Recently, I had the chance to teach a class for children and their parents about their brain learning to do things mindfully. As restrictions were beginning to be put in place around the Covid-19 outbreak, there was some tension around the topic.

In weeks past, we had talked about how our brains work when we are calm and strategies to calm our brains back down when we “flip our lid.” We have made calm-down kits, tried yoga, created art. We tried to eat in a mindful manner, rather than just shoving food in our mouths on the run. We learned about the right and left side of our brains. The right side of our kids’ brains were so excited that school is canceled for the time being, they all agreed gleefully. Then we learned how the left side of our brains was sad because it craves order and structure.

Together with their families, they wrote lists of things they could do together during the coming weeks. They wrote thank you notes to a person who helps keep them calm. Then they made magnetic chore charts to bring order to their brains. While the kids were skeptical, I reassured them that structure and order would really help them.

So how do we do it on a day to day basis in real life?

• Step one, we all need to get enough sleep. Grownups and kids.

• Create structure to their days and your own. Explain why we need to still be learning to grow all our brain, and all learning is related to their school subjects.

• Try eating a meal mindfully together.

• Find a recipe for homemade play dough.

• Teach your kids how to cook something new.

• Check out some awesome yoga videos for kids on YouTube.

• Get outside and get some sunlight together.

• Take time to watch a sunset and count the stars in the sky.

• Slow down.

• Do art.

• Create routines.

Please share what has worked for your family with us on Facebook. It has been inspiring to see people looking out for each other in finding supplies. Let’s share tips, tricks and fun ideas you are trying with your kids. I promise to do the same. Eventually we will all look back on this time.

Will our kids remember adults who slowed down and shared their calm or stressed-out adults who made the world feel scarier?
The Askable Adult: 
A project of the Utah Department of Health  
By: Tania Tetz, MPH, CHES

Adolescence is an important period for transition from childhood into adulthood. As someone once said, adolescents have a foot in childhood and a foot in adulthood. Contrary to common belief, adults in an adolescent’s life can have a big impact on their behaviors and decisions. Trusted adults are a protective factor against youth engaging in risky behaviors. Adults need to be able to communicate with adolescents in a way that provides a feeling of safety and trust.

In June 2019, the Utah Department of Health Family and Youth Outreach Program received funding from the Center for Persons with Disabilities at Utah State University to carry out a social-emotional learning, and askable adult (a trusted and safe adult who youth can confide in or approach with questions) training project.

The project includes training for adults that live or work with youth ages 10-19 and who have an Individualized Education Plan (IEP).

This training will increase the ability of parents and other adults to effectively support youth with disabilities by introducing them to strategies that can increase positive adult-teen communication and eventually strengthen relationships.

The curriculum used for the communications part of the project is TEEN Speak by Dr. Jennifer Salerno. TEEN Speak is implemented in skill-building workshops that foster intergenerational connections and build protective factors in the home and community. The workshops are focused on improving adult-teen communication to reduce teen risky behaviors and build strong family relationships.

The workshops are a total of eight hours in length, which includes four hours of pre-work before attending the workshop and an additional four hours of in-person attendance at a workshop. Workshops may be implemented as a one 4-hour session, two 2-hour sessions, or four 1-hour sessions. The workshops are interactive and provide a series of strategies for adults to try, and then they can share with the group what worked for them. The participants will receive the TEEN Speak workbook and guide free of charge.

For more information on this project, contact Tania Tetz with the Utah Department of Health at ttetz@utah.gov.
Each May, we take a day to celebrate mothers. The month is also used to spread awareness about foster care. These two things have obvious connections. However, the correlation often is not seen by the majority. By definition, a mother is a female parent, who strives to care for and protect their child. As a result, people celebrate significant female figures in their lives, even if they never assumed the title “Mom.”

However, for foster moms, Mother’s Day can be one of the most heartbreaking days of the year.

Many people overlook foster moms, and don’t think of us as “real mothers.” We are viewed as a temporary caregiver, and as a result, aren’t celebrated in the same way.

We aren’t showered with gifts or celebrations when we welcome a child into our home and heart. We are met with worried looks and intrusive questions. We prepare alone for the child(ren) coming into our homes, knowing all we know is the vastness of the unknown.

When a foster mom opens the door of her home to welcome a child, that moment encompasses a multitude of emotions. Her heart must be able to balance the fear, love, compassion and excitement all in one moment. The child entering her home needs her, all of her. This is never easy. And no one ever said it would be easy. From the moment she decided to foster, she knew the road ahead. She didn’t know each turn, hill, and valley, but she knew it would be a journey.

As Mother’s Day comes each May, her heart often breaks knowing a child she loves is in tears because they miss their mom. She hurts with them — pleading for their heart to be healed and whole. Her heart breaks from the pain of not being able to hold the child she loved for years and continues to love. She hopes and prays for each child who has been in her care.

Her heart breaks knowing she may receive a call asking if she has an open bed, because this means there is another child who is hurting and needs her.

But time and time again, she will tell you there’s nothing more she would rather do than be a foster mom. She will tell you it is the most challenging thing she has ever done, but also the most rewarding. Her life’s purpose is to pour healing and hope into the children who walk into her home.

To every woman who opens her home to our most vulnerable children, I wish you a happy Mother’s Day. While you may not be gifted with the “Mom” moniker, you are a mother to your children in foster care all the same.

Dads, youth and other foster moms. Help us show gratitude to the amazing women we get the opportunity to work with by nominating them for Western Regions Foster Mom of the Year. Send an email to Heidi Naylor at heidi.naylor@utahfostercare.org by April 24th. Let us know her name, your name, what city she lives in, contact information if you have it. And let us know why you think this amazing woman should be Foster Mom of the Year. The more information on why she deserves this honor the better. Let us know what you know about her foster care journey and what you have learned from her. We are excited to see the nominations come in. So get your team together and make this happen for the special woman in your lives.
Clusters, What Are They?
Clusters are peer groups for foster, adoptive, and kinship families who meet together on a monthly basis for support & required training.

Learn more, online!

North Cluster
Jessica (801) 432-0720
jessica.fostercare@gmail.com

Central Cluster
Beth (801) 426-8782
snb8782@yahoo.com

South Cluster
Teresa (801) 489-4178
utahsouthcluster@gmail.com

Wasatch/Summit Cluster
Jennifer (870) 293-3066
honeyvance@yahoo.com

Adoption Cluster
Ronnett (801) 369-9734
adoptedfosterkids@gmail.com

Anna (801) 369-6664
annafechter@gmail.com

Kinship Cluster
Carmen (801) 830-4646
flybabycarmen@gmail.com

How Can We Help?
Because we want to keep everyone safe and healthy and are in a time of social distancing, I know this is a crazy time and many are feeling confused and scared.

It’s hard to calm the anxiety of our children when we ourselves are feeling so anxious.

In a short video on KSL’s Studio 5 website Dr. Matt Townsend shares his four ways to decrease the fear and anxiety in your household. He shares how we can calm down and focus on safety:

• Focus on influence, not concerns.
• Act on anxiety, don’t just talk about it.
• Get informed, not obsessed.
• Serve those in need.

To watch the video go to: https://studio5.ksl.com/4-ways-to-minimize-stress-and-maximize-safety/

Please take care of your families and keep loving those little ones. Know that we are here to support you. Make sure you are on our Cluster group, email me to add you, if you aren’t. If you need anything, message, call, or email your Cluster facilitator or me!

Heidi Naylor
heidi.naylor@utahfostercare.org
(801) 373-3006

North Cluster
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annafechter@gmail.com

Kinship Cluster
Carmen (801) 830-4646
flybabycarmen@gmail.com
**Training Tips**

Hey families, I just want to remind you again of our online training and let you know I am here for you if you need some extra support during this time of social isolation. Below is the link for your questions about the current rules surrounding in-service training. Feel free to reach out to me at terri.rowley@utahfostercare.org or (801) 373-3006 if you need a shoulder to lean on or some answers.

[https://utahfostercare.org/blog/message-for-current-foster-families/](https://utahfostercare.org/blog/message-for-current-foster-families/)

Below is a list of available classes. To access the online classes go to [https://utahfostercare.org/training-for-parents/inservice/](https://utahfostercare.org/training-for-parents/inservice/).

<table>
<thead>
<tr>
<th>Topic</th>
<th>Duration (Min)</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calming Anxiety in Children</td>
<td>45</td>
<td>1</td>
</tr>
<tr>
<td>SAD: Seasonal Affective Disorder</td>
<td>57</td>
<td>1</td>
</tr>
<tr>
<td>Secondary Trauma</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>Understanding Sensory Processing Issues</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>RAD: It May Not be What You’ve Heard</td>
<td>60</td>
<td>1</td>
</tr>
<tr>
<td>Working with the School System</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>Understanding Addiction</td>
<td>37</td>
<td>0.5</td>
</tr>
<tr>
<td>Caring for the Sexually Reactive Child</td>
<td>61</td>
<td>1</td>
</tr>
<tr>
<td>Maintaining Healthy Relationships</td>
<td>56</td>
<td>1</td>
</tr>
<tr>
<td>Toileting Problems: Encopresis &amp; Enuresis</td>
<td>59</td>
<td>1</td>
</tr>
<tr>
<td>Effective Discipline</td>
<td>43</td>
<td>1</td>
</tr>
<tr>
<td>Bullying: Key Players &amp; How to Address the Role Your Child Plays</td>
<td>59</td>
<td>1</td>
</tr>
<tr>
<td>Goodbye Rituals: Ideas on How to Say Goodbye</td>
<td>62</td>
<td>1</td>
</tr>
<tr>
<td>Effects of Childhood Trauma on Brain Development</td>
<td>93</td>
<td>1.5</td>
</tr>
<tr>
<td>Discipline Strategies: A Focus on Children with Trauma</td>
<td>50</td>
<td>1</td>
</tr>
<tr>
<td>What Kids Need to Succeed</td>
<td>66</td>
<td>1</td>
</tr>
<tr>
<td>Assisting Biological Children</td>
<td>78</td>
<td>1</td>
</tr>
<tr>
<td>Building Trust-based Relationships: The Color Code</td>
<td>66</td>
<td>1</td>
</tr>
<tr>
<td>The Shame We Carry</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>Managing Emotions &amp; Behavior</td>
<td>61</td>
<td>1</td>
</tr>
</tbody>
</table>

In addition, you may check with your RFC for movie, documentary and book suggestions.

**TO GET CLASS CREDIT...**

Once you have watched one of the webinars listed above, please send an e-mail to your trainer (find them in the staff directory) stating the title of the video, the presenter, the date and time you listened, as well as three ideas you took away from the training that you intend to use with children in your home. This will guarantee that you will receive the appropriate credit for renewal hours for licensing.

**Important:** If you are watching a video as a couple, each of you must send an e-mail with the required information.
My Prodigal Son
By: Heidi Naylor, Retention Services, Utah Foster Care

When my son joined our home at 11-years-old. He was the size of an 8-year-old. He had been in care since he was 4 & 1/2. His birth parents struggled with substance abuse, and creating a safe home environment for him and his siblings. He had two skull fractures by the time he was a year old. He had been severely neglected at times. He first entered care with his brother and sister. The two boys were almost immediately separated from their sister. He was profiled, with his brother on the Adoption Exchange’s Heart Gallery. He was eventually also separated from his brother. We were his fourth adoptive placement.

We discovered him on the Adoption Exchange. We had three young adopted kids already. Our boys saw his picture and were immediately drawn to it. One stating right away that was his big brother, and the other sure it was a prediction of what he would look like when he grew up. Eventually we were chosen as his adoptive home, and then the process was very quick. We started what should have been a transition back and forth between his current placement and our home, but after the first weekend with us, he refused to leave. We had many first experiences with him. Through a set of nothing less than a miracle. We found his older sister. A woman that lived just five houses away from my sister had adopted her. By finding her, we discovered the rest of his birth family. His brother, another sister we knew nothing about, and his Grandpa who wrote DCFS every week to check on him. Grandpa was a loving man with a beautiful soul. He was just too old to care for his grandkids. We took our son to see his Grandpa every six months or so. His brother would spend occasional weekends with us, and he saw his sister frequently.

When our son really hit puberty, we started to see more profound mental health issues. We started the parade of meds to find what would help. We searched through as many medical records as we could get our hands on. We continued with a ton of different treatment modalities to see what would help. Right before our son turned 15 Grandpa passed away. Grandpa was the most profound person in our son’s life. He had been the most present and stable person, while in foster care. This is when his mental health took an even bigger hit. He became severely suicidal and was in and out of psychiatric facilities. Eventually spending almost a year in the state hospital. We showed up for every visit and family therapy appointment. Upon his release, he started with his smoking, illicit drug use, deliberate social nonconformity, physical violence, and high-risk sexual behaviors. This ended in another residential placement. The structure and love we continued to try to give him felt repeatedly rejected from him during his rebellion. He completed high school, but eventually aged out of his program. It felt like we had failed. We were sure he would become another statistic.

He became homeless and started couch surfing wherever he could find a place to sleep. We were present. Occasionally offering food, or clothing while maintaining firm boundaries about money. He showed up to my work once. Skinny, high, un bathed, and hungry. I took him to lunch. I gave him all the information about local shelters, and the food pantries. I made sure he had a coat and a backpack. And I sent him back into the cold. I cried off and on the rest of the day. He wasn’t ready to really except our help. He eventually got back on his feet a little. He had inconsistent work, but a place to live. After years on his own, the law eventually caught up with him. He fled the state. He was living with his friend in a car, in the cold, of a Colorado winter. Things finally were bad enough. He called with humility and love and asked if he could come home. We presented him again with the structure expected if he came home. He agreed. My husband drove all night to get him. Within 12 hours, he had a job, within weeks he had surrendered to the legal system. He dealt with the consequences right away. He is sober. He has a healthy relationship with appropriate sexual boundaries. He has truly grown into the man we always hoped he could be.

The journey was much longer and challenging than we expected. We often thought that all our efforts had failed. We worried and waited as he fought our values and love, we thought it was all for naught, but he measured his life against the ruler we provided, and when the chips were down he returned to that foundation. May our story bring hope in your hopelessness, comfort in your wanderings. Truly, we all want to win the race like the hare, but slow and steady, even when it feels like one-step forward and twelve steps backward, our job is to keep trudging forward. Through years of struggling, fighting, worrying, crying, smiling, loving, waiting, and watching as he walked through the flames; we have seen him burned and broken, but like the phoenix he is rising from the ashes along with our new hope.
Coronavirus Message

The latest message for currently-licensed foster families from the Utah Division of Child and Family Services (DCFS):

To our valued foster and kinship families,

First, a big thank you for surviving an unprecedented time of homeschooling, pandemics, and earthquakes! You never cease to amaze us with your professionalism and commitment to the children we serve together. As we continue to work to support the safety and wellness of our communities and prevent the spread of COVID-19 (Coronavirus), I wanted to reach out to you all and share updated information and reassurance that your concerns are important to us and we want to assist in answering any questions you may have.

If you have any health-related questions on COVID-19, we encourage you to contact your primary care provider or call the Utah Coronavirus Information Line at 1-800-456-7707 or visit coronavirus.utah.gov.

DCFS OFFICES

Our offices are open and have staff available. Electronic communication is preferred whenever possible. If you need to call an office you can go to our location map at our dcfs.utah.gov website for contact information.

CHILD AND FAMILY TEAM MEETINGS

CFTMs are an important tool for communicating with children, foster families and parents as we work to address individual cases and any barriers or changes due to COVID-19.

Decisions on whether to hold CFTMs remotely will be brought to the team and be dependent on each case and any unique considerations.

CHILD WELL VISITS AND TELEHEALTH

Due to the current COVID-19 outbreak, routine medical and dental exams will be reduced or delayed.

Fostering Healthy Children Nurses will be monitoring this closely and document (in activity logs) health and mental health exams being delayed due to precautionary measures associated with the current COVID-19 outbreak.

Foster parents and caregivers should call their primary care provider to address any immediate foster children health concerns.

IMMUNOCOMPROMISED CHILDREN OR FAMILY

Coordinate with primary care providers, fostering healthy children nurses and the Child and Family Team on specific steps to address the child’s safety and wellbeing.

If you or a family member fall into this category, please take additional precautions regarding contact in order to promote their health. Engage the Child and Family Team as needed.

RESPITE FOR FOSTER PARENTS

Foster parents unable to care for children due to work and school cancellations should reach out to the caseworker and RFC for assistance in finding solutions for respite.

In order to expedite respite resources, the Office of Licensing has approval to complete Utah-only name based checks in limited circumstances if live scan is not an option. Follow-up fingerprints should be completed when live scan prints are available again.

REIMBURSEMENTS

There are no interruptions to foster parent reimbursements. Workers will be able to continue to approve reimbursements remotely.

PARENT TIME

It is critical for children and their parents to maintain relationships with one another and their support systems in order to reduce trauma for children and parents. Communication between children and parents SHOULD NOT be suspended due to this pandemic. Parent-child visitations should be held remotely (Google Hangouts Chat, Skype, FaceTime, phone calls, etc.) unless the age of the child, or other extenuating circumstances, would limit the effectiveness of electronic communications to maintain or create a parent-child bond.

Workers are encouraged to work with the Child and Family Team, including AAG, GAL and Parental Defense to utilize creative solutions in preserving parent time.

Continued on page 10
Coronavirus Message con’t.

If the team determines that in-person visits are critical due to the unique circumstances of the case, the following safety measures should be followed:

All parties shall follow CDC hygiene guidelines by washing hands before and after visitation and using hand sanitizer frequently.

If parent time occurs in a visit room, the visit room will need to be wiped down with disinfectant before and after.

If parent time occurs elsewhere, the visitation group should be socially distanced from others not participating in the visit, and any indoor space should be disinfected.

If anyone involved in the scheduled in-person visit is sick, the visit must be rescheduled.

Consider the most frequent electronic parent-child communication that is feasible in order to help maintain connections, especially if in-person visitation is not occurring.

If the parent does not have access to technology necessary for effective electronic communication, DCFS offices can be utilized to assist parents with electronic communication (wifi, computers, etc).

VISITS

Home visits and private conversations with foster children can be conducted remotely (Google Hangouts Chat, Skype, FaceTime, etc.) if the safety and wellbeing of the child can be effectively assessed. Remote practices should reflect the following:

- That the child/youth has access to an electronic device that will allow them to visit with you in an area of the home where they can have a private conversation

- That a healthy relationship between the foster child/youth and the caseworker can be effectively developed or maintained through electronic communication.

- That more frequent and ongoing remote communication to assure placement and child needs are being met is important if the child has been in the home less than a month and electronic communication is determined to be appropriate.

- That any concerns regarding possible disruption from the placement can effectively be managed through electronic communication.

- That an in-person assessment of the family home must be made if a child is transitioning from foster care to a trial home placement.

If you have children beyond your office’s local community who need an in-person visit, please request a courtesy visit and/or ongoing worker in that area at least through the end of March 2020. CWA to CWA email coordination is sufficient; full courtesy casework request protocol is suspended at this time.

If a child is placed in a congregate care setting that already has staff monitoring their care, all visits should be completed electronically unless there are extenuating circumstances related to safety.

COURT HEARINGS

The courts have provided the following information:

As a way for the courts to do their part to social distance and keep everyone safe, they will be contacting workers, attorneys and other parties on whether any changes in court hearings will occur over the next couple weeks. Up-to-date information can be found at https://www.utcourts.gov/alerts/.

In order to support all of you in our shared mission of keeping children safe and strengthening families we are also sharing the Utah DCFS COVID-19 Reference Guide, https://docs.google.com/document/d/112Vf4Vix3fkPaASbfDC68HT2Y7yKtPkOLqQ8BwwwDw/edit, which we created to support our workforce in maintaining safety and meeting the unique challenges created by this pandemic. This document should not be printed as it is regularly being updated and should be accessed only electronically.

It has a lot of information that you as foster parents won’t be interested in, but is a good reference for you to be aware of so that you know what our caseworkers are working off of. It includes all of the items referenced in this email, and updates will occur in the online document. So, check there for evolving practices as needed. I hope each of you may find moments of solace and self care this weekend.

We appreciate all that you do on behalf of kids!

Kindest regards,

Diane Moore, DCFS Director
Can We Help?

During this time of homeschooling for all, do you find that an extra Chromebook would be helpful? Perhaps an online tutoring program? Are there other needs for a child in foster care in your home? Utah Foster Care has the Wishing Well Fund for that!

The Wishing Well Fund is provided by the generous support of private donors, in order to help state-licensed foster parents pay for common childhood activities or to purchase needed items not covered under state funding for the children placed in their care. Foster parents may request up to $300 per child annually using this online form www.utahfostercare.org/wishingwell.

Parent's Night Out:
Presented by The Adoption Exchange

Please contact Brandie Naylor to RSVP and with any questions you may have: bnaylor@adoptex.org. These classes are for adoptive and prospective adoptive parents.

- April 17; 6:00-8:00pm Sensory Processing Disorder
- May 15; 6:00-8:00pm Complex Developmental Trauma
- June 19; 6:00-8:00pm Adopting Teens

Foster parent in-service training hours are available.
Classes will be online, as needed, due to COVID-19.

April, 2020 & May, 2020
IN PARTNERSHIP WITH UTAH DIVISION OF CHILD & FAMILY SERVICES