowitz, author of *The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder*. “Often, a child who has dysfunction in one area will have dysfunction in others.”

The correlation of ADHD and SPD symptoms is shown by a new national study of children ages 2 to 21 done at the University of Colorado. Parents reported that, of children who showed symptoms of either ADHD or SPD, 40% displayed symptoms of both, according to Lucy Jane Miller, Ph.D., director of the Sensory Processing Treatment and Research (STAR) Center at the Children’s Hospital in Denver. When ADHD and SPD do coexist, however, it’s important to distinguish one from the other because their treatments are different.

What is Sensory Integration?

Sensory integration is the process by which information from our senses (touch, sight, hearing, taste, smell, as well as balance) is interpreted by the brain so that we can respond appropriately to our environment. A child with good SI automatically filters the important from the unimportant stimuli as she makes her way through the world. At school, she sits alert at her desk without thinking about her posture. She pays attention to the teacher and filters out the noise of children in the hallway. On the street, she ignores the booming car radios and honking horns, and the itch of her wool sweater, but attends to the sound of the bus turning the corner, “telling” her to wait before crossing the street.

For some children with sensory processing disorder, information reaching the senses often feels like an assault of competing stimuli. To get the idea, imagine this scenario: Three children are telling you conflicting stories about who had the toy, the phone is ringing, and you suddenly smell the cake burning in the oven — and did I mention the itchy rash on your legs?

For others, outside stimuli are dulled, as if a shade has been pulled over the environment, muting sights, sounds, and touch. These children crave extra stimulation to arouse themselves — similar to needing the jolt of a wake-up shower after a sleepless night. These are the kids who love to spin and swing upside down. Most children with SPD display elements of both extremes, suffering from sensory overload at some times, seeking stimulation at others. It’s not difficult to see how the symptoms — distractibility, the need for intense activity, problems with social interactions — could seem like ADHD.

A child playing in a sandbox can ignore the sweat trickling down her face and neck because she loves the sandbox, and there’s a breeze to cool her off a little. A child with SPD cannot ignore anything — the sweat is distracting and irritating, and the wind makes her feel worse, not better. Lacking an inner ability to cope with

these irritations, she may kick the sand in frustration and lash out at her playmates, ruining her playtime and her entire afternoon. The bad feelings stay with her long after the physical triggers are gone. Children with SPD can be frustrating to parents and teachers, but their behavior is most frustrating to the children themselves. A. Jean Ayres, the groundbreaking occupational therapist who first described SI dysfunction more than 40 years ago, likened it to having “a traffic jam in the brain.”

Who’s at Risk for Sensory Processing Disorder?

Most people develop normal sensory functioning, but some experts believe that the process goes awry in as many as 10 percent of children. As with ADHD, the causes can be unclear and may be genetic, but there are extrinsic factors that may put children at particular risk for SPD. These include maternal deprivation, premature birth, prenatal malnutrition, and early institutional care. Bundling, minimal handling, and propping bottles for feeding deprive the infant of the kinds of stimulation that promote integration of the senses. Such factors may explain why the incidence of SPD is higher among children who were adopted from orphanages. Repeated ear infections before age 2 may also increase the risk factor.

How Do You Know For Sure If It’s Sensory Processing Disorder?

Once you recognize the possibility of SPD in your child, the next step is to locate a knowledgeable professional, usually a trained occupational therapist, to evaluate him. Many kids with SPD never receive an accurate diagnosis. The condition can resemble other problems, and can be misdiagnosed as ADHD, a learning disability, or even pervasive developmental disorder. In some children, the symptoms are so subtle and so similar to developmental behaviors, that they can be mistaken for mere personality quirks. Friends and family may, with all good intentions, say, “She’s just a late bloomer. Uncle Fred was always a sensitive child, and look how successful he is.” Our first pediatrician suggested that Elisabeth’s resistance (to put it mildly) to haircutting and shampooing was simply one of the factors that make her a unique individual.

Another barrier to diagnosis is the nature of the disorder itself. Many children with SPD intelligently develop coping strategies — social withdrawal, ways to avoid certain activities and textures. The coping masks, but doesn’t eradicate, the condition. Some children have a small degree of dysfunction but crave the kinds of activities that help them cope and even excel. Thus, they find their own antidote and may not need diagnosis or formal treatment. I know a boy who is more attentive and cooperative in class after swinging on the monkey bars at recess. My daughter is more easygoing after

swimming. Swinging and swimming are activities that regulate the brain pathways responsible for integrating the senses.

“Sometimes it’s just an immature sensory system, and a child will outgrow it,” says Stock Kranowitz. “Other times, a person doesn’t outgrow it, but grows into it.” As a person matures, she might, for instance, find an occupation that is comfortable. Consider the professor who is able to work in comfort behind the desk that “protects” her from the stimuli of classroom sights, sounds, and smells.

What Do Doctors Say About Sensory Processing Disorder?

The biggest barrier to recognizing and diagnosing SPD may be the skepticism of the health care community. Much of this doubt stems from the medical model of health and disease, which requires evidence. Thus far, SI problems have not been quantified, in part because symptoms are variable and often dissimilar from one child to the next. But more research is being conducted to clarify the specific physiology, symptoms, and effective treatment of SPD, says Dr. Miller, who suggests that SPD’s eventual inclusion in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders is probable — if not just over the horizon.

Until then, the coexisting symptoms of SPD and ADHD may be confusing. A child with ADHD can be inattentive (or hyperattentive — aware of too many things), distractible, easily frustrated, poorly organized, forgetful, fidgety, and impulsive. So can a child with SI problems. So a superficial description of a child with SPD will sound the same as a superficial description of a child with ADHD. But a closer examination of the child with SPD will reveal symptoms that likely will not be seen in the child with ADHD (unless he has both): an intense desire for or aversion to swinging and spinning, a terror of walking on grass or other unstable or bumpy surfaces, and extreme sensitivity to noise.

My daughter’s developmental psychiatrist has observed that for most of the children he has seen (all with ADHD), various treatments for SPD have not produced sustained improvements, and that makes him doubt the diagnosis. But for some, including Elisabeth, the therapies have produced long-term results.

What’s the Treatment for Sensory Processing Disorder?

The two disorders may present similarly, but the medication and behavior-modification therapies that work

for ADHD do not work for SPD. SI treatment consists of working with an occupational therapist on a set of activities that help retrain the senses. The little I knew about it was baffling, but after seeing them in action, the strategies made complete sense. The basis of the therapy is a varied sensory “diet,” to stimulate all the senses. Since each child has his or her own sensory strengths and weaknesses, the sessions are tailored to the child, and change as she or he progresses. The earlier dysfunction is recognized and treated, the better.

Elisabeth spent a lot of time swinging — sitting up, lying on her stomach, on her back, and on a trapeze. She was encouraged to touch lots of different textures, she searched for buried “treasure” in containers of Play Doh, poured uncooked beans and dried peas from one container to another, finger-painted on mirrors with shaving cream, carried big jars of sand up a slanted surface, somersaulted down a soft incline, and jumped into piles of huge beanbags.

We began new activities for a few minutes at a time. Once she overcame her initial fears and aversions, Elisabeth began to seek out the kinds of activities that helped her — some of them the very ones she had avoided. Within about a month, she seemed less fearful, more cooperative, and physically stronger. She started to make friends on the playground, her play was more organized, and she stuck with activities for longer periods of time.

SI treatment is not a panacea and certainly not a quick fix. Although some children need less therapy than others, for many it’s a years-long proposition. By the time Elisabeth was 7 years old, it was clear that SPD could not account for all of her learning and attention problems, and she was diagnosed with ADHD. She now takes medication and receives behavior modification strategies at her school, along with occupational therapy. But the two conditions need to be differentiated, because, again, ADHD medication and behavior modification will not fix SPD, even if the conditions coexist.

Elisabeth still sometimes yells when I wash her hair, but she doesn’t scream anymore. She fusses about waistbands and sock seams that aren’t exactly right, but says it’s OK, “I’ll get used to it.” Best of all, she is making her way in the world, has lots of good friends, and is thriving at school and at home.

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20 Awesome DIY Fidget Toys

THEINSPIREDTREEHOUSE.COM



These DIY fidget toys are the perfect way to support kids without breaking the bank!

- 1 || Balloons filled with flour or play dough
- 2 || Nuts and bolts
- 3 || Tube sock filled with dry rice and sewn shut for weight/tactile play
- 4 || Velcro under the desk or table to run fingers over
- 5 || Theraband on legs of the desk or chair
- 6 || Pipe cleaners to twist/wind around fingers
- 7 || Kneadable erasers or sticky tack
- 8 || Ziploc bags filled with hair gel or finger paint and taped closed (add buttons, beads, google eyes)
- 9 || Flexible rubber hair curlers
- 10 || DIY Zipper bracelets
- 11 || Flexible straw cut short so the child can bend/flex in his hands
- 12 || Key rings linked together (try different sizes)
- 13 || Hair rubber bands around wrist
- 14 || Large key ring with pony beads looped on
- 15 || Ziploc bags or balloons filled with water beads
- 16 || Small gel window clings on a piece of laminated card stock
- 17 || Gear ties
- 18 || String pony beads onto a pipe cleaner and duct tape either end to a craft stick for child to slide beads up and down.
- 19 || Pony bead strung onto a jumbo paper clip
- 20 || Sew a small mesh fabric tube, place a marble inside, and sew ends closed so the child can push the marble back and forth inside the tube.

About The Inspired Treehouse: At The Inspired Treehouse, we believe that with a little help, kids can build strong, healthy bodies and minds through play. We feature easy-to-implement activities that are designed to promote all kinds of developmental skills for kids.

We are pediatric occupational and physical therapists so we are also passionate about sharing information, tips, and strategies to help readers conquer the common developmental roadblocks that come up for kids. We believe that the more parents, teachers, and caregivers know about child development and wellness, the better off kids are!

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GETTING TO KNOW YOUR POST ADOPTION WORKERS:

ROYCE WEBB

SALT LAKE VALLEY REGION POST ADOPTION SUPERVISOR



Royce Webb is the post adoption supervisor in the Salt Lake Valley Region for DCFS. Royce has a Master of Public Administration and a Master of Social Work from the University of Utah. He also has a BS degree in Social Work from Utah State University. Royce has worked in the child welfare system for 15 years as a therapist, caseworker and therapist supervisor.

He also spent a year working in the emergency room doing psychiatric evaluations. He is the proud father of three daughters and loves to spend time with his family swimming and camping.

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