

The Forecaster

Newsletter of your Employee Assistance Program

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Far West
Family Services

The information provided in The Forecaster is to be used for educational purposes only. It should not be used as a substitute for seeking professional care for the diagnosis and treatment of any medical condition.

"Life shrinks and expands in proportion to one's courage."

Anais Nin

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Preparing for Challenges Ahead

We have gotten pretty good at preparing for disasters. Our schools have evacuation plans. We prepare for earthquakes by keeping extra water and food on hand. We have fire escape plans in our homes, and secure basements against flooding. We set up savings accounts for rainy days and retirement funds for our later years.

But, too many times we do not think to prepare ourselves for emotional challenges. Instead we get thrown off course or flounder when confronted with the challenges of life. Preparing ourselves with emotional resiliency and self-care plans can save us from veering off course when the challenges come. Looking ahead—for both the expected and the unexpected—can help us stay in control of our responses rather than merely reacting.

Write it down

Begin by envisioning what scares or worries you. Write it down. It's important to be really honest with yourself, and with your spouse or partner if you are doing this exercise together. Take as long as you need until you run out of ideas. If the process feels overwhelming, consider doing it with a counselor or a friend. Getting the thoughts out of your mind and onto paper helps to diminish their power.



Next, take your top three worries and start brainstorming solutions, preparations, and contingencies. Be as thorough as you can. Don't eliminate anything yet. Be a detective. Pay attention to what triggers your anxiety and how to avoid getting lost and overwhelmed by your them.

Alice's Holiday Survival Plan

Alice's divorce was final in August. With all of that behind her she is ready to deal with the personal challenges she knows will lie ahead. She makes her list and picks her top three worries:

- Fear of being alone during the holidays.
- Sharing the children with her ex-husband and his new girlfriend over the holidays.
- Knowing money for Christmas gifts will be tight.

Alice begins to brainstorm as many ideas as she can. The more she writes, the more she feels her panic and fear diminish. She starts to feel that she has some control over the holidays and is confident the holiday worries will not control her. She shares her list and ideas with her best friend and starts to put in action a holiday survival plan she calls "my take back the holidays plan."

"If you are prepared, you will not fear," the old biblical saying goes. Let preparation be your gift to yourself. ■

Unraveling the Mysteries of Adoption

Raising children can be challenging whether your kids are biological or adopted. There are no guarantees about the impact of genetics, environment and nurture on your biological or adopted child. Some effects will be tremendous gifts, some will not.

In the case of the adopted child there can be more unexpected “gifts” than you might have anticipated. For no matter how well you raise your adopted child, one thing will always

be true: our child has another set of parents somewhere that enter into the mix—even if they are deceased. How you handle



that information throughout your child’s life will have a great deal to do with how well your child adjusts to a life of adoption.

One of the biggest mistakes adoptive parents make is failing to understand the ways adoption might impact their adopted child and the surprising ways it manifests.

“But I raised him the same way I raised my other two children. Why is he turning out so different?” asks one mother. Her son is 16 (we’ll call him Mathew), and was adopted at birth by his parents. The other two are biological children ages 18 and 10. The 18 year-old just graduated from high school with honors and a scholarship to college and the 10 year-old is already excelling in school and in sports. But Mathew struggles with everything—school, sports, and

relationships. He is angry and uncommunicative and lately he has started getting into trouble at school, and his parents suspect he is into drugs.

On the surface it looks like Mathew has had everything he needs for success—wonderful, loving parents and siblings, and a warm, accepting home to grow up in with lots of benefits and advantages.

So what is the big difference?

Mathew is not biologically related to his siblings or his parents. This “blood” relationship is something everyone in the family shares—but him. He feels different and he feels inferior. At some point, he decided that he could never be as good as the other kids. He doesn’t talk about his feelings—perhaps because he is ashamed of them—so his parents don’t even know where his emotional challenges are coming from.

Mathew and his parents cannot change the fact that he is adopted and has a different set of parents and a different medical and biological history. What they can change is how they work together on handling Mathew’s personal story—all of it.

Sharing Information

While every case is unique, there are some issues that most adoptees share: a need to understand who their birth parents are and why they were relinquished by their parents. It becomes a very real and very basic question that haunts some adoptees. Who am I *really*? Why am I here and not there? How do I make sense of my split life?

Unless you have an “Open Adoption” and the birth mother or father is already part of your child’s life, your child will grow up with the constant question



“Who is my birth mother and why did she give me up?” According to Sherrie Eldridge, adoption specialist and

trainer, your child deserves as much of that information as you have that is age appropriate to share. A very small child can understand, “Your birth mother Jessie was not able to take care of you and raise you so she asked us to take care of you.” Or “Nicole (an older sister) grew inside my tummy but you grew in Jessie’s tummy.”

As time goes on the child’s questions will become more probing.

“Why did my birth mother take me to that horrible place (the orphanage)?

Why didn’t she come back to get me?”

“What was wrong with me? Was I bad?” Your child might begin to question why you and the other kids have lighter skin, “but I have darker skin and hair. Why am I different?”



In her insightful book, *Twenty Things Adopted Kids Wish Their Adoptive Parents Knew*, Eldridge presents a powerful discussion of

the questions that might haunt adoptive children. While your child may not struggle with all of these, she/he will struggle with some. As the adoptive parents, it is your responsibility to help provide your child with as much information as possible. Start early and share what makes sense. Add more as time goes on. Even better, if it is possible and makes sense for your child, arrange meetings with the birth parents. A known birth parent is far better than a fairy tale parent a child might create in her imagination. "I have had difficulty bringing my birth mother down to earth. I have loved and hated her, but she has always lived above the clouds," writes Robert Andersen, MD in his autobiography, *Second Choice: Growing Up Adopted*.

"It was a great shock when we finally tracked down our daughter's birth mother. I realized I had fantasies too about what had happened to her over the past 15 years of my daughter's life. Without information about her, we sort of made up this story that had her getting her life together and being a good citizen. However, what we found is that she had been heavily into drugs for those 15 years. She was a huge disappointment to us," said Gail in her daughter's adoption story. "If I was living in fantasy, imagine what fantasy my daughter had created."

Sadly, the reality of the birth story and birth family can be very painful,



but important information for the healthy development of the child. Eldridge writes "Realizing that neither birth parents nor adoptive parents are perfect and accepting them as human beings is part of maturing into adulthood. Adoptives would be stuck in childhood if they didn't pass this milestone."

Help Your Child Grieve

"Why would my child need to grieve someone she has never met?" you might ask. Good question. Your child spent nine important months in a very intimate relationship with his/her birth mother. The loss of that very important connection at birth (or later) is a loss felt deep in the child's soul. It might manifest in fear of being left alone, a sense of loneliness, or just a gnawing sense of loss or anxiety. Talking openly about a child's sadness at not knowing his/her birth

mother can help heal a particular loss. You might help her process her grief by drawing pictures about her birth parents or writing the questions she might want to ask her birth mother. "Why did you leave me at the hospital?" "Why did you leave me in a basket in front of the orphanage?" "What are you like?" "Do I look like you?" "Where do you live?" "Is it okay with you that I am living with my adoptive parents?" "Do you miss

me?" "Do you want me back?"

Your child may have the opportunity some day to address those questions to his/her birth parents. Others will not, such as children adopted from China or Russia with no records of the birth parents. Working with an experienced therapist will help



your child work through the process of grief around his/her adoption. Being open to listening to your child's concerns, questions and process around adoption can give you an even stronger bond with your child. It will show him/her that you understand and accept the other family in his/her life and what that means.

What if my child doesn't bring up his/her adoption?

Just because your child hasn't brought up the subject of adoption doesn't mean he/she is not thinking about it. He/she may think the subject of adoption is forbidden, or that his/her questions will hurt you. It is important to let your child know that asking questions and sharing hopes and fears about adoption is perfectly okay with you.

Because children don't know how to bring up awkward subjects, it is important as parents to give your child permission to talk about his/her adoption. You may need to open up the topic from time to time. Or wait for a logical entry to talking about your child's life and history. Good "teachable moments" might be the child's birthday or adoption anniversary, or

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Teen Drug Abuse: 14 Mistakes Parents Make

The following is from a special series on CBS news on Teen drug abuse cited by addiction specialist Dr. Joseph Lee, a spokesman for the [American Academy of Child and Adolescent Psychiatry](#) and medical director the Hazelden Center for Youth and Family, an addiction treatment facility in Minneapolis. (See resources on page 5.)

Mistake 1: Failing to set expectations

Teens who know their parents disapprove of drug use are less likely to use. Dr. Lee says it's best to let your kids know how you feel about drugs before they hit their teenage years.

Mistake 2: Ignoring mental health issues

More than two-thirds of young substance abusers suffer from mental health problems, such as anxiety, depression, ADHD, and eating disorders. As a rule, substance abuse and mental health issues come together in young people.

If your child undergoes an evaluation for drug abuse, make sure it includes a thorough mental health screening.

Mistake 3: Assuming experimentation is no big deal

Experimentation doesn't necessarily lead to addiction, and some parents figure that there's nothing especially worrisome about a child trying drugs or alcohol. In fact, even dabbling in substance abuse can cause big problems, such as car accidents, sexual assault, and serious overdoses. It's not a normal rite of passage.

Mistake 4: Being dishonest about your drug use

Parents often feel uncomfortable discussing with their children their own experiences with drugs or alcohol. There's certainly no reason to wax nostalgic about the "glory days," but Dr. Lee recommends being honest if kids ask. "I am not aware of research indicating that an informed discussion with kids about your drug use leads to them to use drugs," he says.

Mistake 5: Blaming yourself (or your spouse)

There's no such thing as a perfect parent, and there's no use in shouldering all the blame (or blaming your spouse) if a child has a drug or alcohol problem. Feeling guilty isn't just unpleasant, it can complicate substance abuse treatment - by dividing the family just when it's important to pull together as a team.

Don't ignore the past, Dr. Lee says, but keep your eyes on the present. If your child is involved in therapy, there will be ample time to make things right.

Mistake 6: Setting a bad example

Think teens simply don't pay much attention to their parents? Research suggests otherwise. Model the kind of behavior you want from your teen.

Mistake 7: Being judgmental

Being firm is one thing, but "laying down the law" in a moralistic way can close off lines of communication. Try not to be judgmental or to jump to conclusions. Do all you can to make your child feel comfortable about coming to you for help, if it's needed.

Mistake 8: Failing to consider risk factors

Just as obesity is a risk factor for diabetes, smoking is a risk factor for teen substance abuse. Other substance abuse risk factors include early aggressive or disruptive behaviors, depression, ADHD, and anxiety. If your child has any risk factors, get help.

Mistake 9: Confusing intelligence with maturity

Just because a child is smart doesn't mean he/she is mature enough to have good judgment about drugs and alcohol. The brain region responsible for judgment - the prefrontal cortex - doesn't fully mature until a person is in his/her mid-20s.

Mistake 10 : Not locking the medicine cabinet

Prescription drug abuse is a huge problem in the U.S. The CDC says one in five teens experiments with prescription drugs at some point, and most teens obtain the drugs not from drug dealers or the Internet but from friends and family.

Be sure to keep track of all drugs in your home. If you no longer need pills, get rid of them. And pay attention to other substances around the house that have the potential for abuse, including solvents, aerosols, etc.

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Mistake 11: Failing to consider family history

Like many diseases, addiction can run in families. If it runs heavily in yours, it might be a good idea to adopt a strict no-drinking policy in your home. For some families, it might be okay to let a teen have a sip of wine on a holiday occasion when others are drinking - but not all.

There are no hard and fast rules for what is acceptable for all families, Dr. Lee says. And a teen can develop a substance abuse problem even in the absence of any family history of addiction.

Mistake 12: Not noticing changes in your teen

Changes in sleep, mood, friends, activity level, academic performance, weight, personal hygiene, etc. can all signal a substance abuse problem. So pay attention. Monitor your child's welfare with particular care at times of transition - moving to a

Resources:

American Academy of Child and Adolescent Psychiatry, www.aacap.org (See "Facts for Families")

Your Adolescent: Emotional, Behavioral, and Cognitive Development from Early Adolescence Through the Teen Years, by David Pruitt, M.D., AACAP

new school, onset of puberty, breakups with boyfriends or girlfriends, etc.

Mistake 13: Putting off getting help

Two million children between the ages of 12 and 17 need treatment for a substance abuse problem, according to a recent survey. But only about 150,000 get the help they need. If you think your teen may have a problem, have him/her assessed by a child psychiatrist, pediatrician, or another expert. Remember, prevention and early intervention are key.

Mistake 14: Not talking about driving

The top three causes of teen death in the U.S. are accidents, homicides, and suicides. Each of these problems is linked to substance abuse. Make sure your teen knows about the dangers of driving under the influence - and pay attention to his/her whereabouts. ■

**Unraveling the Mysteries of Adoption cont'd . . .**

while working on a school "family tree" assignment. It is also important to watch for signs that your child is struggling with his identity or acting out in unusual ways. Any of these are good times to bring up the subject.

If you don't get defensive or dismissive when your child says "You're not my real mom," and you show understanding, you and your child will weather this storm together and your relationship will be stronger for it.

In the words of M. Scott Peck, "**Emotional sickness is avoiding reality at any cost. Emotional health is facing reality at any cost.**" ■

Books:

Twenty Things Adopted Kids Wish Their Adoptive Parents Knew, by Sherrie Eldridge

The Primal Wound: Understanding the Adopted Child, by Nancy Verrier

Talking with Young Children About Adoption, Susan Fisher, M.D. and Mary Watkins, Ph.D.

Websites:

For books and support in a Christian context go to www.sherrieeldridge.com

www.warmsearch.org - WARM is a non-profit organization in WA state, dedicated to reuniting families separated by adoption.

www.childrenshomesociety.org - provide assistance in reuniting adoptees and their birth parents.

Strengthening Family Ties

Building emotional connections with your children can go a long way to keeping them out of trouble and on a successful path. Here are some fun suggestions that other families have used to create fun and memorable bonds. Pick one of these to get started or get other ideas from friends or family. It's important to keep them going over time so don't make it too hard—keep it simple. You'll find these shared activities build loyalty, trust and love.

- ♥ Do a special, but different activity with each of your children on a regular basis. The first Saturday of the month is ice cream day with Jeffrey, the 2nd Saturday is Danica.
- ♥ Have a regular Friday movie night where you all snuggle together and eat popcorn.
- ♥ Bake bread with your kids on Sunday afternoon and eat it together hot out of the oven.
- ♥ Have a family handshake and a different one for each child that you do at bedtime. (Watch the movie "Nim's Island if you need ideas.) Kids love this!
- ♥ Have regular family meetings to discuss schedules, plans and family problems and concerns. Have a suggestion box.
- ♥ Have a regular time when each member can share something they are grateful for (include gratitudes for each other).
- ♥ Go to your teens' sports games or performances – as many as you can – *if not all of them*. Point out one thing you saw your child do really well.
- ♥ Listen to your kids' music so you can talk about it with them.
- ♥ Do community service projects with your kids.
- ♥ Family reading time. A half-hour before bedtime everyone gathers on one bed to read their own books or listen to a story read aloud.
- ♥ Collect something together as a family....like snow globes in every city you visit; collect little bottles of sand from all the beaches you go to; heart rocks.
- ♥ Have a picture or item that you carry and photograph on trips to interesting places. One family had a little laughing Buddha statue they posed on the peaks of different mountains they climbed. Another had a Gumby figure they posed in front of the Eifel Tower and other historical palces. Put the pictures in a scrap book.
- ♥ When you or your spouse travels on business, have your kids send something special with you like a little stuffed animal, a heart rock or a picture. Take a picture of that item in your hotel or other location on your trip.
- ♥ Pick a sports team to follow together or get season tickets to a musical theater or children's theater.
- ♥ Pick a fitness activity to do together: biking, hiking, swimming etc.



CUTTING: THE FACTS ABOUT SELF-HARM

Injuring yourself on purpose by making scratches or cuts on your body with a sharp object — enough to break the skin and make it bleed — is called **cutting**. Cutting is a type of self-injury. Cutting has developed a fad-like status among some teenage groups and is afflicting more kids every year. They do it because other kids are doing it. Most people who cut are girls, but boys self-injure, too. People who cut usually start cutting in their young teens. Some continue to cut into adulthood. Because cutting and other means of self-harm tend to be taboo subjects, there are many misconceptions about why people cut and self-harm. Don't let these myths get in the way of getting help for your child or helping someone you care about. For additional information go to the Work/Life Resources (on the main menu at www.farwestfamilyservices.com) and search for "Cutting".



Myth: People who cut and self-injure are trying to get attention.

Fact: The painful truth is that people who self-harm generally do so in secret. They aren't trying to manipulate others or draw attention to themselves. In fact, shame and fear can make it very difficult to come forward and ask for help.

Myth: People who self-injure are crazy and/or dangerous.

Fact: It is true that many people who self-harm suffer from anxiety, depression, or a previous trauma—just like millions of others in the general population. Self-injury is

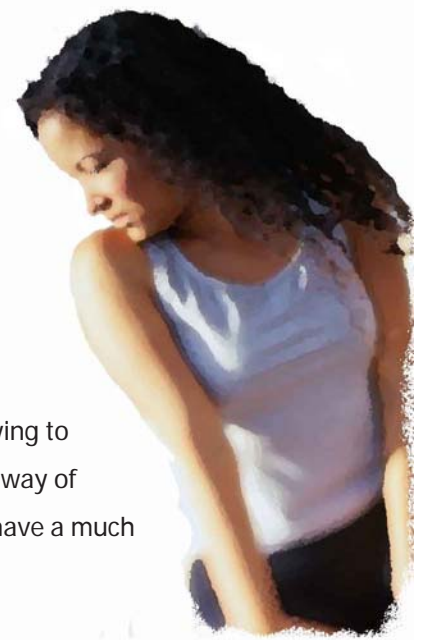
how they cope. Slapping them with a "crazy" or "dangerous" label isn't accurate or helpful.

Myth: People who self-injure want to die.

Fact: Self-injurers usually do not want to die. When they self-harm, they are not trying to kill themselves—they are trying to cope with their pain. In fact, self-injury may be a way of helping themselves go on living. However, in the long-term, people who self-injure have a much higher risk of suicide, which is why it's so important to seek help.

Myth: If the wounds aren't bad, it's not that serious.

Fact: The severity of a person's wounds has very little to do with how much he or she may be suffering. Don't assume that because the wounds or injuries are minor, there's nothing to worry about. ■



Call Far West if you want to make an appointment for yourself or a family member who is cutting, or you suspect is cutting. It is important not to minimize the cutting. Early therapy can prevent further self-harm and provide better methods for coping.

Far West Family Services

The Forecaster is published quarterly by Far West Family Services, your Employee Assistance Program. Copies of this newsletter are also available via email.

We appreciate your feedback and comments about our newsletter.

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Far West Family Services, now in its fourth decade, is a professional behavioral health care service business providing Employee Assistance Programs in Washington state. If you would like more information about our customized programs, please call 206-682-8149 or 1-800-398-3440 or visit our website at www.farwestfamilyservices.com.

To learn more about your benefits through Far West or to schedule an appointment with one of our therapists, call our office during business hours, 8:30 a.m. to 5:00 p.m. Monday through Friday. Sessions are available from 8:00 a.m. to 8:00 p.m. Monday through Friday and some Saturday sessions are also available.

Far West . . . help when you need it.

206-682-8149 • 425-775-4952 • 1-800-398-3440

**After-hours Emergencies:
Press option 1 to speak to a crisis counselor
or for TTY call
206-461-3219 (TTY)**

www.farwestfamilyservices.com

Need additional resources?

Go to the new Work, Life and Wellness Resources at www.farwestfamilyservices.com click on Work/Life login



HELPGUIDE.ORG

The best mental health resources on the web, in collaboration with the Harvard Medical School Health Publications. Answers to your questions about depression, anxiety, bi-polar disorder, eating disorders, insomnia, parenting, etc. Excellent self-evaluation guides and step-by-step programs for dealing with life's challenges.

Community Resources

Links to organizations in Washington state for adoption, gay and lesbian issues, financial and legal resources, county resources, drug, alcohol treatment centers, youth violence, domestic violence and more.