

# Families First

a newsletter for Nebraska Families

September/October 2016

N F A P A

## 3 Tips for New Foster-Adoptive Parents

Danielle Helzer *A free-lance writer chronicling her journey parenting two kids adopted from foster care.*

Four years ago, my husband and I started our journey as foster parents with a set of unrealistic expectations. We didn't know any foster parents. We found no books titled *What to Expect When You're Expecting Children You Did Not Create*. And because we live under a pop-culture rock, we weren't aware of what modern media had to say about foster parenting. Our training classes were informative, but there's only so much that can be covered in such a short time frame. We naively thought that if we just loved kids, that we'd fix everything. We were seriously under-prepared for our journey as foster parents. If you're starting the process to become a foster parent, or if you're fairly new to this gig (like me)—consider these three things I wish I would've known as a new foster-adoptive parent:

1. The trauma your kids have experienced will impact you. After three years of helping our two kids process their trauma, I noticed a change in my demeanor. I was always on edge; my body was tense as I waited for the next blow up or negative phone call from my kids' school. Because my body was tense all day, I tired more easily. Some days all I wanted to do was sleep—a total switch from my normally energetic personality. After particularly trying weeks, I'd find myself slipping into a dark mental state. I told my husband many times that I was running away because I started believing the lie that I was no good for my kids. Sometimes I was so overwhelmed that all I could do was sit at my dining room table and stare at the walls. I honestly thought I was losing my mind, but then I stumbled on [an article that defined secondary trauma for](#)

[adoptive parents](#). It was suddenly clear: I was experiencing symptoms of secondary trauma. In our training to be foster parents, we learn about [how trauma will impact our kids](#). We learn that early childhood trauma negatively impacts brain development and the development of the nervous system. We learn about the consequences of these delays and what behaviors will develop as a result. Going into this gig, I knew how trauma would impact our kids, but nobody told me that my kids' trauma would impact me. Learning about secondary trauma didn't fix my problems, but it allowed me to give myself some grace. Understand secondary trauma and watch for it in yourself, and then go easy on your tired soul.

2. Don't be afraid to find a therapist...for yourself. Yes, your kids will likely need a therapist to help them process their transition from their biological family to their foster or adoptive family, but you may need one, too. Don't be ashamed...you're not broken—you're just doing difficult work that needs to be processed with someone who is detached from your experiences. I reluctantly started seeing a therapist a few months ago, and it's been one of the best choices I've made for myself. My therapist has listened to me gripe, given me unbiased advice, taught me calming strategies, and encouraged me. I am a hot mess, but my therapist helps me deal

more gracefully with my mess. If you can, find a therapist who understands the nuances of the child welfare system so you don't have to spend a lot of time explaining the technicalities of your family situation. Maybe, like me, you have crappy insurance. If so, consider checking with

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## Nebraska Foster &amp; Adoptive Parent Association

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When reprinting an article, please receive permission from the Nebraska Foster and Adoptive Parent Association,

2431 Fairfield St. Street, Suite C, Lincoln, NE 68521

402-476-2273, toll-free 877-257-0176, e-mail: Felicia@nfapa.org

To contact a board member or mentor,

visit our website at [www.nfapa.org](http://www.nfapa.org).

## NFAPA Staff

**Felicia Nelsen, Executive Director:** 877-257-0176 or [Felicia@nfapa.org](mailto:Felicia@nfapa.org)

**Nichollette Gardner, Program Assistant:** 402-476-2273 or

[Nichollette@nfapa.org](mailto:Nichollette@nfapa.org)

**Tammy Welker, Northeastern/ Eastern Area RFC:** 402-989-2197 or

[Tammy@nfapa.org](mailto:Tammy@nfapa.org)

**Robbi Blume, Northwestern Area RFC:** 402-853-1091 or

[kids4us01@yahoo.com](mailto:kids4us01@yahoo.com)

**Terry Robinsons, Central RFC:** 402-460-7296 or [Terry@nfapa.org](mailto:Terry@nfapa.org)

**Jolie Camden, Western RFC:** 308-672-3658

\*RFC=Resource Family Consultant

## NFAPA Board of Directors 2016

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Charles and Carla Colton  
32314 740 Road  
Imperial, NE 69033  
308-882-4078  
[colton@chase3000.com](mailto:colton@chase3000.com)

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21 N. Kennedy, PO Box 162  
Alma, NE 68920  
308-928-3111  
[jtwells@frontiernet.net](mailto:jtwells@frontiernet.net)

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17630 W. 42nd Street  
Kenesaw, NE 68956  
402-752-3712  
[okwiese@windstream.net](mailto:okwiese@windstream.net)

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[brummeram@gmail.com](mailto:brummeram@gmail.com)

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Jan Johnson  
3 Belmont Dr.  
York, NE 68467  
402-694-1950  
[jamajohnson4@gmail.com](mailto:jamajohnson4@gmail.com)

### Southeast Representative

Rebecca Rowe  
1207 12th Corso  
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308-737-8430  
[chocolatedreamsandsweetthings@gmail.com](mailto:chocolatedreamsandsweetthings@gmail.com)

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2900 South 70th Street, Ste 160  
Lincoln, NE 68506  
(402) 525-9825  
[bdewey@neb.rr.com](mailto:bdewey@neb.rr.com)

Anna Wishart  
402-314-5688

[adwishart@gmail.com](mailto:adwishart@gmail.com)

# Attention Foster Parents!

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

Answer these 10 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 email the information to [Felicia@nfapa.org](mailto:Felicia@nfapa.org), send the questionnaire from the newsletter to the NFAPA office at **2431 Fairfield Street, Suite C, Lincoln, NE**, print off this questionnaire from our website, [www.nfapa.org](http://www.nfapa.org) (under newsletters) and fill out/ send in by email or mail or you can go to survey monkey and do the questionnaire on line at <https://www.surveymonkey.com/r/SeptemberOctober2016>. 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. True or False. True or False. Many children placed in foster care suffer from at least one learning-based developmental delay.
2. Fill in the blanks. The continuous reminder that their peers are living with \_\_\_\_\_ while they are not, is a difficult reality for them.
3. Why would you avoid telling children about holiday plans?
4. True or False. One way to help a child with RAD is to ask the teacher to seat them in the back of the classroom.
5. Name the three tips for new foster and/or adoptive parents.
6. Name four ways to navigate the school system for your child.
7. Fill in the blank. AHT often causes irreversible damage, and about \_\_\_\_\_ out of every 4 cases result in a child's death.
8. True or False. In many cases, babies who do not have severe symptoms may never be brought to a doctor.
9. Fill in the blank. Abusive Head Trauma is \_\_\_\_\_ percent preventable.
10. What is the 5 "S" Approach?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Questions? Call NFAPA at 877-257-0176 or 402-476-2273.

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(Continued from page 1)

your licensing agency to see if they have any therapists they can provide. Some employers also provide a certain number of free therapy sessions a year to help employees cope with life.

3. Foster-adoptive parenting is not about us; it's about the kids. I know this sounds basic, but hear me out. There will be days when your kids will take all their trauma and anger out on you, and you will want to throw in the towel and run away. Just today I stood in front of my closet and wondered what I'd need to take with me when I ran away to my parents' house for a few days of respite. I even went as far as texting my mom to let her know I'd be letting myself into her house to escape the crazy of my house. But I didn't go. Because my kids' mothers couldn't take care of them, they don't trust me to take care of them. I can't slip up in these early years with my kids. A broken promise, losing my cool, forgetting a snack—their traumatized brains will notice all of it, and it will make the attachment process more difficult. Leaving in a moment of desperation would have grave effects on my kids' attachment to me as their forever mama. My kids—your kids—they deserve parents who stick it through the tough times. You see, this work we do raising kids that aren't our own flesh and blood—it's hard. But let's consider how difficult it is for our children as they struggle to adjust to a new family, identify and process their trauma, and maybe even let go of their biological families. This work isn't about us; it's a love offering to our kids.

No matter how many books we read or foster-adoptive parents we know, we still may not feel 100% equipped to be a foster-adoptive parent. And that's okay because we will learn as we move through this journey. If you're a new foster parent: Hang in there. Practice good self-care; we can't take care of others if we're not taking care of ourselves.

Follow Danielle Helzer on Twitter: [www.twitter.com/DMHelzer](http://www.twitter.com/DMHelzer)

04/20/2016 03:54 pm ET

## Mandatory Reasonable and Prudent Parent Standard Training

As foster parents, you should have received a letter from Douglas Weinberg, Director, Division of Children and Family Services in August 2015 regarding the Preventing Sex Trafficking and Strengthening Families Act that President Obama signed on September 29, 2014. One key provision of the act is the utilization of the Reasonable and Prudent Parent Standard (RPPS) by foster parents, Group Homes and Shelters. The Reasonable and Prudent Parent Standard is defined as:

*The standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interest while at the same time encouraging the child's emotional and developmental growth, that a caregiver must use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities.*

This law was intended to empower foster parents to decide what activities foster youth may participate in. As a result youth will be able to experience a deeper sense of normalcy. Use of the Reasonable and Prudent Parent Standard will be individualized based upon activity and if it is age or developmentally appropriate for the youth.

**As part of this federal law, all foster parents are now required to complete the Reasonable and Prudent Parent Standard Training by December 31, 2016.** Please contact your agency or NFAPA about upcoming RPPS trainings available in your area. This is an exciting time as we make changes to help ensure youth placed into the custody of DHHS experience as normal a childhood as possible.

For more information please visit: [http://dhhs.ne.gov/children\\_family\\_services/Documents/PSP%2028-2015.pdf](http://dhhs.ne.gov/children_family_services/Documents/PSP%2028-2015.pdf)

### Upcoming RPPS Training Dates:

Register online at:

<https://www.surveymonkey.com/r/RPPStraining>

**St. Paul Lutheran Church, Grand Island:**

Saturday, September 10th, 10:00 AM

**Peace Lutheran Church, Columbus:**

Tuesday September 13th, 6:00 PM

(Before regular Support Group)

**United Methodist Church**

Seekers Room, **Kearney:**

Saturday, September 17th, 10:00 AM

**NFAPA Office, Lincoln:**

Tuesday September 20th, 9:30 AM

Monday October 17th, 6:00 PM

**RWMC Main Hospital, North Entrance**

Scottsbluff Room, **Scottsbluff:**

Saturday, September 24th, 1:00 PM



# 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](http://www.nfapa.org). Support Groups will be canceled for inclement weather.

Contact your Resource Family Consultants for more information.

Jolie Camden (Panhandle Area): 308-672-3658

Tammy Welker (Columbus): 402-989-2197

Terry Robinson (Southwest Area & FACES-Online Support Group): 402-460-7296

NFAPA Office: 877-257-0176

NFAPA has Support Groups at the following dates/times/locations. Please check our website for updated information and a list of new support groups being offered throughout the year.

## WESTERN AREA

**Alliance Support Group: Famer's State Bank Building, 1320 W. 3rd St, entrance in rear**  
**6:00-7:30 p.m. Please RSVP to Jolie.**

September 15, October 20, November 17, December 15

**Scottsbluff Support Group: Regional West Medical Center, in South Plaza Room 1204**  
**6:00-7:30 p.m. Please RSVP to Jolie.**

September 13, October 11, November 8, December 13

**Kimball Support Group is discontinued at this time. Please contact Jolie with interest in continuing.**

**North Platte Support Group: Mid Plains Center (1101 Halligan Drive)**  
**6:00-8:00 p.m. Contact Terry Robinson.**

Meets every other month on a Thursday evening  
October 6 (this meeting will be at a different location),  
December 1, 2016

**Gothenburg Support Group: American Lutheran Church, 1512 Ave G (August & November) & United Methodist Church, 1401 Lake Ave. (September & October) 6:00-8:00 p.m.**  
**Contact Terry Robinson.**

Meets the third Thursday of every month  
(no meeting in June, July or December).  
September 15 & October 20 support group dates cancelled  
November 17, 2016

**Lexington Support Group:**

**Parkview Baptist Church (803 West 18th St) 6:00-8:00 p.m.**

**Contact Terry Robinson.**

Meets quarterly.

October 25, 2016

## NORTHERN AREA

**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 December).

September 13, October 11 & November 8, 2016

## ONLINE SUPPORT GROUP

**FACES-Online Support Group:**

**Every Tuesday 9:00-10:00 p.m. Central Time**

**Contact Terry Robinson to become a member of this closed group.**

Meets weekly to discuss issues foster parents are facing.  
Support only.

## TRANSRACIAL SUPPORT GROUP

**Parenting Across Color Lines: Newman United Methodist Church (2242 R Street), Lincoln**

**6:30 p.m. Contact: Barbara Dewey, LICSW at 402-477-8278, ext. 1 to RSVP.**

For more info: [colorlineslincoln@gmail.com](mailto:colorlineslincoln@gmail.com). Or <https://www.facecook.com/colorlineslincoln>

This group supports and strengthens racial identity in transracial families.

Watch our website for further dates or contact us by email or phone with any questions. Support only.

**PACL will hold their 2nd annual picnic on September 11th at Antelope Park. Please contact Barbara Dewey if you and your family can attend!**

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# No Longer Fostering?

**We would love to hear from you.**

We are interested to learn about families leaving foster care and the reasons behind their decision. This information can assist us to advocate for future policies to support foster families. If you are a former foster parent, please take a moment to provide feedback on your foster care experience.  
<https://www.surveymonkey.com/r/nfapaexitsurvey>

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# The Classroom:

## A Place Of Failure For Children In Foster Care

Dr. John DeGarmo, *Leading expert in Parenting and Foster Care Field*

School. It is a place of frustration, loss, failure, and reminder of loss to a child in foster care. It is a place of humiliation, bullying, shame, and sorrow for those who are placed in a foster home. Yet, so few recognize the many challenges and disruptions that kids in foster care face each and every day they are in a classroom setting.

I am often asked how I became a foster parent, from both foster parents, and those who are simply curious why I have dedicated my life to helping these children in need. It all goes back to my days as a teacher in a rural high school, where I was teaching English and drama classes. Recently moving back to the USA with my wife, after living in Australia for a number of years, I was troubled by the number of students coming through my classes who were experiencing problems in behavior, grades, or both. Meeting several of their parents, I sadly came to realize that these problems were stemming from other problems within their home; these students of mine were suffering from neglect, abuse, or other issues, and it dawned on me that it truly started in the home. My wife and I had lost our first child years before to a disease known as Anencephaly, and I had grown to appreciate very much how precious the life of each child was. I wanted to help those children who were at risk, as did my wife, and thus our foster parenting experience began.

It wasn't until I had my first children from foster care living with my family that I came to fully understand the tremendous challenges that these children face while in public school. As a teacher, I was very aware that my fellow teachers knew next to nothing about foster care, or the challenges that children in care face each and every day. To be sure, I was just as much in the dark before I was a foster parent, myself. With all this, I began searching for ways to not only help my fellow foster parents and teachers better understand why kids in care struggle in school, I also sought avenues for these two groups, as well as case workers, to come together, in a team effort, to best help the thousands of kids in care who struggle with school each day.

For many children in foster care, our schools are the last place they want to be. For that foster child who has been taken from his family, from his home, from his friends, and all he knows, and suddenly placed into a strange home late one evening, only to be forced to attend a strange school the following day, it is incredibly traumatic. Many children placed under foster care supervision suffer from at least one learning-based developmental delay. Many other children in the custody of child welfare agencies exhibit the need for special education services In addition, students in foster care exhibit an array of academic difficulties, including cognitive abilities that are

weaker than traditional students. Federal and state funding to assist in this problem is lacking, as well.

Foster children often have a difficult time with exhibiting proper school behavior during the school day. Indeed, children under foster care supervision experience problems in behavior while enrolled in public schools. For many of the children, school is a constant reminder that they are, indeed, foster children without a true home. The continuous reminder that their peers are living with biological family members while they are not is a difficult reality for them, and can be manifested in several ways. Some foster children simply withdraw and become anti-social, in an attempt to escape their current environment and world they have been thrust into. For many foster children, violent behavior becomes the norm, as they not only act out in a negative and disruptive fashion in the school, but in their foster home, too, prompting yet another move to another foster home and another school.

Schools are indeed a difficult environment for foster children, and far too many times, these foster children are unable to meet the demands and challenges that are placed upon them while enrolled in a school. It is only with the combined help of the foster parents, caseworker, and trained teachers that a foster child has a chance at success. By working together, all members of these three groups will be better equipped to assist foster teens as they grow older and contribute to the community and society in a positive way as a means of greater social change. I hope you will join me in this, as we begin to break this cycle of failure and sadness for our children in school, and instead create an atmosphere of success and understanding.

-Dr. John

08/10/2016 02:08 pm ET | Updated 5 days ago

## NFAPA Board Position Openings:

The following positions are vacant on the Nebraska Foster and Adoptive Parent Association (NFAPA) Board of Directors.

- *Western Service Area Representative (Southwest & Panhandle)*
- *Eastern Service Area Representative*
- *Central Service Area Representative*

If you are a current or former foster and/or adoptive parent and have a desire to serve an organization that empowers, supports and advocates for Nebraska families please submit your bio to Felicia Nelsen, Executive Director, at [Felicia@nfapa.org](mailto:Felicia@nfapa.org). Please contact Felicia at 402-476-2273 with questions.



# What is ICWA?

By the Nebraska ICWA Coalition

## The History and Need for the Indian Child Welfare Act (ICWA)

In 1978:

- *25%–35% of all American Indian/Alaska Native (AI/AN) children were removed from their homes by state child welfare and private adoption agencies.*
- *85% of AI/AN children removed were placed outside of their families and communities— even when fit and willing relatives were available.*

Today:

- *AI/AN children are **three times** more likely to be removed by state child welfare systems than non-Native children.*
- *56% of adopted AI/AN children are placed outside their families and communities.*
- *Nebraska is ranked 2<sup>nd</sup> in the U.S. for disproportionate numbers of Native children involved in the child welfare system.*

## The Law

Congress has unique authority over this issue. Tribes are nation states within the larger United States. The Constitution, federal law, and centuries of treaties have set a precedent: matters regarding tribes and tribal members are within the purview of the federal—not state—government. It is under this authority that ICWA has been legislated.

The federal Indian Child Welfare Act was enacted in 1978 and included a provision that states can enact laws that strengthen these protections. In 1985, Nebraska codified the federal ICWA, and in 2015, the Nebraska legislature clarified and strengthened many ICWA provisions. The law aims to protect Indian children in state child welfare systems and help them remain connected to their families, cultures, and communities. Nebraska law specifically states that Indian children are best served in placements that provide a political, cultural and social connection to their tribe.

## When Does ICWA Apply?

**ICWA is not based on race.** ICWA applies to children who are citizens (referred to as “members” in ICWA) of a federally-recognized tribe. The U.S. Supreme Court has repeatedly found federal laws that specifically govern tribal citizens constitutional. Citizenship requirements vary from tribe to tribe, just as citizenship requirements vary from country to country.

ICWA applies anytime DHHS or Probation becomes involved with a child who is:

- **Abused or neglected**
- **Dependent**
- **Status offender**
- **Law violator placed outside the home**

To be eligible for protections under the ICWA, an Indian child must be:

- *Unmarried and under the age of 18 (at the time proceedings began) **AND***
- *A member of a federally recognized AI/AN tribe **OR***
- *Eligible for membership in a federally recognized AI/AN tribe **AND** the biological child of a member of a federally recognized AI/AN tribe.*

\*The parent and child can be eligible for or members of different tribes.\*

## What considerations should be made in an ICWA case?

**Caseworkers must make several considerations when managing an ICWA case, including:**

- *Providing active efforts to preserve or reunify the family*
- *Identifying a placement that fits within the ICWA placement preferences*
- *Notifying the child’s tribe and the child’s parents of the child custody proceeding*
- *Working actively to involve the child’s tribe and the child’s parents in the proceedings*

### Additional Resources and Information about the ICWA

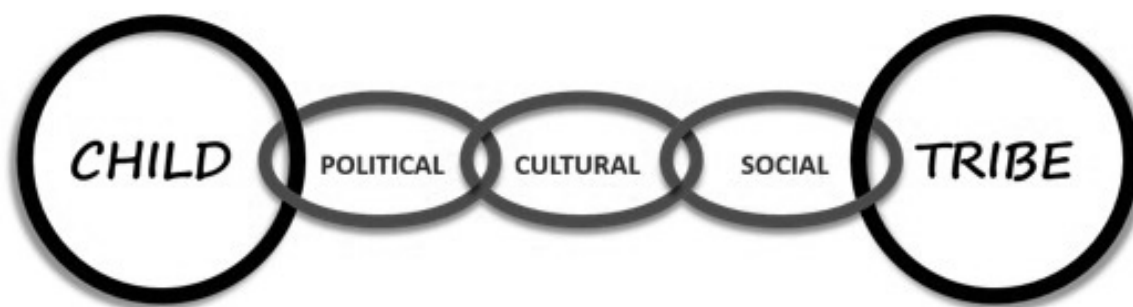
*Setting the Record Straight: ICWA Fact Sheet by the National Indian Child Welfare Association (NICWA):*

[http://www.nicwa.org/government/documents/Setting-Record-Straight-About-ICWA\\_Sep2015.pdf](http://www.nicwa.org/government/documents/Setting-Record-Straight-About-ICWA_Sep2015.pdf)

*Native American Rights Fund (NARF) - A Practical Guide to the ICWA:* <http://www.narf.org/icwa/>

*ICWA Resources for Families:* [http://www.nicwa.org/Indian\\_Child\\_Welfare\\_Act/#familyresources](http://www.nicwa.org/Indian_Child_Welfare_Act/#familyresources)

August 2016





# Calls Home from School

## How to Avoid (or Decrease) the Dreaded calls home from school about your child with developmental trauma

Ring. Ring. Ring. You looked at your phone reluctantly last school year, hoping it wasn't another call from your child's school. You held your breath and thought, "Now what did she do?"

But that was last year...right?

As school nears, you may have mixed emotions of relief as well as some anxiety. After all, children with reactive attachment disorder often struggle with behavior problems in school. Many teachers, principals, and school administrators don't have the capacity to handle excessive behavior problems. If you can actively work to avoid negative situations, however, your child will have a better chance for success.

### Here's how those raising children with reactive attachment disorder can prepare for the school year:

1. **Revise your child's therapy sessions so he can continue at the same pace with his upcoming school schedule.** Continue your child's therapy and other helpful measures throughout the school year. Your child's therapy needs, etc. don't cease when school resumes. In fact, your child's mental wellness should always be first priority.
2. **Ask your child's school staff to work with you to create an individual education plan (IEP) for your child if he doesn't have one yet.** It will help your child, you, school staff, and other students to succeed. Remain kindly persistent with school staff until this important document is complete.
3. **Work with school staff to create a safety plan in regard to your child (often included in the IEP).** Your goal should be to keep your child, other students, and school staff, safe. This includes preventing potential problems as well as plans of action in case of emergencies. Remember to include safety measures on the school bus, such as seating arrangements.
4. **Introduce yourself to each of your child's teachers before school starts or during the first week of school.** It's important to have open communication with your child's school staff to express your concerns and help them to anticipate potential problems.
5. **Ask your child's teachers to seat him in the front of the classroom.** This simple arrangement will help to avoid peer distractions.
6. **Remember and convey that your child is responsible for his academics.** You are not your child's teacher. You are only responsible for providing resources and a quiet study environment for your child to complete homework

assignments. The rest is the responsibility of your child. Explain your expectations of your child to his teachers early on so they understand that distinction. Do NOT allow school staff to hold you responsible for your child's academics. As you go through the school year, remember that it's okay to let your child fail a class or subject matter. The more kids with reactive attachment disorder can learn from the natural consequences of their actions, the better. Do not rescue him from the gift of failure.

7. **Remember and convey that your child is responsible for his preparation for his school days as well.** Let your child's teachers know that your child is completely responsible for her preparation for the school day. Do not feel obligated to bring forgotten items to school that your child left at home (i.e. homework, lunch, or iPad). Again, these are valuable life-long lessons that you shouldn't take from your child.
8. **Support your child's school staff.** It's vital that you're on the same team as your child's school staff, even when you disagree with them and especially in regard to their decisions in response to disruptive behavior. It can feel tricky to support school staff yet not take on responsibility for your child's academics and behaviors. A big way to do so is to allow and encourage your child to work out issues with his teachers without your involvement.
9. **When you communicate with a teacher, keep it between the two of you.** In order to maintain good relationships with teachers, don't go over their heads to address problems with your child. The ONLY time you should do so is with substitute teachers involved or when teachers don't respond to your numerous inquiries.
10. **Put an after-school schedule in place and review it with your child prior to the start of school.** This communication will help your child's transition from school to home because he'll know what to expect. Stay as consistent as possible with that schedule.

Yes, the preparation for school can feel overwhelming. Put the time in now though so you and your child can have a bit smoother year ahead. The phone calls may not end completely but they might slow down a little. Know that you've done what you can. Now see him off on the first day of school, take a deep breath, and let go.



<http://instituteforattachment.org/?s=how+to+deal+with+school+>

# Waiting for a Forever HOME!

The following are children available on the Nebraska Heart Gallery.

## Name: Andrew

15 years old

Andrew is a talkative boy who enjoys the outdoors and riding his bike. He has an interest in cars and how they work. Andrew can tell you the make and model of every vehicle he



sees. He would like to be a mechanic when he grows up. Andrew also enjoys playing video games, board games, and interacting one-on-one with adults. When Andrew full applies himself, he does very well in school. Andrew communicates well and is able to advocate for his needs. Andrew describes himself as a fun person to be around and easy to talk to. Andrew is looking forward to meeting his forever family that sticks with him during the good and bad days.

Connections: Andrew needs to maintain a relationship with his current foster parent.



**Bio, Adoptive,  
Foster, Step—it's  
not the word before  
parent that defines  
one, it is the love in  
their heart. Make a  
difference!**

## Name: Brend'n

12 years old

A charming combination of shy-but-talkative, Brend'n enjoys playing football and soccer, spending time at the park, playing video games, and dancing. He hopes to participate in an organized team sport someday. Brend'n is a fast learner, does well in school, and his favorite subjects are Math and Reading. He also likes

to cook; his specialty is French Onion Soup. Brend'n is a loving child who is looking for a forever home and family.

Connections: Brend'n needs to maintain a relationship with his sisters.



## Name: Deiony

14 years of age

Deiony is a kind and outgoing young lady. She has a great sense of humor and loves to make people laugh. She enjoys doing hair, make-up and nails. Deiony also enjoys singing! You will have to get to know her before she will belt out a tune for you however. She likes to be active and play outside. Deiony really enjoys going to restaurants, but she is equally as happy to help in the kitchen. She needs a loving family that will give her the support she needs to continue blossoming.

Connections: Deiony needs to maintain relationships with her siblings.



For more information on these children or others on the Heart Gallery please contact Sarah at:

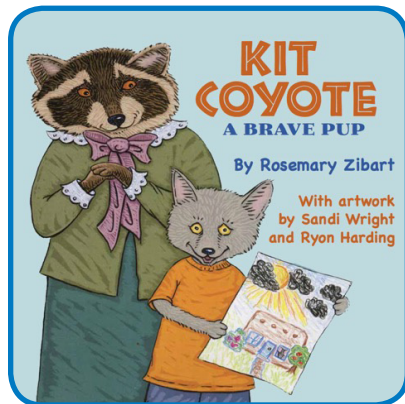
Email: [scaldararo@childsaving.org](mailto:scaldararo@childsaving.org)

Phone: 402-504-3673



# "Kit Coyote, A Brave Pup" Fun in Columbus!

a new picture book to empower children in foster care



SANTA FE, New Mexico, JUNE 14, 2016 – Author Rosemary Zibart announces the upcoming release of her new children's book *Kit Coyote, A Brave Pup*. Told from a child's point of view, the story validates the mixed feelings a child may experience in foster care – fear, confusion,

anger and loss. As a former foster parent and award-winning children's book author, Zibart hopes her story helps vulnerable children feel "okay" while coping with a difficult situation. She wants this book "to encourage a sense of resilience and artistic self-expression."

Foster children often have a lot new in their lives—foster parents, a CASA worker or court-appointed advocate, social workers, therapists, a judge, and a new school, teachers and playmates. "We decided to depict the characters as animals like Kit, a coyote pup, the social worker, Kathy Rabbit, the foster mom, Rayna Fox, and the therapist, Bruce Hedgehog, so the book could both appeal to young children and avoid stereotypes," says Zibart.

The book is imaginatively illustrated by Santa Fe children's book author, artist and art therapist Sandi Wright. As an art therapist, Wright believes that the most traumatic event in a child's life may be when that girl or boy is removed from their home and put in foster care. "The experience is usually extremely scary and painful," she says. "And we couldn't find anything available like this book."



Another Annual Picnic in the books! One of my favorite summer activities is getting together with the foster/adoptive/kinship families in Columbus area every year. This year we had over 40 people come and enjoy food, games and networking. This group has been together over 5 years and it gets better every year. If you live in Columbus or the surrounding area and would like to join us we meet the second Tuesday of the month at Peace Lutheran Church in Columbus at 7:00 pm. If you live in another area, check out our other support groups for dates and times in this newsletter.



# How to Deal with School Issues for Kids with RAD (Reactive Attachment Disorder)

*This story is one of a series written on behalf of a mom who placed her children at IACD years ago. She writes from a place of love as a woman who has endured the feelings of love and loss after adopting children with reactive attachment disorder. Her boys are now grown men. These are her reflections and memories from life experiences and the wisdom that time bestows.*

Perhaps you looked forward to fall—the time when your child with reactive attachment disorder could return to school after summer break. Now, you may find that's not going well either (again!). Some children with reactive attachment disorder disrupt at school and, admittedly, you feel embarrassed. The teachers and principal look to you as the problem and the person responsible to “fix” it. Yet, you're looking to them for help.

Other children with reactive attachment disorder charm the adults at school. The teachers and principal don't see the behaviors you do. Yet, your child comes home to disrupt your home and family—in a big way.

Whatever your specific situation, parents of children with disrupted attachment can benefit from support in regard to school. No matter how they express it, children with reactive attachment disorder don't deal well when they need to give control to adult authorities. The result is an array of complicated and disruptive behaviors in or outside of school.

**Here are some ways you can navigate school issues for your child with reactive attachment disorder:**

**Develop resources from experts and professionals. Assemble easy-to-read and concise talking points in regard to the typical behaviors of children with reactive attachment disorder (see our resources for reactive attachment disorder).**

- **Advocate for your child.** *Inform school officials about traumatized children and attachment issues so they can interact with your child more effectively.*
- **Inform teachers about your child's specific struggles.** *All children are different from one another; no matter their similar diagnoses. Let your child's teacher know about your child's individual needs and triggers.*
- **Get your child's mental health assessments and advocate early for an IEP (individual education plan).** *Children with early trauma often have difficulty with concentration, focus, impulsivity and cause-and-effect thinking. Research the criteria for an IEP and address your child's issues through strategies in an IEP.*
- **Bring a solid support person with you when you request special school services.** *Prepare yourself for resistance from school personnel. In my state, we had a group that supported parents of special needs children (PEP). They provided experts to attend the school meetings with us.*

- **Avoid school battles at home.** *What goes on in school stays in school. When your child gets in trouble in school, keep his or her natural consequences there. Explain this parenting philosophy to your child's teacher so he or she does not expect you to remedy school issues at home.*
- **Explain the idea of “splitting” to your child's teacher.** *If your child is inclined to lie about you and your home life to others, let your child's teacher know early on. Children with reactive attachment disorder typically lie to “split” relationships between parent/teacher, spouses, etc. to gain control. Make sure you and your child's teacher are a team to avoid this dynamic.*
- **Ensure homework is your child's responsibility.** *Give your child the structure of a certain time of day for homework each day. If your child doesn't complete the work, do not get in the way of their natural consequences. Children with reactive attachment disorder often use homework for control and infuriate their parents.*

Do not tax yourself with worry about your child's education. It may take a long time, but if and when your child decides to do the work to learn, they will.

<http://instituteforattachment.org/?s=how+to+deal+with+school>

## Sign On Tuesday Nights!

Do you feel stressed or need some adult conversation? Do you need support or have questions or concerns you would like to share with others in your shoes? If you do just tuck your kids in bed by 9pm (central time) and come join us for support and adult conversation. NFAPA hosts a Tuesday Night Chat Room. Every Tuesday Night we come together talk about life as foster/adoptive /kinship families! We would love to hear from you. To join just simply contact Terry Robinson at 402-460-7296 or [Terry@nfapa.org](mailto:Terry@nfapa.org)



## Avoiding Holiday Hassles

Written by Tracy on 12/1/15

We all know the holiday hoopla is fast approaching. Some of us look forward to it, but for many it brings a mixture of depression and anxiety, filling us until it's all over and we can say it's two-thousand-fourteen.

No matter where we find ourselves, many of us will be visiting family or friends during the holidays, and some of us will be playing host. This can create added stress onto school activities, social gatherings, special events, the present parade, cooking, and shopping. **So what can you do to make that visit with Granny Beatrice go better? Communicate.**

What do your children need? How do your children act? What will you need to do that's different than other families?



What do you need your family to do for you?

Explanations go a long way to help our family and friends understand what your child will be doing while spending time together, it will help them understand the special treatment or things your child needs. When we got together with family for Christmas one year, our son was fascinated with the string of lights and ornaments on the tree. Our extended family all looked like wide-eyed monkeys on adrenaline when he stood close to the tree and touched the bright, beaming lights or the sparkling ornaments. He has Autism. **I explained what was going on, it calmed them down a little, and I think understanding why he wasn't leaving the tall, sensory overloading Christmas tree alone helped. It was a starting point.**

There have been situations we've needed to head off before we arrive at someone's house. When our son is outside his environment and we can't go outdoors, it's best to play movies he likes. This is a little bothersome around the holidays because of football games, but they were able to deal with some missed field goals while Lightning McQueen racing across Route 66.

That year I sent an email to all who would be there explaining that he would be watching movies, we also added that he doesn't do this at home (because we wanted to avoid any judgement up front). You can gauge your family and determine what needs to be said and what doesn't. I don't condone extended t.v. time for Autistic kids, but if we ALL want to enjoy the holiday, our child needs to be content, and if movies do the trick, okay by me.

In the past, my daughter has struggled with attachment issues and Oppositional Defiance Disorder. We'd had experience visiting extended family members, and a few things came up that we wanted to avoid before we arrived. Those were that she couldn't handle being told something and then having it changed, she also tended to sabotage anything fun. We kindly explained this to our family.

We asked they not tell her about any activities we were going to do. For example, please don't say you're going to decorate a gingerbread house before you realize there won't be time to do so. Don't say you'll go sledding before you find out that the child didn't bring any snow clothes. This can be true for any child, but the outcome can be much worse for a child who has attachment issues.

We also avoided telling her of anything we planned to do. Number one, because anything can get cancelled for numerous reasons, and two, she would sabotage anything. To her it was a test to see if we would still do that "special" thing with her (equaled love in her mind) even if she misbehaved.

Our family is learning, but our daughter has also healed significantly. This year Justin and I were talking about what we would do when we went to see some family. We were trying to be secretive, and of course our daughter wanted to know what we were saying. I thought she could handle it at this stage, so I told her we were probably going to go to the Aquarium. She was really excited, she'd been wanting to go back for a couple years. Then I got a text from my dad, they were thinking of

going to the zoo since it was a such beautiful weather. I cringed, I had already told her what we were doing, would she be able to handle the change of plans? I broke the news to her, I used some paradoxical parenting, something I rarely do anymore. I said, "You're going to get really mad when I tell you this. It's okay, you can yell and stomp your feet." She smiled and said she wouldn't. I told her the new plan and she proved that she has come a long way, she said, "Okay."

This year we will be having another friendly conversation with family about their expectations of our daughter's obedience. Although she is doing awesome, she's still a child, and she's stinkin' smart. She knows when she can get away with ignoring someone's request. When we aren't around, and even when we're near, family doesn't expect her to be polite or follow their requests (many times they aren't formulated as requests, but as, "I think your mom wants you to wash your hands." It needs to be, "Wash your hands please.") I know, it puts pressure on Grandma and Grandpa or Aunts and Uncles to lay down the law, but if they don't let her know they expect good behavior, she'll push it. She also has a certain little thing called a strong will.

Other families deal with this same scenario. A family I know went to visit Grandma, and while Grandma was preparing a pickle tray, their son, Caleb grabbed a pickle and said, "My pickle." When your child has attachment issues and other diagnoses added on top, this behavior isn't shocking at all, but this wasn't something Caleb would have done at home. He was making attachments and his behavior was improving, but when expectations were lowered, he still struggled some.

Being around others who don't have the same expectations we do can sometimes cause our children to backslide. It's a training process both for our children and for those who are frequently involved in our life. They need to know what we expect and be willing to back us up.

These conversations we've had with family have dangled between congenial and heated. The outcome will depend on how you approach them, the tone, and words you use, so contemplate those three factors. It will also depend on your family and friends. Are they judgmental or accepting? Do they have experience with special needs?

Let's review some questions to ask yourself when considering what to share:

Does your child do things that are different than others?  
Does your child have needs that are special?

What will you need when you visit family or friends for the holidays, or act as host?

Do you need family/friends to avoid saying certain things?

I hope this helps you to have a better holiday with your family and friends!

*Tracy writes for her blog Lovin' Adoptin': Supporting adoptive parents and families living with Autism. You can follow Lovin' Adoptin' by "liking" the Facebook page and follow Tracy on Twitter and Pinterest.*



# Abusive Head Trauma (Shaken Baby Syndrome)

Abusive head trauma, also called shaken baby syndrome (or SBS), goes by many other names, including inflicted traumatic brain injury and shaken impact syndrome. All of these names mean the same thing: an injury to a child's brain as a result of child abuse.

**Abusive head trauma (AHT)** can be caused by direct blows to the head, dropping or throwing a child, or shaking a child. Head trauma is the leading cause of death in child abuse cases in the United States. Because the anatomy of infants puts them at particular risk for injury from this kind of action, the majority of victims are infants younger than 1 year old.

AHT can happen in children up to 5 years old, and the average age of victims is between 3 and 8 months. However, the highest rate of cases occur among infants just 6 to 8 weeks old, which is when babies tend to cry the most.

## How These Injuries Happen

Abusive head trauma results from injuries caused by someone (most often a parent or other caregiver) vigorously shaking a child or striking the child's head against a surface. In many cases, the caregiver cannot get the baby to stop crying and, out of frustration or anger, will shake the baby. Unfortunately, the shaking may have the desired effect: Although at first the baby cries more, he or she may stop crying as the brain is damaged.

Children with special needs, multiple siblings, or conditions like colic or GERD have an increased risk of AHT. Boys are more likely to be victims of AHT than girls, and children of families who live at or below the poverty level are at an increased risk for these injuries and other types of child abuse.

The perpetrators in about 70% of cases are males — usually either the baby's father or the mother's boyfriend, often someone in his early twenties. But anyone has the potential to shake a baby if he or she isn't able to handle stressful situations well, has poor impulse control, or has a tendency toward aggressive behavior. Substance abuse often plays a role in AHT.

When someone forcefully shakes a baby, the child's head rotates uncontrollably. This is because infants' neck muscles aren't well developed and provide little support for their heads. This violent movement pitches the infant's brain back and forth within the skull, sometimes rupturing blood vessels and nerves throughout the brain and tearing the brain tissue. The brain may strike the inside of the skull, causing bruising and bleeding to the brain.

The damage can be even greater when a shaking episode ends with an impact (hitting a wall or a crib mattress, for example), because the forces of acceleration and deceleration associated with an impact are so strong. After the shaking, swelling in the brain can cause enormous pressure within the

skull, compressing blood vessels and increasing overall injury to the brain's delicate structure.

Normal interaction with a child, like bouncing the baby on a knee or tossing the baby up in the air, will **not** cause these injuries. But it's important to **never** shake a baby under **any** circumstances.

## What Are the Effects?

AHT often causes irreversible damage, and about 1 out of every 4 cases results in the child's death.

Children who survive may have:

- *partial or total blindness*
- *hearing loss*
- seizures
- *developmental delays*
- *impaired intellect*
- speech and learning difficulties
- *problems with memory and attention*
- *severe mental retardation*
- cerebral palsy

Even in milder cases, in which babies look normal immediately after the shaking, they may eventually develop one or more of these problems. Sometimes the first sign of a problem isn't noticed until the child enters the school system and exhibits behavioral problems or learning difficulties. But by that time, it's more difficult to link these problems to a shaking incident from several years before.

### Signs and Symptoms

In any abusive head trauma case, the duration and force of the shaking, the number of episodes, and whether impact is involved all affect the severity of the child's injuries. In the most violent cases, children may arrive at the emergency room unconscious, suffering seizures, or in shock. But in many cases, infants may never be brought to medical attention if they don't exhibit such severe symptoms.

In less severe cases, a child who has been shaken may experience:

- *lethargy*
- *irritability*
- vomiting
- *poor sucking or swallowing*
- *decreased appetite*
- *lack of smiling or vocalizing*
- *rigidity*
- *seizures*
- *difficulty breathing*
- *blue color due to lack of oxygen*
- *altered consciousness*
- *unequal pupil size*
- *an inability to lift the head*
- *an inability to focus the eyes or track movement*

## Diagnosis

Many cases of AHT are brought in for medical care as “silent injuries.” In other words, parents or caregivers don’t often provide a history that the child has had abusive head trauma or a shaking injury, so doctors don’t know to look for subtle or physical signs. This can sometimes result in children having injuries that aren’t identified in the medical system.

In many cases, babies who don’t have severe symptoms may never be brought to a doctor. Many of the less severe symptoms such as vomiting or irritability may resolve and can have many non-abuse-related causes.

Unfortunately, unless a doctor has reason to suspect child abuse, mild cases (in which the infant seems lethargic, fussy, or perhaps isn’t feeding well) are often misdiagnosed as a viral illness or colic. Without a suspicion of child abuse and any resulting intervention with the parents or caregivers, these children may be shaken again, worsening any brain injury or damage.

If shaken baby syndrome is suspected, doctors may look for:

- *hemorrhages in the retinas of the eyes*
- *skull fractures*
- *swelling of the brain*
- *subdural hematomas (blood collections pressing on the surface of the brain)*
- *rib and long bone (bones in the arms and legs) fractures*
- *bruises around the head, neck, or chest*

## The Child’s Development and Education

What makes AHT so devastating is that it often involves a total brain injury. For example, a child whose vision is severely impaired won’t be able to learn through observation, which decreases the child’s overall ability to learn.

The development of language, vision, balance, and motor coordination, all of which occur to varying degrees after birth, are particularly likely to be affected in any child who has AHT. Such impairment can require intensive physical and occupational therapy to help the child acquire skills that would have developed normally had the brain injury not occurred.

Before age 3, a child can receive free speech or physical therapy through state-run early intervention programs. Federal law requires that each state provide these services for children who have developmental disabilities as a result of being abused. After a child turns 3, it’s the school district’s responsibility to provide any needed additional special educational services.

As kids get older, they may require special education and continued therapy to help with language development and daily living skills, like dressing.

## Preventing AHT

Abusive head trauma is 100% preventable. A key aspect of prevention is increasing awareness of the potential dangers of shaking.

Finding ways to alleviate the parent or caregiver’s stress at the critical moments when a baby is crying can significantly reduce the risk to a child. Some hospital-based programs have helped new parents identify and prevent shaking injuries and understand how to respond when infants cry.

**All Babies Cry** is a national program that promotes healthy parenting behavior through practical demonstrations of infant soothing and ways to manage the stress of parenting. The program is divided into four parts: 1. What’s normal about crying? 2. Comforting your baby. 3. Self-care tips for parents. 4. Colic and how to cope.

The National Center on Shaken Baby Syndrome offers a prevention program, the **Period of Purple Crying**, which can help parents and other caregivers understand crying in healthy infants and how to handle it.

Another method that can help is the “**five S’s**” approach, which stands for:

1. **Shushing** (by using “white noise” or rhythmic sounds that mimic the constant whirl of noise in the womb. Vacuum cleaners, hair dryers, clothes dryers, a running tub, or a white noise machine can all create this effect.)
2. **Side/stomach positioning** (placing the baby on the left side — to help with digestion — or on the belly while holding him or her. Babies should always be placed on their backs to sleep.)
3. **Sucking** (letting the baby breastfeed or bottle-feed, or giving the baby a pacifier or finger to suck on).
4. **Swaddling** (wrapping the baby in a blanket like a “burrito” to help him or her feel more secure. Hips and knees should be slightly bent and turned out).
5. **Swinging gently** (rocking in a chair, using an infant swing, or taking a car ride to help duplicate the constant motion the baby felt in the womb).

If a baby in your care won’t stop crying, you can also try the following:

- *Make sure the baby’s basic needs are met (for example, he or she isn’t hungry and doesn’t need to be changed).*
- *Check for signs of illness, like fever or swollen gums.*
- *Rock or walk with the baby.*
- *Sing or talk to the baby.*
- *Offer the baby a pacifier or a noisy toy.*
- *Take the baby for a ride in a stroller or strapped into a child safety seat in the car.*
- *Hold the baby close against your body and breathe calmly and slowly.*
- *Give the baby a warm bath.*
- *Pat or rub the baby’s back.*
- *Call a friend or relative for support or to take care of the baby while you take a break.*
- *If nothing else works, put the baby on his or her back in the crib, close the door, and check on the baby in 10 minutes.*
- *Call your doctor if nothing seems to be helping your infant, in case there is a medical reason for the fussiness.*

To prevent potential AHT, parents and caregivers of infants need to learn how to respond to their own stress. It's important to tell anyone caring for a baby to never shake him or her. Talk about the dangers of shaking and how it can be prevented.

*Reviewed by: Marjorie Hershberger, MSN, RN*

*Date reviewed: March 2014*

*Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.*

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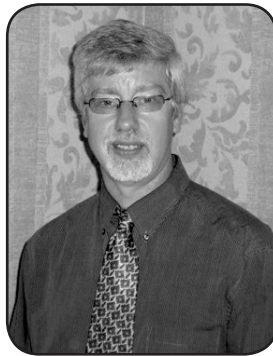
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## Adverse Childhood Experiences Don't Have to Be Doom and Gloom

*"Trauma changes the biology of the brain, but just ONE secure, loving and nurturing relationship also changes the biology of the brain." ---Dr. Bruce Perry*

Dr. Perry is my "rock star" in the human service field. He and his researchers are on the cutting edge of investigating children with PTSD, and how it affects those who have come from very difficult and traumatic backgrounds. In fact, I utilize his materials as I do my own presentations which are geared towards foster/adoptive parents, social workers, teachers, day care providers and others – all of whom have children with difficult and challenging behaviors in their charge.



Having been in the counseling arena in some capacity or another for over three and a half decades, I can confirm the veracity of the above quote. Research has shown tangible evidence of the heinous results of trauma...relationships that have been marred by such things as neglect, physical and sexual abuse, domestic violence and substance abuse in children's lives.

MRI scans clearly show brain dysfunction in those with multiple ACEs (Adverse Childhood Experiences), pictures that resemble the "dark side of the moon" with black crater-like imaging throughout. However, when the same child is placed in a thriving environment in as little time as 6 months to a year, with all needs being met, an MRI photo will start showing bright colors – reds, purples, etc., displaying areas

where healing is taking place and synapses are connecting in healthy ways.

It was formerly thought that once a brain was damaged, repair was not an option. Studies have since conclusively shown that previous thinking was in error. For example, my wife and I took our adoptive toddler son (born to parents both having intellectual disabilities) to a geneticist 17 years ago. It was thought by the placing social workers that Logan had some "syndrome," the name of which I can no longer remember. Tests came back negative, thankfully, but I will always remember what the examining doctor told Diane and me. "You cannot change the hard drive a baby is born with, but you can enhance that hard drive by the software you put into it." Wow, the validity of Dr. Perry's research, reworded in computer terminology.

As our son grew we did our best to stimulate and challenge his brain while providing for him a safe and nurturing home environment. Now, at 17 1/2 years of age, he has already exceeded the prognosis we were given from professionals when we received him in our family at 10 1/2 months old. His brain, before he was removed from his bio-parents at 3 months, was in "failure to thrive" mode. Neglect of his basic needs so early on did indeed negatively affect him. Left for hours in a car seat by his caregivers, with very little or no stimulation, brought him close to death before DHS could place him in foster care. The software we installed upon his entrance into our family, did not completely reverse what genes and history did to his command center, but he is much further along than what genes and traumatic history would have initially dictated.

My son's story is but just one of myriad stories I've heard from others or have experienced firsthand over the course of my career. While PTSD undeniably has severe consequences on children enduring tumultuous and chaotic situations, the outcomes do not have to be all gloom and doom. One does not have to be psychologically savvy to do profound work in helping overcome ACEs. Anyone can be audaciously present in a youngster's life, thus creating an environment of hope and a legacy of love for those who desperately need both.

Mr. Kim Combes, M.Ed., has been in the human service field since 1980. He has been a residential treatment counselor/therapist, an educational aide, a DHS social worker, an in-home worker and foster/adoptive parent. Kim has fostered over 35 teen boys since 1994. He is currently a national presenter from Colo, IA, having spoken at numerous conferences across the U.S. Too, he and wife, Diane, have adopted five children with various special needs, with the youngest still at home. Kim is a published freelance writer and is currently working on his first book project hoping to be published within the next year. *Originally published in Fostering Families Today Magazine September/October 2016 issue.*



# The Secret Language of Emojis and Your Children



Dr. John DeGarmo, *Leading expert in Parenting and Foster Care Field.*

You probably use them every day.

In fact, you probably used one just a few minutes ago.

Emojis. Those cute little pictures that you send when you are texting a friend or family member. After

all, they are cute, they are fun to use, and they are fast to send.

Who doesn't send them? Well, according to a study from Swift Media, 6 billion emojis are sent every day via use of cellular phones and messaging apps across the globe. If it seems that they are everywhere, you are correct. You can even find them in TV commercials and other forms of advertising.

It is simply a new way for people to communicate.

But how cute and how friendly is that little emoji smile? How innocent is this form are these little pictures?

For our children and today's youth, it is a new form of communication. Like all forms of communication, there springs forth the use of slang. What many parents fail to understand is that emoji slang can be used for purposes that are not so friendly.

Some emojis can be used to send harmful or threatening messages. For example, a simple picture, or an emoji, of a frog may mean that the person receiving the emoji is "ugly". An emoji of scissors might send the message that "I am going to cut you." An emoji of a man running followed by a bowling ball may mean "I am going to hit you."

Cyberbullying is the platform in which the 21st century bully uses to inflict pain and humiliation upon another. Cyberbullying is the use of technology to embarrass, threaten, tease, harass, or even target another person. With the use of online technology and social networking sites, today's bully can follow their targeted victim where ever the child may go. Whether the child is in school, at the park, at the movie theater, or at home, whenever that bullied child has a cell phone or access to online technology, he can be bullied. In essence, this form of bullying can be non-stop, 24 hours a day, seven days a week. Emojis are just the latest way to bully others.

Furthermore, there are those emojis that are being sent for sexual purposes. Seemingly innocent pictures of bananas, eggplants, peaches, raindrops, and even a restroom may be used to communicate sexual messages between the users. What many users, and even parents, may not realize is that this is also the newest platform for sexual predators to communicate, as well.

That little smiley face, with one eye closed, blowing a kiss. Is that a message from a sexual predator to your child?

Sexual predators scour the internet through chat rooms and social network sites, looking for children who are technically more advanced than their parents. Building a relationship throughout a period of time, over the course of weeks and sometimes even months, child victims feel that they can trust their new "friend." These victims characteristically have experienced abuse at some point in their lives, having a history of prior sexual abuse. Along with this, victims have low self-esteem problems, and are emotionally troubled or depressed. Many of these victims are children, using emojis, to communicate with others.

It is difficult to correctly profile today's online sexual predator. In the early part of the twenty first century, the sexual predator may look like the neighbor next door, the doctor in town, the co-worker in your building, the owner of the successful business. Sexual predators come from all races, all nations, and all socio-economic situations. These predators believe that they will not get caught, as they feel the internet will give them a sense of anonymity.

So, that cute little picture, that emoji, that someone is sending your child? What is it really saying?

For more, pick up a copy of Keeping Foster Children Safe Online: Positive Strategies to Prevent Cyberbullying, Inappropriate Contact, and Other Digital Dangers by Dr. John DeGarmo

Dr. John DeGarmo has been a foster parent for 14 years, now, and he and his wife have had over 50 children come through their home. He is a leading consultant, speaker and trainer on many topics about the foster care system, and travels around the nation delivering passionate, dynamic, energetic, and informative presentations. Dr. DeGarmo is the author of several foster care books, including the brand new book *Faith and Foster Care: How We Impact God's Kingdom*, and writes for several publications, including *Foster Focus* magazine. Dr. DeGarmo is the host of the weekly radio program *Foster Talk with Dr. John*. He can be contacted at [drjohndegarmo@gmail.com](mailto:drjohndegarmo@gmail.com), through his Facebook page, Dr. John DeGarmo, or at his website.

Follow Dr. John DeGarmo on Twitter: [www.twitter.com/drjohndegarmo](https://www.twitter.com/drjohndegarmo)

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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, \$ \_\_\_\_\_