



UTAH'S ADOPTION CONNECTION

CHILD AND FAMILY SERVICES

AUGUST 2005

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QUARTERLY DCFS NEWSLETTER



In This Issue

3 **I Weep for the Memories of My Heart**

By: Kathy Searle, adoptive parent

A personal poem written by an adoptive parent about her adopted children.

4 **Utah Parent Center**

Information about The Parent Center and upcoming summer events.

7 **Child and Adolescent Anxiety Disorders**

Common anxiety disorders that affect many children and helpful resources.

10 **Learning Disabilities and Sibling Issues**

By: Dr. Jodie Dawson

An informative article looking at how learning disabilities affect sibling relationships.

12 **November is National Adoption Month**

Information on adoption awareness in the work place and events celebrating National Adoption Month.

14 **The Heart Gallery**

Background information about the first Heart Gallery.

August 2005
Kathy Searle, Editor
Lindsay Kaeding, Design Director

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I Weep for the Memories of My Heart

I weep that no one marveled at the miracle of your birth.

I weep that I missed the sweet smell of your skin after your first bath.

I weep that no one spent hours memorizing the shape of your nose, the curve of your eyes and the line in your skin.

I weep that no one remembers your first words.

I weep that smiles and cheers didn't herald your first step.

I weep that hands didn't mean caring and concern, but pain and confusion.

I weep that when your life should have been filled with exploring the wonders of the world, it was consumed with finding enough food to stay alive.

I weep that you didn't know the love of grandparents and other adults, but you learned that no one can be trusted.

I weep that when you woke up early on Saturday mornings, they weren't filled with watching cartoons, but with waiting and watching for a mother who only sometimes came back.

I weep that I didn't find you before you gave up hope and closed the window to your soul in order to survive.

I weep that I can't give up hoping that one day you will be whole.

I weep that I can't replace the lost years with the memories of my heart.

-Kathy Searle, adoptive parent



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The mission of the Utah Parent Center is to help parents help their children with disabilities to live included, productive lives as members of the community.

About the Utah Parent Center (UPC)

Who are we?

The Utah Parent Center (UPC or the Center) is an award-winning non-profit organization founded in 1984 by parents of children and youth with disabilities to help other parents facing similar challenges throughout Utah. For more than 20 years the caring, competent staff of the UPC has utilized this parent-to-parent model to help many thousands of parents and to represent families in many systems-level activities.

Our mission is to help parents help their children with disabilities to live included, productive lives as members of the community. We accomplish this mission by providing accurate information, empathetic support, valuable training, and effective advocacy based on the concept of parents helping parents. Training and information activities are designed to help parents identify resources available to their family, understand their roles, rights and responsibilities, and develop meaningful partnerships with professionals to benefit their children. The Center receives funding from various sources including private donations, state and federal agencies and organizations including grant #H328M020032 from the U.S. Department of Education, Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA) to serve as the Parent Training and Information (PTI) Center for the State of Utah.

The UPC prides itself on our strong collaborative relationships with Utah organizations and agencies that serve people with disabilities. We have a strong history of relationships that ensure representation of parents and families at all levels and we have been recognized with more than 11 awards from various agencies and organizations in recognition of our contributions, programs, quality training materials, and for outstanding and distinguished service to parents, professionals and the community!



What do we do?

We offer training, information, referral and peer support to parents of children and youth with all disabilities. We also provide training, information and referral to a wide range of professionals who work with families and serve their children. At this time, our paid staff does not attend IEP meetings with families but some of our volunteers provide this support.

Accomplishments – Some Highlights:

Some of our accomplishments in 2003-2004 are that we:

- * Provided assistance and training to more than 5,700 parents (contacts) and more than 15,533 parents and professionals through “other activities”
- * Conducted and presented 73 (38 urban, 15 rural, 20 statewide) workshops and presentations for more than 5,239 parents and professionals on topics such as:
 - * “Parents as Partners in the IEP Process”
 - * “Tools for Effective Communication”
 - * “Gifts and Challenges - Having a Special Needs Child in Your Family”
 - * “From NO Where to KNOW Where - Transition to Adult Life”
 - * Partnerships/ Working with Parents
 - * Other “specialty topics” such as:
 - * Stress Management
 - * “Lessons from Star Trek - Engage and Make It So!” – Getting Involved
 - * Section 504 – The “Other” Service Option
 - * Mentor Parent Leadership Training (Includes numerous topics)
 - * “What Kind of Fish Are You?” – Working Together
 - * “Prepare & Present!” – Training for Trainers
- * Conducted and presented 24 outreach activities
- * Hosted 2 statewide conferences:
 - * 9th Annual Family Links Conference – Statewide Conference for Parents/Families
 - * The UPC is the lead organization and we have enlisted 28 cosponsors! Our planning committee meets year-round.
 - * Attended by 469 (We average approximately 600 per year. The 2005 conference will be “split” into 2 - North and South!)
 - * SIBSHOPS Conference – Training for Trainers - Attended by 18 children (siblings) and 53 trainers (parents and professionals)
- * Disseminated almost 80,000 pieces of printed information!
- * Received approximately 12,000 visits to our website
- * Started providing a weekly E-newsletter – 20 issues in 2004 through the end of September - which reached more than 600 parents and some professionals each time it is disseminated. The number on the Enewsletter listserv continues to grow rapidly and we are getting “rave reviews”!
- * Reached approximately 6,400 individuals through our print newsletter and some direct mailings
- * Interacted with more than 9,850 professionals in workshops, trainings, presentations and individual contacts
- * Participated on 241 work-groups, task forces, or advisory groups representing the Center and families of children with disabilities.
- * Served as a model site for the AIMS Record-keeping Database developed by the PACER Center for Parent Centers



LENDING LIBRARY BOOK SPOTLIGHT

BECOMING ATTACHED

BY ROBERT KAREN, PHD

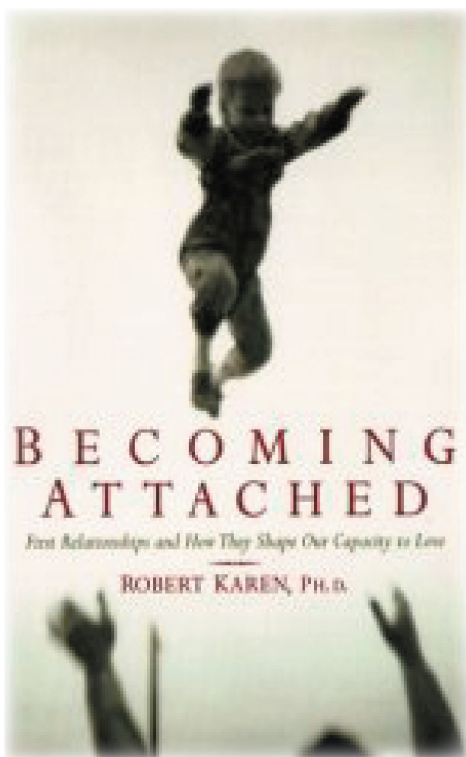
The struggle to understand the infant-parent bond ranks as one of the great quests of modern psychology, one that touches us deeply because it holds so many clues to how we become who we are. How are our personalities formed?

How do our early struggles with our parents reappear in the way we relate to others as adults? Why do we repeat with our own children--seemingly against our will--the very behaviors we most disliked about our parents? In *Becoming Attached*, psychologist and noted journalist Robert Karen offers fresh insight into some of the most fundamental and fascinating questions of emotional life.

Karen begins by tracing the history of attachment theory through the controversial work of John Bowlby, a British psychoanalyst, and Mary Ainsworth, an American developmental psychologist, who together launched a revolution in child psychology. Karen tells about their personal and professional struggles, their groundbreaking discoveries, and the recent flowering of attachment theory research in universities all over the world, making it one of the century's most enduring ideas in developmental psychology.

In a world of working parents and makeshift day care, the need to assess the impact of parenting styles and the bond between child and caregiver is more urgent than ever. Karen addresses such issues as: What do children need to feel that the world is a positive place and that they have value? Is day care harmful for children under one year? What experiences in infancy will enable a person to develop healthy relationships as an adult?, and he demonstrates how different approaches to mothering are associated with specific infant behaviors, such as clinginess, avoidance, or secure exploration. He shows

how these patterns become ingrained and how they reveal themselves at age two, in the preschool years, in middle childhood, and in adulthood. And, with thought-provoking insights, he gives us a new understanding of how negative patterns and insecure attachment can be changed and resolved throughout a person's life.



YOU CAN FIND THIS BOOK AND MANY OTHER ADOPTION BOOKS, TAPES AND VIDEOS AT WWW.UTDCFSADOPT.ORG THAT ARE AVAILABLE TO YOU AT NO COST.



Child and Adolescent Anxiety Disorders

Annie doesn't remember the first time she felt worried about all the "what if's" in her life. She found herself overwhelmed with fear and worry and soon she couldn't think about anything else. Anxiety affected her school work, her time with family and friends, and the way she felt about herself. She was relieved to be told she was experiencing symptoms of Generalized Anxiety Disorder and that she was not just going crazy.

What are anxiety disorders? Anxiety disorders are the most common type of mental illness in children, affecting up to ten percent of children and adolescents.

Although some level of anxiety is normal, children and adults with anxiety disorder experience excessive levels of fear, worry or uneasiness that can last for a long period of time and significantly affect their daily life.

What are the most common anxiety disorders in children? There are several different anxiety disorders which can affect children. Also, people may experience more than one anxiety disorder at a time. These

disorders may also occur with other kinds of illnesses such as ADHD, depression and bipolar disorder. (Much of the following information is taken from National Mental Health Association www.nmha.org and National Institute of Mental Health www.nimh.nih.gov and Substance Abuse and Mental Health Services Administration www.mentalhealth.samhsa.gov)

- **Generalized Anxiety Disorder (GAD)** is seen as extreme, unrealistic worry and fear about everyday life activities. Those with GAD worry about almost everything; school, sports, being on time and natural disasters. Typically they are very self-conscious, irritable, easily tired, have trouble concentrating or sleeping and have a strong need for reassurance. Children with GAD are usually eager to please and may be perfectionists.

- **Separation Anxiety Disorder** is seen in children as the intense anxiety of being away from home or caregivers. Separation anxiety disorder may occur with depression, sadness, withdrawal, or fear that a family member might die. They may cling to their parents,

fuse to go to school, or be afraid to sleep alone. About one in every 25 children experiences anxiety disorder.

- **Phobias** can have different names but center on specific situations or objects such as animals, storms, heights, or social situations. Children and adolescents with social phobia are terribly fearful of being criticized or judged harshly by others. They usually will try to avoid the objects and situations they fear, so their phobia can significantly limit their life and activities.

- **Obsessive-Compulsive Disorder (OCD)** typically begins in early childhood or adolescence and affects about two in every 100 adolescents (U.S. Department of Health and Human Services, 1999). Children with OCD have frequent and uncontrollable thoughts (obsessions) and may perform routines or rituals (compulsions) in an attempt to eliminate the thoughts. Compulsive behaviors may include repeated hand washing, counting, repeating words silently or rechecking completed tasks. The obsessions and compulsions take up so much time that they interfere with daily living.

- **Post-Traumatic Stress Disorder (PTSD)** may develop after a child or adolescent experiences a very stressful event such as physical or emotional abuse, being a victim of or witnessing violence, or living through a disaster. A child may “re-experience” the trauma through nightmares, constant thoughts about what happened, flashbacks, or reenacting an event while playing. They will experience symptoms of general anxiety including irritability or trouble sleeping or eating, or overact and be easily startled.

Who is at risk? Researchers have found that the basic temperament of children may play a role in some childhood and adolescent anxiety disorders. For example, some children tend to be very shy and restrained in unfamiliar situations, a possible sign that they are at risk for developing an anxiety disorder.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders.

What help is available for children with anxiety disorders? Following an accurate diagnosis, possible treatments for anxiety disorders include: cognitive-behavioral therapy in which they learn to deal with fears by changing the way they think and behave, relaxation

techniques, biofeedback to control stress and muscle tension, parent training and medication.

What can parents and caregivers do to help children with anxiety disorders? Early identification, diagnosis and treatment of anxiety disorders can significantly help children and adolescents. Anxiety disorders are treatable and children and adolescents with persistent symptoms should be referred to a mental health professional who specializes in treating children.

Parents and caregivers can get accurate information from libraries, hotlines, and family support groups such as Allies with Families. It is important to ask questions about possible treatments and services that are available in community.

Ultimately, parents and caregivers should learn to be understanding and patient when dealing with children and adolescents with anxiety disorders. The participation and involvement of the young person will contribute to the ultimate success in any treatment.

Clinical Trials for Anxiety Disorders

Clinical trials or medical research provide scientifically sound information on whether the treatments and medical practices for anxiety disorders are safe and effective. Medical research is carried out under very strict guidelines, and over the last 30 years have provided critical information about the safety of medications and other treatments.

At the National Institute of Mental Health (NIMH) ongoing clinical trials are being performed in the following areas. For more information regarding any research at NIMH go to www.nimh.nih.gov/studies.

1. Therapy of Child and Adolescent Anxiety Disorders: Outpatient treatment study comparing the effectiveness of medication, cognitive-behavioral therapy in combination for youth with anxiety disorders. Ages 7-16.
2. Anxiety Disorders and Brain Function: Outpatient evaluation study examines and compares the brain changes during decision-making in adolescents. Ages 9-17

Helpful Websites and Resources

Anxiety Disorder Website Resources:

- ADAA—Anxiety Disorders of America; www.adaa.org
- SAMHSA—Substance Abuse and Mental Health Services Administration; www.mentalhealth.org
- NIMH—National Institute of Mental Health; www.nimh.nih.gov
- AACAP—American Academy of Child and Adolescent Psychiatry; www.aacap.org

Adult and Children's Books on Anxiety Disorder:

- Helping Your Anxious Child: A Step by Step Guide for Parents; by Ronald Rapee, Ph.D., Susan Spence, Ph.D., Vanessa Cobham, Ph.D., and Ann Wignall, M.Psych. All kids have fears and anxiety but some can escalate into full-blown anxiety disorders. This guide explains the why, how, and treatments of anxiety disorder with strategies for parents.
- Worried No More: Help and Hope for Anxious Children; by Aureen Pinto Wagner, Ph.D. This book describes effective ways for parents, schools and healthcare professionals to work together to help anxious children. Has information and practical strategies to help children cope with worry, school refusal, separation and other anxiety disorders.
- Straight Talk about Psychiatric Medications for Kids; by Timothy E. Wilens, M.D. Psychiatric medications are increasingly being prescribed for children and adolescents to treat a variety of mental health disorders. This book provides up-to-date information to help better understand medications, treatments and options for young people.
- Don't Pop Your Cork on Mondays; by Adolph J. Moser and Dav Pilkey. This excellent children's book about the causes and effects of stress. Humorous illustrations help kids learn to recognize stress and use simple techniques to deal with it.
- Boy and a Bear; by Lori Lite and Meg Hartigan. Children will enjoy the story of a young boy who meets a polar bear and will benefit from learning calming techniques to reduce stress, prepare for sleep, and improve self-confidence.
- What to do when You're Scared and Worried: A Guide for Kids; by James J. Christ. This book about fears and worries offers a sort of self-help guide for children through information on the fears and worries most kids have. Basic information about anxiety disorders and treatments is included along with a short resource list for kids.
- Wemberly Worries; by Kevin Henkes. This book, written for young children, introduces Wemberly, a shy white mouse that always worries about everything. The author handles the issues of worry and anxiety with empathy and gentleness.

Other Books of Interest:

- A Mind at a Time; by Mel Levine. Dr. Levine is a professor of pediatrics at the University of North Carolina and director of its Clinical Center for the Study of Development and Learning. This book includes information about eight areas of learning, and helping children with learning difficulties.
- The Don'T-Give-Up Kid and Learning Differences; by Jeanne M.A. Gehret. This book gives information on learning difference and discusses the need to focus on areas of strength for a child. The author puts labels aside and encourages a look at the individual child and what the child can do.



Learning Disabilities & Sibling Issues

By: Dr. Jodie Dawson, SchwabLearning.org

“What about me?”

“Since I was doing OK in school, my parents just sort of left me alone because they knew I was fine. But, I always felt like my achievements were just not as important as my brother’s.”

Alicia, 27, older sibling of a brother with learning disabilities (LD)

Siblings of children with LD often express confusion and disappointment about getting less attention from their parents than their sibling with LD. Due in part to parents’ limited time, their energy and focus may be on helping their child with LD get through school and life. It can be difficult to manage the intense needs of a child with LD while at the same time give ample attention to the other kids in the family. Parents often feel guilty about the amount of attention and time given to their child with LD and worry about ways to balance the inequities.

Here are some ways to be creative and help your other kids feel just as special and important:

- *Dedicate one activity or part of the day on the weekend to your children who don’t have LD.
- *Spend consistent one-on-one time with your children and express how special this time is to you.
- *Celebrate the academic success of all your children even if your child with LD is doing great in school.

“I’m glad they told me.”

“One thing that stands out for me from my childhood is that my parents spent a lot of time educating me about my brother’s LD. They helped me understand that he was struggling in school, not because he was stupid, but because he learned differently than I did. This helped me stand up for him and deal with it in a more positive way.”

Katie, 26, older sibling of a brother with LD

“When I found out my brother had a learning disability, it answered a lot of questions I had about him. He was having a hard time in school and couldn’t read very well. When he wrote his story for Schwab Learning, that was such an accomplishment for him — like a homerun! It took a lot of courage because it made him face what he has — dyslexia.”

William, 12, older sibling of a brother with LD

Parents need to educate themselves on the issues associated with learning disabilities, but also include their child with LD, his siblings, and other family members. Brothers and sisters need to have open and honest conversations with parents and each other about LD in order to understand and manage the problems that arise.

Throughout these conversations, it’s important to provide siblings with opportunities to express their feelings or concerns. Some common feelings include guilt over not having a learning disability, anger and resentment about getting less attention, and frustration over having to deal with a sibling who is different. The more these issues are out on the table, the more you and your family will be able to manage them.

“I’m not her mom.”

“It drove me crazy when I would have to pick up the slack for my older sister. Why did I have to do so much more than she did? My mother’s expectations were just too much and I felt so weighed down at such an early age.”

Marcus, 21, younger sibling of a sister with LD

Parents typically shy away from giving a lot of responsibility to their child with LD. Instead, the child without LD may be given many more caregiving and household chores. It’s important to remember that kids are still just kids, and even though they demonstrate competencies, they can’t be overburdened with responsibility.

- *Equalize your child’s free time with the amount of time given to chores. Try using free time as a reward for helping.
- *Gradually increase the amount of responsibility given to your child with LD. This allows you to reduce the expectations placed upon your child without LD. Most of all, they like being recognized for their contributions to the family.

November is National Adoption Month

Adoption awareness in the workplace

A growing number of employers provide adoption benefits for eligible employees. Employers that offer adoption benefits cite various advantages for their companies, including maintenance of productivity, retention of good employees, a positive public image and equity of benefits for all employees. Typically, adoption benefits mirror benefits available to new biological parents and can include financial assistance, such as temporary foster care expenses, and paid and unpaid parental leave.

If your company does not currently offer adoption benefits, the Dave Thomas Foundation for Adoption provides a free Adoption-Friendly Workplace kit that gives employees step-by-step information on advocating effectively for adoption benefits in their workplace. Call 1-877-777-4222 or visit their Web site at www.Adoption-Friendly-Workplace.org.

Ideas to celebrate National Adoption Month in the workplace

- Ask the editor of your company newsletter to include an article on adoption, possibly featuring an employee who has adopted, or waiting children, The Adoption Exchange can provide information on appropriate children.
- Get permission for an adoption display to be placed in the company lobby or cafeteria. The Adoption Exchange can provide brochures, posters and speakers.
- Ask your employer if it would be possible to incorporate an adoption message on company products or services. Examples include slogans printed on shopping bags and packages, placemats in family restaurants, and inserts in bills or advertisements.
- See if you can distribute adoption information to other employees desk to desk or through an insert in pay envelopes.
- Persuade your employer to donate “in kind” services, such as printing, equipment and supplies to The Adoption Exchange or another nonprofit adoption organization.
- Make a pitch before the company charitable contributions committee to make a monetary donation to The Adoption Exchange for the purpose of purchasing radio or television airtime to advertise the need for adoptive families.
- Ask your company to “Adopt a Child” and work with you and The Adoption Exchange to find an adoptive family for a specific child or sibling group.

Mark your Calendars for **Utah's November Adoption Celebration** at Boondocks Fun Center

November 5th, 2005

11:00-2:00

[More Information to Follow](#)

LOOK FOR FUN
SUMMER CLUSTER ACTIVITIES
IN YOUR REGION



FOR FURTHER INFORMATION ABOUT THE CLUSTER PROGRAM
OR UPCOMING EVENTS CONTACT YOUR CLUSTER
FACILIATATOR FOR YOUR AREA OR CALL NIKKI MACKAY AT
801-994-5205

ASHLEY D. IS WAITING.....



Ashley, age 16, is a very sweet girl who loves to help and play with little kids. She enjoys helping them learn.

Ashley came into care in April 2002, and has been in two placements since that time. She is a very polite girl and tries to be nice and gain acceptance of others. She is very friendly and never confrontational. She loves cartoons, TV, playing sports and being around family and friends. Ashley is also developing a great love of reading.

Because she is so trusting of others, Ashley can be easily taken advantage of. She is somewhat socially awkward and lower functioning than others her age.

Ashley's caseworker feels she could do well in any type of family. All families are urged to inquire.

Financial assistance for medical care, adoption and therapy may be available.

For more information about Ashley, please contact The Adoption Exchange at 801-265-0444

THE HEART

"PHOTOGRAPHS CAN TAKE US TO PLACES WE HAVE NEVER BEEN, SHOW THINGS WE MIGHT NOT HAVE THOUGHT OF. THEY CAN MAKE US DESIRE, FEEL, EMPATHIZE. THEY CAN MAKE US LAUGH, CRY, BE ANGRY, AND CHANGE. HOPEFULLY THAT IS WHAT THIS GROUP OF ARTISTS WANTED TO DO."
— ERIC SWANSON, 2001 HEART GALLERY

On March 9, 2001, the New Mexico Children, Youth and Families Department (CYFD) brought the expression "a picture is worth a thousand words" to life. On that day, the first annual "Heart Gallery" exhibit opened at the prestigious Gerald Peters Gallery in Santa Fe. An unprecedented crowd of 1,200 people gathered at the opening to see stirring, professional portraits of children in CYFD custody who needed permanent homes. At the opening, and as they have toured around the state, the Heart Gallery portraits have inspired heightened interest in foster care and adoption, and drawn national attention.

Located in Santa Fe, the Heart Gallery exhibit featured portraits of children and families who were waiting for adoptive parents. The exhibit was a success, and it inspired other Heart Galleries across the state.

To attract attention to the Heart Gallery, the CYFD purchased 10-second television spots and ran them in Albuquerque and Santa Fe. The spots featured portraits of children and families who were waiting for adoptive parents. The spots were successful, and they inspired other Heart Galleries across the state.



Adrianna, age 11

The Heart Gallery exhibit was a success, and it inspired other Heart Galleries across the state. The exhibit was a success, and it inspired other Heart Galleries across the state.

through connections, and dedicated hunters, more than 40 noted photographers donated their time and talent to create about 50 portraits of New Mexico's waiting children. The exhibit gave CYFD and the community a chance to reach out to prospective adoptive parents, and it inspired other Heart Galleries across the state.

prospective parents to inquire and subsequent invitations were sent to them. The Heart Gallery was a success, and it inspired other Heart Galleries across the state.

Reporters from the Associated Press covered the Heart Gallery opening in Santa Fe, as did staff from CameraArts magazine, numerous other publications, and local television stations.

T GALLERY

IT NEVER SEE, HELP US TO RELATE TO THINGS WE MIGHT NOT BE ABLE TO UNDERSTAND.
Y OR SAD. MOST IMPORTANTLY, THEY CAN MAKE US ACTIVE, MOVE US TO ACTION, TO
PHOTOGRAPHS CAN DO: INSPIRE SOME ACTION.”
ART GALLERY PHOTOGRAPHER

During the event, country music star Randy Travis serenaded the children and their foster parents, and speakers talked about foster care and adoption from different perspectives. Perhaps most moving were a teenage girl who spoke of her desire for a loving home, and a young man who shared the story of his adoptive father’s death.

At every Heart Gallery opening, CYFD staff answer questions, and provide application information to those who express interest in adopting or foster parenting and follow up with information packets and phone calls.

This unusual recruit-
been effective on
Heart Gallery exhibit
adoption awareness at
nudged those who al-
foster care and adop-
CYFD has enjoyed
positive press cover-
have concentrated on
the project, the chil-
needs, and how read-
help.

The exhibit was almost
ten by local and na-
The photographers’
time, gallery space,
matting work, printing
room), food and bev-
gifts for the artists,
address system were
nesses who wanted to
in children’s lives. CYFD paid only for some of the ads, the invitations, and programs.



Jeffery, age 8 and Matthew, age 7

ment effort has
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erages, thank you
easels, and public
all donated by busi-
make a difference

LOOK FOR UTAH’S FIRST HEART GALLERY COMING SOON TO SALT LAKE CITY
AND SURROUNDING AREAS.

For more information on Adrianna or Jeffery and Matthew, contact The Adoption Exchange at 801-265-0444



Utah!

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Utah State Division of
Child and Family Services

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