

Children's Bridge

INTERNATIONAL ADOPTION CONSULTANTS



making families happen

- New Beginnings -

Congratulations goes to The Children's Bridge dragon boat racing team: New Beginnings!



They won a gold and silver medal at this year's Dragon Boat Festival in Toronto. They did very well!



*If you are interested in paddling, please contact **Joe Tucci** at jrtucci253@gmail.com*

New paddlers are always welcome!



The background shows the Karst Peaks around Yangshuo, a magical landscape that features prominently in the novel.

The Finding Place

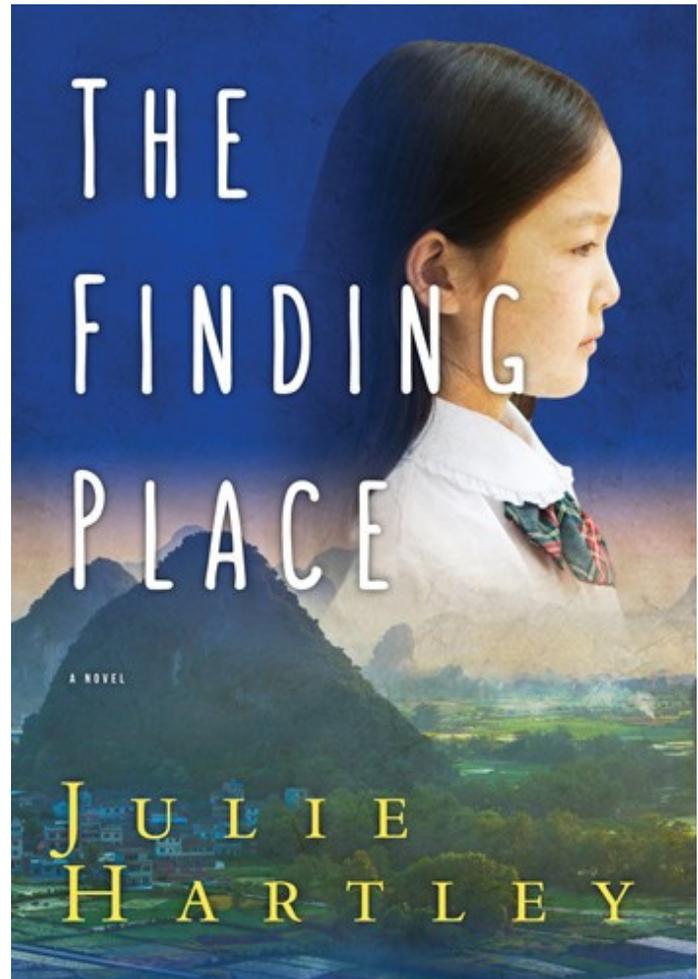
by Julie Hartley

Found as a baby outside a school in China, Kelly Stroud was adopted and raised by North American parents. She has always considered herself part of a loving family, until the day her dad leaves to buy milk, and never returns. Struggling with what it means to be loved and left behind, Kelly embarks with her mother on a journey

back to China in search of her cultural roots. *The Finding Place* is an adventure story which moves from urban North America to the magical landscape of Yangshuo, China. It is also a coming-of-age story written in the voice of an international adoptee whose unique perspective throws fresh light on the meaning of family: the people who raise us, and the parents who bring us into the world.

The Finding Place is published by Red Deer Press. Check out Julie Hartley's blog for articles on writing, and on her novel, or visit Julie's diary for speaking engagements, book signings and writing workshops in your area. *The Finding Place* is available at all bookstores.

You can read more about *The Finding Place* at:
<http://www.juliehartley.ca/the-finding-place/>



South Korea Homeland Visit - Summer 2015

By Amy Murphy

We have always had the intention of returning to Korea to allow our children to see their birth country, it was just a matter of when. Damen finally expressed a desire to go to Korea when he was 10 so we started planning. As the trip neared, Damen's anxiety about going grew, with fears of being lost there among other concerns. Although hesitant Damen got onto the plane with Kyle and I and his younger brother, Griffin (we left our youngest son at home with his grandparents). While on the plane, Damen was quite excited to be handed a pop that had Korean writing on it. And as we were landing and he saw Korea for the first time, it appeared as though he finally allowed himself to be excited about the trip.



We were joined by another family (The Forgets) the next morning and the kids (ages 11, 10, 9 and 7) instantly became friends. It was wonderful travelling with another family, but we were both happy that we were not part of a large group. Due to the recent MERS outbreak in Korea, our trip was affected slightly. When we attended Everland, the park was virtually empty which allowed us to get on all of the rides quickly and for the kids, over and over again. The kids had so much fun that we altered our itinerary to allow us to hit Lotte World amusement park later that week.

Unfortunately when we attended the SWS we were not able to interact with the babies as a result of the virus. Damen was unable to meet with his foster mother, so we had some down time which allowed us to chat with the director of the SWS at length. The SWS then took us for an amazing Korean BBQ Bulgogi meal. The one thing Damen never hesitated about was enjoying the Korean cuisine!

CONTINUED ON PAGE 4

We attended the DMZ and although the tunnels were closed due to MERS, the kids were still able to appreciate the significance of the DMZ . The greater understanding of the devastation that South Korea endured, and the understanding of families being separated for such a length of time was a valuable experience for all of us.

We loved Mt. Seoraksan and the beauty of the National Park. Although the kids complained at moments about how long the hike was, the adults really enjoyed the sights. It was all so beautiful. The palaces, the museums, the markets, kimchi making; it was all spectacular.

After our week with the other family we both went our separate ways to continue to explore the country. We travelled down to Gwangju to visit the SWS baby reception home there, as this is where Damen spent his first days of life. This was the most amazing experience, the home houses 50 children

from newborn to 4 years of age. We were able to stop at each room all of which house different aged children; we were permitted to interact and play with the babies and toddlers. I could have stayed all day and the boys were on the ground interacting with these adorable children as well. Although this experience was a little overwhelming to Damen at first, it is what he talks about the most when speaking of the trip. I can't tell you how valuable the opportunity to spend a couple of hours here was.

From there we spent a night in Suncheon and the next night in Yeosu. We travelled a lot these three days, seeing tea plantations, a bird sanctuary, temples, traditional cities, bamboo forest, expo sites, Odongdo island etc.

CONTINUED ON PAGE 5



Upon our return to Seoul we spent a couple of days on our own. Ventured onto the subway which was very easy to use, went to the aquarium and to the Korean War museum which we all really enjoyed. We went back to the market to further explore and buy some souvenirs and also returned to Insadong.

Our trip to Korea was absolutely wonderful. We are so happy that Damen has experienced a bit of the country and culture. He says that it was not at all what he was imagining and now he can have a more accurate understanding of his motherland. Damen commented on numerous occasions how friendly everyone was; every time we looked confused, or had a map out, someone was sure to come and assist us. We all came home having learned and experienced so much. It was a trip that we will always remember; we would not have changed a thing about it!



*Damen and Griffin
at Mt. Sereoksan*

Finding help amidst the struggle...

Trauma and your child.

My husband and I were late bloomers. We married late, and started the process of adoption when we were just shy of forty. We briefly considered an adoption through the Toronto Children's Aid Society, and dismissed it largely due to my own worries and fears. If truth be told, I was afraid of an open adoption, and of the "possibility" of my child being taken away at some point in time. Our home study practitioner told me that by choosing an international adoption, that I could be denying my child the opportunity to ever know her birth history. I was 'comfortable' with that. We were ready to provide a child with a loving home, and we would make up for what she lost in her country of birth - or so we thought.

We decided upon China after dismissing the Ukraine, and Columbia from our list of contenders. We didn't qualify for Thailand, or Korea due to our age, and recent marriage in 2003. We liked the idea of China; actually we really liked the idea of China. The children were healthy, the program had a very good track record, and the kids were available due to government policy. We couldn't handle the corruption history and or question marks of some of the other countries, but we were comfortable with the one-child-policy of China. The kids needed homes, and we wanted a family - it was an easy decision.

We attended the various pre-adoption workshops, and seminars, and I read everything I could find about adoption, common conditions of institutionalized children, and attachment disorder. We were good to go...

We received our referral in late 2006 and travelled to China in early 2007 - just in time for our daughter's first birthday. We expected to find a robust, healthy infant, based on the '6-month' photos and update which we received. The opposite was the case, and the '6-months' actually applied to the size of clothes which fit her - with room to spare. We knew this was a possibility beforehand, and despite her lack of muscle tone, and noticeable flat occipital area on her skull (which exists to this day), she was a happy baby. She was a happy smiling baby who 'knew' we were her people. She could look us in the eyes. She didn't want to be with strangers. The signs were good - everyone told us they were.

We never questioned that she was attached to us. I had read the descriptions of reactive attachment disorder, the extreme of the extreme, and we didn't fit the list. We dodged the attachment bullet. Except that we didn't. My personal belief is that no one does, and that every child will fall somewhere on the attachment spectrum. Whether or not a child needs therapy, is child and family-specific.

Our daughter didn't sleep for more than 4 to 5 hours of discontinuous sleep a night - until May 2010. She fought going to sleep, and it often took 1 to 2 hours of rocking her in a dark room before she would collapse from exhaustion. There were many times when we gave in and strapped her into the car seat. Ten minutes

It was three years of a living hell - one that we were not supposed to complain about.

CONTINUED ON PAGE 7

in a warm moving car usually trumped the rocking chair, and frankly, I was desperate. It was three years of a living hell - one that we were not supposed to complain about. After all, everyone has a sleep story they are willing to share, and according to everyone - it gets better - eventually.

Our pediatrician, a well-respected man who was on the faculty at Sick Kids, gave us a referral to the Sleep Clinic at Sick Kids, during one of our many vaccine visits in 2007. We received the call that we were being given a spot in the clinic in July 2010 - two months after she finally started sleeping through the night, and we didn't need the appt. anymore. In the height of our sleep deprivation, our social worker, who is still active in adoption seminars, and lectures about attachment, told us to use melatonin. We didn't, but when you are at a point of desperation, you will do just about anything to make it stop. Rational thought is not in abundant supply.

Routine and predictability are good, but I would also have made a beeline to the nearest attachment therapist for play therapy.

What we didn't know then, is that our child was, and still is, hyper-vigilant. Sleep was not, and is not, safe for her. You go to sleep in Italy, and when you wake up, you are in Sweden - everything looks, sounds, and smells different. Could we have done anything differently if we had known the truth? Yes, I think we could have, and would have.

We never subscribed to Ferber and his philosophy, but we did try to maintain a strict nightly bedtime routine. Routine and predictability are good, but I would also have made a beeline to the nearest attachment therapist for play therapy. I would have demanded that our pediatrician do 'something', because tossing an anchor when someone needs a raft does no good.

I also would have made a concerted effort to fit self-care into my daily life. Running on empty left nothing to give to my child, my spouse or to myself. I loved, and resented my child, at the same time. We would never have hired a nanny, and I would never have placed our child into so many camps, and activities. Two hours of Mandarin school on Saturday mornings would never have happened. I would have disengaged from the gadgets, and become 'engaged' with my child. I would have done a lot of things differently, but you don't get a do-over with your kids. To our credit, we did do some things 'right' - at least I hope we did.

Our daughter attended a Montessori school, which seemed to be a good fit for her. When we moved her to our local Catholic school for grade one, that is when the 'problems' became more noticeable. In retrospect, the problems were always there; we just didn't want to see them. Delayed reading, and poor motor co-ordination. A body, which seemed to be unaware of its position in space. The Montessori school was hesitant to have our child seen by an OT because, they 'knew' she didn't have dyslexia, or some other 'learning disability'. How they knew, I am still not sure. She was a healthy, happy, well-socialized child (on the outside) who didn't give her teachers any problems. We were good to go... Dig hole and insert head.

CONTINUED ON PAGE 8

Our daughter was an easy kid to be around. She loved playing with other children, and loved to be with other kids who were adopted from China. Our family reunions were a breeze. Our child wasn't the one who clung to her mother, or who acted aggressively. She willingly shared, and just knew how to play 'nicely'. Except for sleep, and the primal scream, which she occasionally released upon waking in the mornings, we had a normal kid. I forgot to mention the cramps, which she would get in her feet when she became very upset, and couldn't express it any other way. Or telling me "I'll miss you when you are gone" when she was three years old...

Grade one brought out a level of anxiety, which the teacher was able to notice, and provided a frequent commentary to my husband and I. Any deviation from a 'perfect' score brought tears, and words of self-loathing. Any comparison, real or otherwise, to another child brought tears. My answer was to instruct the teacher to stop providing an academic 'reward' on my child's tests, and homework. "Perfect' doesn't exist, and we stopped focusing on grades at home. We expected effort, and we expected learning, but the marks meant nothing. We still try to enforce this at home - and it seems to be working.

It makes sense that early deprivation would lead to altered brain development - and it has.

Our child's motor co-ordination is still not ideal. It makes sense that early deprivation would lead to altered brain development - and it has. It has also resulted in a child who is afraid of being socially ostracized, of standing out for **any** reason - because all attention is negative in her mind. Being picked last in gym, and being bullied has been a regular occurrence. The inability to accurately read the intent of her peers, the subtleties of sandbox politics, has created problems. The inability, or unwillingness, of some of her teachers to accept the realities of Developmental Trauma Disorder has created more.

The noise level during the unsupervised lunchtimes is a trigger for my child. Noisy buses, pressure to be on time, the fear of being 'late' are triggers. Pressing the wrong button on her iPad when playing an app is a trigger - as is tiredness, hunger, an unkind word..

"I wish I had never been born on this Earth". "I hate you, I don't need you anymore" - she said to me as she threw her favourite toy into the garbage, again. The explosive outbursts when she returned home from school - because she had contained it all day, and couldn't do it anymore. The hitting herself, violently when she had no other way to express the intensity of her emotions. My need to hide the scissors and knives, out of fear that she might accidentally (really) hurt herself during one of these episodes.

The school's answer was to have us meet with their social worker. When I met with her, she patiently listened to my story, and recommended that we speak with our pediatrician, and get into the queue for a position in one of the hospital-based pediatric/adolescent anxiety clinics. The wait-time to get a space is, at minimum, 18 to 24 months. She also suggested Hincks-Dellcrest, the Toronto-based mental health-care program for children. Even knowing that that wait-time to see a therapist (should we actually be accepted into the program after the intake

CONTINUED ON PAGE 9

appt.) was again 24 months, I got into the queue. In the GTA, there is no other government- subsidized option for families like ours - at least that I am aware of.

In 2013, I sought out a 'therapist' (ideally located in the GTA, but we would have gone anywhere for the right person) who focused on attachment, and either was personally touched by adoption, or had a practice that focused heavily upon it. Reading about it in a text-book wasn't going to cut it. It took a lot of searching, and a lot of being told 'I'm not taking any new clients at this time', or "I don't treat kids' before I finally found someone who fit the bill.

Our therapist quickly diagnosed our child as having an 'avoidant attachment' - something which may, or may not be true. My feeling is that it isn't, and to use another cliché, perhaps when you only have hammers in your tool-bag, every problem becomes a nail. Her reasoning was based on my child's verbally pushing us away when she was at her emotional limit of tolerance. She was exhibiting 'avoidant' behavior in our therapist's eyes. The therapy we were given was to be seen every two to three weeks (because our child wasn't 'acute' in her eyes). The infrequency of the visits was a warning sign for me. Every specialist I could find (always located in the USA) advocated frequent initial visits, with a tapering off once stability was achieved - the exact opposite of what we were being given.

Our child lost at least one key attachment figure in China. Yes, she fears losing us, and voices her fears when she is upset.

Our child lost at least one key attachment figure in China. Yes, she fears losing us, and voices her fears when she is upset. I think it's a rational fear for her to have - after all, she **did** lose her family. To me, it would be irrational not to worry about losing your adoptive family, given this history.

My gut feeling, supported by a lot of time spent looking for answers on the internet, told me that my child was exhibiting all the signs of "developmental trauma". It also told me that our present therapist was not a good fit for our child. We were back to the drawing board after six months of 'therapy', and the signs were getting worse.

My own experience with finding a therapist within the GTA who specializes in kids, and can see attachment through a trauma lens (when appropriate) has been less than positive. There are a lot of 'therapists' of various designations and levels of skill, who advertise the use of treatment modalities like EMDR (Eye Movement Desensitization and Reprocessing), and trauma therapy.

'Trauma' and EMDR have become the flavor of the day, and **not** every child has experienced trauma, or needs therapeutic intervention. There is a difference between experiencing pain, and loss -which all of our kids have experienced- and experiencing 'trauma'.

CONTINUED ON PAGE 10

Ideally, we should have started this therapy years ago, but we didn't know enough to ask the right questions. Even if we did, we may not have found a therapist who could help us.

We have been fortunate. We have finally found someone who is able to see our child, and is clinically competent with both EMDR and neurofeedback. It's a long drive to and from appts., and our child misses a day of school each week. The appts. are not 'easy', and they shouldn't be. They are however noticeably better than the visits to our previous therapist. My child is noticeably less reactive between appts. which is a very good sign to me.

It isn't perfect, and it isn't stable at this point. Stability is our ultimate goal. Hopefully, once we have achieved stability, and an internal reserve of safety, we will be able to 'attach' words to the trauma, which my child experienced when she was pre-verbal. What so many therapists seem to misunderstand is that you can't talk about, and work on pre-verbal memory fragments. It has to be a bottom-up approach, with traditional talk-therapy coming after, or at least in conjunction with, trauma therapies like EMDR.

My child is one, out of thousands of children who have been adopted. Our family's experience is both unique, and in other cases, eerily similar to others'. My motivation for sharing our story is a simple one. I don't want my child's trauma, and our family's experience to be in vain. If there is even one family who is struggling, I want them to know that there is a life-line available. If their child needs help, or if they have the slightest inkling that something is amiss, they need to get help, and get it as early as they can. It does exist, and our family is living proof that it does.

Angela

On a side note... Dyadic play therapy was not a good fit for our child, and I feel this is due to the trauma-based effects on our child's brain. Perhaps the Dyadic play therapy method would be effective in strengthening attachment bonds, in the absence of developmental trauma. For us, Dialectic or trauma-focused Cognitive Behavioural Therapy would be a better fit.

Below you will find a list of websites, recommended reading etc. pertaining to attachment disruption and developmental trauma. It is nowhere close to being an exhaustive list.

Books (All available on Amazon)

Integrative Parenting : Strategies for Raising Children Affected by Attachment Trauma (Debra Wesselmann et al)

Small Wonders: Healing Childhood Trauma with EMDR (Dr. Joan Lovett M.D.)

CONTINUED ON PAGE 11

Ideally, we should have started this therapy years ago, but we didn't know enough to ask the right questions. Even if we did, we may not have found a therapist who could help us.

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma
(Dr. Bessel Van Der Kolk M.D.)

Neurofeedback in the Treatment of Developmental Trauma (Sebern F. Fisher)

Additional Websites:

National Child Traumatic Stress Network - NCTSN (<http://www.nctsn.org>)

Hincks-Dellcrest (<https://www.hincksdellcrest.org>)

A University of Toronto Dept of Psychiatry Affiliate focusing on children's mental health.

A few techniques we have found to be useful for our daughter (to calm her, and to improve motor coordination/balance):

EFT - Emotional Freedom Technique

Involves sequential 'tapping' along traditional energy meridians used in Chinese medicine and acupuncture - a form of "psychological acupressure". Although it looks funny, it does seem to work (and if done on alternating sides of the body, it likely is having EMDR-like effects)

Brain Gym(R) - physical exercises and movements to help coordinate the function of both brain hemispheres.

MeMoves(R) - a DVD system which features kids and adults of different cultural backgrounds doing arm movements intended to stimulate right and left brain hemisphere usage. The music is calm and soothing, and the program has been incorporated into several schools in the USA to reduce stress levels and encourage emotional regulation.

What is EMDR ?

"Eye Movement Desensitization and Reprocessing" - a psychotherapy technique developed in 1989 which has been used extensively with PTSD (eg. combat veterans who had little success with traditional methods of therapy, often experienced a significant reduction in PTSD symptoms after appropriately administered EMDR therapy), and other types of trauma.

Unlike most memories, traumatic memories can be stored as **unprocessed** fragments within our central nervous system. We cannot access them in the same way, but we can be 'triggered' by them. EMDR uses alternating bilateral stimulation in an attempt to reprocess these memories, and to help someone to cope, and to heal. The bilateral stimulation may involve eye movement, or it can involve physical tapping, or stimulation via handheld buzzers, musical tones, etc. It is often done in conjunction with other modes of treatment, like Cognitive Behavioural Therapy (CBT). In the hands of an appropriately trained therapist, it can and does work with children.

Developmental Trauma Disorder:

While "Post Traumatic Stress Disorder" is an accepted condition and included in the DSM (Diagnostic and Statistical Manual of Mental Health Disorders), there is still debate about usage of the term "Developmental Trauma Disorder" (DTD).

CONTINUED ON PAGE 12

It may be helpful to think of Developmental Trauma as being PTSD which has occurred early in a child's development - while their brain is still developing. The trauma has therefore had its impact on an anatomic and physiologic level in our children. Our children's early life experiences have affected the wiring of their brains. This maladaptive wiring has in turn affected their behaviour, and the way in which they respond to, and conceptualize their lives.

It's easy to misdiagnose, and misunderstand our children's behaviours. When viewed in the context of our children's histories (eg. loss of primary caregivers, abandonment, grief, neglect, nutritional deprivation etc.) the following **may** be suggestive of Developmental Trauma Disorder and / or attachment issues :

- *Difficulties regulating behaviours and emotions*
- *Clingy, fearful of new situations*
- *Easily frightened/startled, difficult to console*
- *Sleep difficulties*
- *Regression in functioning and behaviour*
- *Difficulty focusing or learning*
- *Irritability, sadness, anxiety*
- *Lack self-confidence*
- *Somatic effects*
- *Poor peer relationships*
- *etc.*

Developmental trauma can have devastating effects on a child's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviours, and other psychiatric disorders. (NCTSN)

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<http://www.excellenceforchildandyouth.ca/>

Webinars are from their 'Resource Hub' section. Both webinars are intended for clinicians and therapists, but the content may be of help to parents in understanding the concept of attachment disorder, and trauma. It is important to remember that there is still very little consensus regarding the definition of attachment disorder, and its categories - even amongst attachment 'specialists'. This only serves to compound the difficulties that parents face, when trying to find help for their children.

(1) "Trauma and Attachment: The Impacts on Growth, Development and Relationships for Children" - Presented by Dr. Gwen Jenkins (Clinical Psychologist) in June 2015 - links in blue below:

<http://webcast.otn.ca/index/browse?page=1&type=1>

CONTINUED ON PAGE 13

<http://mediasite.otn.ca/Mediasite/Play/3516633cc6a845a4b968a0daf97c29951d?catalog=fd668812-d87c-47f9-blba-6d979fed9af4>

(2) "An Introduction to the Assessment and Treatment of Maltreated Children and Infants" - Presented by Dr. Susan Dundas (Pediatric Psychiatrist) & Janine Lawford (MSW) in October 2014 - link in blue below:

<http://mediasite.otn.ca/Mediasite/Play/00e527d761a6430ca135a1a7b030800c1d?catalog=fd668812-d87c-47f9-blba-6d979fed9af4>

(A 2 ½ hour long webcast aimed at a clinician audience, and mostly CAS histories, but relevant to anyone interested in attachment, trauma, and how it can affect your child).

***The effects of trauma on a child's developing brain is discussed at approx. the 1:00hr mark onward. Slide # 114 states the importance of understanding developmental trauma - and avoiding having the child lose yet another caregiver.

WC CHINA

Welcome home to Amelie, Xiao Jun (Anhui Province), daughter of Kaspars and Mary of Maple, Ontario

Welcome home to Dru, Zhang Yi Hui (Jiangsu Province), son of Jason and Emily of Kitchener, Ontario

Welcome home to Matthias, Dang Rui Bo (Shanxi Province), son of Raymond and Leticia of Markham, Ontario

Welcome home to Seth, Rui Ke (Beijing), son of Paul and Meredith of Renfrew, Ontario.

Welcome home to James, Shao Zhong (Guangdong Province), son of Jun and Danhua of Newmarket, Ontario

Welcome home to Lauren, Li Yuan (Anhui Province), daughter of Kris and Janet of Toronto, Ontario

Welcome home to Sara, Ming Xuan (Jiangsu Province), daughter of Paul and Susan of Alexandra, Prince Edward Island.



Welcome

SOUTH KOREA

Arrived on July 25, 2015 from Gyeonggi Province, South Korea

Nathanael Eunseok, son to Brian and Mi-Jin of Markham, ON

Arrived on August 1, 2015 from Seoul, South Korea

Matthew Han, son to Daniel and Jennifer of Toronto, ON

Arrived on July 25, 2015 from Gyeonggi Province, South Korea

Rohan Hayun, son to Kevin and Sonya of Ottawa, ON

Arrived on August 18, 2015 from Seoul, South Korea

Atticus Seo Jin, son to Ian and Sherry of Caledon, ON

THAILAND

Arrived May 29, 2015 from the Thai Red Cross Children's Home in Bangkok, Thailand

Nikolas Micheal Anuwat, born August 20, 2012, son to Micheal and Andrea of Ajax, Ontario

CHINA

Arrived June 13, 2015 from the Jingyang Social Welfare Institute, Sichuan Province

Emma Mei Qiong, born November 6, 2013, daughter to Wayne and Cristiana of Richmond Hill, Ontario

INDIA

Arrived on August 6, 2015 from Latur, India

Jugal, son of Sheila and Dinesh of Ottawa, Ontario.

South Korea Homeland Visit - Summer 2015

*Max and Lily go to Korea!**

Almost from the time that he began to speak, our son Maxim began asking profound questions about his birth mother, adoption, the birthing process, etc, and he consistently displayed an intense curiosity about Korea. Our daughter Lily Jade has a very different personality, mischievous and lighthearted, but at about 4 years old, she too began asking startling questions about adoption, life and death.

We had been discussing a potential trip to Korea for several years, and in March of 2015, when Maxim was 9 and Lily 6, I felt that we needed to go before they both lost their intense curiosity and desire to see their homeland, and I specifically wanted to go before the pre-teen/teenage angst years. I began to research the possibility of an autumn trip. We initially planned to go on our own as we saw it as an intensely personal experience for our family.



Damen, Griffin, Maxim, Lily

Since our Quebec agency had not yet organized homeland visits, they referred us to Maria at the Children's Bridge for guidance and contacts in Korea. After an initial discussion with Maria, I realized that I was finally speaking with someone who shared my philosophy about the homeland visit not necessarily having to be THE VISIT, but simply a first visit in a series of visits to Korea, over a lifetime. She was also not at all fazed by the young age of my kids, but was instead completely supportive and enthusiastic.



Mr. Kim and kids

Although we were initially completely against the idea of an organized group tour, somewhere between reading

CONTINUED ON PAGE 15

numerous articles and testimonials about homeland visits and a second conference call with Maria, my husband and I eventually began to see that the benefits of going with a group outweighed our desire for a private experience. The deciding "pro" was for our kids to be able to share a common experience with others in their exact same situation and for us, as parents, to be able to concentrate 100% of our attention on our kids without worrying about logistics.

My husband Patrice and I have zero regrets about our decision to do the group tour despite our initial hesitation. We ended up being only two families in the group: ourselves, and the Murphy family. The four kids were of similar ages (Damen 11 yrs, Griffin 9yrs, Maxim 9yrs and Lily 6yrs) and got along beautifully together starting from day one. The parents, Amy and Kyle, were so friendly and easy going that it was a pleasure traveling with them. By the middle of the week, we would leave our hotel room doors propped open in the evenings, and the kids would wander from room to room.

Our guide, Mr. Kim, was very friendly, attentive and informative and always tried his best to accommodate us. The tour itself was packed full of interesting visits and sites that we most likely would never have seen had we been on our own.

During the SWS visit, we were lucky to meet Maxim's foster mother and foster sister, who translated for us. We met again for supper one evening, and as the "moment of goodbye" was approaching and the foster mom was clearly choking up, our very intuitive son suddenly said to me, "I have 3 moms: You, my birth mom, and my foster mom". Perfect timing: the foster mom was so stunned and happy to hear those words.

Following our official homeland visit, we remained in Korea, on our own, for another 2 weeks, staying in Jeju-do, Daegu and Hahoe Village near Andong. In Daegu, we managed to visit both hospitals where Maxim and Lily were born. The hospital staff was incredibly kind and gave us private tours of both hospitals without any pre-arrangement.



Maxim, foster sister, foster mother

CONTINUED ON PAGE 16



The families at the Social Welfare Society with Ms. Sun, SWS Director of Adoption

We even saw THE delivery room where Maxim was born. In Hahoe village, we stayed at a charming historic bukchon for 2 nights: a very interesting and once-in-a-lifetime stay, and very much in contrast to the more modern Korea which we saw the rest of the trip.

Although we initially worried that the kids were too young to remember anything, in the end it is not the places we visited that will leave a lasting impression...what really will remain in all of our minds is the camaraderie, the shared experiences with the Murphy family, and the friendliness and goodwill of the Korean people we met.

Anonghi geseyo!**

Kira, Patrice, Maxim and Lily Jade

* *Only after I started volunteering at the kids' school library did I discover that there is a whole series of Max et Lili ! books.*

** *Goodbye!*