

Welcome New Providers:

APRIL 2010

- Julie & Michael Knoll, Hastings (Child)

MAY 2010

- Jonelle Owens, Cottage Grove (Kin)

JUNE 2010

- Michele & Alex Rivero, Woodbury (Child)
- Amy & Devon Robillard, Woodbury (Kin)
- Alana Sundberg & Justin Snell, Scandia (Adult)

DO WE HAVE YOUR CURRENT CONTACT INFO.?



Please notify us with your current cell phone number, home phone number, and/or email address if you have changed them recently. Contact your licensor or email us at:

ComSvsResource@co.washington.mn.us

2010 FOSTER CARE RECOGNITION EVENING



The Foster Care Recognition Evening (formerly Foster Care Banquet) was held on May 6th, 2010 at the Lake Elmo Inn Event Center. The evening started off with light hors d'oeuvres which consisted of chicken maui, a variety of summer sausage and domestic cheese and artichoke dip. The food was fabulous especially the desserts...but we would expect nothing less from the Lake Elmo Inn. Rick Backman, the MC, started off the program by acknowledging the Resource Unit's recent retiree, child foster care licensor Jan Estes, who retired in late April. County Commissioner Gary Kriesel and Director Dan Papin said a few words of appreciation to the Washington County Foster Parents. Dan Papin highlighted the Proclamation for Foster Care Month written by President Obama, "We celebrate the foster parents who demonstrate the depth and kindness of

the human heart. Families provide children with unconditional love, stability, trust, and the support to grow into healthy, productive adults."



From left to right: Diana O'Neil & Thomas Belair, Commissioner Kriesel, Sheryl Nickle, & Lynn & Steven Cozad

A crowd favorite, door prizes, had the foster parents in seventh heaven. A variety of local businesses donated ranging from Key's Café to the River Town Inn. The awards presentation for 2009 and 2010 was presented by Rick Backman and County Commissioner, Dennis Hegberg. Washington County has 32 new adult, child and kinship providers. Recognizing years of fostering:

20 years
Nancy & James Anderson
Dorie & Ron Johnson

Kris & Dave Lindsey
Tammy Gannon

25 years
Debra Olson & Janet Olson

30 years
Suelin & Jay Werner

35 years
Jane George

40 years



Bev Kostohryz

Suzanne Pollack concluded the evening with words of high regard for the foster parents. The event was attended by 78 child and adult foster care providers and 47 staff. A pleasant time was enjoyed by all in attendance; from brand new providers meeting others with the same calling to veteran providers reconnecting with friends.

Thank you to those who helped make this year's Foster Care Recognition Evening special.

ADULT FOSTER CARE PROVIDERS SUPPORT GROUP



The group meets the 4th Tuesday of every other month. The meetings dates are:

- September 28, 2010
VA Training
- November 23, 2010
Stress Reduction Techniques with presenter Selena Freimark, Center of Mind-Body Medicine

Potluck is at 6:00 p.m. and the training is at 7:00 p.m. Look for the flyers for location details. Due to construction, locations may vary.



SPINAL CORD INJURY ALERT

The spinal cord contains the nerves that carry messages

between your brain and body. The cord passes through your neck and back. A spinal cord injury is very serious because it can cause loss of movement (paralysis) below the site of the injury.

Considerations:

When someone has a spinal injury, additional movement may cause further damage to the nerves in the cord and can sometimes mean the difference between life and death.

If you think someone could possibly have a spinal injury, do not move the injured person even a little bit, unless it is absolutely necessary (for example, if you need to get someone out of a burning car).

A seemingly minor injury might actually be a spinal injury if the victim: appears frail or is older than 65 years of age, is not fully alert, or appears to be intoxicated.

If you are not sure if a person has a spinal injury, assume that he or she does have one.

Causes:

- Direct trauma to the face, neck, head, chest, or back (for example, a car accident, a bullet, or a stab wound)
- Fall from a height
- Diving accident
- Electric shock
- Extreme twisting of the middle of the body
- Landing on the head during a sports injury

Symptoms:

- Paralysis (loss of movement) of arms or legs
- Lack of alertness (unconsciousness)
- Head held in unusual position
- Stiff neck, headache, or neck pain
- Numbness or tingling that spreads down an arm or leg
- Weakness
- Difficulty walking
- No bladder or bowel control

- Shock (pale, clammy skin, bluish lips and fingernails, acting dazed or semiconscious)



First Aid:

The main goal is to keep the per-

son immobile and safe until medical help arrives.

1. You or someone else should call 911.

DO NOT:

- DO NOT bend, twist, or lift the person's head or body.
- DO NOT attempt to move the person before medical help arrives unless it is absolutely necessary.
- DO NOT remove a helmet if a spinal injury is suspected.
- DO NOT tilt the head back when attempting to open the airway. Instead, place your fingers on the jaw on each side of the head. Lift the jaw forward.

Article from:
Office of the Ombudsman

ADULT FOSTER CARE REMINDER: KEEP CLIENT FILES UPDATED WITH CURRENT INFORMATION

- Information sheet including name, date of birth, social security, and medical assistance
- Contact information for case worker, POA, and physician
- Individual resident placement agreement (updated annually)
- Individual abuse prevention plan (updated annually)
- Intake/annual physical
- Permission to give medication from the resident or legal representative
- Assessment by physician if client is able to self medicate
- Side effects information & when to call doctor
- When medication started, changed, or discontinued
- Consent to share a bedroom
- Incident reports

If you have any questions regarding the information above or need additional placement packets please contact your licenser.

CLIENT IMMUNIZATIONS

Remember to make sure your clients' immunizations are



up-to-date! The flu season is fast approaching.

KNOW THE 10 SIGNS— EARLY DETECTION OF ALZHEIMER'S

Have you noticed any of these warning signs?

- 1. Memory changes that disrupt daily life.** One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. *What's typical?* Sometimes forgetting names or appointments, but remembering them later.
- 2. Challenges in planning or solving problems.** Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. *What's typical?* Making occasional errors when balancing a checkbook.
- 3. Difficulty completing familiar tasks at home, at work, or at leisure.** People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, manag-

ing a budget at work or remembering the rules of a favorite game.

What's typical?

Occasionally needing help to use the settings on a microwave or to record a television show.

- 4. Confusion with time or place.** People with Alzheimer's can lose track of dates, seasons, and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. *What's typical?* Getting confused about the day of the week but figuring it out later.



- 5. Trouble understanding visual images and spatial relationships.** For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance, and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. *What's typical?* Vision changes related to cataracts.

- 6. New problems with words in speaking or writing.** People with Alzheimer's may have trouble following or

joining a conversation.

They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves.

They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock"). *What's typical?* Sometimes having trouble finding the right word.

- 7. Misplacing things and losing the ability to retrace steps.** A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again.

Sometimes, they may accuse others of stealing.

This may occur more frequently over time.

What's typical?

Misplacing things from time to time, such as a pair of glasses or the remote control.

- 8. Decreased or poor judgment.** People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. *What's typical?* Making a bad decision once in a while.

- 9. Withdrawal from work or social activities.** A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects, or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. *What's typical?* Sometimes feeling weary of work, family and social obligations.

- 10. Changes in mood and personality.** The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful, or anxious. They may be easily upset at home, at work, with friends, or in places where they are out of their comfort zone. *What's typical?* Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.

For more information, go to www.alz.org/10signs or call 877-IS IT ALZ (877-474-8259).

SOCIAL NETWORKING & INTERNET DATA PRIVACY GUIDANCE FROM DEPT. OF HUMAN SVS.

While the general use of these sites is not prohibited, disclosing records or pictures of children and adults served in licensed programs without permission is prohibited. The following rule parts prohibit providers from posting information about a child, adult, or the individual's family on a personal blog, website, Facebook page, or My Space page.

Child Foster Care

- MN Rule 2960.3010, subp. 5, requires basic services and that basic services means services provided at the foster home to the foster child must meet the foster child's **basic need for privacy**.
- Item 14, under the "Agency May Expect the Foster Parent to:" section of the Foster Parent Agreement Form states that foster parents agree to "Keep

information about the child and child's family **confidential** and discuss it only with appropriate agency staff members and other professionals designated by the agency."

- MN Rule 2960.3070, subp. 2, (O), provides that you may offer training to licensed child foster care parents on privacy issues for foster children.

Adult Foster Care

- MN Rule 9555.6255, subp. 4, states that a resident has the right to **personal privacy** and privacy for visits from others, and the respect of individuality and cultural identity. **Privacy must be respected** by operators, caregivers, household members, and

volunteers by knocking on the door of a resident's bedroom and seeking consent before entering, except in an emergency, and during toileting, bathing, and other activities of personal hygiene, except as needed



for resident safety or assistance as noted in the resident's individual record.

The only acceptable way for a licensed provider to post **any** information and/or pictures regarding persons served by their program, is to obtain **WRITTEN** permission from a parent, guardian of the child or adult, or the adult who is not under guardianship, even if the provider uses "assumed"

names to attempt to avoid others from recognizing the individual.

If a provider insists on using any of these sites, DHS **RECOMMENDS** the following guidelines be followed:

- Even with written permission, proceed with caution in posting pictures and information. The information is now public and may be accessed by anyone for any reason.
- Supervision of clients and the provision of services to clients should never be less than the standard required because of excessive computer use by the license holder and/or employees.

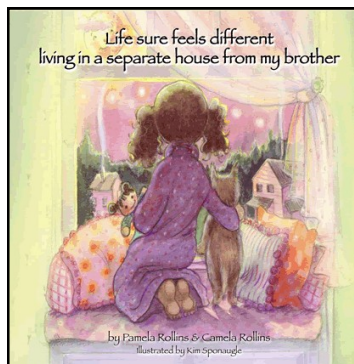
In some cases, DHS has issued licensing sanctions when it has been determined that the above referenced rules have been violated.

MINNESOTA FOSTER PARENT PUBLISHES CHILDREN'S BOOK



Through the inspiration of her youngest adopted daughter,

Camela, Pamela Rollins wrote her new book, *Life sure feels different living in a separate house from my brother*. The book tells a story about a girl who is separated from her brother while in foster care.



Pamela Rollins is a dedicated wife and mother of eight wonderful children; four of whom are adopted. She has also published, print-on-demand, teen novel,

Straight and Narrow, about morals and belief. Pamela was born and raised in Chicago but now resides in Minnesota.

To purchase a book contact Halo Publishing International at 1-877-705-9647 or www.halopublishing.com.

FAMILY SAFETY PLAN FOR COMPUTER / CELL PHONE USAGE



Discuss and post these rules for children:

- I will ask my parents or guardian before sharing my personal information.
- I will never get together with someone I meet online. If someone online asks me to meet them in real life, I will tell a trusted adult.

- I will never send a nude photo out of myself or others.
- I will tell an adult I trust if anything makes me feel scared, uncomfortable, or confused.
- I will not harass or bully others online. I will tell an adult if I am the victim or an online bully.
- I won't meet in person with anyone I have "met" online.
- I will not use rude or mean language on the Internet.

Tips for Parents:

- Educate children and teens about the benefits AND risks of using the internet and cell phone.



- Check your child's cell phone for nude pictures.
- Put the computer in a common room in the house.

- Gather user names and passwords to keep in a confidential, secured location.
- Monitor and limit the amount of time children spend online (e.g. 10-15 hours a week and not past 9:00 pm)
- Create clear boundaries for computer / internet use and what type of messages and images are harmful/consequences for misuse.

Source:

www.jwrc.org



SOCIAL NETWORKING & SAFETY TIPS FOR TEENS

What is **SAFE** to post?

- Name, favorite music, quotes, interests, skills
- Birthday with NO year!
- Appropriate photos

What to **AVOID**?

- Address & phone numbers
- Full birthday
- Incriminating, sexual, or otherwise inappropriate photos
- Adding "friends" just to have more friends. If you don't really know them, don't add them!

A few **TIPS**

- ALWAYS use your privacy settings! If you don't, anyone can see your photos, wall, and personal info.



- Think about what you post. Don't post something online that you wouldn't feel comfortable saying in person! Be good

to each other, be kind, be a good cyber-citizen.

- Your digital footprint... if you would feel uncomfortable seeing what you are posting on a Hwy. Billboard, then don't post it on the Info. Hwy.
- If you receive something that makes you uncomfortable or makes you feel threatened, tell an adult. Report it. www.cybertipline.com
- Remember, not everyone is who they say they are on the internet...use caution!

- Never share your passwords with your friends!
- Be careful with status updates, you don't want to share too much.

Most importantly HAVE FUN, express yourself, make friends, join groups, be YOU...just do it SMART!

Source:

www.jwrc.org



FACTS ABOUT YOUNG ADULTS, MENTAL HEALTH, & ONLINE INFORMATION SEEKING

An Overwhelming Majority of Young Adults Use the Internet

- 93% of young adults ages 18-29 go online.
- 72% of 18-29 year olds use online social networking.

Our Findings:

Out of 27 young adults with serious mental health conditions, most (85%) had looked up mental health information online—almost half (44%) do so at least once a month.

Most Young Adults Use the Internet to Find Health Information

- In 2008, 72% of young adults 18-29 looked for health information online.
- 52% looked for information about a specific medical treatment or procedure online.
- 49% of 18-29 year olds research doctors and

other health professionals online.

- 38% look up information on prescription or over the counter drugs.
- 34% look up alternative treatments or medicines.

Young Adults Use the Internet to Search for Mental Health Information

- 33% of 18-29 year olds said they looked for mental health information online.



commentary or experience about health or medical issues on an online news group, website, or blog.

The General Quality of Online Mental Health Information is Poor

- Several studies indicate that the overall quality of online information about social phobia, substance addictions, and other mental health disorders is low.
- A review of 21 popular websites about treatment for depression found

the quality of information was poor.

- Few health-related websites display the source and date, along with other information quality indicators.
- Young people feel overwhelmed by the amount of health information available online, and they report not being able to find answers to their specific questions, or information tailored to their needs.
- However, the majority (72%) of health seekers say you *can* believe all or most of the health information online.

Source:

www.pathwaysrtc.pdx.edu/



MICROSOFT ELEVATE AMERICA PROGRAM INFORMATION

Minnesota WorkForce Centers are partnering with Microsoft to provide Microsoft technology training at little or no cost to eligible Minnesotans. This program, known as Microsoft Elevate America, will provide more than 12,000 vouchers to complete Microsoft

E-learning courses for free or Business Worker Certification exams for no or minimal fees.

Microsoft Online Courses for Beginners:

Microsoft is providing free online courses for individuals who want to improve their basic computer skills or knowledge of Microsoft Office software.

- **Digital Literacy Plan**
- **Windows Vista & Office 2007 Essentials Plan**

Microsoft Online Course Vouchers: A limited number of Business Worker Vouchers or Technical Professional Vouchers are available to eligible Minnesotans depending upon their technology skills

and career goals. Each voucher may be redeemed for one course collection (set) from Microsoft's E-learning web site.

Contact your local WorkForce Center for additional courses.





TOOLS TO SUPPORT LGBTQ YOUTH IN CARE

Whether you are aware of it or not, youth in your care may be lesbian, gay, bisexual, transgender, or questioning their sexual orientation or gender identity (“LGBTQ”). These young people are dealing not only with the challenges of life in foster care but also with the risk of harassment and mistreatment because they are LGBTQ. We request that you do the following:

- Acknowledge that foster youth in your care may be LGBTQ.

- Examine your beliefs and attitudes that might impact your ability to support LGBTQ youth in your care.
- Educate yourself on LGBTQ issues.
- Understand that being LGBTQ isn’t a “choice” or something a young person can change.
- Know that your acceptance or rejection affects the



- health and well-being of the LGBTQ youth in your care.
- Respect the privacy and confidentiality of LGBTQ youth.
- Apply the same standards to LGBTQ youth that you apply to others for age-appropriate adolescent romantic behavior.
- Know the dangers and risks for LGBTQ youth.

- Be an advocate for LGBTQ youth.
- Acknowledge that there’s more to an individual than sexual orientation and gender identity.
- Take advantage of community resources for you and your LGBTQ foster child.

To order free copies of the Getting Down to Basics tool kit, contact Lambda Legal at 1-866-LGBTTeen (toll free) or download it for free at www.lambdalegal.org or www.cwla.org.

YOUTH AND PRESCRIPTION DRUG USE

A new report by the Center of Disease Control and Prevention (CDC) found that one in five high school students in the United States has taken a prescription drug without a doctor’s prescription, according to the 2009 Youth Risk Behavior Survey (YRBS). The National YRBS is one of three surveys that provide data on substance abuse among youth. The YRBS has been conducted every other year since 1991.

The year 2009 was the first year the YRBS asked high school students about prescription drug use. “The survey asked if they’d ever taken a prescription drug such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without

a doctor’s prescription. Prescription drug abuse was most common among white students (23 percent), followed by Hispanic students (17 percent) and then Black students



(12 percent). Prescription drug abuse was most common among 12th grade students (26 percent) and lowest among 9th grade students (15 percent). There was no difference in prescription drug abuse by gender (20 percent

for both male and female students).”

The director of the CDC’s Division of Adolescent and School Health, Howell Wechsler, stated, “We are concerned to learn that so many high school students are taking prescription drugs that were not prescribed to them. Some people may falsely believe that prescription drugs are safer than illegal drugs, yet their misuse can cause serious adverse health effects, including addiction and death.”

To learn more about the YRBS and the 2009 survey results, visit: www.cdc.gov/media/pressrel/2010/r100603.htm

CHANGES TO DRIVER’S LICENSE REQUIREMENTS FOR FOSTER YOUTH

Changes to driver’s license requirements for foster youth were signed into law on April 22, 2010. Foster parents or directors of transitional living programs in which youth reside may approve (i.e. sign) applications for a youth’s license, instruction permit, or provisional license. This is a legislative change that youth themselves advocated for.

Please check out the link below and read Article 1 for the details:

www.revisor.mn.gov/bin/bldbill.php?bill=H3039.2.html&session=ls86



CHILD FOSTER CARE TRAINING & SUPPORT GROUP NEWS

TRAININGS		
TRAINING NAME	DATE & LOCATION	CONTACT INFO. & COST
Shaken Baby Syndrome & Sudden Infant Death Syndrome	August 26 • 6:30–9:30 p.m. Ramsey County 450 Syndicate St. St. Paul, MN	Bev Bodom (651) 266-4123 bev.bodom@co.ramsey.mn.us Free
Shaken Baby Syndrome (SBS) & Sudden Infant Death Syndrome (SIDS)	September 1 • 6:30–8:30 p.m. Washington County–Gov. Center–LL Rm. 21 Stillwater, MN	Annie Walton (651) 430-6539 ann.walton@co.washington.mn.us Free to Foster Providers
FASD—Child of Mine Conference <i>(Providers who have or plan to have children with Fetal Alcohol should consider this training.)</i>	September 9 • 8:45 a.m.—4:30 p.m. University of Minnesota Conference Center 1890 Buford Ave. St. Paul, MN	*Contact your licensor for registration form. <i>Registration deadline is August 30!</i> \$70 (includes CEU’s, continental breakfast, and lunch)
Reactive Attachment Disorder: How to Survive & Thrive Beyond the Diagnosis <i>Deena McMahon & Krista Nelson</i>	Series: Sept. 13/Sept. 27/Oct. 11/Oct. 25/Nov. 8/Nov. 22 • 6:30–8:30 p.m. Wilder Foundation 451 Lexington Parkway N. St. Paul, MN	*Must register and pay online at www.mnadopt.org For questions call Janet: (612) 746-5125 \$180/person or \$325/parenting couple. <i>(check or credit card only)</i>
Planning for Adult Success <i>(Appropriate for providers caring for teens and young adults.)</i>	September 21 (Part I) & October 5 (Part II) Chisago County Health & Human Services North Branch, MN	Karol Jensen (651) 213-5257 kjense@co.chisago.mn.us Free to Foster Providers
Introduction to Mental Health for FAK Providers <i>(Required training for all child foster providers.)</i>	September 28 • 6:00–9:00 p.m. Washington County Service Center 13000 Ravine Parkway Rm. 147 & 148 Cottage Grove, MN	Debbie Steele (651) 430-6598 deborah.steele@co.washington.mn.us Free
Mandated Report Training <i>(Highly recommended for new and veteran providers.)</i>	November 3 • 3:30 p.m. Washington County Government Center 14949 62nd St. N., Fishbowl Room Stillwater, MN	Trish Maki (651) 430-8335 trish.maki@co.washington.mn.us Free

*Make sure you get a training certificate to verify your attendance for training hours.

SUPPORTS FOR ADULTS & PARENTS

GROUP NAME	DATE & LOCATION	CONTACT INFO. & COST
<p>Adoptees MN (For adult adoptees; ages 18 and over.)</p>	<p>Meets second Saturday of each month 10:00–11:00 a.m. Loring Park Office Building 430 Oak Grove St., Room 207 Mpls., MN</p>	<p>(651) 457-2252 adopteesmn@gmail.com</p>
<p>Adoption Support Network - Yahoo! Groups (For adoptive parents. These groups are moderated by Parent Support Specialists and are a wonderful source of ONLINE support.)</p>	<p>Yahoo! Groups are:</p> <ul style="list-style-type: none"> • ASN Kinship MN • ASN Medically Fragile • ASN Metro MN <p>(See the corresponding links for the Yahoo! Groups in the next column.)</p>	<p>*People wishing to join these groups will have to create a Yahoo! Account if they do not already have one.*</p> <p>http://groups.yahoo.com/group/asnkinshipmn/ asnkinshipmn@yahogroups.com</p> <p>http://groups.yahoo.com/group/asnmnmedicallyfragile/ asnmnmedicallyfragile@yahogroups.com</p> <p>http://groups.yahoo.com/groups/asnmetromn/ asnmetromn@yahogroups.com</p>
<p>AHA's (Adoptees Have Answers) International & Transracial Adult Adoptee Support Group</p>	<p>Meets last Monday of each month starting on August 30 7:00–8:00 p.m. Roseville Library 2180 Hamline Ave. N. Roseville, MN</p>	<p>Please reserve by contacting: Amy Fjellman amyfjellman@gmail.com or Julie Hart jhart513@yahoo.com</p> <p>Adults adopted from other countries or transracially, 18 or older, may attend for free.</p>
<p>East Central Minnesota Parent Support Specialists</p>	<p>Adoption Support Network 970 Raymond Ave., Suite 106 St. Paul, MN</p>	<p>For more specific information please contact: Julie Schultz (763) 688-5748 julieschultz@nacac.org</p>
<p>Fetal Alcohol Spectrum Disorder Support Group</p>	<p>Meets first Tuesday of the month (Sept. 1/Oct. 6/Nov. 3/Dec. 1) 10:00–11:30 a.m. ARC Greater Twin Cities 2446 University Ave. W., Ste. 110 St. Paul, MN</p>	<p>Janet Salo (952) 920-0855 www.arcgreatertwincities.org No cost to attend; refreshments served; we may be able to help with transportation needs.</p>
<p>Twin Cities African American Community Parent Support Specialists</p>	<p>Adoption Support Network 970 Raymond Ave., Suite 106 St. Paul, MN</p>	<p>For more specific information please contact: Alicia Griffin (612) 570-2000 aliciagriffin@nacac.org</p>



RAISING CHILDREN WHO HAVE AN INCARCERATED PARENT

Supporting the Child's Well-Being

- **You are already doing the single most important thing by giving them a stable, continuous placement** (Julie Poehlmann, PhD, assistant professor of Human Development and Family Studies at the University of Wisconsin at Madison).
- **Daily routines** are worth their weight in gold – predictability.
- Typically, children's reactions include sadness, worry, confusion, anger, loneliness, fear, sleep problems, and developmental regressions.
- **Give kids permission to feel their feelings.** "It's normal and you have the right to feel sad", angry, afraid, whatever.
- **Show by example appropriate ways to express feelings** (crying, talking, alone time, listen to music, pray, punch a pillow, stomp feet, etc.).
- **Be supportive and nurturing to the children.** (holding, listening, doing activities together, "let me know when you feel bad", bedtime rituals, reading to, singing to).
 - Be empathetic: "I'm sorry to know you're hurting."
"I wish things could have

turned out differently."

- Help the child know they are not responsible for their parent's incarceration. (For example, "It's too bad this happened. It's not your fault.")
- Assure the child of your intentions and commitment to care for them. (For example, "I will take care of you as long as you need me to.")
- Specifically tell the children that they are wanted and welcome in your home. (For example, "I'm so relieved and glad that I can take care of you. You are part of our family and are welcome here whenever you need somebody to take care of you.")
- Help children not feel guilty or that they are a burden. (When tired, make sure child is not present to overhear. Make use of support groups and adult friendships for venting and unloading. Don't discuss feelings about parent – particularly angry ones – with the child. They need for you to be a soundingboard for Them to discuss THEIR feelings.)
- Identify what children deserve from their parents (love, protection, education, shelter).
- **Discuss loyalty and commitment** family members should have to help each other through problems and mistakes.
 - (For example: "You're here because you're family. You deserve to be taken care of, and if you can't be with your parents, then you should be with family when possible.")
 - Help children deal with feelings of split loyalties and confusion about who to trust.
 - Discuss trust and loyalty directly, about it being something that's earned, and how it's a two way street.
 - Some kids may advocate for their parents, defending them, and cast their parent in the role of victim, innocent who was framed, or that the system is "bad". It's important for the parent to give the message, "You can be loyal without defending me."
 - Discuss with the child what s/he could do to show loyalty to his/her parent. (Draw a picture, make something, go for a visit.)
 - Discuss with the child that YOU are honestly willing to do to show caring/whatever positive feelings you have, to the child's parent. (Examples: remind child of parent's birthday, mother's or father's day, cards, phone calls).
 - Be aware of child trying to sabotage their experience living with you and call in professional help if this is happening at your home.

- Regular exercise is helpful to discharge extra energy.
- Anticipate situations and help the child contain anger with boundaries (i.e. "We need to talk about something that might make you angry, but I think we can handle it.")
- Give the child advance notice about things s/he doesn't like - when it will be, how long it will take.
- Be aware of your own anger. It's not what you say, it's how you say it. (Volume, tone, language, non-verbal expressions, talking more than listening). Stop talking when you're becoming angry and come back to the discussion later.
- **Discuss changes directly - undoubtedly things are done differently at your home than they were living previously.**
 - Be clear about rules and chores – perhaps post them on a kitchen cupboard or the fridge.
 - Be aware of tendency of children to be "parentified."
 - Discuss how mistakes and disobedience are handled.
 - Review rules and chores periodically.
 - Consider holding family meetings.

DISCRIMINATION LINKED TO DEPRESSION AMONG MINORITY KIDS

A new research has shown that children who experience discrimination are more susceptible to becoming depressed.

Lee M. Pachter, co-author of the study and professor of pediatrics at Drexel University College of Medicine and St. Christopher's Hospital for Children in Philadelphia, and his colleagues surveyed 277 minority children ages 9-18 years to determine the contexts in which they perceive racism and the relationship between discrimination, depression and self-esteem.

Participants filled out questionnaires that included 23 scenarios in which they

might perceive discrimination, such as being followed by a store security guard, getting poor service in a restaurant or being accused of doing something wrong at school. About two-thirds of the children were Latino or African American, and 19 percent were multiracial.

Results showed that 88 percent had at least one experience with racism, and nearly 12 percent had experienced racial discrimination in at least half of the situations described in the survey.

The most common forms of discrimination were racial remarks, being called

insulting names, and being followed by security guards in stores.

Experiences were similar for Latinos and African Americans, boys and girls, and younger and older children.

"Not only do most minority children experience discrimination, but they experience it in multiple contexts: in schools, in the community, with adults and with peers," Pachter said.

"It's kind of like the elephant in the corner of the room. It's there, but nobody really talks about it. And it may have significant mental and

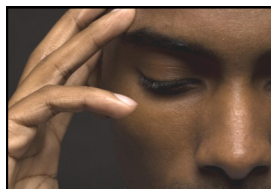
physical health consequences in these children's lives," Pachter added.

Researchers also administered the Child Depression Inventory and the Rosenberg Self Esteem Questionnaire to 52 minority children.

They found a significant correlation between perceived racism and depression, self-esteem and depression, but not between racism and self-esteem.

Pachter said that the next step is to look at whether discrimination creates stress that leads to racial/ethnic disparities in physical and mental health.

Source: DNA - Daily New & Analysis



FALL/WINTER FAK TRAININGS (REQUIRED FOR NEW PROVIDERS &/OR FOR THOSE WHO WANT REFRESHER)

An experienced foster, adoptive, or kinship parent and an agency professional will guide participants through an interactive and informative training series filled with activities and learning opportunities. Each module, lasting three hours, builds a foundation for the next module.

- Module 3
Cultural Issues in Placement
October 7
LL Rm. 21
- Module 4
Family Systems and Abuse & Neglect

- October 12
LL Rm. 21
- Module 5
Impact of Abuse & Neglect on Child Development
October 28
LL Rm. 21
- Module 6
Attachment, Separation, & Placement
November 18
LL Rm. 20
- Module 7
Discipline
November 29
LL Rm. 20
- Module 8
Primary Families

- December 9
LL Rm. 21
- Module 9
Sexual Abuse
December 13
LL Rm. 21
- Module 10
Effects of Caregivers on the Family
January 6, 2011
LL Rm. 21
- Module 11
Permanency Issues for Children
January 20, 2011
LL Rm. 21
- Module 12
Permanency Issues for Families

January 25, 2011
LL Rm. 20

Times:
All trainings are from 6:00–9:00 p.m.

Location:
All trainings are held at:
Washington County Government Center
14949 62nd St. N.
Stillwater, MN 55082

Registration:
For additional information or to register, please contact:
Debbie Steele
(651) 430-6598



Washington County
Community Services
Government Center
14949 62nd St. N.
P.O. Box 30
Stillwater, MN 55082-0030

The county offices
will be closed on
Mon., Sept. 6th

WASHINGTON COUNTY FOSTER CARE STAFF

- Debbie Steele (Child Foster Care) (651) 430-6598
deborah.steele@co.washington.mn.us
- Cynthia Shypulski (Child Foster Care) (651) 430-6485
cynthia.shypulski@co.washington.mn.us
- Robbin Ann Rosén (Adult Foster Care)..... (651) 430-4169
robbin.rosen@co.washington.mn.us
- Lindsay Brekke (Adult Foster Care) (651) 430-6550
lindsay.brekke@co.washington.mn.us
- Barbara Chase (Family Service Worker) (651) 430-6492
barbara.chase@co.washington.mn.us
- Jean Gleason (Contracted Recruitment Specialist) (651) 430-6522
jlg321@q.com
- Suzanne Pollack (Supervisor) (651) 430-6476
suzanne.pollack@co.washington.mn.us

Visit the Washington County website at: www.co.washington.mn.us

RULE REMINDER: EMERGENCY PLANNING

Having the correct phone numbers available in an emergency can save time and be necessary for communication.

Posted by the telephone must be:

- local fire department
- police department
- emergency transportation
- poison control center

Emergency phone numbers for guardians, physicians, and dentists must be readily available within the residence.

It is a good idea to review the phone numbers at least annually in case there has been a change in the phone numbers.



Summer is a common time for tornadoes in Minnesota.

Providers need to have a designated area to go for cover. You should have readily available a portable radio and a flashlight or another light source to bring with

you. If you have to spend any amount of time in a corner of a basement it might be a good idea to have snacks, water, books, and a cell phone in your designated area.

Quarterly drills are required for adult providers and are a good practice for child providers.

CHILD FOSTER CARE ORIENTATION

All newly licensed Child providers MUST attend these three sessions before providing foster care for children. As of January 2004, it is mandatory that all Kinship providers attend Session I and it is highly recommended that kinship providers attend all Orientation Sessions.

Session I
Co. Orientation & Overview
August 26 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 21

Session II
The Provider as a Team Player
September 16 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 20

Session III
Rules & Professionalism
September 23 • 6:00–9:00 pm
Gov. Center, Stillwater, MN
LL Rm. 21

To RSVP please contact
Debbie Steele
at (651) 430-6598.

NEWSLETTER TO BE SENT VIA EMAIL

This will be the last issue totally sent by mail. Starting this winter we will be emailing the newsletter to providers who have email addresses. If you prefer receiving the newsletter by mail please notify your licensor. We don't want anyone to miss receiving the newsletter!