

# Families First

a newsletter for Nebraska Families

May/June 2018

N F A P A

## COUNTING THE COSTS OF FOSTERING OR ADOPTING

By Jason Johnson

Every day you and I are counting the costs of things. We do it with clothes, food, cars, homes, extra curricular activities, the way we spend our time and energy, how many times we hit snooze on the alarm clock, the friends we hang out with and even the ones we don't. We do it intentionally; we also do it subconsciously.

In the economy of our daily lives, we are perpetually assessing the value of things, relationships and opportunities by determining whether or not the benefit of having those things in our lives will be worth the costs required of us to get them. This constant evaluation of costs, worth and ultimate value are a part of our normal daily rhythms.

As I interact with people all over the country on the topics of foster care and adoption I find these issues of cost, worth and ultimate value to be significant ones – both for those who are already involved and those who are hesitantly considering it. It's real in my own family as well as we continually learn to embrace it as a central component of who we are and what we do. We count the costs, consider the implications they will bring on our family and ultimately have to answer a very important question – Will it be worth it?

### COUNTING THE COSTS

Nobody stands in front of a church on their wedding day or sits at a table and signs mortgage papers without having seriously considered the implications of what they're about to do, but everyone who ends up in those situations has ultimately concluded one thing – it's worth it.

The same is true for fostering and adopting – it will cost

you. Maybe some money, certainly some time, definitely some energy, and absolutely some emotion, convenience, comfort and normalcy. No one ever said, "I want to foster or adopt so that my life will be the same." No. Nothing will be

the same. Everything changes because of it. It's important to be aware of the costs; to not go

into this with rose colored lenses on. Yet, at the end of the day, we must accept the

costs to us as worth it for the gain a child may receive. This is exactly what

Jesus has done for us. He joyfully laid down the infinite value of His

own life so that we might know the immeasurable worth of being

fully and unconditionally loved in Him. Foster care and adoption

are beautiful expressions of that gospel. They demand a selfless,

costly and potentially painful love for the sake of a child

gaining much as we willingly give all. As we labor to love with

the love we ourselves have received from Jesus, we do so in a cloud of

uncertainties and unknowns, but with the confidence of one guarantee

- it's always worth it. A child is always worth the process and more valuable than

the costs. Always.

Let me be as honest and encouraging as I possibly can be: If you keep thinking about it, talking about it and praying about it, that's probably a sign that you would be great at it and just need to do it. The issue for many isn't whether or not they are "called" to foster or adopt, but what it will cost them if they actually do it. It's easy sometimes for Christians to hide their insecurities, concerns and fears under the veil of spiritual language, claiming they're still "praying about it" and determining whether or not they are "called" to do it, when that matter has already been resolved by God in His word and in their hearts. At the risk of sounding unspiritual let me suggest

*(Continued on page 3)*



## Nebraska Foster &amp; Adoptive Parent Association

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Questions? Interested in becoming a member of the Board?

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

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# Attention Foster Parents!

## Earn Your In-Service Hours While Getting the Chance to Win a Great Prize!

Answer these 10 questions 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.

There are a variety of ways to do this. You can email the information to [Corinne@nfapa.org](mailto:Corinne@nfapa.org), send the questionnaire to the NFAPA office at 3601 N. 25th Street, Suite D, Lincoln, NE 68521 or you can complete the questionnaire online at <https://www.surveymonkey.com/r/MayJuneNewsletter2018>. 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. Fill in the blank. \_\_\_\_\_ changes the brain.
2. True or False. It's important to build an understanding with a child at a young age to help them grasp why they are living with you.
3. Fill in the Blank. Some of the key issues that individuals with FASD often struggle with are \_\_\_\_\_ and \_\_\_\_\_.
4. Name two of the five things to consider when adopting transracially.
5. True or False. It's fair to expect adoptive mothers to love children with extreme behaviors and issues.
6. Fill in the blank. People understand why a woman wouldn't love an abusive husband or partner. But this is a \_\_\_\_\_.
7. Fill in the blank. These weren't "\_\_\_\_\_" they were "rages."
8. True or False. If your child's behaviors are extreme, way beyond being a tantrum, your child may be having rages too.
9. Fill in the Blank. Behavior is a \_\_\_\_\_.
10. True or False. You need to understand racial norms in order to teach your child of color.

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

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

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

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

Families First Newsletter Issue: May/June 2018

*(Continued from page 1)*

this: certainly not for all, but definitely for some, perhaps the most spiritual thing you can do is stop praying about whether or not you should do it - and just do it, choosing to believe that the costs you will incur will be worth it for the gain a child may receive. I know this is not where everybody is, but I also know this is where someone is. Perhaps that someone is you.

## FOR THE BETTER

While it's important to count the costs you may incur if you do foster or adopt; it's equally as important to consider the costs you may incur if you don't foster or adopt.

Foster care and adoption has profoundly changed our family - in obvious family-picture type ways but also in subtle, less seen, more perspective-shifting type ways. While it could be said that we've changed a little girl's life, I'm convinced the impact she has had on ours is undoubtedly and exponentially greater. Of the innumerable ways to be measured, here's two examples - our kids and our marriage - that have been forever changed through our unique foster care and adoption journey:

### OUR KIDS

I used to be concerned about the effect bringing foster children into our family would have on our daughters. Would it take away from the attention they deserve from us? Would it interrupt their routines? Would they resent us for it? Now, after the fact, I'm more concerned about the effect NOT bringing a foster child into our home would have had on our kids. Our daughters have not gone unaffected - they talk about foster care, they pray for "the fosters" often before bedtime and are excited about new kids coming into our home soon. They can never unsee what they've seen. I'm grateful it's in them now and hopeful it expresses itself in beautiful ways as they grow older. It has changed them, for the better, and I'm convinced not opening our home to foster care would have cost them that opportunity.

### OUR MARRIAGE

As it pertains to our marriage, in a certain sense going through the foster care and adoption process has revealed a version of each of us to one another that we had yet to fully see as husband and wife. It has forced us to press Jesus more deeply into the center of our marriage and as a result has allowed us to see Jesus more clearly through it. We have to ask different, better questions now about our goals and our priorities. We have to think about our home, our family and our future differently because of it. It has undoubtedly changed our marriage - not just in what we do together but in how we are together. We are better - not without the costs - but because of them. I'm convinced not opening our family to adoption would have cost our marriage some of those hard but good things.

Whatever your particular situation or circumstances may be, it's possible these kids need your family as much as your family needs these kids. It's nearly impossible to see it that way

until you're in it, but eventually becomes the place where one of the most beautiful truths about it all is revealed - foster care and adoption are not just the process by which we may change a child's life but also the means through which God will radically transform ours. Their story changes ours forever - undoubtedly for the better. Perhaps that's all part of God's design in how this whole thing is supposed to work.

## WE CAN'T AFFORD NOT TO

But when it's all said and done, let's spend less time talking about what it will cost us if we do foster or adopt and more time talking about what it will cost these kids if we don't. Kids in crisis can't afford to wait until it's most convenient for us to care for them. They simply don't have that luxury. And maybe we don't have that luxury either. Perhaps the question we need to be asking ourselves over and over and over again - whether you're in the middle of it already or just now considering the possibilities of it for you and your family - is not "Can we afford to do this?" but rather "Can we really afford not to do this?" A slightly different question with significantly different implications.

At the end of the day our "no" will be much more difficult on them than our "yes" will ever be on us. So let's resolve to never neglect their perspectives in our own personal considerations about whether or not we should foster or adopt. What we stand to lose pales in comparison to what everyone else, especially these kids, stands to gain.

*Reprinted with permission from:*

<http://jasonjohnsonblog.com/blog/counting-the-costs-of-fostering-or-adopting>

## 3 Reasons Traditional Parenting Doesn't Work With Kids From Trauma.

*By Mike Berry*

If you've parented a child from a traumatic past for any length of time, you already know that traditional parenting techniques do not work. But, have you ever stopped to consider why, or what you could do differently?

Kristin and I both grew up in traditional households, with parents who used traditional techniques in raising us both. There were rules and restrictions, guidelines and boundaries. And if said rules, restrictions, guidelines and boundaries were crossed, BAM, consequences were enforced. No questions asked. From all accounts, these techniques worked. We both grew up to be responsible adults who knew the difference between right and wrong. But, we also never endured significant trauma as children.



And that was the game-changer. When we first became parents, 15 years ago, we thought we had a healthy understanding of how to parent. We thought we knew how to discipline, how to enforce consequences, and even how to get our point across. In 2004 a little girl and boy came to live with us through foster care and, soon after, became a permanent part of our family. When the little girl turned 7 I caught her in a straight up lie. When I asked her why she lied, she just stared at me. So, logically, I continued to question her...and question her...and question her. This caused her eyes to start darting around the room. She wouldn't look at me. Only a worried look on her face.

She would open her mouth to speak but nothing came out. I'd love to tell you my heart gave way and I stopped. Not the case. I became more frustrated. Finally, I'd had enough and marched her off to her room. The night was over for her. In my mind, she was content with her "bad behavior," and thus, needed a stiff consequence: time away from others to "think" about it. For several more years I parented this way. If you screwed up, BAM, consequences! It's how I was raised...so you better believe it was how my children would be raised.

But, mind you, my childhood was different. I was never starving. I never bounced from foster home to foster home before finding permanency. I never witnessed domestic violence. I never grew up in an orphanage or group home. My mom and dad always took care of me, more importantly, were always there for me. All of the ways children bond with their parents from the get-go, were missing for my children early in their development. And the result was deep cavernous wounds in their minds. Truth is, they're often the very things we gloss over when we are attempting to enforce a consequence or get our point across when our child has screwed up. When I finally realized this, it changed the way I approached my children, and reacted to what I thought was just bad behavior.

I've discovered that traditional parenting, the way I was parented, just doesn't work with our kiddos. Here are 3 reasons (out of many) why this is the case...

## **1. Trauma changes the brain.**

If your child was drug and alcohol exposed in utero, subject to abuse of any form before coming into your care, malnourished, neglected, or in and out of foster homes before arriving into your care (just to name a few), their brain has been altered by this trauma. They don't see the world around them the same way a child who has not been through significant trauma does. Nor do they behave the same (more on this in a minute). They are thinking, behaving, reacting, and surviving out of loss, most of which has occurred in their mind. That's why you cannot look at your child and ask, "What were you thinking?" Chances are, they don't know. And if you continue to demand an answer, or lecture, you will continue to get less answers, or simply, blank stares.

## **2. Their behavior is a voice.**

For years I thought my son's choices, reactions, and attitude, were coming from a bad kid who behaved badly. I disciplined him according to this belief. And then one December night, I stood indignantly in my upstairs bathroom while he threw the mother of all tantrums and attempted to tip over a solid steel claw-foot bathtub. I was furious. I wanted to ground him for life. He was traumatizing my other children and causing me to miss out on a relaxing family movie night. But then suddenly, in that moment, like a lighting bolt striking a tree, a thought struck my mind. While he was behaving badly, it wasn't due to him being a bad kid. His behavior was a voice from his traumatic past. It was an outcry. He was in a fight... not against me, but against an intense situation that he could not process. When I realized his behavior was actually a voice, I started disciplining and enforcing consequences differently.

## **3. Fight, flight, or freeze.**

Inevitably you've heard of this survival mode, whether you're parenting a child from trauma or not. This is used to explain how every human being reacts to major traumatic, terrifying, dangerous, or intense situations. We see a fight break out on an airplane, we respond in one of these three ways. We experience something devastating or deeply traumatic, we respond in one of these three ways. Someone yells "bomb" or "fire" and we shift into survival mode. While these are very common human reactions when the heat is on, they also help us understand a child who's come from trauma. This is how our kiddos respond to intense situations (i.e.- when they're caught in the act of doing something they shouldn't do). If you're a lecturer (like we are), you've probably noticed it doesn't work. But, you've probably also noticed these three reactions on display. In their mind, when we are lecturing (for example) a series of alarms are going off in their mind, telling them to either fight back, run away, or shut down. It was their defense mechanism when they were in the midst of their highly traumatic past (i.e. abuse, neglect, or witness to something dangerous). In the case of me lecturing my daughter, all those years ago, after she was caught lying, she shut down (or froze). It's not because she wasn't smart, or incapable of speaking. She was in survival mode.

I could write a book on all of the many reasons we can't parent our kiddos with traditional parenting techniques. I've heard from hundreds of thousands of readers who have realized this truth but struggle to help their parents, grandparents, coaches or youth leaders understand the same thing (simply because of the way they grew up, or the generation they've come from). However, when you can grasp the reality that traditional discipline, lecturing, time-outs, restrictions, boundaries, and consequences just don't work, you open up a entirely new horizon for yourself and your children.

You may be asking yourself, *"Well, then what should I do when*



*my child blows it, or makes a bad choice? If traditional discipline doesn't work, what does?"*

Great question! Before I attempt to answer, I am going to default to the best resources I know, that are available today...

- The Connected Child, by Dr. Karyn Purvis. This is the foremost resource on understanding children from trauma and learning how to connect to them through trust-based relational intervention (TBRI).
- Beyond Consequences, Logic, and Control by Heather T. Forbes. To answer the big question of "how?," when it comes to discipline and structure with children from trauma, this is our highest recommendation.
- Born Broken: An Adoptive Journey, by Kristin Berry. I recommend Kristin's book to better understand what parenting children from trauma looks like from the trenches. This is more memoir than how-to.
- Why Traditional Parenting Doesn't Work For Our Kids-Tapestry's Empowered To Connect Podcast. Our good friends Ryan and Kayla North from Tapestry share some valuable advice and principles in this podcast episode.

Question: Are you parenting children from trauma? What are some roadblocks you've encountered in disciplining and reinforcing consequences?

*Reprinted with permission from:*

<https://confessionsofanadoptiveparent.com>

## Challenges of Kinship Care: Talking About Bio Parents



*by Dr. Craig Dudek*

You're used to your granddaughter coming to spend a weekend with you every once in a while, but this time it's entirely different – this time she is going to stay with you until a court decides your

daughter's fit to care for your granddaughter again.

Kinship care may seem like it won't be too challenging because you've raised children before and the little girl you're being asked to care for is family. However, most parents don't have people from the state routinely check in on them or have never had to tell their daughter that she can't see her own child.

Among the hardest challenges of kinship care is explaining

to your granddaughter why she's living with you instead of her mother.

The answer to this question can be painful for both your granddaughter and yourself. It can be difficult to imagine that your child could be capable of doing something that resulted in her daughter being taken away. It can be even harder for your granddaughter to accept this reality. With the pain that this question may cause, it may take her a long time to ask it, but when she does bring it up, it's important to have a well thought out answer.

You may think your granddaughter's too young to hear why she's living with you, but it's important to build an understanding at a young age to help her grasp it better as she gets older. Talking about what led to her being in your care can also normalize the situation rather than it making her feel like she's the only one going through this.

There are ways you can create opportunities for your granddaughter to open up to you. Let her know that you'll always be there to listen to her and answer any questions. Encouraging her to talk to you about her feelings allows you to gauge how much she knows about her past. Understanding how much your granddaughter already knows will give you an idea of how to respond.

When forming your answer, keep in mind the age of your granddaughter. A response that's appropriate for a teenager likely isn't suited for a younger child. No matter how old she is, be honest, but in a way that's age-appropriate.

For toddlers and young children, use language they understand, while also making sure that what you say isn't scary or hurtful. If your granddaughter is younger, explain an issue like drug addiction by saying:

"You know how eating too much candy makes you feel sick? There are some things that can make mommies really sick and sometimes mommies need to go to someone who helps them learn how to make better decisions about what they put in their bodies. So while mommy is learning, you're staying with me."

If your granddaughter is a teenager, she will likely have a general idea of why she's with you and may have learned about drug addiction in school, so the response that you give needs to go more in-depth. Phrase your answer to be more appropriate for her age by saying:

"Your mom was breaking the law by using drugs, and a judge decided that the best way to help her overcome her addiction was for her to go to a rehab facility to think about what she's done and work towards being able to take care of you again. While she's getting better, I'm here to take care of you."

Caring for your granddaughter can put a strain on the relationship you have with your daughter. Be sure to phrase your answer to your granddaughter in a way that you're okay with her potentially repeating to others, including her mother. Don't make your daughter sound like a terrible person, but rather a good person who made a mistake. It's okay to let your

granddaughter know that your daughter's mistakes have also left you hurting. Talking to her about your own feelings can help her understand why she feels the way she does about her mother.

Your response can be a valuable learning experience for your granddaughter if you focus it around forgiveness. Reinforce that while her mother may have made mistakes, it's okay for her to still love and forgive her mother. Let your granddaughter know that her love and support can go a long way in helping her mother work towards coming home again.

One of the challenges of kinship care that your granddaughter may face is the feeling that she's the reason she doesn't live with her mother. When talking to her about why she's living with you, let her know that it was nothing she did that led to her being in your care. This can be an emotionally confusing time for her; reassure her that what she's feeling is normal and that she can always come to you if she wants help working through anything.

Even though you're a familiar face to your granddaughter, being removed from her mother was a traumatizing event, and she will likely need time before she's willing to open up to anyone. Don't press her to talk about it; she will come to you when she's ready. In the meantime, continue to work on creating an environment where she feels safe enough to open up to you.

Use the time she spends adjusting to this change to start forming an idea of how you will answer her when she finally does ask the question. No matter how old your granddaughter is or how exactly she came to be in your care, answering questions about her parents will always be one of the touchiest challenges of kinship care because, as you well know, it's so personal to everyone involved.

With the right response, however, you can turn this painful moment in your family's history into a bonding experience between you and your granddaughter.

*Reprinted with permission from:*

<http://foster-adoptive-kinship-family-services-nj.org/challenges-of-kinship-care-talking-bio-parents/>

## 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>

## Why This Mom Uses The Word “Rage” and Not “Tantrum”

**For Her Child With Developmental Trauma  
Disorder (A.k.a. Reactive Attachment Disorder)**

*Written by Keri Williams*



*Thank you to our new blog contributor and brave mom and advocate, Keri Williams, for this piece and more to come. Keri lives with her family in Charlotte, N.C. and is working on a memoir about raising her adopted son. She blogs at [www.RaisingDevon.com](http://www.RaisingDevon.com). Find Keri on Twitter @RaisingDevon.*

What kind of parent calls the police when her kid has a tantrum? Or, even worse, tries to check him into a mental health hospital? Me.

Every time the cops arrived or we got to the hospital, my young son Devon who has developmental trauma disorder (a.k.a. reactive attachment disorder), transformed into an angel. I'd explain that he'd been throwing a terrible tantrum. Yet, his serene affect and puppy dog eyes would belie my words. It was hard enough to ask for help but to imagine the eye-rolls behind my back was humiliating. I probably reminded them of the woman who called 911 because McDonald's had run out of chicken nuggets.

Time and again, I was turned away without the help I so desperately needed because we all know what a “tantrum” looks like—a kid kicking his or her legs, crying and screaming, for maybe 10 or 15 minutes. By calling Devon's episodes “tantrums” I was unwittingly minimizing what was actually going on and no one was taking me seriously.

**These were no tantrums. Devon was:**

- Screaming, spitting in my face, and making himself throw up
- Ripping his bedroom door off the hinges, and putting

holes in walls

- Punching, kicking, and attacking his brothers and sister
- Pulling out his eyelashes, and banging his head on the floor

These episodes of extreme behavior were happening several times a week and would often last for hours. I was in over my head and needed help, but because I was using the word, “tantrum,” people thought I was overreacting.

These weren’t “tantrums,” they were “rages.”

When I began to use the correct terminology to describe Devon’s behavior, health care and mental health professionals, even police officers, were more receptive. “Rage” was a magic word that made people pause, listen to my story, and try to help. Instead of brushing me off, they called in psychiatrists and social workers. They made referrals for local services. They stopped treating me like I was just a high-strung mother.

If your child’s behaviors are extreme, way beyond being a tantrum, your child may be having rages too. “Kids with developmental trauma can tantrum but they can also rage,” said Institute for Attachment and Child Development Executive Director Forrest Lien. “A child has a tantrum to attempt to get his way but it is contained. A rage is out of control and stems from the child’s fear and anger. It’s irrational and almost dissociative.” It can be difficult to tell the difference between a rage and a tantrum, especially when your child’s episodes have increased in severity and length gradually over time.

### Here are some distinguishing hallmarks of a rage:

- Rages are explosive
- Rages feel scary and out of control
- Rages last longer than a few minutes
- Rages become physically violent and aggressive
- Rages may include acts of self-harm
- Rages often end in destruction of property or harm to others

These behaviors are not normal for a child of any age. If children act out in these extreme ways, they need real help. Parents need help, too.

So, how do parents get help? How do they get someone to understand the seriousness of the situation? They need to adequately describe and use the word “rage” when talking to therapists, pediatricians, and other professionals. The word “tantrum” paints a picture that is nothing like the extreme episodes their children experience when they rage. When parents start with, “My child has rages...” and then describe specifically what the episodes look like, how long they last, and how frequently they occur, people seem to listen more closely.

**“Rage” is a word that works.**

*Reprinted with permission from:*

<http://instituteforattachment.org/rage-not-tantrum/>

## 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 your 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 the calendar page on our website at [www.nfapa.org](http://www.nfapa.org). Support Groups will be cancelled for inclement weather.

Contact a Resource Family Consultant for more information:

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

Tammy Welker (Columbus): 402-989-2197

Terry Robinson (Central/Southwest Area): 402-460-7296

Robbi Blume (FACES): 402-853-1091

NFAPA Office: 877-257-0176

### IN-PERSON SUPPORT GROUPS

- **Alliance Support Group:** Meets the third Thursday of the month. Registration is required.  
Contact Jolie Camden to register: 308-672-3658.  
Location change-contact Jolie for updated information.  
6:00-7:30 p.m.  
February 15, March 15, April 19, May 17, 2018
- **Scottsbluff Support Group:** Meets the second Tuesday of the month. Registration is required.  
Contact Jolie Camden to register: 308-672-3658.  
Regional West Medical Center, in South Plaza Room 1204.  
6:00-7:30 p.m.  
February 13, March 13, April 10, May 8, 2018
- **Chadron Support Group:** Registration is required.  
Contact Jolie Camden to register: 308-672-3658.  
Location change-contact Jolie for updated information.  
6:00-7:30 p.m.  
February 6, March, 6, April 3, May 1, 2018
- **Columbus Support Group:** Meets the second Tuesday of the month (except July and December). Childcare available.  
Contact Tammy Welker at: 402-989-2197.  
(Thank you Building Blocks and Behavioral Health Specialists for providing childcare!).  
Peace Lutheran Church, 2720 28th St.  
7:00-8:30 p.m.  
February 13, March 13, April 10, May 8, 2018
- **Norfolk Support Group:** Meets quarterly.  
Childcare available by Building Blocks and Behavioral Health Specialists.  
Contact Terry Robinson at 402-460-7296  
First Christian Church, 1408 E. Benjamin Ave.  
6:30-8:00 p.m.  
March 22, June 28, September 27, December TBD

### ONLINE SUPPORT GROUP

- **FACES:** Online Support Group: Every Tuesday 9:00-10:00 p.m. CT Contact Felicia at [Felicia@nfapa.org](mailto:Felicia@nfapa.org) 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:** This group supports and strengthens racial identity in transracial families. Support only. Meets the fourth Monday of the month.  
Children welcome to attend with parents.  
Newman United Methodist Church, 2242 R Street, Lincoln. 6:15-7:45 pm  
A lite supper will be provided. RSVP to Laurie required.  
Contact the NFAPA office to register for Family Events or any questions.  
402-476-2273  
For more information contact Laurie Miller at [Laurie@nfapa.org](mailto:Laurie@nfapa.org)  
\*No Meeting in May due to holiday.

**Be sure to mark your calendars! If you have a topic you want discussed, please contact the Resource Family Consultant for that group.**



# Waiting for a Forever HOME!

The following are children available on the Nebraska Heart Gallery.



**Name: Jose**  
**13 years old**

Jose, shy at first, is an avid sports enthusiast! He loves to be involved with football, basketball and baseball. He is open to trying new things and typically excels in whatever he puts his mind to. Jose is a middle child in his sibling group and is very protective of his younger

siblings. These relationships are important to him and he will need support in maintaining this contact. Jose is extremely smart and can do well academically if he receives the proper support and encouragement. Jose would benefit from having a strong male role model that he can look up to and learn from. Jose is described by those who know him as laid back, shy until you get to know him, athletic and fun to be around.

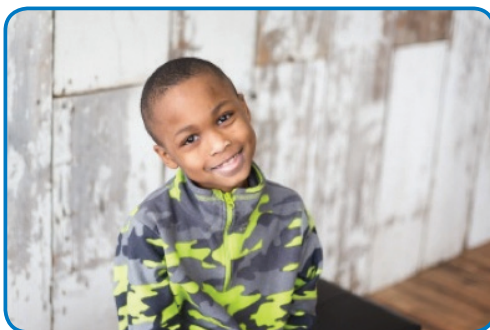
## Connections:

Jose will need support maintaining relationships with his younger brother and other siblings.

**Name: MyKheal**

**8 years old**

MyKheal is an energetic, smart and loveable kid. He wins everyone over with his contagious personality and big smile. MyKheal has a



great sense of humor and likes to be the center of attention. He gets along very well with others and has several friends at school. MyKheal does well academically at school and is able to keep up with his schoolwork. He loves sports and desires to have the opportunity to play on a team. MyKheal has siblings that he is very bonded to and will benefit from a family that will support those relationships.

## Connections:

MyKheal will need support maintaining his relationships with his brother and other 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

## VOLUNTEER AT HOLT ADOPTEE CAMP

Are you an adult Adoptee looking for a summer volunteer opportunity and a chance to connect with other Adoptees and adoptive families?

We are excited to welcome adult Adoptees to come be a part of Holt Camp! As a volunteer, you will help build a dynamic, organized and meaningful camp experience for our campers. We hope you consider becoming a part of our growing Holt Adoptee Camp family through your participation and service!

### Holt Camp Adoptee Volunteers Will:

- Assist in campsite maintenance
- Get to know other Adoptees and families
- Support camp staff
- Ensure a positive camp experience for all!

### Dates We Need Adoptee Volunteers:

<b>Oregon</b> July 14, 15 and 18	<b>Wisconsin</b> July 22, 23 and 25
<b>Nebraska</b> July 30, 31 and August 2	<b>New Jersey</b> August 6, 8 and 10

To register, or for more information, contact Laura Williams at [holtcampspc@gmail.com](mailto:holtcampspc@gmail.com) or visit the camp website: [holtinternational.org/camp](http://holtinternational.org/camp)



**BEST DAY EVER**

### FAMILY DAY CAMP

FOR ALL ADOPTEES AGES 5-8 & PARENTS

Oregon July 18  
Wisconsin July 25  
Nebraska August 2  
East Coast August 10

For more information contact Pame Chow:  
[pamec@holtinternational.org](mailto:pamec@holtinternational.org)  
(541) 687-2202 Ext. 122

**FAMILY OVERNIGHT CAMP**

FOR ALL ADOPTEES AGES 5-8 & PARENTS

Oregon July 14  
Wisconsin July 23  
Nebraska July 31  
East Coast August 8

For more information contact Pame Chow:  
[pamec@holtinternational.org](mailto:pamec@holtinternational.org)  
(541) 687-2202 Ext. 122

**BEST NIGHT EVER**

**BEST WEEK EVER**

### ADOPTEE OVERNIGHT CAMP 2018

FOR ALL ADOPTEES - AGES 9-17

Oregon July 15-19  
Wisconsin July 22-26  
Nebraska July 30 - Aug 3  
East Coast August 6-11

For more information contact Pame Chow:  
[pamec@holtinternational.org](mailto:pamec@holtinternational.org) | (541) 687-2202 Ext. 122



**2018 REGISTRATION NOW OPEN**  
[holtinternational.org/camp](http://holtinternational.org/camp)  
Camps are available!



**REGISTRATION NOW OPEN**  
[holtinternational.org/camp](http://holtinternational.org/camp)  
Camps are available!

## Membership Drive

The Nebraska Foster & Adoptive Parent Association empowers, supports, and advocates for Nebraska families by promoting safety, permanency, and well-being of our children. Your membership supports the important mission of NFAPA. There are several membership levels to accommodate everyone in the foster care, adoptive care, and child welfare community.

NFAPA offers four annual membership levels; Single Family (\$25), Family (\$35), Supporting (\$75) and Organization (\$150). In order to enrich NFAPA's mission, we are offering a new membership program – Friends of NFAPA. This membership level is billed \$5 monthly.

To join, simply mail in the membership form included in this newsletter or visit

[www.nfapa.org](http://www.nfapa.org). Your membership will ensure that Nebraska's most vulnerable children will have their greatest chance at success!



## May is National Foster Care Month!

All foster parents and those that support them,  
please join us as we celebrate

### National Foster Care Month at a Proclamation Signing

Monday, May 7, 2018 • 11:00am

State Capitol Building

Warner Chamber

The Nebraska Foster & Adoptive Parent Association will host an *Open House* immediately following the ceremony with a lite lunch served. Please RSVP to 877-257-0176

In support of **National Foster Care Month**,  
the **Lincoln Children's Museum** is offering a  
Special Discount to foster families on May 12!



Nebraska Foster & Adoptive  
Parent Association  
3601 N. 25th Street, Suite D  
Lincoln, NE 68521  
402-476-2273/877-257-0176  
[www.nfapa.org](http://www.nfapa.org)  
[Felicia@nfapa.org](mailto:Felicia@nfapa.org)

Hours: 9:30-5:00

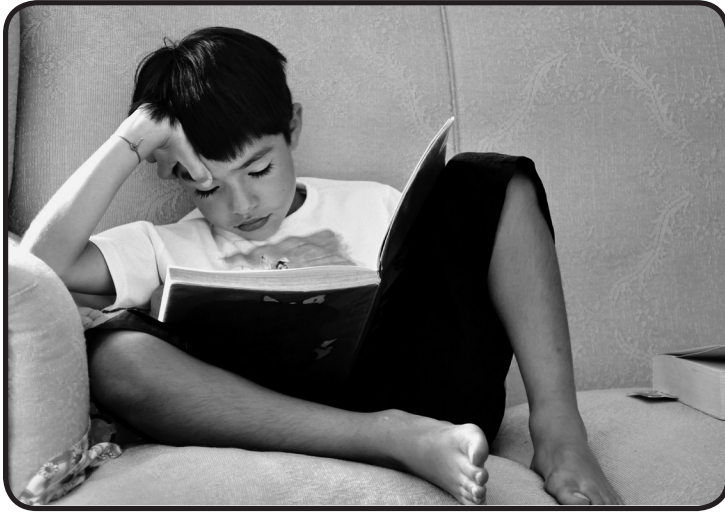
Cost: \$5.50 per person

Members it is included already

More information available on our website!



# How to Help Someone Who Has a Fetal Alcohol Spectrum Disorder



By Chris Arnold

Because of the nature of their disability, individuals with Fetal Alcohol Spectrum Disorders (FASD) have very specific needs. CPI's Nonviolent Crisis Intervention® training program is relevant for those supporting individuals with FASD, and there are specific considerations and possible adaptations for making your training as applicable as possible to this very unique group.

Similar to individuals on the autism spectrum, people with FASD are affected by and respond to anxiety differently than neurotypical individuals. FASD is also an invisible disability and comes with a collection of specific key issues related to intellectual functioning that can affect how to best respond when supporting individuals through a crisis.

## Anxiety

Individuals with FASD can spend a large amount of time in a state of anxiety. As a result of the significant difficulties receiving, processing, and responding to information due to their brain damage, individuals with FASD can become anxious at even the most basic tasks or expectations. When they're anxious, they may not respond in the typical ways that you would expect, so if you don't have specific knowledge of their behavior or a close relationship with them, you may not recognize their specific signs of anxiety, and may miss the opportunity to intervene in a supportive manner.

## "Flying off the Handle"

Additionally, as individuals with FASD spend large amounts of time in a state of anxiety, people around them can start to see this as the "norm" for them and not take advantage of the opportunities to intervene at the earliest possible time. In this way, if people get used to the anxious behavior of an individual

with FASD as being the norm, when an individual escalates and moves into the second level of the CPI Crisis Development Model (taught in Nonviolent Crisis Intervention® training), it may be seen as if the individual "flies off the handle" quickly or without warning.

In fact, the warning was there in the form of the anxious behaviors, but those around the individual may just be used to this and therefore not respond in a timely manner.

## FASD is an invisible disability

Since FASD is an invisible disability, people often have much higher expectations of the individual than are reasonable, given their actual intellectual abilities. The individual with FASD often looks "typical" and may have good or even above-average expressive communication abilities, which can convince others that they don't have a disability at all. The reality is that often their receptive communication skills are very low and out of sync with their expressive skills. They can talk a good talk, but when it comes to really understanding what you are saying and knowing how to respond, they can be at a huge disadvantage.

## Using verbal intervention strategies

This can be very confusing for people who support people with FASD. It can also have significant implications when you're using verbal intervention strategies, as the strategies will not work in the same way as they would with a person who does not have FASD. If you're part of a crisis intervention team for an individual with FASD, you should be sure to raise the issue of specific verbal intervention tips for that person and how they would fit into a crisis intervention plan.

## Here are some strategies to help:

- Use as few words as possible.
- Always clearly state what you want to happen—the desired behavior.
- Don't argue, debate, or negotiate.
- Being direct is good, but don't become too authoritarian, or doors will close quickly.
- Don't expect the person to be reasonable or to act their age.
- Go for a few "Yes" responses first. Use short questions you think the person will answer "Yes" to, just to get them out of being stuck in the "No" loop.
- Be nonjudgmental.
- Start with a clean slate. Don't have any assumptions as to why the person is behaving the way they are. There is a good chance you may be incorrect.
- Don't get frustrated that you just dealt with this same type of issue yesterday. It may seem like the same issue, but to the person it's likely a completely unique and unrelated



crisis. It's not that they aren't paying attention; it's that their brain isn't letting them make the connection.

- Be extra attentive to your nonverbal and paraverbal communication. The person with FASD may not understand all the words you're using when they're going through a crisis, but they are likely tuned in to your appearance and sound.
- Keep in mind the strong Precipitating Factors related to the person's brain damage as a result of prenatal alcohol exposure. It can help you maintain your Rational Detachment in a tough situation.

## **Misinterpreting behavioral motivations and Precipitating Factors**

The differences between a person's "normal" appearance and their significant cognitive issues can make it appear to others that the person with FASD is actually manipulative, lazy, a con artist, or sneaky. In fact, most of this is directly related to their disability.

When people misunderstand the FASD individual's behavior or jump to conclusions, they can have inappropriate responses to the FASD person's behavior. There are some big implications here for support regarding possible Precipitating Factors related to the disability of FASD. For example, stealing may not be stealing when a person with FASD is involved. The behavior may be a direct result of the person's disability and their inability to understand ownership and control impulses.

## **Here are some key issues that individuals with FASD often struggle with:**

### *Structure*

In many cases, the FASD individual is not capable of structuring their time or schedule or even a simple multi-step task. Even when not in a state of anxiety or defensiveness, the FASD person may be unable to structure their time appropriately. Being left alone or given free time can be disastrous for the person with FASD. This is a significant issue for the FASD person that should be considered in any crisis intervention plan.

Unfortunately, the reality is that this is part of the reason why so many people with FASD end up in prison and do reasonably well when there. They require a great part of their life to be very structured, and a Directive approach may be beneficial most of the time when interacting with them. When considering how you respond to an individual with FASD who's at the Anxiety stage of the Crisis Development Model, there is value in looking at how you can be supportive while maintaining directive communication techniques.

### *Sequences*

FASD individuals often have significant challenges with understanding even a simple sequence of more than two steps.

They will often end up getting into trouble because they will appear competent to complete a task and may even tell you that they're able to complete the task with no problem, but they can't actually get past the second step before becoming confused, distracted, or frustrated.

This will have significant implications when it comes to verbal interventions and how you give instruction or direction to people with FASD. Some helpful strategies include breaking tasks down into two-step units and doing more modeling in your instructions. Simple written or visual cues may also be helpful for some individuals with FASD.

### *Understanding cause-and-effect relationships*

This relates in part to the issues with sequences mentioned previously. Not understanding cause-and-effect relationships can make it difficult for the FASD individual to learn from their mistakes or past behavior and consequences. The person may continue to make the same mistakes or bad decisions over and over, much to the confusion and frustration of those supporting them. This has big implications for the Therapeutic Rapport aspect of Nonviolent Crisis Intervention® training. Negotiations during the CPI COPING Model phase of intervention may not be able to occur in the same way with the person with FASD, or there may need to be additional supports put in place to help with this process.

One suggestion for support people is that certain parts of the COPING Model may need to be conducted immediately following an incident, as long as it's safe to do so, if we want the individual with FASD to understand the connection to their behavior. They likely won't make the connection if this occurs hours or days later.

It's also important for support people to pay close attention to the concept of Rational Detachment to help deal with the frustrations that can arise and ultimately affect the way we communicate with the individual and how effective that communication is.

### *Understanding abstracts and generalizations*

This includes everything from understanding the concept of time to understanding other people's feelings and emotions. People with FASD may appear to be very self-centered and to have a lack of compassion for other people. This could be directly related to their disability.

There may be implications here for those supporting individuals with FASD in the area of Rational Detachment. It can take some specific skills to realize and understand that their odd or out-of-sync behavior could be directly linked to their disability. If you truly realize and understand this, it can positively impact your ability to work well with people with FASD despite their behaviors. I think this is another area where individuals get into trouble with the courts, because they may not appear to show remorse for things they are alleged to have done, whereas in fact they may not understand

the whole situation. This will likely have implications for every level of the Crisis Development Model when it comes to how you communicate with an individual with FASD.

### *Ongoing relearning required*

One particularly challenging aspect of FASD for those who support these individuals is the fact that due to the brain damage caused by fetal alcohol exposure, individuals may spend a considerable amount of time having to relearn tasks that are taught to them. This can be frustrating for those who support the individual with FASD. It can leave you wondering why the person could do something just fine one day and completely lose it the next day. It can also be frustrating to have to constantly re-teach the same skills. Individuals may never actually learn some things, despite frequent re-teaching, or something may stick for a while but then just disappear again. This can also have a significant impact on what consequences might be appropriate when dealing with issues of noncompetence due to brain damage versus willful noncompliance or disruptive behavior.

When supporting the unique needs and abilities of individuals with FASD, using and appropriately adapting Nonviolent Crisis Intervention® concepts can help improve relationships and outcomes.

### **Some great resources on FASD**

- The National Organization on Fetal Alcohol Syndrome (USA) offers information on FASD, resources, contacts, and more.
- The mission of the FASD Center for Excellence is to facilitate the development and improvement of behavioral health prevention and treatment systems in the US by providing national leadership and facilitating collaboration in the field.
- Dr. Asante of The Asante Centre is a world expert in FASD and is from my little town in northern British Columbia.
- The Provincial Outreach Program for FASD offers very good educational information.
- Whitecrow Village is an amazing group that offers expertise and credibility in the area of FASD. I have worked with this group, including doing training for their staff in their LIFE programs and a short stint on their Board of Directors.

### *About the Author*

Chris Arnold is a Behavioral Therapist, author, teacher, and public speaker. With a M.Sc. degree in psychology, he was one of the first Canadian Master Level Nonviolent Crisis Intervention® Certified Instructors. He's the Clinical Director of the Provincial Networking Group Inc., a psychology professor for Northwest Community College, and a contract

faculty for Douglas College in their Disability & Community Studies department. He has been working in disability services for over 25 years. A great deal of his work has included working with children and adults with FASD in their homes, the community, and in employment.

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<https://www.crisisprevention.com>

## **Civil Liability for Foster Care Misrepresentation Approved**

*April 18, 2018 Sen. Justin Wayne, LB729*

*The state Department of Health and Human Services can be held liable in certain civil proceedings under a bill passed by the Legislature April 18.*



Under LB729, introduced by Omaha Sen. Justin Wayne, state agencies and their employees no longer will have legal immunity from civil claims arising from misrepresentation or deceit under the State Tort Claims Act, which can make those parties liable in civil court proceedings.

Specifically, the department can be liable if it fails to inform potential adoptive or foster parents of issues relating to a state ward's behavioral health, mental health, or educational or medical history, including a ward's potential history being a victim or perpetrator of sexual abuse.

The bill passed on a 49-0 vote.

# When A Mom Struggles To Love Her Child and Other Secrets From Parents of Children with Reactive Attachment Disorder

By Keri Williams, brave mom and author

Carol was bitter and angry—on edge. Shortly after we met through a mutual friend, she told me about her three adopted sons. She adored her youngest son. The older two were regularly suspended from elementary school, lied incessantly, and threw screaming fits daily. They teased and bullied her 10-year-old daughter.

Her husband Ted listened to us and nodded patronizingly, as if Carol was exaggerating or over-sensitive. He sighed and said that he had told her how to fix the issues but she wouldn't listen to him. Like my son, Carol's boys were good in front of their dad. And, like my husband, Ted just didn't get it.

I know Carol's desperation well because I lived it myself for years. I told Carol and Ted about adopting siblings Devon and Kayla from foster care. Devon's behaviors had grown so extreme and dangerous he was now living in a residential treatment facility. He was ten. "I'll do whatever it takes to keep him there," I told them. That's how bad life had been with Devon at home.

**I confessed that, although I feel a strong sense of responsibility for Devon, I don't love him.**

Carol burst into tears. I struggled to make out her words through her gasping and sobbing. She said that she didn't love her two boys and she'd never been able to say it out loud. It was a dark secret she kept, afraid of what others would think.

I'd kept the very same secret as Carol for years, smothered beneath a plastered smile. Love came surely and steadily with Kayla. But it never did with Devon. I was sure something was wrong with me and was driven nearly mad in my quest to

love him. I struggled to bond with this little boy who spit in my face, kicked and hit me, threw objects at me, destroyed my home, dismantled my marriage, and tormented my other children.

**People understand why a woman wouldn't love an abusive husband or partner. But this is a child.**

We don't like to admit that even a young child can perpetrate domestic violence. In fact, well-meaning family, friends, and professionals insist that all these children need is love from a "forever family." With these platitudes condemning us, adoptive mothers struggle to find help.

Carol and I kept what was happening in our homes a secret. Here's why—

- We didn't realize we were being abused. We refused to believe it's happening because child on parent violence is taboo in our society.

- We felt responsible. We believed our children would behave differently if only we could be better mothers.

- We believed things can change. We kept trying to fix it, holding onto hope that we can keep our adoption dreams alive.

- We feared how others would react. We worried about letting

down family and friends who have supported our foster care or international orphan adoptions.

It took years to get help for myself and Devon. Eventually, I learned he had gone through early childhood trauma and he was diagnosed with reactive attachment disorder (RAD). While not all children with RAD are violent, some can be.

**In my own therapy, I was diagnosed with post-traumatic stress disorder (PTSD) from the relentless stress of raising a child with RAD.**

I came to understand that my emotions of anger, frustration, exhaustion, and bitterness were normal. My therapist helped me see that feeling love for a person abusing me—even a child—was not natural, normal, or healthy. It's unfair to expect adoptive mothers to love children with these extreme behaviors and issues. Faking-it-until-you-make it in front





of friends, family, and professionals is not the answer. “It’s unreasonable to force a parent to bond with a child whose behaviors have led to his or her PTSD,” said Institute for Attachment and Child Development Executive Director Forrest Lien. “The whole family needs healing in order to foster parent-child attachments.” These mothers need compassion, understanding, and support rather than shame and guilt.

With the proper support and therapy there is hope for healing. There are treatments for kids with RAD that can help them learn to have healthy relationships. Their adoptive families can come to embrace and genuinely care for them. Keeping our uncomfortable, but true, feelings a secret makes it harder, if not impossible, to get the help we need.

For the sake of Carol, and countless other moms who have been shamed into the shadows, I choose to be a silence breaker. I’m not proud that I don’t love my son, but I’m no longer ashamed.

*Thank you to our blog contributor, Keri Williams, for this piece and more to come. Keri lives with her family in Charlotte, N.C. and is working on a memoir about raising her adopted son. She blogs at [www.RaisingDevon.com](http://www.RaisingDevon.com). Find Keri on Twitter @RaisingDevon.*

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<http://instituteforattachment.org/when-a-mom-struggles-to-love-her-child-and-other-secrets-from-parents-of-children-with-reactive-attachment-disorder/>

## To the Foster or Hopeful Adoptive Parent Considering a Transracial Placement-Guest

*by Rachel Garlinghouse*

My introduction to transracial adoption was swift.

Sure, we were open to transracial placement. Sure, we’d done some research by reading some books, meeting with other transracial families, and checking out relevant blog posts. Sure, we had imagined the “what if” of bringing home a child of color.

But our true introduction was when we were handed our first child: an African American girl. All the sudden we weren’t imagining or supposing. We were LIVING.

All the sudden, we got attention. Lots and lots of attention. And not just because we were brand-new parents to a newborn, but because we were white parents to a Black baby. And that baby began to grow up. We dealt with hair-touchers and nosy questions and assumptions. Compliments were sometimes back-handed stereotypes and criticism. Other times we were

thanked for adopting a “child in need” who certainly required a “good home.” We were either saviors or baby-stealers.

But really, we were just parents. Parents brand-new to transracial adoption and subsequent parenting.

Our first adoption was almost ten years ago. Now we have four children, all of whom were transracially adopted. And we’ve learned a thing or two about what it truly means to live as a multiracial family, created by adoption.

If you’re new the adoption or fostering journey and are considering inviting a child of color into your home, you need to know the reality of what you are agreeing to.



### 1: Love isn’t enough.

It’s critical to understand that love does not conquer all. Children of color come to you with not only their needs based on their personal circumstances (why they came to be in your care), but their racial needs. Just like you can’t love trauma out of child, you can’t love race out of a child (nor should you ever try to).

### 2: Representation matters.

When you bring a child of color into your home, your home needs to reflect your child’s race and racial culture. Remember, the sayings about home? “There’s no place like home.” “Home is where the heart is.” Home should be a safe, welcoming, accepting space for a child. So your home needs to have books, art, music, toys, etc. that reflect your child and send him or her the message that they matter, they are celebrated, and that they are safe to be themselves.

### 3: There’s no substitute.

You can have all the art, music, toys, and books in the world, go to festivals and exhibits, and tell your children they are wonderful just as they are, but without racial role models in their lives, your child is missing out on something critical. Face-to-face, hand-in-hand, authentic relationships with people of color is essential to your child’s well-being and

arguably yours as well. You need those who share your child's race to guide you in how you parent your child. This might also include hair braiders, barbers, medical professionals, and a mentor for your child.

#### 4: Get woke, and stay woke.

You can't give what you don't have. Therefore, you need to understand racial norms in order to teach your child. Some great ways to go about this include having friends who racially match your child (including a mentor for yourself), reading articles and watching videos from news outlets that focus on your child's race, attending conferences and workshops, etc. This isn't for a season. Parenting a child of color means you're committed to learning for the long-haul.

#### 5: Think long-term.

It's fitting to end with this point. You aren't just parenting your child today. You're making investments in your child's future. This means from the very beginning, when you accept a child of color into your home, you know that this child will not always been a cuddly newborn or a bouncing toddler. A child of color grows up to become a preteen, then teen, then young adult, then adult of color. So again, love isn't enough, and you need to make choices that build your child up as he or she grows up.

*Rachel Garlinghouse is a mom of four by adoption, author, and speaker who blogs about her family's adventures at [whitesugarbrownsugar.com](http://whitesugarbrownsugar.com)*

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<https://www.drjohndegarmofostercare.com/blog/to-the-foster-or-hopeful-adoptive-parent-considering-a-transracial-placement-guest-blog-by-rachel-garlinghouse>



## Upcoming Training

### Facilitated by the Nebraska Foster & Adoptive Parent Association

*Sponsored by Nebraska Department of Health and Human Services*

## The Kinship Connection

This six hour training will provide Relative & Kinship families with training on the following topics:

- The Legal Process
- RPPS/Respite
- Trauma & Attachment
- Safety
- Behavior Management
- Redefined Roles
- Loss & Grief
- Permanency Options for Children & Youth

#### **Saturday, May 5, 2018**

from 9 am - 4 pm: York

#### **Saturday—May 26, 2018**

from 9 am - 4 pm: Sidney

#### **Saturday June 2, 2018**

from 9 am - 4 pm: Scottsbluff

#### **Saturday June 2, 2018**

from 9 am - 4 pm: Omaha

#### **Saturday—June 9th, 2018**

from 9 am - 4 pm: Alliance

#### **Saturday, July 14, 2018**

from 9 am - 4 pm: Grand Island

#### **Saturday, July 14, 2018**

from 9 am - 4 pm: Lincoln

#### **Saturday, July 28, 2018**

from 9 am - 4 pm: Hastings

#### **Saturday, August 11, 2018**

from 9 am - 4 pm: Kearney

#### **Saturday, September 1, 2018**

from 9 am - 4 pm: Scottsbluff

#### **Saturday, September 15, 2018**

from 9 am - 4 pm: Lincoln

#### **Saturday, September 22, 2018**

from 9 am - 4 pm: North Platte

#### **Saturday, September 29, 2018**

from 9 am - 4 pm: Omaha

Registration is required.

Register online:

<https://www.surveymonkey.com/r/KinshipRegistration2018>

*These informational classes are for Relative & Kinship families who have not taken pre-service classes to be licensed foster parents.*



# WHAT IS INSIDE

Counting The Costs of Fostering or Adopting .....	1
NFAPA Staff / Board of Directors .....	2
Attention Foster Parents! .....	2
3 Reasons Traditional Parenting Doesn't Work With Kids From Trauma...	3
Challenges of Kinship Care: Talking About Bio Parents .....	5
Why This Mom Uses The Word "Rage" and Not "Tantrum" .....	6
No Longer Fostering? We Would Love to Hear from You. ....	6
NFAPA Support Groups.....	7
Waiting for a Forever HOME! .....	8
HOLT Adoptee Camp .....	8
Membership Drive .....	8
National Foster Care Month.....	9
How to Help Someone Who Has a Fetal Alcohol Spectrum Disorder ..	10
Civil Liability for Foster Care Misrepresentation Approved .....	12
When A Mom Struggles To Love Her Child and Other Secrets From Parents of Children with Reactive Attachment Disorder .....	13
To the Foster or Hopeful Adoptive Parent Considering a Transracial Placement-Guest.....	14
Upcoming Training .....	15
JOIN NFAPA .....	16



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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 families, adoptive families, and relative caregivers
- Opportunity for all foster 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
- 25% of membership dues goes toward an NFAPA Scholarship

### Thank you for your support!

Please mail membership form to:  
NFAPA, 3601 N. 25th Street, Suite D  
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
- ☐ **Friends of NFAPA**, \$5 billed Monthly

My donation will be acknowledged through Families First newsletters.

- ☐ Gold Donation, \$1,000
- ☐ Silver Donation, \$750
- ☐ Platinum Donation, \$500
- ☐ Bronze Donation, \$250
- ☐ Other, \$ \_\_\_\_\_