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## HOW ADOPTEES ARE FILLING IN THE HOLES IN THEIR FAMILY MEDICAL HISTORY

By Olivia Campbell

Checking the “unknown” box under the family -health-history section of medical forms never bothered Brad Garland — until he had kids.

“I didn’t have any interest in knowing my birth parents,” said Garland, who was adopted from Korea at 5 months old. But when he passed on this question mark of a medical history, he began to worry there might be something lurking in his genes he needed to warn his two kids about.

Garland, an accountant in Huntsville, Alabama, discovered there was a prominent genetic-research lab in his own backyard: the nonprofit HudsonAlpha Institute for Biotechnology. Not only that, “they were having a \$99 special on genetic health screenings,” Garland said. So as a Christmas gift, he asked for a screening test.

While Garland was hungry for answers, he remained pragmatic about the limitations of testing. “You’re not going to find out everything, but you may find something that you can make changes to prevent,” he said. “I always want to know the most information possible to make the best decision.”

Bioethicist Thomas May is the senior scientist on HudsonAlpha’s ethics and genomics program. In a recent article in the American Journal of Bioethics, May argued that adopted people experience health disparities because of their lack of access to genetic relatives’ health history, and suggests gene sequencing as an effective — and increasingly affordable — solution. [CONTINUE READING](#)

## If Foster Care is Hard, You’re Probably Doing it Right

By Maralee Bradley

I remember the moment. The four of us were all sitting on the kitchen counters eating cereal at ten p.m. (or it might have been ice-cream. . . we were young and stressed) debriefing about the events of the day. We were all recent college graduates in our early twenties who were responsible for the day-in and day-out love and nurture of 7 boys, mostly teens and preteens. Boys who had come from trauma. Boys who couldn’t safely live with their parents. Boys who brought their unhealthy coping skills and beautiful smiles into this house designed to be their home until they could be safely reunified with their families. . . which for many of them over the years never happened.

We were exhausted by our work. My husband and I were the houseparents and along with caring for the boys were also responsible for supervising the interns assigned to help us— interns that were our same age with our same level of experience (namely, not much). We worked together to design systems to help these kids and created nurturing rituals and loved them with every ounce of our beings and it was draining. I remember the moment when one of our interns said, “I don’t think it’s supposed to be this hard. It shouldn’t be this hard.” We saw other houseparents that made it look easier than what we were experiencing. Were we making this more difficult than it had to be? It’s a question that has continued to haunt me over the years of caring for kids from trauma and as we continue to advocate for them, their families, and the foster families that partner with them.

I remember answering her in the moment, “I think it IS supposed to be this hard, if you’re doing it right.” And that’s continued to be the answer that gives me peace.

If you’re doing foster care right, it may be the hardest thing you’ll ever do. [CONTINUE READING](#)

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# MOOD DISORDERS AND TEENAGE GIRLS

## WHY THEY ARE MORE VULNERABLE THAN BOYS, AND WHAT SIGNS AND SYMPTOMS YOU SHOULD LOOK FOR

Ron J. Steingard, MD

Anxiety and depression occur in both genders, but by the teenage years, girls are much more at risk than boys. Before puberty, the prevalence of mood disorders is about the same in boys and girls—3 to 5 percent. But by mid-adolescence girls are more than twice as likely to be diagnosed with a mood disorder as boys, with the prevalence at adult levels, 14 to 20 percent.

Why such a big disparity in mood disorders? We know from looking at brain scans that there are differences in the way girls and boys process emotional stimuli. Girls mature, in terms of their emotional recognition, faster than boys—and that sensitivity could make them more vulnerable to depression and anxiety.



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It's plausible that that these gender differences around the time of puberty can be traced to evolutionary advantages: Girls may be wired to tune in earlier to emotional stimuli because it was advantageous for nurturing babies; for young men, given their roles as hunters and tribe protectors, emotional responsiveness might have been an important attribute not to have.

The argument that the differences in emotional sensitivity are hard-wired is underscored by the fact that even as women's lives have clearly changed—with many more women living professional, competitive, Type-A lives—the rate of depression hasn't dropped. Even the participation of far more girls in sports and other intense physical activities hasn't reduced the rate of depression, though physical activity is important to emotional wellbeing, and one effective way to help jumpstart recovery in someone who's depressed. [CONTINUE READING](#)