



## Children's Service Society

Safe Children · Caring Families  
Strong Communities · Since 1884

# Children's Service Society SUPPORT SERVICES

October, November, & December

## From the Desk of Jacci Graham



We are entering the fall of the year and hope you had a wonderful summer with fun family activities. The things we do with our families are the things that build cherished

memories that last a life time. In the fall we start settling down again to the routines of school, work and begin our planning of the special holiday activities that are part of our individual family traditions.

At Children's Service Society we start looking at our traditions, planning our services and activities that will benefit the children and families that we serve. We just launched a new web site for kinship caregivers that will address the needs of caregivers all across the state of Utah. Each of our programs has activities planned and ready to go. Our Home Visitation programs are seeing and helping more families than ever before. We appreciate the work done by trained staff and the many volunteers that take gifts to new parents and offer our parenting services to them. These families are more likely to be able to successfully parent their little ones with

the information and caring services that we provide.

Our goals are always to provide services and activities that will strengthen families. This next year we will be working with the Utah legislature to fund the expansion of our Grandfamilies program. Currently every one in ten children are being raised by a relative; most of the time, the relative caregiver is the child's grandparent. Grandfamilies provides information and support to both the caregiver and the affected child. Research has shown the value of kinship care over the placement of these children in the formal foster care system. It not only saves the state billions of dollars annually but the long term outcome is much better for the child. We ask that you let your legislator know that you support funding the expansion of the Grandfamilies program.

As you make your holiday plans, please include a gift to the Children's Service Society to help us continue to prove the services that we have done so well for the past 129 years. Your support is greatly appreciated. ●

*Jacqueline R. Graham, LCSW*

Jacci Graham, LCSW  
Support Services Program Director

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## SUPPORT SERVICES

Jacci Graham, LCSW  
Program Director

Anna-Lee Hernandez, SSW  
Grandfamilies Coordinator

Jenny Williams, LCSW  
Adoption/Mental Health  
Services Coordinator

Cathy Endicott  
Home Visitation Coordinator

Tami Hansen  
Volunteer Coordinator

Nanette Evans, CPM  
Contract Compliance Coordinator

Becky Davis  
Social Services Assistant

# Dangerous Viral Trend Threatens Teens: 'Smoking' Alcohol

www.today.com

*When you drink alcohol normally, the liquor takes time to affect you, first going into your stomach then slowly processed in your liver, and about 20 minutes later, into your bloodstream. But smoking alcohol is absorbed instantly into your lungs, racing to the brain. And doctors say, it can poison you faster.*



racing to the brain. And, doctors say, it can poison you faster.

“The normal sensation when you drink and you are getting more drunk is to vomit: It’s your body’s way of expelling alcohol,” explained Dr. Robert Glatter of Lenox Hill Hospital.

It’s the dangerous new way teens are getting drunk -- and it’s going viral. Now doctors say it could be deadly.

It’s called “smoking alcohol.” You don’t drink the booze, you inhale it. Sounds bizarre, but those vapors give you an instant high.

Here’s the problem: Doctors say it’s incredibly dangerous and can be extremely addictive. Pure alcohol shooting into your brain. Doctors are issuing an urgent warning: Don’t try this at home.

Chances are your teenager has seen it on YouTube, where hits are exploding into the millions: vaporizing alcohol. It looks like a game, but doctors say it can be deadly. One video shows teens putting a small amount of vodka into a plastic bottle, pumping it with air, and sucking in the potent fumes. They do it with beer, whiskey, Champagne, the list goes on. And within seconds, they say, they’re drunk.

“These videos scare the hell out of me,” says Steve Pasierb, who runs the partnership at drugfree.org. “It’s binge drinking in an instant. It’s like doing five or six shots into your bloodstream right away.”

Here’s the danger: When you drink alcohol normally, the liquor takes time to affect you, first going into your stomach, then slowly processed in your liver, and about 20 minutes later, into your bloodstream. But smoking alcohol is absorbed instantly into the lungs,

However, when you inhale alcohol, your brain has no way of expelling it.”

And there’s more. Experts say some of these videos lure teens in with false promises, like “this can help you lose weight.” Or that you can hide your drunkenness from police and your parents.

“It’s in your lungs, it’s on your breath,” Steve Pasierb told us.

“Then you can get a DUI from it?” we asked.

“Absolutely. You can get a DUI. It will be in your blood system.”

As for the weight-loss claim, Pasierb said, “When you’re consuming alcohol, you are consuming calories, period.”

Another myth out there is that smoking alcohol isn’t illegal, because you’re not drinking. Not true. We checked with criminal defense lawyers who told us that no matter how you consume alcohol, it’s illegal under 21.

This is so new that there are no hard numbers yet on how many kids have ended up in the hospital from smoking alcohol. But doctors say it may be hard to tell when someone is sick from regular drinking or this: They test your blood and it shows you have alcohol poisoning, but doesn’t say whether you drank it or smoked it. But ER doctors tell us they’re watching for it now. ●

# Accessing Your Adoption File

Becky Davis, CSS Post-Adoption Specialist



As “keeper of the records” at the Children’s Service Society, I receive many, many calls from adoptees looking for their birthparents, and from birthparents hoping for any word about the child they relinquished.

Most of these people do not know what the laws are regarding information from their files. Many assume that “searching” means the needle-in-the-haystack goose chase of trying to find someone whose name they do not know. I thought it might be helpful to those who are interested in search and reunion to know exactly what their options are.

## For information from your file:

It’s important to know that Utah is a closed state; which means that no identifying information from your files can be released without consent from both the adoptee and birthmother. Files will remain closed until 100 years from the date of the adoption have passed.

You can, however, have non-identifying information from your file. A *Non-Identifying Information Report* can be written for you. A report for an adoptee would include any medical information in your file, and tell you such things as what your birthparents looked like, what their hobbies and interests were, what

their parents and siblings looked like, etc. A Non-Identifying Report written for a birthparent would tell you what the family was like that adopted your child: what they looked like, their religion, race, occupations, hobbies, etc. It would also include information about your child up until the adoption was finalized (usually one year after the adoption). There is a \$75 fee for a Non-Identifying Information Report.

We can also write a report with just the medical information from your file for \$20.

## For contact with birth family

**members:** The very first thing I do for someone who calls looking for family is to check their file to see if there is any record of the family already contacting us looking for them. If there has been recent contact, usually we can easily reunite the interested parties.

This is why it is so important to call the agency first when you are hoping to reunite. Many people assume the agency will tell them nothing and so never call us. We have files upon files of correspondence and casenotes from people who have contacted us looking for their biological families, and it would only take one call from their birth mother or birth child in return for the reunion to happen. Please let any adoptees or birthmothers you may know who are searching to call their agency first!

You can write a letter to your birthparents/birth child that we can put in your file. If they contact us in the future, we will pass this letter on to them and let them know how they can contact you.

There are a many adoption registries that you can sign up for. If you register and your birth family is also registered (or registers later), you will be matched up and your names and contact information will be exchanged. There are two registries that Utah adoptees should know about:

#1 *Utah Mutual Consent Voluntary Adoption Registry*, run by the Utah Department of Health Bureau of Vital Records. Call 801-538-6363 for more information, or access the application form here: <http://health.utah.gov/vitalrecords/pictures/forms/adopt.pdf>

#2 *International Soundex Reunion Registry*. Call them at 888-886-4777 or go to <http://www.isrr.org/> for more info. This registry is free.

There are also many smaller internet reunion registries, such as the registry at [Adoption.com](http://Adoption.com) (<http://registry.adoption.com/>). Google “adoption reunion registries” to find more.

For former clients of CSS, you can sign up for our *Connections* program! *Connections* is a confidential intermediary program. Utah law prohibits the disclosure of any names, addresses, etc. to any participant in an adoption without consent of the other party. So the confidential intermediary acts as a third party to search for, contact, and ask for this consent when a search is requested.

The fee for *Connections* is \$250, which covers the cost of locating the appropriate files, reviewing them and extracting any identifying information, and then the search itself. The search generally entails research of vital records, Internet resources and other databases, as well as telephone and written inquiries.

Good luck in your search! Please contact me at 801-326-4371 or [becky@cssutah.org](mailto:becky@cssutah.org) if I can be of further assistance.

*Becky Davis*  
*Post-Adoption Specialist*

# Responding to Children with Sensitivity

www.attachmentparenting.org

Babies and children require empathy and respect for their feelings to help them learn to feel safe and secure. Intense fears of separation will naturally subside as the child matures.



You can build the foundation of trust and empathy by understanding and responding appropriately to your infant's needs. Babies communicate their needs in many ways including body movements, facial expressions, and crying. They learn to trust when their needs are consistently responded to with sensitivity. Building a strong attachment with a baby involves not only responding consistently to his physical needs, but spending enjoyable time interacting with him and thus meeting his emotional needs as well.

There are many societal challenges that can interfere with parents' ability to develop a responsive relationship with their babies. For example, parents may encounter myths about spoiling a baby or unsolicited advice from well-meaning family, friends and media. Advice that conflicts with science, facts about normal development, or a parent's own intuitive feelings can cause stress for the parent who must decide how to respond.

In the course of normal child development, babies form primary

attachments with the person or people who spend the majority of time nurturing and caring for them -- usually the mother and/or father. Frequent holding and interactions with baby increase bonding and promote secure attachment. In the first six months or so your baby may seem happy being held by or interacting with other people. Then at eight to nine months of age, many babies will suddenly begin to show fear and anxiety about being separated from their mother. This, too, is a normal phase.

Babies and children require empathy and respect for their feelings to help them learn to feel safe and secure. Intense fears of separation will naturally subside as the child matures. It may take considerably longer for more sensitive children to be comfortable in the care of non-parental adults. Follow the child's cues and do not force children to accept strangers or expect them to overcome stranger/separation anxiety before they're ready.

## Needs and Benefits of Responding with Sensitivity

- Babies' brains are immature and significantly underdeveloped at birth, and they are unable to soothe themselves

- Through the consistent, repeated responsiveness of a compassionate adult, children learn to soothe themselves
- Some babies and children appear more sensitive to the environment and stimulation
- Understand your child's natural inner rhythms, and try to schedule around them
- It is perfectly normal for babies to want constant physical contact
- High levels of stress, such as during prolonged crying, cause a baby to experience an unbalanced chemical state in the brain and can place him at risk for physical and emotional problems later in life
- Symptoms of burnout or inability to cope with baby's needs are signals that extra support and/or professional help are necessary

## Responding to Tantrums and Strong Emotions

- Tantrums represent real emotions and as such should be taken seriously
- Some emotions are too powerful for a young child's underdeveloped brain to manage in a more socially acceptable manner
- A parent's role in tantrums is to comfort the child, not to get angry or punish

## Responding to the Older Child

- Continue to nurture a close connection by respecting the child's feelings and trying to understand the needs underlying his outward behaviors
- Support explorations by providing a safe environment for discovery and remaining close by
- Show interest in the child's activities and participate enthusiastically in child-directed play
- Some children enjoy preschool or other programs where parents are not included, but they is not necessary for child development. Consider the child's readiness to separate and the amount and type of support provided by adults. ●

*Some emotions are too powerful for a young child's underdeveloped brain to manage in a more socially acceptable manner.*

# Child Injuries from Falling TVs Increasing in US

Yahoo News

A child is rushed to a U.S. emergency department every 45 minutes with an injury that's related to a falling television, according to a new study.

"These are occurring primarily to younger children... When (the TVs) start coming toward them, they don't realize the danger," said Dr. Gary Smith, the study's senior author and president of the Child Injury Prevention Alliance.

Previous research has found that TVs are involved in child injuries, and that the frequency may be increasing. But according to the report published on Monday in *Pediatrics*, those studies were mostly small case studies, and the information was becoming out of date as the style and average number of TVs in U.S. homes has been changing in recent years.

For a more recent look at TV-related injuries in U.S. children from 1990 through 2011, Smith and his colleagues used a database of emergency department visits at a nationally representative sample of hospitals

The researchers found that about 381,000 children and teenagers were treated in U.S. emergency departments for TV-related injuries during that time.

More than half of the injuries were caused by falling TVs, another 38 percent were caused by children running into the units and about 9 percent were caused by other situations, including televisions being moved from one location to another.

The majority of the injuries were to boys and about 64 percent of the injuries were



to children less than five years old. Two-year olds were the age group most likely to be hurt. There were six deaths.

The head and neck area was the most common site of injury, and cuts, bruises and concussions the most common types of injury. The overall rate of TV-related injuries held steady at about 17,000 per year over the 22-year period.

The percentage of injuries related to "striking" TVs fell dramatically over time, however, while the rate of injuries caused by falling TVs doubled from about 1 per 10,000 children in 1990 to about 2 per 10,000 children in 2011.

Although homes have more TVs now than years ago, Smith said that doesn't explain why injuries related to falling TVs were increasing but not injuries from running into the units.

"What we're finding is when those second and third TVs are being brought into these homes, the (older and bulkier units) are being moved and put in other parts of the home that are unsafe," said Smith, who is also director of the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio.

For example, as more people buy flat-screen TVs, their older and bulkier units are being put in bedrooms or playrooms on top of dressers, bureaus, drawers and armoires, which may tip over because they were never designed to support TVs.

"TVs need to be strapped or anchored to the wall. I think that's our biggest problem right now. Many parents are unaware that TVs can be so life threatening if it topples over and falls on top of your child," Smith said.

Dr. Marvin Platt, who has researched TV-related injuries but wasn't involved in the new research, said he hopes pediatricians take an active stance on this issue.

"I think there needs to be much more education to the public and I feel that can be done. Secondly, I think there needs to be legislation or regulation to have TVs secured to surfaces," said Platt, a retired forensic pathologist and pediatrician in Akron, Ohio.

"Unless they take measures to bolt these things down, they're going to fall," he said. Smith said the new study may underestimate the number of TV-related injuries, because it only captured injuries seen in emergency departments. There may be some injuries that were treated at home or in doctors' offices.

The ER data used by the researchers also wouldn't record most deaths related to falling TVs, though Smith's team does note in its report that according to the U.S. Consumer Product Safety Commission, 215 children died of injuries caused by a falling TV between 2000 and 2011.

"If you have a TV at home - it doesn't matter if it's a flat screen or (cathode ray tube model) - that TV must be anchored to a wall," Smith said, adding that people can find additional information on his organization's website [preventchildinjury.org](http://preventchildinjury.org).

*"Many parents are unaware that TVs can be so life threatening."*

# TV Tips-Overs

[www.preventchildabuseinjury.org](http://www.preventchildabuseinjury.org)

## Preventing a TV Tip-Over

- All TVs should be secured to the wall. Use safety straps or L-brackets for cathode ray tube (CRT) TVs and wall mounts for flat screen TVs.
- Place TVs only on furniture designated to support them, such as TV stands and entertainment centers. Dressers, armoires, and chests of drawers are not safe places.
- Secure TV stands and entertainment centers to the wall using safety straps or L-brackets
- Do not place toys or the remote control on top of the furniture or the TV. Your child could climb the furniture to reach the item and cause the TV and the furniture to tip over.
- Make sure TVs are safety secured in all places your child spends time - not just in your own home.

## TV Tip-Over Facts

- Every 3 weeks in the US, a child dies from a TV tipping over.
- Every 45 minutes, a child visits a US emergency department because of an injury from a TV tipping over
- 7 out of 10 children injured are 5 years old or younger
- Furniture not designed to support TVs are often involved in TV tip-overs
- Only 1 in 4 adults take action to secure their TVs to a wall
- TV tip-overs are preventable



## Children's Service Society

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124 South 400 East, Suite 400  
Salt Lake City, UT 84111  
[www.cssutah.org](http://www.cssutah.org)

**Administration**  
801-355-7444

**Care About Childcare**  
(previously known as CCR&R ~ Metro)  
Referrals: 801-355-4847  
Training: 801-326-4403  
Recruitment: 801-326-4404

**Support Services**  
801-326-4409

## INFORMATIVE WEBSITES

[www.parentsempowered.org](http://www.parentsempowered.org)  
[www.thetruth.com](http://www.thetruth.com)  
[www.thecoolspot.gov](http://www.thecoolspot.gov)  
[www.theantidrug.com](http://www.theantidrug.com)  
[www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)  
[www.drug-rehab.org](http://www.drug-rehab.org)

[www.cdc.gov/parents](http://www.cdc.gov/parents)  
[www.guidance.group.com](http://www.guidance.group.com)  
[www.familyfunshop.com](http://www.familyfunshop.com)  
[www.brillbaby.com](http://www.brillbaby.com)  
[www.eyeonearlyeducation.org](http://www.eyeonearlyeducation.org)

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