Nebraska Foster & Adoptive Parent Association

Families First

a newsletter for Nebraska Families

July/August 2015

N F A P A

Attention-Seeking Behavior in Young Children: Do's & Don'ts

Even though she was only three years old, Mallory knew exactly how to get attention from her parents. When she wanted a Popsicle before dinner, she'd whine and hang on to her father's pant leg as he cooked. She'd continue until her dad caved in; of course, by that point, he was willing to do anything to make her stop. When she didn't want to go to bed, she'd run around the house as her parents chased her; eventually, they'd give up and let her stay up an hour later. And when Mallory wanted to watch a video, even though she was told no numerous times, she'd scream until she eventually got her way. Why do young children seek attention in ways that can be so annoying? And why do we, as parents, give in?



Your child is taking mental notes each time you give in to their demands. This fuels them for the next time they want something, and they will double their attention-seeking efforts to get it.

First, it's important to note that such attention-seeking behavior (whining, crying, screaming, etc.) is a perfectly normal part of a young child's development. Children in the 3- to 7-year-old age range are simply not able to rank their needs and wants in an organized manner and then articulate them. So for them, the easiest method of communicating is to engage in attention-seeking behavior-usually loudly and frequently! There are many reasons kids seek attention: they're bored, spent the day at school or daycare and really want your attention, they're tired, or hungry. The key isn't so much figuring out why your child is acting this way, as much as learning how to respond when they do.

Here are several things you can do, as well as what to avoid, when your child seeks attention from you.

Do...

Be empathic. It can be hard to muster up empathy and kindness when your child is acting obnoxious; but when you are able to understand their developmental level, you will see what they are (and are not) capable of. Empathy doesn't mean that you completely understand your child's behavior; rather, it means that you know it's coming from a place of developmental immaturity.

Learn to ignore. This is not to say that you should always ignore every aspect of your child's attention-seeking behavior! But, it is okay to tell your child that whining will not get them what they want, and that you will speak to them when they can speak calmly.

Have a plan. Explain the difference between a true emergency (where your immediate attention is warranted) versus your child just wanting something. Having a system that allows your child to signal when something is truly important can benefit both of you. Discuss with them what this means. For instance, if the sink is overflowing upstairs, or a sibling has just escaped out the front door, this deserves immediate attention. Developing a catch phrase for them to say in a true emergency (for example, "Code Red") helps your child learn to differentiate between a true emergency versus simply wanting attention.

Display the rules. One of the best ways to stop attention-seeking behavior in its tracks is to let your child know exactly what your expectations are. You can do this by creating a "Rules Chart". Have them help you create it, and then hang it at their eye level. Even if your child doesn't read, just looking at the chart will serve as a reminder of the agreed upon rules.

Here are a few examples of what can go on the chart: no whining, no screaming, no running away when called. Next to each rule, list the consequence; for instance: sit by yourself for 5 minutes, go to bed 10 minutes earlier, or lose television time. Of course, your child will forget; but when the rules are listed where your child can see them, you can simply point and say, "Sorry, no screaming is on the rules list. No television tonight."

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Attention Foster Parents!

Earn Your Foster Parent Credits While Getting the Chance to win a Great Prize!

Answer these 9 questions from this newsletter correctly and you will not only earn .5 credits toward your in-service hours, but your name will also be put in a drawing for a prize. For this issue we are offering a $10 Walmart gift card.

Just answer the following 9 questions and send us your answers! There are a variety of ways to do this. You can **1)** email the information to Felicia@nfapa.org, **2)** send the questionnaire from the newsletter to the NFAPA office at 2431 Fairfield Street, Suite C, Lincoln, NE, **3)** print off this questionnaire from our website, www.nfapa.org (under newsletters) and fill out/send in by email or mail or you can go to **4)** survey monkey and do the questionnaire on line at https://www.surveymonkey.com/r/FMVSZ9X.

We will then enter your name in the drawing! We will also send you a certificate for training credit to turn in when it is time for relicensing. Good Luck!

1. Children are often reluctant to talk about abuse due to feeling of
   a)Guilt b) fear c) shame d) all of the above

2. Parents can model various types of loving contact such as
   a) hand holding b) pats on the shoulder
   c) side hugs d) all of the above

3. T or F, Foster survivors go through tremendous emotional distress and upheaval as children, and we bear the scars from our youth into adulthood.

4. T or F, I have not been able to make my own support networks in the community.

5. My child's behavior is _____ her fault.

6. It is important to note that such attention – seeking behavior (_____, _____, _____, etc.) is perfectly normal part of a young child's development.

7. With enough consistent _____, and _____ and _____ of what your expectations are, Your child will develop just fine.

8. T or F, I saw a wonderful counselor who told me that feelings of failure were normal.

9. Finish the sentence, Anxiety often eases as _____.

Name: _____

Address: _____

Email: _____

Phone #: _____

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Be consistent. The biggest hurdle parents face in stopping attention-seeking behavior stems from not consistently enforcing the consequences when their child acts out. Too often, parents give in because they are tired, frustrated, or just want their child to be quiet. While it is completely understandable, make no mistake about it: your child is taking mental notes each time you give in to their demands. This fuels them for the next time they want something, and they will double their attention-seeking efforts to get it.

Give your child attention. Lastly, make sure you are giving your child attention. This doesn't mean meeting all of your child's demands at every turn, but rather being mindful of engaging with them in a consistent and loving manner each day. This can come in the form of quality play time, reading together, eating family meals and talking about your day, doing homework or school activities with them, and having a consistent bedtime routine. Each day will be different in terms of how much attention you can give your child. Your own busy schedule will dictate how much time you can spend, so be realistic about what you are capable of giving. No one wins if you berate yourself for not fitting everything in, so be sure to practice some self-kindness.

Don't...

Yell back. It is very tempting to reduce your emotional responses to the level of your child's, especially when the whining doesn't stop, or you're tired or at your wits, end. Try to have a plan in place for removing yourself from the situation when you feel like you might explode. If your child won't end the attention-seeking behavior, feel free to tell them, "I need a time-out right now because you won't stop whining. I'll be back in 5 minutes." Then go to your own quiet place and practice some relaxation and deep breathing exercises until you are calm enough to deal with your child.

Make your child feel guilty. Between our kids, jobs, relationships with spouses/ partners and extended family, parents usually feel chronically exhausted and overworked. So it's perfectly normal to struggle with a child who's acting out. But, the issues adults face aren't meant to be shared with our children. It can be tempting to unload our difficulties onto our children (our boss, a stressful encounter with a neighbor, or the fight with a partner) as a way of trying to guilt them into good behavior. But, this kind of information can add an extra level of stress and anxiety onto our kids. Note however, that it is perfectly okay to tell your child, I've had a busy day and have a headache; so I'd like you to stop whining, or you will have to sit by yourself.? There's nothing wrong with your child knowing that you feel under the gun, just skip all the gory details.

Assume there is something wrong with your child. Many parents mistakenly think that the attention-seeking behaviors of their young child signify that there is a bigger problem, and they panic. In fact, most kids, at some point in their development, will act out. The key is how parents respond, and how consistent they are with consequences. Of course, if you are practicing all of these suggestions, or your child is acting out in ways that are dangerous to themselves or others, do seek your pediatrician's advice.

Hover. You don't have to be present every time your child needs something. Some parents feel guilty, or fear that their child will feel unloved, if they aren't always responding to their child's attention-seeking behavior. But, part of being a good parent is teaching your child that all of their needs cannot be met all of the time. If you are always "on-call" whenever your child needs something, your child will never learn the value of patience, the importance of waiting their turn, and that they're not the center of the universe. Parents run the risk of creating an entitled, self-absorbed child who continues on this path into adulthood.

Attention-seeking behavior can be annoying and difficult for parents to handle. But at the end of each day, remember that this is a perfectly normal stage of a young child's development; it, too, will pass. With enough consistent attention and love, and understanding what your expectations are, your child will develop just fine.

"Attention-Seeking Behavior in Young Children: Do?s and Don?ts for Parents" reprinted with permission from Empowering Parents

National Foster Care Month



There are over 3,000 children in foster care in Nebraska. Foster parents open their hearts and homes NOT to be babysitters for children, but a part of a team working together to help them reunify with their families whenever possible. That is what foster parenting is. Families helping families.

The Nebraska Foster & Adoptive Parent Association celebrated May as National Foster Care Month by having a Proclamation and Open House at our office. We had a fantastic turn-out. Having the Proclamation is one way to recognize how much foster parents are appreciated and to thank them for all that they do! We enjoyed meeting everyone and hope to have as great a turn out next year and look forward to seeing you there.

Insight from an Adult Foster Care Survivor

by Rose Garland

Although I am 28 now, my experiences in foster care and adoption continue to shape me, for good and for bad. From my relationships with friends, family, and co-workers, to my religious beliefs and educational attainment, I would be hard pressed to think of an area of life that my foster care and adoption journey doesn't affect.

I still remember how awful it was to be taken away from my birth mother without understanding why, and the horrendous abuse my younger brother and I suffered in the foster home where we stayed the longest. I also remember our adoption and how it felt to be reunited with him and to belong, for the first time, to a real family.

I remember my parents at my college graduation, then their divorce in my early 20s, and how unfair it felt to finally have a family and then not make it. I remember a call I received at 19 from a nurse telling me my birth mother might die of cancer, and more recently the joy of meeting a younger sister I hadn't seen in 24 years.

While my feelings about foster care are ambivalent, my feelings about foster and adoptive kids still in the system are very strong. I don't think any youth should have to go through the things my family went through without lots of community support, and I do not believe that support for those who are in or have left foster care is currently adequate. Foster survivors go through tremendous emotional distress and upheaval as children, and we bear the scars from our youth into adulthood. Consider our vernacular or mismatched manners, or how we must publicly deal with PTSD or depression that has to be masked and then corrected if we are to succeed. Life is not easy, but adult foster survivors must learn chameleon skills on top of dealing with gaps in education and common knowledge, or they will not be hired. If they can't find a good job, they may not survive easily, much less prosper.

It was a hard job to choose, but I am now lucky enough to work with foster teenagers. Each of "my kids" is facing the same struggles and fighting against the odds that I did. We know without saying it what loyalty is and how much we all care about one another and our families.

My teens have these deep, old eyes that tell stories of their own betrayals, rejections, hurt, and feelings of never being quite good enough or deserving. We share tales of how we, as former foster youth, can struggle so hard sometimes without anyone seeming to notice, and how we can still get hurt so easily.

I try not to convey this, but as you become older, you get even less help from the community. In fairness, though, learning how to be your own support and help is a big part of becoming an adult. Therefore, I encourage my youth to find pride in their independence.

As when I was a child, I have moved often as an adult. It seems like part of being a foster survivor is never being able to settle down, and not necessarily even knowing how to. What makes stability? Fourteen years out of foster care, I have guesses, but still haven't been able to incorporate them into my life.

As I understand it, stability is a steady job, a steady relationship, a single place to live, and a strong community life. I hope that the teens I work with will be able to somehow achieve stability more effectively than I have so far. With the new programs out there, they probably will!

The Jim Casey Youth Opportunities Initiative, for which I am a site coordinator in northern lower Michigan, is one of two exciting ventures I can see making a positive change in foster kids' lives. Funded by Casey Family Programs and the Annie E. Casey Foundation, the initiative aims to help foster youth transition into adulthood without being so alone. Another good initiative, also funded by the Annie E. Casey Foundation, is Family to Family—a program helping foster youth remain in home communities and schools whenever possible.

I am excited about both programs because I think people are finally "getting it." Keeping youth surrounded by communities, and having community members step in to help them, has a greater potential than anything else to help foster youth transition into a successful adulthood.

I am often asked what made me successful, and I wish I knew! I'd love to be able to tell the youth I work with. Though I was adopted at 14, I was basically left on my own when I turned 18. I haven't had a place to spend the holidays in a long time, and as an adult, I've still had to depend on my friends for help that parents would usually give.

Yet, the years after my adoption were pivotal; somewhere between 14 and 18, I went from hanging out at a crack house to college prep, and I will always be grateful to my adoptive parents for their help with that transformation. Many of my foster teenagers will never have that opportunity. I still think, though, they can survive and survive well without it—if they can get enough love and support from their communities.

A lot of what my parents did was show me a different way to live. I never wanted to be a failure, but was totally cognizant that everything in my life was leading me in a bad direction. Before my adoption, I had not even known there was a life of safety away from fears of rape, guns, or drug-addicted people. The new environment my parents introduced me to allowed me to finally grow.

But honestly, though I love them and am grateful, it's not fair to give my adopted parents all the credit. I've heard it takes a village to raise a child, and I believe it. My strongest ability has been to make family members out of friends, and maybe ultimately that is truly why I've been so successful; I've been able to make my own support networks in the community. Hopefully I can pass that skill to future generations of foster youth and maybe, as they learn how to advocate for

themselves, their communities will embrace them. Only a community of people can cure the loneliness, hurt, and fear in foster kids´ hearts, and only a foster care alum can appreciate how wonderful the world is for us when compassionate people reach out with the steadfast intention of making a difference. I owe a thousand thanks and much love to the many people who have made that difference in my life.

"From Adoptalk, published by the North American Council on Adoptable Children, 970 Raymond Avenue, Suite 106, St. Paul, MN 55114; 651-644-3036; www.nacac.org."

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NFAPA Support Groups

Have you ever thought about attending a support group? NFAPA offers support groups to foster, adoptive and kinship families! This is your chance to gain understanding and parenting tips through trainings, discussions, and networking with fellow foster families. This is a great way to meet other foster/adoptive families in the area! In-service training is offered at most support groups for those needing credit hours for relicensing. Up to date information with each support group location will be on our calendar page on our website at www.nfapa.org. Support Groups will be cancelled for inclement weather. Contact your Resource Family Consultants for more information.
Jolie Camden (Panhandle Area): 308-672-3658
Tammy Welker: 402-989-2197
Kathy Wagoner-Wiese: 402-853-1090
Terry Robinson: 402-460-7296 (FACES-Online Support Group)

NFAPA has Support Groups at the following dates/times/locations

- **Alliance Support Group:** Box Butte Community Hospital
  6:00-7:30 p.m. Please RSVP to Jolie
  Meets the third Thursday of the month.
  July 16, August 20, September 17, October 15, November 19 and December 17, 2015
- **Scottsbluff Support Group:** St. Francis Community Center (1605 2nd Ave)
  6:00-7:30 p.m. Please RSVP to Jolie
  Meets the second Tuesday of the month.
  July 14, August 11, September 8, October 13, November 10 and December 8, 2015
- **Columbus Support Group:** Peace Lutheran Church (2720 28th St.)
  7:00-8:30 p.m. Childcare available. Contact Tammy Welker. (Thank you Building Blocks and Behavioral Health Specialists for providing childcare!)
  Meets the second Tuesday of the month (except Dec.).
  August 11, September 8, October 13, November 10
- **Gothenburg Support Group:** American Lutheran Church (1512 Ave G)
  6:00-8:00 p.m. Contact Kathy Wagoner Wiese.
  Meets quarterly. July 17, October 16, 2015
- **Lexington Support Group:** Parkview Baptist Church (803 West 18th St)
  6:00-8:00 p.m. Contact Kathy Wagoner Wiese.
  Meets quarterly. July 24, October 23, 2015
- **McCook Support Group:** McCook Community Hospital (1301 East H St)
  6:00-8:00 p.m. Contact Kathy Wagoner Wiese.
  Meets quarterly. August 15, November 21, 2015
- **North Platte Support Group:** Harvest Christian Fellowship Hall (1501 S. Dewy)
  1:30-3:30 p.m. Contact Kathy Wagoner Wiese.
  Meets quarterly. August 16, November 22, 2015
- **Ogallala Support Group**: New Hope Church (118 East B Street) 6:00-8:00 CT/5:00-7:00 MT. Contact Kathy Wagoner Wiese. Meets quarterly.
  September 18, (Dec. 18 has been canceled) , 2015
- **FACES-Online Support Group:** Every Tuesday 9:00-10:00 p.m. Central Time | Contact Terry Robinson.
  Meets weekly. Support only.

NFAPA OPENING!

STAFF OPENING:

A Resource Family Consultant Position (part-time) is available in the Western Service Area servicing the following counties: Grant, Hooker, Thomas, Arthur, McPherson, Logan, Keith, Perkins, Lincoln, Dawson, Chase, Hayes, Frontier, Gosper, Dundy, Hitchcock, Red Willow and Furnas. If you are interested, please go to our website under the Careers tab for the job description. Send your resume to Felicia@nfapa.org. Applications will be taken until position is filled.

'My Child Has Bipolar Disorder, But Please Don't Punish Her For It'

Posted: 04/03/2015 | Updated: 06/03/2015

This post originally appeared on Babble.com



The stigma surrounding mental-health conditions is very real, and it can be devastating for children who experience it. Take Tara, 11, who started being left out of activities once she told her best friend, Amanda, that she was diagnosed with bipolar disorder. When Tara asked Amanda why she wouldn't play with her anymore, Amanda confessed: "My mom said I should stay away from you. She said you were probably 'crazy' and might do something strange."

Tara's mom, Alexis, was heartbroken for her daughter. "I just don't know what to do," Alexis said when she sought professional help. "She's not a bad kid. I just wish people wouldn't judge without even knowing her. It's so unfair."

-For generations, people with mental-health conditions have faced stigma -- prejudice that stems from misinformation, a lack of understanding, and media sensationalism that often paints a woefully inaccurate picture of mental illness. Gradually the stigma is fading for certain mental health conditions such as depression and ADHD but for others -- like bipolar disorder -- people are still quick to assign labels. Tara's situation has motivated Alexis to help her daughter and involve other parents, who can teach their children about stigma and empathy. Here are a few things she, and others in her situation, would like parents to know about the stigma of mental health and how it impacts children like her daughter:

My child's "bad" behavior is not her fault.

Please don't think of Tara as a "bad" kid. Mental-health challenges can often lead to emotional and behavioral issues that may cause other parents and school administrators to think of children as a "problem" rather than a person in need of support. If you can understand the reasons behind the behavior, we're already off to a better start.

If you have concerns or are uncomfortable, let me know.

If we have known each other for a long time and our kids have been playing together since they were little, I'd love for you to know more about Tara's condition so that you and your kids won't be afraid of her. If our kids are new friends, I want to assure you that Tara is getting the support she needs and is doing well. I'm happy to share more about my daughter if you would like.

Please educate yourself about mental health and stigma.

Even if your child doesn't have a mental-health condition, it's important know about them and the impact of stigma on kids and families. Knowledge is so important, and many non-profits and health-care providers are working to end mental-health stigma. There is a lot of good information available online, including the National Institute of Mental Health and Time to Change.

Help your child learn more about my child's condition. Once you have more knowledge, you can teach your kids about Tara and others with mental-health challenges, and help them be more empathetic. It would be helpful if you passed the information on to other parents, too. The more children and families know, the less likely they are to treat Tara differently than other children.

Please don't leave my child out.

It breaks my heart when Tara isn't invited to participate, especially when the girls at school are talking about a birthday party they were at or the movie they are going to see together next weekend. All children want to be included. Maybe we could arrange some activities together where the kids can play and we can supervise - things like bowling or ice skating, for example. That will help you and the kids feel more comfortable around Tara, and she won't feel so isolated.

Has your child experienced the pain caused by mental health stigma? Do you have a friend whose child is dealing with similar issues? Please share your stories and offer ideas to help other parents.



Chores

The chores suggested below are a rough guideline of age appropriate jobs for kids. Keep in mind that kids are different both developmentally and physically. Some children may be able to handle more than others, some less. You need to decide what chores are appropriate for your kids. It's a good idea to start small and add chores based on your child's readiness. It's even o.k. to start with one chore, especially if assigning chores is new in your family. We want our kids to succeed so we need to set up a system that supports success!

2-4 year olds

- help dust
- put napkins on table
- help put away toys
- put laundry in hamper
- help feed pet

4-7year olds

"Help" is the important word at this age. Many of the chores will be done as a helper and slowly kids can graduate to doing them independently!

- set the table or help set the table
- put away toys/things
- help feed pets
- water plants
- help make bed
- dust
- put laundry in hamper
- help put away groceries
- help put dishes in dishwasher
- water the garden
- help wipe up messes
- help with yard work (rake with child's rake or plant flowers, etc.)
- help clear table

8-10 year olds

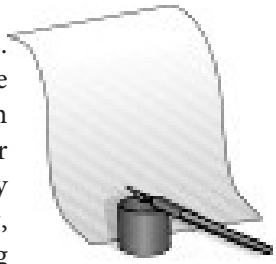
- make bed
- water plants
- clean room with direction
- set the table
- clear the table
- dust
- vacuum
- help make dinner
- put laundry in hamper
- feed pets (depends on type of pet and how your comfortable your child is interacting with the pet)
- help wash the car
- help wash dishes
- help load/empty dishwasher
- rake leaves
- take out the trash

11 year olds and older

- take garbage out
- set the table
- clear the table
- clean room with direction
- put away groceries
- clean the bathroom with direction
- clean the kitchen
- dust
- vacuum
- mow lawn
- feed pets
- water plants
- put laundry in hamper
- help with laundry and eventually start doing own laundry
- help make dinner/make small meals on own
- help wash the car/wash car
- make bed
- help with yard work
- shovel snow
- wash dishes/load or empty dishwasher

A Letter from the Executive Director

Felicia Nelsen



The rainy days of June are behind us. I'm not sure I am looking forward to the hot days of summer ahead. I grew up in a home with no central air. I remember summers of fun outdoor play, family time, popsicles, ice cream, swimming, running through the sprinkler, riding bikes, roller skating, and playing "kick the can" or "hide and seek" until it was too dark to see. The heat did not seem to bother me until it was time for bed. Now I dread watching the news to see what the temperature will be and getting into a hot car knowing it will not cool off much before I get to where I need to go.

But as I watch the kids run in and out the door (they never seem to remember to close it) to play with each other or neighborhood friends, I know they are making their own memories. They won't be the same as mine. Times have changed, and that is ok! I just want them to have a safe and happy childhood.

This wouldn't have been possible if my sisters and I did not make the decision many years ago to become foster parents. Most of the children that have been a part of our family reunified back home. But those that did not, were adopted and are now pre-teens, teens and young adults. Because of these decisions

1. To be a foster parent
2. Work to reunify children back to their families
3. Have a good support system
4. Commit to be a forever home to those unable to return home

we have made a difference in all of our lives. Our family is always changing and growing but we are making lasting memories.

The past few weeks I have meet some wonderful foster parents both in-person and on-line who are focusing on their core mission, to help reunify the children home. They are sharing ideas with other foster parents, working together with other team members and bio parents. Committed and passionate about the children in their care and are making sure they are safe as they partner for a better outcome for these children.

So remember, during these hot days of summer to make lasting memories with the children in your life and remember the reason you became a foster parent in the first place. Enjoy your summer!

Waiting Children



Name: Korey

"Put this card down and then move to this space on the board" Korey says, as he attempts to teach someone to play the card game of Pokemon. One of his favorite things to do is play card games, especially Pokemon and Magic: The Gathering. Playing video games is a close second. He could spend all day and be very happy in a video arcade. When he isn't playing video games, he is talking about them. He also loves to use his brain to put together difficult puzzles, as well as read books. His favorite series right now include Pen Dragon and the Kane Chronicles. While he enjoys doing indoor activities, he is also very happy spending time outside, especially if it involves animals. Korey has been a part of helping care for horses at a local ranch. He says he likes all animals, "just not parrots." Some of his favorite places to eat are Dave and Buster's and Taco Bell. He also enjoys a nice Frappe and some good cheese.

Korey has a silly personality and likes to joke around a lot. At times, he needs some extra help staying focused on important tasks and discussions. Korey is full of energy and does best when he is kept busy and has an environment that is mostly structured and has a routine. He thrives off of love, nurturing and affection and just loves spending time with people. He is a very caring young boy that wants to please others. An example of this is when Korey was given the opportunity to choose a place to eat for his birthday; he chose a place that he thought the person taking him would enjoy. He would make a good brother and it could also benefit him to have a positive older, male role model to learn from and have fun with.

An ideal family for Korey would be one that is active and enjoys both indoor and outdoor activities. He would benefit from a family that reassures him that he has parents to keep him safe, love him and meet his needs, while allowing him to make his own daily choices where appropriate. He has been a part of a family with military background and is proud of that. Korey will thrive in an environment with a lot of structure and routine, while allowing for some flexibility. A family that has a sense of humor and does not take everything too seriously would be a plus. Other words to describe a good family for Korey include patient, committed, reassuring, accepting, present, supportive and comforting. Above all, Korey needs a family to show and tell him that he is worth it and deserves a family that will call him theirs. Korey has important connections that he will need to keep, including his biological sister.

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Name: Precious



Precious wrote her own narrative. "I am nice, funny, kind smart, and intelligent. Some of my most important relationships are those with my brothers and sister. I love dogs and would love a family that had a Toy Yorkie and a Pug. I love to play basketball and go swimming."

Precious dreams of being a veterinarian when she is older. She loves all animals, except snakes. Precious has a great sense of humor and really loves to make other people laugh. She can be very silly, but she is also very serious at times. Precious says that her favorite restaurant is Red Lobster, although she's not sure if she's ever been there. She is looking forward to having a family to call her own.

The girls have two brothers that were adopted and will also need to maintain contact with former foster placement and foster siblings.

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Attachment Issues and Reactive Attachment Disorder

Symptoms, Treatment, and Hope for Children with Insecure Attachment

Part 4-conclusion of article (Part 1, 2 & 3 in previous newsletters)

Repairing reactive attachment disorders: Tips for helping your child feel loved

A child who has not bonded early in life will have a hard time accepting love, especially physical expressions of love. But you can help them learn to accept your love with time, consistency, and repetition. Trust and security come from seeing loving actions, hearing reassuring words, and feeling comforted over and over again.

- Find things that feel good to your child. If possible, show your child love through rocking, cuddling, and holding—attachment experiences he or she missed out on earlier. But always be respectful of what feels comfortable and good to your child. In cases of previous abuse and trauma, you may have to go very slowly because your child may be very resistant to physical touch.
- Respond to your child's emotional age. Children with attachment disorders often act like younger children, both socially and emotionally. You may need to treat them as though they were much younger, using more non-verbal methods of soothing and comforting.
- Help your child identify emotions and express his or her needs. Children with attachment disorders may not know what they are feeling or how to ask for what they need. Reinforce the idea that all feelings are okay and show them healthy ways to express their emotions.
- • Listen, talk, and play with your child. Carve out times when you're able to give your child your full, focused attention in ways that feel comfortable to him or her. It may seem hard to drop everything, eliminate distractions, and just be in the moment, but quality time together provides a great opportunity for your child to open up to you and feel your focused attention and care.

Repairing reactive attachment disorder: Tips for supporting your child's health

A child's eating, sleep, and exercise habits are always important, but they're even more so in kids with attachment problems. Healthy lifestyle habits can go a long way in reducing your child's stress levels and leveling out mood swings. When children with attachment disorders are relaxed, well-rested, and feeling good, it will be much easier for them to handle life's challenges.

- Diet – Make sure your child eats a diet full of whole grains, fruits, vegetables, and lean protein. Be sure to skip the sugar and add plenty of good fats – like fish, flax seed, avocados, and olive oil—for optimal brain health.
- Sleep – If your child is tired during the day, it will be that much harder for them to focus on learning new things. Make their sleep schedule (bedtime and wake time) consistent.
- Exercise – Exercise or any type of physical activity can be a great antidote to stress, frustration, and pent-up emotion, triggering endorphins to make your child feel good. Physical activity is especially important for the angry child. If your child isn't naturally active, try some different classes or sports to find something that is appealing.

Any one of these things—food, rest, and exercise—can make the difference between a good and a bad day with a child who has an attachment disorder. These basics will help ensure your child's brain is healthy and ready to connect.

Professional treatment for reactive attachment disorder

If your child is suffering from a severe attachment problem, especially reactive attachment disorder, seek professional help. Extra support can make a dramatic and positive change in your child's life, and the earlier you seek help, the better.

If you suspect your child might have an issue with attachment, start by consulting with your pediatrician, a child development specialist, or one of the organizations listed in the Resources and References section below.

Types of treatment for reactive attachment disorder

Treatment for reactive attachment disorder usually involves a combination of therapy, counseling, and parenting education, designed to ensure the child has a safe living environment, develops positive interactions with caregivers, and improves peer relationships.

While medication may be used to treat associated conditions, such as depression, anxiety, or hyperactivity, there is no quick fix for treating reactive attachment disorder. Your pediatrician may recommend a treatment plan that includes:

- Family therapy. Typical therapy for attachment problems includes both the child and his or her parents or caregivers. Therapy often involves fun and rewarding activities that enhance the attachment bond as well as helping parents and other children in the family understand the symptoms of the disorder and effective interventions.
- Individual psychological counseling. Therapists may also meet with the child individually or while the parents observe. This is designed to help your child directly with monitoring emotions and behavior.
- Play therapy. Helps your child learn appropriate skills for interacting with peers and handling other social situations.
- Special education services. Specifically designed programs within your child's school can help him or her learn skills required for academic and social success, while addressing behavioral and emotional difficulties.
- Parenting skills classes. Education for parents and caregivers centers on learning about attachment disorders as well as other necessary parenting skills.

Helping Children Recover from Grief:

Support Is Essential

From NACAC

by Christen Shepherd and Lisa Highfield

Christen Shepherd and her husband Trevor adopted four children from foster care. Lisa Highfield is a child and youth counselor, and became the Shepherd family's support worker. In 2013, Christen and Lisa published a book about their experiences—The Promise: The Story of an Adoptive Mother and a Support Worker—which is available at www.lulu.com.

Christen:

When our two biological sons were 12 and 16, my husband and I chose to expand our family through adoption. In 2010 we welcomed a sibling set of four—Olivia, Samantha, Serena, and Zach, ages 3, 5, 7 and 9—into our lives and hearts. Despite hearing that families often faced challenges in the early stages of placement, I was unprepared for the reality—that it would be the greatest challenge of my life, and that it would kick my feet out from underneath me. I felt as though I was drowning in trauma and a safe shore was far too distant. All six of my children, both biological and adopted, were drowning too and I couldn't even save myself, let alone everyone else.

My children tested us from day one. It took every bit of emotional strength, willpower, creativity, and resourcefulness to make it through that first year together. We learned parenting adopted children can be drastically different than parenting biological children. Almost immediately, our Children's Aid Society put me in touch with Lisa, a child and youth counselor who helped make sense of behavior, core adoption issues, and trauma. Her support was critical to our staying the course.

Given what our children had been through in their short lives, I now know it is ridiculous that I thought they should have settled in quickly or easily. Our children had moved many times in foster care (we were the fourth home for our youngest who was only three years old) and the kids had experienced instability and abuse. They had a variety of issues that would make it hard for them to cope, such as intellectual disabilities, fetal alcohol spectrum disorder, and anxiety. They'd also had an adoption disruption, spending more than a year in a "forever" home only to be sent back. Obviously the children were in need of some very deep healing.

As soon as they moved in, the children unleashed unbridled rage. Small things set them off, like not getting a preferred cup at dinner. They destroyed rooms, flipping furniture and breaking things. With four traumatized children, it was not uncommon to have temper tantrums all day long, every single day, both at home and in public. They bit and scratched their own arms and faces, and pulled out their hair. They often attacked me, biting and punching while shouting swear words and threats. Our youngest was only four when she bent a metal lock hurling her tiny body at a door to get to me. During tantrums, their primal screams were unlike anything I'd ever heard before. Lisa assured me the rages were normal, even healthy, and that they would eventually subside.

Fear and anxiety were key elements of our days. Our oldest daughter, Serena had panic attacks; during the day she was jumpy and nervous. A touch on the shoulder could make her leap to the ceiling. She questioned everything and had a deep worry she would die. Zach was afraid to step foot outside because of bees or storms. The only way Zach eliminated his fear of insects was by carrying around a "therapy chicken." He'd earned a new pet and he loved the beautiful, white Silkie hen. By spending time with his chicken outside, Zach gradually learned insects largely ignored him and he was safe. We spent a large amount of our parental energy figuring out ways to overcome challenging behavior. Sometimes we discovered it by asking others, like Lisa, sometimes we found it in books, and as with the pet chicken, occasionally we stumbled upon ways to help by sheer dumb luck.

Attachment concerns were intertwined with anxiety. Olivia was terrified to let me out of her sight in case she lost me forever. It was nearly impossible to get her on the school bus, or for me to leave her to go out. Some techniques got her to school for only a morning (like giving her a bracelet I wanted back) and sometimes for a whole week (like promising a pink cake on the weekend). She was so panicked about losing me that she threw herself in front of moving vehicles to prevent me from leaving. It was heart-wrenching! Despite smaller strategies, in the end, it was by forcing both of us to endure the torment of my leaving and returning that her faith in me was built, and she understood that we'd never be separated for good.

The kids really struggled to sleep—they stayed up late, woke early, and ransacked the kitchen. Months passed and the original four members of our family became as traumatized as the adopted children. We were so afraid to wake the children (who were light sleepers) that we didn't turn on a TV, play music, or get snacks from the kitchen. We were worn out and couldn't stand more screaming. My husband and I sat in the living room each night, and stared at each other in shock and dismay. This was not what we'd signed up for. It was difficult not to question our decision to adopt. I often wondered if I would be able to help my children, if anyone could, or if they had been too wounded, too unloved to be able to function and attach like "regular" kids. It became necessary to work through my own trauma. I saw a wonderful counselor who told me the feelings of failure were normal, but not actually true. He confirmed what Lisa said, that my children trusted me enough to show their darkest selves and that I was showing them what true love and acceptance were.

We are now three years into our adoption journey and the children have healed. When I reflect on our first year it seems a dream. Our bonds are solid, the children are secure. The incredible anger has been purged, the crippling anxieties

dissolved. They stand on stage at school concerts waving at me, and run into my arms with joy just like other kids. They trust I will always be there. We can be apart, the children always confident we will be reunited. The rages, the running away, the self-harm, and attacks—it's all gone. With the trauma vented and explored, my true children have been revealed—loving, affectionate, trusting, and happy children who are free to grow up in a loving home.

Of course there are still some behavioral issues, and some days I am challenged to remain calm and supportive. There is no doubt the children's histories have left lasting scars—adoption can't wave a magic wand to make that different. The disabilities incurred by in utero exposure to drugs and alcohol and from long-term abuse and neglect won't go away. Our biological sons handled the upheaval of their lives with grace, although the incredible stress was not what they'd hoped for. As we work toward becoming a fully functional family, all six of our children have bonded. Parenting traumatized children is not an easy path to walk, and Trevor and I stumble as we go along, but we continue to regain our footing and do our best, knowing our commitment to our children has given them their best chance at a productive, happy future.

Lisa:

Parenting a child who has had significant trauma takes strength, and most parents will experience challenges. Support and help is essential. When the Shepherds found themselves dealing with severe behavioral issues, their agency didn't overreact and assume the children couldn't be helped, and instead, put them in contact with me. Because parenting traumatized, adopted children can be radically different than parenting biological children, I was able to offer some insight and encouragement.

Parents often want strategies to deal with behavior. The hardest part about parenting is that one set of rules doesn't apply; the same strategies don't work for every child, or they work for a short time but then a parent must come up with something new. Parents must be creative, always looking for new ways to handle behavior. Often it helps to have support from an experienced adoption worker or another adoptive parent who has been through it.

One tactic I love is reward systems. Children always learn more from positive rewards than by punishment. The Shepherds implemented a certificate program, and actively watched for good behavior and rewarded it. Even small things, like saying "please" warranted praise. Having printed certificates handy was a quick way to give feedback to a child. The Shepherd children proudly displayed them in their bedrooms. High-fives and hugs also affirm behavior and most kids will seek more.

You can't punish trauma or loss. In the early months, Olivia, the Shepherds' youngest, would cry at night and keep everyone up. While most biological kids don't sleep because they want attention, Olivia was in deep mourning. I explained to Christen that grief can't be punished. Unfortunately, holding Olivia and letting her cry, no matter how many times a night she required this, was the only route to healing. Again, positive rewards went a long way, and when Olivia slept she earned treats. All children have needs that must be met, and they will seek to meet them. Zach would cry after he wrecked his room. Punishing him wouldn't have worked because he needed to vent his despair. Although cuddling him after unwanted behavior seems counter intuitive, for Zach, being cradled filled an early developmental need. He benefited from expressing his anger (although the Shepherds would have preferred another way), but because of that and the cuddling, Zach healed, and the room destruction and need for being babied waned.

The key is to know what a child's needs are before they act out. Some kids scream in order to feel heard. If you can message to your child that you hear them, that validation can result in less screaming.

Although no one wants to hear this, anger cannot be controlled. Offering ?pillows to punch may help, but kids need to unleash their long-standing sorrow and confusion about their lives. We don't allow children to hurt people or other living creatures, and they need to be put in separate rooms when anger erupts. We can offer consequences when children misbehave, but the truth is most kids need to vent. They don't have the ability to work verbally or openly through all their memories and grief, and anger is the result. It is really hard to believe a child destroying a room is a positive step in healing, but with each explosion, healing occurs.

Sadly, it is the primary caregiver who often takes the brunt of rage. Olivia and Zach lost their tempers with Christen, physically attacking her. It's never okay to abuse a parent and kids must be stopped, but they trusted Christen to see them at their worst. She was their safe place to fall, but also their safe place to unleash. After a few months, this behavior stopped. Now they are affectionate and loving with their mother and would never think of hurting her. Parents must believe the turnaround will happen, and that there is nothing wrong with an angry child.

Not only do kids need to vent years of sadness, they also need to test parents. Often the Shepherd kids exploded and then asked if they would be sent back. They claimed they hated their new home and family. Constantly affirming that a child is loved and accepted no matter what is what it takes to prove a "forever family." Kids will try and outlast a parent, and adoption can resemble a strange version of Survivor. Parents must stay strong. Eventually, most children shed their protective armor and attachment results, although the length of time that takes can vary.

Anxiety often eases as children attach and feel secure. Serena required toys piled on her at night to feel safe. (Parents can also buy weighted blankets for this.) She learned to recite positive thoughts and practice deep breathing to calm herself down. Her fear of abandonment subsided as trust was gained, as she watched her siblings explode while continuing to be loved, and in time the panic attacks and fear went away. On the

other hand, Zach suffers from clinical anxiety, and because of his intellectual disability it is harder for him to find ways to relax. Unconsciously, Zach uses sensory seeking behaviors to regulate himself, whether it is rolling on the floor or spinning a toy in front of his eyes. His sensory processing issues likely won't go away, but the Shepherds have enlisted professional help, and Zach can gain tools that might help him meet his sensory needs in an appropriate way.

Vicarious trauma is something caregivers must watch for. Anyone spending time with a traumatized child can find themselves overwhelmed by the sheer pain the child experiences, and it is common for us to take it on as our own. When a parent feels inadequate or overwhelmed, resents their child, or thinks the adoption isn't working, they need support. Parents need breaks, advice, and encouragement. Connecting to counselors or support groups can help.

Parents must not give up. If they look for the positives, have faith in themselves, continue to role-model healthy coping strategies to their children, and find support for themselves while they meet the challenges of parenting an adopted child, loving families are the result. Love, acceptance, and consistency are the main components of healing, and children can attach, despite the odds. The Shepherds are a great example of this.

Christen:

Adoption has been an incredible learning curve for me. I've learned about my children and also about myself. Taking care of myself has been a key lesson. Helping my children takes everything I have, and I need a continual source of renewal. With no family to help, it is easy for my husband and me to get worn out or feel frustrated. I have made fun a huge priority, something I didn't do in the past. By doing things I enjoy, I have the emotional resources to pour into my children.

Taking breaks from the task of parenting is critical, and I can't do that without ongoing support. My children can't be left with the average teenager so I continue to rely on qualified people who know how to manage kids who have special needs. I mistakenly thought meeting my own needs was selfish, but I've learned it is the only way I can meet the needs of my beautiful children—they deserve a mother who is at her best.

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Beyond Sexual Abuse: Families Can Promote Healing

Adapted by Diane Riggs from Beyond Sexual Abuse: The Healing Power of Adoptive Families, published by Three Rivers Adoption Council in cooperation with Wayne Duehn, PhD, Sherry Anderson, MSW, and Kirsti Adkins, MPH.

Parents teach pre-schoolers about good and bad touch to give them tools for avoiding and reporting sexual abuse. But foster and adoptive parents often don´t have the luxury of trying to prevent initial abuse. When a sexually abused child joins their family, the challenge is to provide a safe, healing environment, and teach the child about ways to safely show affection and deal with sexuality.

Some child welfare researchers estimate that as many as 80 percent of children in foster care have experienced sexual abuse of some kind. Sexual abuse involves activity with or interaction between a child and an older person where the intent is to sexually arouse one or both of the parties or control the child sexually.

Children entering foster care or moving from care to adoption are most likely to have experienced systemic abuse. Commonly associated with chaotic homes where children are not protected, this type of sexual abuse often starts when children are very young and is perpetrated by a parent or other adults who move in and out of the home.

Was My Child Sexually Abused?

If your child´s worker does not mention sexual abuse, and records say nothing, did your child escape this form of abuse? Maybe. Maybe not. Sexual abuse often goes unnoticed and unrecorded. Children are often reluctant to talk about abuse due to feelings of guilt and shame, or fear that the abuser will punish them. Few abusers confess to their crimes when confronted by protection workers.

Initially, a sexually abused child´s behavior may mirror that of children who have experienced physical abuse or neglect. Children who have been abused sexually may be angry, be confused about parental roles and responsibilities, mistrust adults, and be depressed or hyperactive. Symptoms specific to sexual abuse include sensitivity to touch (avoiding touch or being seductively clingy); sensitivity to exposing one´s body (being very opposed to exposure or eager to wear scant clothing); and sexual behavior or knowledge that is out of keeping with the child´s age.

Bottom line, even if sexual abuse is not disclosed in the child´s history, foster and adoptive parents must be prepared to deal with issues of sexuality and sexual abuse.

Creating a Healing Environment

Supportive discussions about abuse can start the healing process, but children will not talk until they feel safe. And, while you should tell a child that she is safe, the child may need time to see that your actions consistently reinforce your verbal promises of safety.

If your child shows signs of prior abuse by, say, inappropriately touching a sibling, take advantage of the chance to teach him about proper behavior. Calmly, you might say, "I know you want to feel close to your sister, but that is not the way we get close in this family. Let's talk about how we show love in this family." If the inappropriate touching happens again, you could say (again, calmly), "Remember when we talked about showing love in this family? What you are doing now [name the inappropriate behavior] is not the way we get close in this family. Can you remember some of the ways we show love?"

Because sexually abused children are used to relating to others sexually, and being valued for their sexuality, non-sexual behaviors that healthy families use to express affection and find comfort may be utterly foreign. Re-educating an abused child about these alien norms takes persistence and patience, and openness to questions and feelings. Avoid angrily scolding the child for sexual misbehavior, or making negative comments that could cause him to question his safety or withdraw.

Talking about Abuse

Some children may not be able to talk about the abuse for a long time, but may express intense feelings of anger or sadness. When a child exhibits these emotions, validate the child's feelings and reinforce the message that the child is not at fault for past events and is now safe. You might say, "I know something terrible happened to you. It was not your fault. You are safe now. We love you and are going to do all we can to protect you."

This situation also gives you an opening to invite further conversation: "I know you were hurt, and I know you feel angry. When you want to tell me what happened, I am ready to listen." Or try a more direct approach: "I am sad that something terrible happened to you, and I want to understand what happened so I can help you feel better. I wonder if someone touched you and hurt you."

If your child is not ready to talk, let the subject drop. Never try to force a discussion about past abuse. When your child is finally ready to share, make the experience as comfortable and supportive for the child as possible:

- ***Use a private setting.*** *The child's privacy has been invaded, and you must show respect for the child's privacy.*
- ***Assume an open posture and position yourself at or below the child's level.*** *You need to look receptive and approachable. If you want to touch or hold the child, ask permission and frame the request as your need. For example, "I feel so sad for you, I'd just like to give you a hug. Would that be okay with you?" The word "just" tells the child the limit of touching requested. She decides if she gets a hug, some other contact, or no contact.*
- ***Control your emotions.*** *Under-react, but don't minimize the problem. If the child thinks anger is directed at her, it will reinforce her guilt and shame.*
- ***Encourage sharing.*** *"I'm glad you are telling me about this, and that you trust me enough to share. I also know that this is very hard for you, but what happened to you is a part of your life and I want to know about all of you. Nothing you tell me can change my love for you."*
- ***Verbally reassure the child.*** *Reiterate that the abuse is not the child's fault. "Adults are responsible for what they do to children, and you could not have done anything differently. You are a child, and you did nothing wrong."*
- ***Ask questions.*** *Though it may be hard to stifle shock and disbelief, show that you really want to know what happened by calmly asking questions about the child's story.*
- ***Give the child permission to have feelings****. Sexual abuse victims often experience a mix of guilt, shame, fear, and pleasure. Let the child know that these feelings are normal.*
- ***Universalize the experience.*** *Let your child know that many other children—girls and boys—have endured the same type of abuse.*
- ***Believe.*** *Children rarely make up detailed stories about sexual abuse, and if you are the first person the child tells, your immediate response is vitally important. A negative reaction will reinforce the child's low self-image and damage chances for healing.*

Subjects for Ongoing Communication

Even if your child never shares details about past abuse, keep lines of communication open. No matter how much it goes against your personality or philosophy, you must tackle the topic of sexuality honestly, repeatedly, and without flinching.

A sexually abused child must repeatedly be taught and reminded about:

- ***Boundaries.*** *Sexually abused children need to know right away that they can set personal boundaries for touching that other family members will respect. They must also learn that they have no right to invade other children's boundaries with sexual touching, and that they have no role in meeting their parents' or other adults' sexual needs.*
- ***Sex.*** *Though sexually abused children may be all too well informed about certain sexual activities, they may be clueless about basic anatomy and sexual functioning. Review the basics of male and female anatomy, normal sexual development, healthy sexual expression, and how babies are conceived.*
- ***Ways to express affection.*** *As suggested above, sexually abused children must learn non-sexual ways to show affection. Parents can model various types of loving contact such as side hugs, pats on the shoulder, or hand holding.*

Discussions in Adolescence

With the onset of puberty, children who were sexually abused may find themselves reliving emotions evoked by the original abuse. At these times, foster and adoptive families must be willing to talk openly and frequently about developmental changes in puberty, the impact of past trauma, and appropriate ways to handle and express sexuality. Discussion topics include:

- ***Being responsible for one's own body.*** *Repeat and model the message that everyone is responsible for his or her own body and behaviors, and that women and men can control sexual impulses. Make rules and set expectations*

to help your teen take responsibility for his actions in social situations.

- ***Nurturing a healthy non-sexual identity.*** *Because sexually abused children may believe that sexuality is their one asset, parents must help them develop other interests and talents in childhood, and support healthy extracurricular activities in adolescence. Research indicates that youth with a wide variety of interests and activities are less likely to be sexually active. Activities provide chances for building self-esteem and allow teens to express their individuality in non-sexual ways.*

  One mother of a teen with sexual abuse history channeled her daughter's interest in having a baby to mothering a dog and gerbil. The girl must arrange for the animals' care when she's away; no one cares for the animals unless she asks them to. When the dog needs walking in the morning, the teen must put the dog's needs above her desire to stay in bed. By supporting her teen's use of pets for care giving and reciprocal affection, the mother has prevented early motherhood and its more serious struggles.
- ***Forming a healthy sexual identity.*** *Children who were abused by members of the same sex may question their sexual orientation. Help them understand that prior sexual encounters do not necessarily dictate sexual orientation, and that feeling good about one's identity as a multi-faceted man or woman is the key to healthy relationships.*
- ***Establishing healthy sexual relationships****. Sexually abused children need adult role models who treat each other with respect and affection. Parents can provide examples of proper interaction and reinforce the family's sexual norms ("In this family, only dad and I have sex, and we only have sex with each other."). Candid discussions about sex and relationships as portrayed in movies and on television can also help to keep life in perspective.*

Support for Parents

For parents whose upbringing or beliefs make open discussions about sex very difficult, outside support—therapy or training—may make them better able to address issues related to their children's abuse history. Adoptive parent support groups can also help. Parents who have experience with sexually abused children can advise a struggling parent how to discuss sexual abuse with children, and how best to respond to certain behaviors.

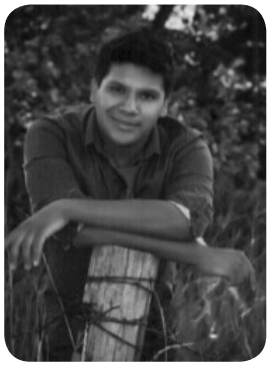
Parents may also wish to have the child see a therapist. A therapist who is versed in adoption and sexual abuse issues can be a tremendous ally in helping children heal. Organizations such as those listed below can also offer help.

With support, foster and adoptive parents can help sexually abused children to survive and become healthy adults. Nurturing families who address the realities of child sexual abuse can break the cycle.

Scholarship Winners

NFAPA offers a scholarship for an adoptive, foster, guardianship, or kinship child who wishes to further their education beyond high school or GED. We had several admissions for our scholarship this year. The NFAPA Board was so impressed with the applicants and the essays that were submitted, they awarded three scholarships! Because the scholarships are based off of 25% of NFAPA membership enrollment, we were able to have the three winners. We hope to have some great admissions again next year.

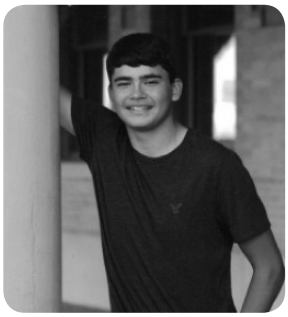
If you are interested in donating to the NFAPA Scholarship fund, become a member of NFAPA! An enrollment form is on the last page of the newsletter. You can also donate on our website at www.nfapa.org.



Peter New III will be attending North East College in Norfolk. He will study Graphic Design. He graduated from Valentine High School. He is the first in his family to graduate High School and even dream of College.



Jayme Berdine Carlton is involved in many community activities and is currently a camp councelor this summer. She is looking forward in getting a degree in Forensics.



Jaime Rojas has been accepted into Midland University this fall where he will majoy in Human Performance and Sports Medicine. He will also be playing Men's basketball while at Midland.

"Strangers are just family you have yet to come to know."

– Mitch Albom

NFAPA Upcoming One Day Conferences

Nebraska Foster & Adoptive Parent Association Presents the following workshops

FASD Into Action with Karen Anderson

Sandhills Convention Center/Quality Inn & Suites

2102 South Jeffers

North Platte, NE

September 12, 2015

9:00-4:30 p.m.

Registration begins at 8:30 a.m.

Cost: $10 per person. Lunch on your own.

Registration required

Mail registration to
NFAPA
2431 Fairfield Street, Suite C
Lincoln, NE 68521
Questions: 877-257-0176

Trauma with Lori Ross

Good Shepard Lutheran Church

11204 S. 204th Street

Gretna, NE

August 29, 2015

9:00-4:30 p.m.

Registration begins at 8:30 a.m.

Cost: $20 per person

NFAPA Members: $15 per person

Light lunch provided

Registration required

REGISTRATION:

Name: _____

Spouse: _____

Address: _____

City/Zip: _____

Home: _____

Cell: _____

Email: _____

Agency: _____

Training: _____



FASD Into Action—Karen Anderson, FASD Educator

- **What is Fetal Alcohol Spectrum Disorder?**
- **What does the brain have to do with it?**
- **Learn about hands-on tools to understand and decrease challenging behaviors!**

Fetal Alcohol Spectrum Disorder (FASD) is a brain-based physical disability with behavioral symptoms. This workshop is designed to increase understanding of FASD and offers practical techniques on what to do if you are living or working with someone with FASD. Individuals with FASD are referred to as having an *invisible physical disability*, since there are few external physical characteristics of prenatal alcohol exposure. Often, the only symptoms of the underlying neurological disability are behaviors. The shift in focus is to understand FASD differently and how to make accommodations for the disability so the individual can be more successful. Participants will learn how to increase effectiveness, reduce frustration, and obtain improved outcomes in working with those with prenatal alcohol exposure. The approaches in FASD Into Action are also very effective for children with other brain differences such as those caused by trauma.

**Karen received certification from the Great Lakes FASD Training Center and the Midwest Regional FAS Training Center, and from Diane Malbin and FASCETS of Portland, Oregon. She serves as Parent Advocate on the NOFAS-Missouri Board of Directors. Karen and her husband John are the parents of six children, including a twelve-year-old with Fetal Alcohol Syndrome and grandparents to 14 very wonderful grandchildren. They have also fostered for 36 years, caring for 200 children.



Trauma—Lori Ross is returning to Nebraska to provide another all day training for us!

Understanding who our kids are from the inside out:

This session will take a look at the kids who are coming into foster care with a strong focus on the neurobiological impact of trauma on the brain, utilizing the DVD "The Neurosequential Model of Therapeutics" produced by the Child Trauma Academy, featuring Dr. Bruce Perry.

The difficult job of parenting traumatized children:

This session will look at the challenges that traumatized children present in everyday life within a family, and highlight strategies for behavior management which can begin to improve neural functioning. Attendees will walk away with a new way of understanding and responding to what we've often thought of as Reactive Attachment Disorder.

**Lori Ross has been a foster/adoptive parent since 1985, and has cared for more than 400 foster children since that time. Through birth, foster care and adoption, Lori and her husband Randy, are the parents of twenty-eight children ranging in age from 3 to 36, and the grandparents of thirteen. Lori holds a degree in psychology, and has completed thousands of hours of additional training in issues related to the special needs of abused and neglected children.

- Foster Parents will receive up to 6 hours of in-service credit by attending either workshop.
- Lodging and mileage will be reimbursed for Western Foster Parents only to attend the FASD training for those that who travel more than 60 miles. Childcare will not be reimbursed.
- Please make arrangements for childcare. No children at either workshop.

Nebraska Foster & Adoptive Parent Association
N·F·A·P·A

2431 Fairfield Street, Suite C
Lincoln, NE 68521
www.nfapa.org

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JOIN NFAPA….your support will enable NFAPA to continue supporting foster parents state-wide!

Benefits

- Ongoing trainings/conferences at local and state level
- Networking opportunities with other foster (resource) families, adoptive families, and relative caregivers
- Opportunity for all foster (resource) families, adoptive families and relative caregivers to be actively involved in an association by serving on committees and/or on the Executive Board
- Working to instigate changes by alertness to legislation affecting the child welfare system
- An advocate on your behalf at local, state and national levels
- Alertness to legislation affecting the child welfare system
- 25% of membership dues goes toward an NFAPA Scholarship

Thank you for your support!

Please mail membership form to:
NFAPA, 2431 Fairfield Street, Suite C, Lincoln, NE 68521.

Questions? Please call us at 877-257-0176.

NFAPA is a 501c3 non-profit organization comprised of a volunteer Board of Directors and Mentors.

Name(s): _____

Organization: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: _____

Email: _____

I am a Foster/Adoptive Parent. I have fostered for _____ years.
(circle one)

I am with _____ agency.

I wish to join the effort:

- ❑ **Single Family Membership** (a single foster or adoptive parent), $25
- ❑ **Family Membership** (married foster or adoptive parents), $35
- ❑ **Supporting Membership** (individuals wishing to support our efforts), $75
- ❑ **Organization Membership** (organizations wishing to support our efforts), $150
- ❑ I wish to join the effort through a donation.

My donation will be acknowledged through Families First newsletters.

- ❑ Gold Donation, $1,000
- ❑ Silver Donation, $750
- ❑ Platinum Donation, $500
- ❑ Bronze Donation, $250
- ❑ Other, $ _____