

# Families First

a newsletter for Nebraska Families

January/February 2026

N F A P A

## THE DO'S AND DON'TS OF TALKING TO KIDS ABOUT TRAUMA

While we wish we could shield our children from the dangers of the world, life's unexpected challenges often catch us off guard, leaving us unprepared for tough conversations.

If you're struggling to support your child in the aftermath of a traumatic event, know that you're not alone. According to a national study, 64% of adults experienced at least one traumatic event before the age of 18. Despite this unsettling statistic, many children can process and heal by talking it out. Here are some strategies to help start those conversations.

### Do Make Sure They're Safe

Before starting any conversation, ensure the child is physically safe and fully aware that they are out of harm's way.

"Even if they're in the hospital and got the all-clear from the doctor, they may still believe they are at risk of dying," says Brooks Keeshin, MD, professor of pediatrics and associate vice chair of research at Huntsman Mental Health Institute. "Or they may still feel in danger in places like a police station or a domestic violence shelter. Never assume that the child knows what's going on."

### Don't Ask Leading Questions

When asked about their feelings, it's common for a child

to shut down the conversation with a quick "yes" or "no" response. When this happens, resist the urge to insert your own thoughts and feelings. Here are some examples of leading questions and comments you should avoid:

- That was a really bad car crash. You must really be hurting.
- That accident in the playground really bothered you, didn't it?

- That was scary, but you're tough and you'll get over it quickly.

"Don't assume the child is going to be significantly impacted or, conversely, unaffected by the event," Keeshin says. "Children process trauma in many different ways, so let them be the ones to tell you how they're feeling."

### Do Let the Child Be the Guide

Before asking a child how they are doing, make sure you're in the right headspace to gently encourage your child to open up. Here are some prompts to get you started:

- How often do you think about the event?

- How do you feel when you think about what happened?
- When a child gives a brief answer, follow up with "Okay, tell me more about that."

"It's important to invite the conversation in an open-ended way," Keeshin says. "If they do indicate that something is going on, follow their lead, recognize their feelings, and ask open-

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Nebraska Foster & Adoptive Parent Association

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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 [Felicia@nfapa.org](mailto:Felicia@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/NFAPA\\_Jan-Feb\\_2026](https://www.surveymonkey.com/r/NFAPA_Jan-Feb_2026) 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!

- List three examples of leading questions and comments you should avoid when talking to your child about trauma.
- List 4 worsening signs (Symptoms) of traumatic stress that indicates that you need to reach out for professional help. Symptoms include:
- Fill in the blanks. As many as \_\_\_\_% of girls and \_\_\_\_\_% of boys develop post-traumatic stress disorder (PTSD) following a traumatic event.
- True or False. Even children who do develop PTSD may still exhibit emotional and behavioral issues following a traumatic experience.
- True or False. Traumatic events can affect how a child's brain develops, 12 which can have lifelong consequences for them physically, mentally, and socially.
- Fill in the blanks. Studies have connected adverse childhood experiences with an increased risk of becoming a \_\_\_\_\_ by the age of 35, oftentimes committing offenses that are serious and violent.
- What eight things can you do to prevent teen suicide?
- True or False. Talking about suicide won't plant ideas for self-harm in a child's head.
- There is a laundry list of 9 things that impact teen emotions. What are they?
- Fill in the blanks. Keep in mind that a lecture is one-sided. What your teen needs is open \_\_\_\_\_ and \_\_\_\_\_.

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

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

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

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

(Continued from page 1)

ended questions that let the child tell their story in paragraphs rather than one- or two-word responses.”

## Don't Fill in the Blanks

After a frightening event, a child's mind can be flooded with “what if” scenarios about the future. For example, following a domestic violence incident, a child might worry about their life being turned upside down. To help ease their anxieties, offer essential information but don't overwhelm them with “what ifs” and encourage them to share their current thoughts and feelings.

“From a trauma standpoint, children may become more distressed about what they don't know or what they think might happen,” Keeshin says. “When they start filling in the blanks, their thoughts might be worse about what happened. It's important to identify these thoughts when they exist so that the right level of information can be provided to the child at their developmental level.”

## Do Get Help If Needed

It's natural for children to go through some ups and downs after trauma. However, it's important to watch for new or worsening signs of traumatic stress and reach out for professional help. Symptoms include:

- Having bad dreams or sleep disturbances
- Withdrawing from favorite hobbies and interests
- Being quieter and more reserved
- Experiencing changes in mood (feeling more anxious, sad, angry, irritable, etc.)

Keeshin notes that we shouldn't assume a child has traumatic stress, but it's important to watch for symptoms and get them professional help if needed.

“The good news is many children recover without seeing a therapist,” Keeshin says. “For those who need professional help, we have excellent ways to help speed up the recovery process. It all starts with not assuming but rather allowing the child the space to share how they are feeling and letting their trauma responses guide the path toward healing.”

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<https://healthcare.utah.edu/healthfeed/2024/11/dos-and-donts-of-talking-kids-about-trauma>

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# UNDERSTANDING THE EFFECTS OF CHILDHOOD TRAUMA

*While kids are resilient, they're not made of stone*  
Written by Amy Morin, LCSW

Childhood trauma is an event experienced by a child that evokes fear and is commonly violent, dangerous, or life-threatening.<sup>1</sup> Also sometimes referred to as adverse childhood experiences or ACEs, there are many different experiences that can lead to trauma. Unfortunately, it is all too common. An estimated 46% of children experience trauma at some point in their young lives.<sup>2</sup>

While kids are resilient, they're not made of stone. Adults often say things like, “They were so young when that happened, they won't even remember it as an adult.” However, it is important to recognize that childhood trauma can have a lifelong effect.<sup>3</sup>

“As children's brains develop, they are learning how safe or unsafe the world is through their experiences,” says psychotherapist Yolanda Renteria, LPC. “A child has to develop a way to protect itself from what it deems unsafe; the ways in which a child protects itself shape their adult personality.”

Because of this, it's important to recognize when a child may need professional help to deal with their trauma. Early intervention can also prevent the ongoing effects of the trauma into adulthood.<sup>4</sup>

## What Is Considered a Childhood Trauma?

Physical or sexual abuse, for example, can be traumatic for children. One-time events like a car accident, natural disaster (like a hurricane), the loss of a loved one, or a major medical incident can take a psychological toll on children as well.

Ongoing stress, such as living in a dangerous neighborhood or being the target of bullying, can also be traumatic for a child—even if it just feels like daily life to an adult.<sup>5</sup>

Childhood trauma doesn't even have to involve experiences that occur directly to the child. Watching a loved one endure a major health issue, for instance, can be extremely traumatic for children. Violent media can have this effect, too.<sup>6</sup>

*Just because an experience is upsetting doesn't make it traumatic. Parental divorce, for example, will likely affect a child but it isn't necessarily traumatizing.<sup>7</sup>*

## Childhood Trauma and PTSD

As many as 15% of girls and 6% of boys develop post-traumatic stress disorder (PTSD) following a traumatic event.<sup>8</sup> Children with PTSD may re-experience the trauma in their minds over and over again. They might also avoid anything that reminds them of the trauma or re-enact the trauma in their play.

Sometimes children believe that they missed warning signs predicting the traumatic event. In an effort to prevent future traumas, they become hypervigilant in looking for signs that something bad is going to happen again.<sup>9</sup>

Children with PTSD may also:<sup>10</sup>

- Act younger than they are (such as by sucking their thumb)

- Experience trouble focusing
- Feel more depressed or anxious
- Find it difficult to be affectionate with others
- Have increased anger and aggression
- Have issues in school
- Have trouble sleeping
- Lose interest in activities they once enjoyed
- Lose touch with reality
- Seem detached, numb, or non-responsive
- Worry about dying young

Even children who don't develop PTSD may still exhibit emotional and behavioral issues following a traumatic experience. Here are some things to watch for during the weeks and months after an upsetting event:<sup>11</sup>

- Anger issues
- Attention problems
- Changes in appetite
- Development of new fears
- Increased concerns about death or safety
- Irritability
- Loss of interest in normal activities
- Problems sleeping
- Sadness
- School refusal
- Somatic complaints like headaches and stomachaches

## How Does Childhood Trauma Affect You As a Child and As an Adult?

Traumatic events can affect how a child's brain develops,<sup>12</sup> which can have lifelong consequences for them physically, mentally, and socially.

### Physical Health Impacts

When a child experiences a traumatic event, it can impair their physical development.<sup>13</sup> The stress can impair the development of their immune and central nervous systems, making it harder to achieve their full potential.

A 2015 study published in the *American Journal of Preventive Medicine* reports that the more adverse experiences a child has, the higher their risk of chronic disease later in life.<sup>14</sup>

Specifically, it notes that exposure to repeated trauma increases a child's risk of developing:

- Asthma
- Coronary heart disease
- Diabetes
- Stroke

A 2019 review of 134 different research-based articles adds that exposure to adverse experiences as children increases the risk of developing several different conditions—such as autoimmune diseases, pulmonary disease, cardiovascular disease, and cancer—in adulthood, as well as increasing levels

### Mental Health Impacts

Childhood trauma can also have an impact on mental health. Psychological effects of traumatic experiences can include:<sup>15</sup>

- Anger control issues
- Depression
- Emotional distress
- High levels of stress
- Post-traumatic stress disorder (PTSD)
- Psychotic disorders

Children exposed to complex traumas may even become disassociated.<sup>13</sup> Dissociation involves separating themselves from the experience mentally. They might imagine that they are outside of their bodies and watching it from somewhere else or they may lose memory of the experience, resulting in memory gaps.

Research published in *Psychiatric Times* further notes that the prevalence of suicide attempts is significantly higher in adults who experienced traumas such as physical abuse, sexual abuse, and parental domestic violence as a child.<sup>16</sup>

### Relationship Impacts

A child's relationship with their caregivers—whether they be parents, grandparents, or other familial or non-familial adults—is vital to their emotional and physical health. Children's attachment to their caregivers can help them learn to trust others, manage emotions, and positively interact with the world around them.

When a child experiences a trauma that teaches them that they cannot trust or rely on that caregiver, they're likely to believe that the world around them is a scary place and people are dangerous. This lesson makes it incredibly difficult to form relationships throughout their childhood and adulthood.<sup>17</sup>

Children who experience trauma are also likely to struggle with romantic relationships in adulthood. A 2017 study in the *Journal of Family Psychology* found that spouses with a history of child abuse tend to have less satisfying marriages, even when still in the newlywed phase.<sup>18</sup>

Renteria notes that the lasting effects of trauma often depend on the nature and severity of the event. In some cases, it may lead to feelings of anxiety or avoidance coping that some partners may find frustrating or confusing.

*On the other hand, repeated experiences of trauma in childhood can make people feel like they are not capable of having healthy and nurturing relationships.*

—YOLANDA RENTERIA, LPC

She also explains that some common relationship struggles that can stem from such trauma include:

- Difficulty trusting
- Being physically and verbally distant
- Defensiveness
- Difficulty being vulnerable
- Difficulty giving their partner the benefit of the doubt
- Difficulty with communication skills
- Difficulty seeing their partner as their ally



## Other Impacts

Sometimes the impact of childhood trauma extends beyond physical or mental health and relationships. For instance, some studies have connected adverse childhood experiences with an increased risk of becoming a criminal offender by the age of 35, oftentimes committing offenses that are serious and violent.<sup>19</sup>

Additional impacts can include:<sup>13</sup>

- Being easily “set off” and having more intense reactions
- Engaging in high-risk behaviors (such as driving at high speeds or unsafe sex)
- Inability to plan ahead or prepare for the future
- Increased risk of self-harm
- Lack of impulse control
- Low self-esteem
- Trouble problem-solving or reasoning

Children experiencing traumatic events may also have a reduced ability to parent their own kids later in life.<sup>3</sup>

## Untreated Childhood Trauma

When childhood trauma goes untreated, issues related to the trauma are often not resolved and, as a result, can be felt long-term. Not receiving treatment also limits the possibility of preventing some of the negative consequences associated with trauma, even on a biological level.

For example, one study found that patients with untreated childhood trauma had greater glucocorticoid resistance.<sup>20</sup> Glucocorticoid resistance is highly associated with depression. These findings suggest that a lack of treatment for trauma

may, directly and indirectly, contribute to the development of depression.

## How to Help Children Who Have Experienced Trauma

Social support can be key to reducing the impact trauma has on a child, even as far as reducing their risk of suicidal ideation.<sup>21</sup> Here are some ways to support a child after an upsetting event:

- Encourage the child to talk about their feelings and validate their emotions.
- Help them understand that they are not at fault.
- Answer their questions honestly.
- Reassure the child that you’ll do everything you can to keep them safe.
- Stick to a daily routine as much as possible.
- Be patient as each child recovers at their own pace.

Depending on the child’s age and needs, they may be referred for services such as cognitive behavioral therapy, play therapy, or family therapy. In some cases, such as when there is a diagnosis of PTSD, medication may also be an option to help treat their symptoms.<sup>22</sup>

## How Do You Release Your Own Childhood Trauma?

If you experienced trauma as a child and still have some healing to do, there are several actions you can take to help you better cope. Among them are:<sup>23</sup>

- Spending time with people in your life who are supportive
- Keeping a consistent eating and sleeping schedule
- Getting physically active
- Avoiding alcohol and drugs

*Focus on developing predictable, nurturing, and safe environments. The best way to counteract trauma is building an internal sense of safety.*

— YOLANDA RENTERIA, LPC

Talking to a mental health professional can also help you start to heal. Therapeutic options may include a number of trauma-informed therapies, such as cognitive processing therapy (CPT), trauma-focused cognitive behavioral therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), and acceptance and commitment therapy (ACT), among others.<sup>24</sup>

You may also want to reach out to reputable organizations able to help childhood trauma survivors. The Disaster Distress Helpline offered by the Substance Abuse and Mental Health Services Administration (SAMHSA) is one option. If you prefer to communicate via text, the Crisis Text Line is another.

## What This Means For You

While it’s normal to have some level of distress following a traumatic event, it’s not out of the question that children can return to a healthy state of functioning—and some kids are

less affected by their circumstances than others.<sup>8</sup>

If childhood trauma has created negative effects, it is never too late to get help. Whether you've adopted a teenager who was abused over a decade ago or you've never received help for the traumatic experiences you endured 40 years ago, trauma treatment can still be effective and beneficial.

If you or a loved one are struggling with childhood trauma, contact the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-4357 for information on support and treatment facilities in your area.

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<https://www.verywellmind.com/what-are-the-effects-of-childhood-trauma-4147640>



## UNDERSTANDING INTERGENERATIONAL TRAUMA AND ITS EFFECTS ON MENTAL HEALTH

*The passage of emotional pain from one generation to the next*

*Written by: Amy Marschall, PsyD*

Intergenerational trauma refers to trauma that is passed from a trauma survivor to their descendants. It can also be referred to as transgenerational or multigenerational trauma.

People experiencing intergenerational trauma may experience symptoms, reactions, patterns, and emotional and

psychological effects from trauma experienced by previous generations (not limited to just parents or grandparents).

### What Is a Trauma Response?

Humans have survived for thousands of years by evolving the ability to adapt. If you live with chronic stress or have lived through a traumatic event, certain responses activate to help you survive—these are known as trauma responses.

Although these responses are helpful for short-term survival, being in that “survival mode” headspace is harmful to both physical and mental health in the long term. When your brain learns the adaptive behavior necessary to keep yourself and your family safe/alive, these adaptations may be passed on to future generations and can be challenging to un-learn.

Remaining in “survival mode” can limit one’s ability to thrive, as living in survival mode is founded in response to fear/trauma/scarcity. Thriving is possible when there is a developed sense and lived experience of safety and security, which people suffering from intergenerational trauma may not have a model/cellular knowing or foundation for.

Someone who has experienced trauma might struggle to feel calm in situations that are objectively safe due to anxiety that another traumatic event will occur. When this occurs, the trauma response can be harmful rather than adaptive.

For example, someone may have grown up in a household where there were generations of yelling and shouting at their children in anger, stemming from a place of unresolved trauma and pain. In order to understand intergenerational trauma, it is important to acknowledge the impact of what the parents/grandparents/great-grandparents/ancestors/etc. survived that resulted in their yelling or shouting.

This may have been because yelling or shouting was adaptive behavior for survival or they had their own parents yell at them because those parents and those before them didn’t have the tools, energy, modeling, support, or space to speak kindly/gently/lovingly to their children due to constant stressors and the trauma of historical oppression/struggle.

The impact of intergenerational trauma in this case would be descendants continuing to shout/scream at their own children, from a place of unresolved intergenerational trauma/stress.

### What Does Intergenerational Trauma Look Like?

Those affected by intergenerational trauma might experience symptoms similar to that of post-traumatic stress disorder (PTSD), including hypervigilance, anxiety, and mood dysregulation.

However, because the individual did not directly experience the trauma themselves, they will not experience flashbacks or intrusive memories. They experience trauma symptoms and trauma responses from events that did not occur to them; rather, the response is inherited genetically.

**FREE  
Virtual  
In-Service  
Training!**

# In-Service Training!

Nebraska Foster & Adoptive Parent Association

[https://www.surveymonkey.com/r/NFAPA\\_In-Service\\_Oct\\_2025-Sept\\_2026](https://www.surveymonkey.com/r/NFAPA_In-Service_Oct_2025-Sept_2026)

Registration Link

Identify Your Need

Gather Information

Weigh Options

Decide

Register

Attend!

**January 24, 2026  
9:00 am-11:00 am**

## Parenting with a Trauma History:

This course provides parents and caregivers the chance to learn about how their own trauma histories and adverse experiences might impact their parenting journey. Participants will learn the challenges that a trauma history may present in parenting, discuss strategies for parenting while facing these challenges, and learn how to maintain a regulated emotional and physical state.

*With Libby Valerio-Boster from BraveBe*

**February 7, 2026  
9:00 am-11:00 am**

## Understanding ADHD and Navigating Transition Timelines:

This training provides an overview of ADHD alongside guidance on transition planning. You will learn about recognizing ADHD symptoms and strategies for supporting students with ADHD in schools. Additionally, you will learn how to use transition checklists, understand updates to transition-age IEPs, and identify when to engage community partners and agencies to support youth through key life transitions.

*With Cami Bergman M.Ed. With PTI Nebraska*



Questions? 402-476-2273 or [Felicia@nfapa.org](mailto:Felicia@nfapa.org)

Facilitated by NFAPA

Sponsored by the Nebraska Department of Health & Human Services



Because stress responses are linked to more physical health issues, intergenerational trauma can also manifest as medical issues including heart disease, stroke, or early death.<sup>1</sup>

## What Causes Intergenerational Trauma?

Intergenerational trauma occurs when the effects of trauma are passed down between generations. This can occur if a parent experienced abuse as a child or Adverse Childhood Experiences (ACEs),<sup>2</sup> and the cycle of trauma and abuse impacts their parenting.

Intergenerational trauma can also be the result of oppression, including racial trauma or other systemic oppression. The effects of intergenerational trauma have been documented in descendants of refugees,<sup>3</sup> residential schools,<sup>4</sup> and Holocaust survivors,<sup>5</sup> demonstrating that this type of trauma continues to impact populations for generations after a collective traumatic event has occurred.

## Genetics and Intergenerational Trauma

Although research differs and a definitive number is not presently known, it is estimated that human beings have more than 25,000 genes present in our DNA.<sup>6</sup> The way that our genetic material manifests in our bodies, or the way that our genes determine everything from how we look to what diseases we may be predisposed to, is called epigenetics.<sup>7</sup>

Some genes are dormant when we are born but activate based on our environment. This is one way that we adapt to our environment and survive.

When someone experiences trauma, their DNA responds by activating genes to help them survive the stressful time. Genes that prime us for things like a fight, flight, freeze, or fawn response will activate to help us be ready for future dangerous situations. We then pass these genes onto our offspring in order to prepare them for possible traumatic events.<sup>8</sup>

Our genetics do a great job of keeping us safe even if this does not mean keeping us happy. When genes are primed for stressful or traumatic events, they respond with greater resilience to those events, but this constant state of anticipating danger is stressful. The trade-off of being constantly prepared to keep us safe increases our body's stress levels and impacts our mental and physical health over time.

If your parents or grandparents experienced trauma, their DNA coded itself to have a survival response that helped them get through those events, which then passed down through generations.<sup>9</sup> This "survival mode" remains encoded and passed down for multiple generations in the absence of additional trauma.<sup>10</sup>

Our genetics do a great job of keeping us safe even if this does not mean keeping us happy. When genes are primed for stressful or traumatic events, they respond with greater resilience to those events, but this constant state of anticipating danger is stressful.



## Treatment and Coping for Intergenerational Trauma

As noted above, intergenerational trauma persists for multiple generations if additional trauma is not present. However, research shows that children of parents with higher ACEs scores are at higher risk for their own adverse childhood experiences.

If you experience intergenerational trauma, trauma-informed interventions and therapy treatment can help you cope with your own symptoms, understand the impact of intergenerational trauma, and equip you with tools to help change deeply embedded patterns and heal yourself and generations after you.

Even if you do not have your own memories of the trauma, a trauma-informed approach to care can help you manage your body's physiological response to intergenerational trauma.

There are many resources available to those dealing with trauma, both personal and intergenerational. Recognizing trauma symptoms, even if they are inherited rather than related to a personal trauma, is vital in coping and seeking support for intergenerational trauma.

Even if you do not have your own memories of the trauma, a trauma-informed approach to care can help you manage your body's physiological response to intergenerational trauma.

## Healing Intergenerational Trauma

Because intergenerational trauma is inherited across generations, it can be fully healed by creating an environment where additional trauma does not occur for multiple generations. It can be healed even in the context of continuing stressors with the tools, inner resources, and support needed to care for symptoms and heal the root cause of the intergenerational trauma on physical/somatic, emotional, mental, cellular, and ancestral levels.

Support and resources for trauma survivors and those living with intergenerational trauma are essential for preventing future traumas.

This means both providing education about trauma,

trauma responses, and intergenerational trauma to providers, teachers, and parents, as well as addressing systemic issues that perpetuate trauma in minoritized populations.

It also means acknowledging how intergenerational trauma impacts those who have not personally experienced a traumatic event. This understanding is the first step in treating intergenerational trauma in individuals as well as preventing future intergenerational trauma.

If you are experiencing the effects of intergenerational trauma, please know that therapy can be a helpful tool to help you overcome and navigate trauma responses. A therapist can also teach you healthy coping mechanisms that you can employ if you encounter a trigger. Please remember that you are not alone and that there's no shame in reaching out to a professional.

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<https://www.verywellmind.com/what-is-integenerational-trauma-5211898>

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## DEVELOPMENTAL TRAUMA SHOULDN'T BE A LIFE SENTENCE FOR ANY CHILD OR FAMILY

Originally published by Scary Mommy as Developmental Trauma Absolutely Destroyed My Family

My husband and I jumped in heart first when we adopted out of foster care. Devon was three with big brown eyes and a shy smile. His two-year-old half-sister, Kayla, was spunky with freckles and gobs of curls. We already had two young sons and I eagerly imagined a lifetime of annual family photos, beach vacations, holidays, and birthday parties.

Early on we learned that Devon and Kayla had been neglected and abused, and they'd been in multiple foster homes. Because of this, they both were anxious and inconsolable at bedtime. Devon squirreled food away under his bed and sometimes gorged until he threw up. He was aggressive, played with his feces, and urinated in odd places around the house.

These behaviors concerned us, but in our pre-adoption training we were told they were completely "typical" for foster kids and there was nothing the love of a "forever family" couldn't heal.

Over the next few years we went on the beach vacations I'd dreamed of and the kids had birthday parties at Chuck E Cheese. They played soccer and learned to swim and ride bikes. Kayla settled in, but Devon continued to struggle. I tried many different parenting strategies, but he wasn't motivated by rewards or deterred by consequences. Two years after the adoption, our family grew once again with the birth of our youngest son Brandon.

Devon started kindergarten and enjoyed the first few weeks with his Blue's Clues backpack and matching lunch box, but then the calls home began. One day he pulled the fire alarm. Another time he ran out of the school and an assistant principal had to chase him away from the busy road. He often refused to do his homework, especially if I told him to. Once he became so angry he pulled his bedroom door off the hinges. He was six.

It was clear something was seriously wrong, but I had no idea what it was or what to do about it.

By the age of eight, Devon's tantrums lasted two or three hours at a time. He'd smile at me and say, "I feel like having a fit." And then he would. He knocked holes in walls, broke toys, and chased his siblings with a baseball bat. I tried to be patient, but it seemed impossible. Sometimes he'd kick my head or try to climb out the van window while I was driving.

Adding to my frustration, Devon was adept at hiding his behavior from my husband. When he heard the garage door open, and realized Dad was home from work, he'd snap off his tantrums like a light switch. As a result, my husband thought I was overly sensitive or overreacting. When I reached out for help – to teachers, family, friends, therapists – they too assumed this was a parenting problem.

Sometimes I wondered if they were right. There were times I lost my temper, said things I shouldn't have, and overreacted. I grappled with guilt, shame, disappointment, and anger.

Tired of being blamed, I plastered on a smile in public and hid behind closed doors. I grew more isolated and lonely. I developed a sleep disorder, was hyper-vigilant, and constantly on edge. In retrospect, I realize Devon's tantrums had, by this time, morphed into rages. This created an environment of toxic stress for his siblings, and though I didn't yet know it, I'd developed PTSD. I was so busy just surviving, I had little insight into how dire the situation had become.

Then, one afternoon, Devon angrily karate chopped little Brandon in the throat. Moments later he pushed him down the stairs. One giant shove from behind. Brandon wasn't seriously hurt but it was the wake-up call I needed.

I began to take Devon to the mental health emergency room whenever he became unsafe. I had no idea what else to do. The first time I signed him into the psych ward, my heart pinched. This wasn't the adoption happily ever after I'd imagined for us. Still, I was optimistic we were on our way to getting help.

The ER psychiatrist started Devon on medications. They didn't seem to help. After several visits and one admission, the hospital referred us for intensive outpatient services.

Devon began to receive 15 hours of treatment and therapy a week. The treatment team helped me create a safety plan for Devon's brothers and sister. They would run upstairs and lock themselves in my bedroom whenever he became physically aggressive. For everyone's safety, they coached me to restrain him in what I called a "bear hug." I was terrified, exhausted, and heartbroken all at once.

A few days into fifth grade, Devon punched his teacher in the stomach. He plucked out his eyelashes and wrapped a belt around his neck. That's when his therapist sat me down to explain that Devon needed to be in a residential treatment program.

I balked. We just needed more therapy or different medications, didn't we? There must be something else we could try...

She shook her head and insisted. His behavior was dangerous and the months of outpatient services he'd been receiving weren't helping.

Devon was admitted to his first residential psychiatric facility when he was only 10 years old and we expected him to return home, much better, after a few months of intensive treatment. But while there he broke a staff person's thumb. He caused thousands of dollars of property damage. He vomited and urinated on staff, and stabbed other residents – kids like himself – with pencils. He tried to strangle himself with his shirt.

As this continued for months, and then years, I was confused. Devon was receiving countless hours of therapy. Why wasn't he getting better? Why weren't his medications helping? It didn't make sense.

I began to do my own research and learned about developmental trauma – the effect chronic abuse and neglect can have on young children. These kids perceive the world as unsafe and unpredictable and can go into fight-or-flight mode in even minimally threatening situations. Trauma can also disrupt their brain development. They may feel the loss of their birth mother so acutely they begin to unconsciously view any new mother figure as the enemy.

Suddenly Devon's behaviors made more sense – his impulsivity, emotional and behavioral dysregulation, desperate need for control, and targeting of me. It was such a relief. Now that I knew what was wrong, I was hopeful Devon could finally get help.

Though the therapists agreed Devon had developmental trauma, their treatment approach didn't change. They simply slapped on more diagnoses and tweaked his cocktail of drugs. They continued with the same ineffective therapies.

I was at a loss for a way forward. I thought back to the three-year-old little boy who we believed only needed was the love of a forever family. By then I'd realized love couldn't heal developmental trauma any more than it could cure leukemia or set a broken bone. And the mental health system clearly had no solutions. Devon's condition was getting worse in the treatment facilities. But what else could we do? With the safety of his younger siblings to think of, Devon was too dangerous to live at home.

Today Devon is 17 and has been in a parade of group homes, psych wards, and treatment centers. We visit him regularly, but he's not stable or safe enough to move home. He's been on numerous antipsychotic drugs and has received an alphabet

soup of diagnoses: ODD, ADHD, CD, RAD, PTSD, DMDD, and more. He's proven to be extremely resistant to traditional therapy, a hallmark of developmental trauma. With each new placement he's grown more dangerous and violent. He'll soon turn 18 and age out of the treatment centers as an angry young man.

I am angry too.

Ineffective treatment has snuffed out Devon's once bright future and our family has been broken. Hundreds of thousands of children suffer developmental trauma, yet the mental health system has no answers. I recently heard leading trauma researcher Bessel van der Kolk speak at a conference and he confirmed what I learned the hard way: We have a long way to go in the work to develop effective treatments for developmental trauma.

How is this possible? Why isn't the public outraged? I'm convinced it's because our stories aren't being told. We talk freely about the challenges families face when their child has leukemia or other physical illness. But there's a taboo around mental health struggles.

Yet, there are thousands of families with stories virtually identical to Devon's, and to mine. Like me, these families receive little support. Gaslighted, blamed, and shamed into silence, they've gone underground into private and secret online support groups. Their suffering is treated like a dirty little secret instead of the national crisis – the tragedy – it is.

Realizing this has only cemented my commitment and determination to raise my voice louder and to use my blog to call for increased funding and new research for treatments for developmental trauma. I am speaking out not only for Devon and my family, but for the thousands of families and children who have no voice.

Developmental trauma shouldn't be a life sentence for any child or family.

*Reprinted with permission from:*

<https://raisingdevon.com/2019/06/20/developmental-trauma-absolutely-destroyed-my-family/>

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## **FIVE CRITICAL TIPS TO DEFUSE AN EMOTIONAL TEEN**

*This is a contributed piece by Parenting Teens & Tweens owner Whitney Fleming, author of You're Not a Failure: My Teen Doesn't Like Me Either.*

*Written by Ali Flynn*

Sometimes, it happens like clockwork. Your teen walks through the door after a long day at school, and you say something like, “Hey! How was your day?” Your teen may slam their books down and shout, “I don’t want to talk about it!”

Or, sometimes, you’re going about your day, and you may ask your son or daughter something like, “Do you think you can bring these clothes upstairs?” Your teen may get upset and huff as they grab their laundry and storm up the stairs or perhaps even say something like, “I’m the only one that has to do my chores around here!”

Or, it could be a litany of other responses. My daughter used to cry out of nowhere while doing her homework or when I said no to a request. It felt like a defense mechanism. My friend’s son often became irate when he came home from football practice and was expected to finish his chores. My neighbor struggled with her teen every time they tried to discuss an issue, and it often became volatile.

### What is up with those big teen emotions?

As adults (hopefully), we know how to identify and control our emotions. When we are angry, we know (or try) to walk away and calm down. When we feel sadness, we know it’s often temporary. When we are hungry, we eat.

It seems so simple to us as parents, but we do not realize that we went through a lot of growth to get to this point. Our brains needed to develop so we could acquire some emotional regulation, impulse control, and communication skills. We gained perspective because of life experience. We perhaps learned to set personal boundaries, take care of ourselves, and recognize when our feelings were out of control.

But even as adults, we are susceptible to overreacting, flying off the handle, or acting irrationally. Sometimes, we need to apologize to our partner for lashing out because of stress or take a few deep breaths before talking to our boss about a rude email.

It is very common for humans to express our hurt in inappropriate ways. For adolescents, it can be even more powerful and excessive.

### Why are teens so emotional?

There is a laundry list of things that impact teen emotions. They include:

- brain development
- academic stress
- family dynamic
- puberty/hormones
- peer relationships/social issues
- mental health challenges
- desire for independence
- physical changes/developments
- sexual identity/discovery

With all these at play, often simultaneously, it’s not surprising

that teen emotions can sometimes boil over to their parents.

Most often, however, teens do not understand what they are feeling, so it comes out in a different form. For example, after a long day at school where a teen felt like an outcast, was reprimanded by a teacher, and was insecure around a girl, a simple request from a parent can feel like criticism. With all these feelings welling up inside them, they may lash out at their parents or family members in anger. They may say they are not being treated fairly or that a parent is being overbearing. When they get admonished for their response, they might explode in rage.

When you see it written out, you can understand why the teen might respond with aggression (not that it’s appropriate, but you get it). Unfortunately, a parent often has no idea what happened to their teen during the day, so when they get a teenage tornado, they feel like it is directed at them when, in fact, it’s the result of pressure that’s been building all day.

It boils down to this: when teens become emotionally overwhelmed, overstimulated, or confused, they reduce their ability to act logically or rationally.

### 5 Ways to Effectively Respond to an Emotional Teen

Unfortunately, many of us parents did not see healthy conflict resolution or emotional regulation growing up. Maybe you lived in a house of yellors or where passive-aggressive comments were the norm. You may have dealt with threats or fear of your parent cutting you out. It’s possible you were never taught skills to problem-solve and you saw people use alcohol, drugs, or other dangerous behaviors as coping mechanisms. Or, you had to navigate authoritarian parents who tried to control your actions and feelings.

Let me just say this: It’s tough to model something you’ve never seen.

If you are facing an emotionally-charged teen who lashes out or perhaps is acting irrationally, here are some things you can do to diffuse the situation.

## NFAPA SUPPORT GROUPS

Foster parenting is hard. You face challenges as you parent children and youth with a trauma history that your friends and family do not understand. Please join us in one of our support groups where you can find mutual support and opportunities to discuss parenting joys, challenges and strategies as you navigate the life of a foster parent.

### Faces: Online Foster Parent Support Group Chat on Facebook

- Meets Tuesday nights at 9:00 (CT).
- Contact Robbi at 402-853-1091. You must have a Facebook account.

### Parenting Across Color Lines

- Fourth Tuesday of the month — for multi-racial families.
- 6:15pm at Connection Point, Lincoln. Pot Luck Supper prior to meeting.
- RSVP required — Contact Felicia, (402) 476-2273 or Jessica at <mailto:jessica@nfapa.org>

## 1. Talk slow, talk soft, talk scant.

A high school teacher and a mom who raised four teens once told me, “When it comes to an upset teenager, sometimes it is more about how you say it than what you’re saying.”

When I’m in the throes of it with one of my kids, I have to majorly check my own reaction time. I can easily go from 0 to 60 in two seconds if I’m anxious or stressed myself, so when I sense my teens are in a mood, I do these three things:

- **Talk slow:** Don’t be obnoxious about it, but slow your words down. Think about what you are saying and pause between statements. This slows the conversation down and gives them a chance to compose themselves. When you’re rushing to respond, the emotions can keep flying out.
- **Talk soft:** When my kids were younger, our house was just naturally loud. With three kids close in age, at least one animal, and a stream of other teens and neighbors going in and out, there was always a lot of commotion. We often ended up shouting at each other over noise and didn’t realize the impact it had on our emotional state. The louder your teen gets, the softer you should become. Remember, it’s not about endorsing your kids behavior, but modeling what they should be doing.
- **Talk scant:** OK, I’m going to be honest. I’m a space filler. I need to put words in dead air. It’s an awful habit when you’re raising teens. But trust me when I say this, when dealing with an emotional teen, less is more. It’s not the time to repeat yourself or try to give a life lesson. Keep your words brief and to the point.

## 2. Have phrases at the ready.

Something I had to come to terms with was I am not always good in the moment. I know what I need to do, but my execution is off. That’s where preparation is key.

If your teen’s anger is out of control and they are lashing out, here are a few things you can say and do to diffuse the situation:

- “That sounds rough. Let me know if you want to talk about it. I’ll be in my room.”
- “I see that you are upset and understandably so. Take a minute to gather your thoughts and if you want to talk, I’m here.”
- “I want to know more about what happened and how you are feeling, but I don’t think you are ready to talk about it yet. When you are ready, I’m here.”
- “I need you to stop. I am always here for you but not as your punching bag. I’m going to walk away now, and when you’re ready I’ll be in the kitchen.”
- “This is not how we talk to each other. I see you are upset about something and I’d like to help, but not like this.”

When your teen is being obnoxious, mean, or ill-mannered, or perhaps even threatening, it can be challenging not to blur the lines between the behavior and the person. You may

start thinking they changed at their core or became someone different. It’s important to keep in mind though that the behavior is usually telling you about a problem or need that is not being met, kind of like a symptom of an illness. A fever is a sign of an infection just like your teen’s disrespect can be a sign of something wrong in their life.

Also, they might be acting out to get your attention. Do a gut check and ask yourself if you are available to your teen. Do you put your phone down when they enter a room? Do you check in with them each night? Do you try to have meals together or listen to what interests them? Teens know when we’re not paying attention or just pacifying them. Make sure they know that you are a trusted source for them no matter what.

It is important to remember that your teen may never thank you for doing these things, and they may keep pushing for a fight. But this is where you have to remember that your teen is acting developmentally normal, and you need to act as the grown up. If you need to walk into a room and shut the door on them until they calm down, so be it. Knowing when to engage and when to walk away is an important life skill.

## 3. Be the calm you want to see (which means working on your responses).

I get it. It’s hard, oh so hard, to stay calm when you are in the midst of teenage tomfoolery. When there are six-foot-tall people who are slobs, eat all your food, and then expect you to give them \$20 for Starbucks after calling you “Bruh,” finding your Zen in the middle of a battle can be a challenge.

But remaining calm is a superpower, and showing your teen how you can keep your cool during conflict, how you can communicate respectfully, how you can cope in difficult situations, well, that is an incredible gift. It also will help them disarm other people they encounter who speak aggressively or disrespectfully.

Keeping calm also puts us in charge of the rules of engagement and balances the power game. It may infuriate them at first when you don’t engage, but eventually they will learn that they only get what they want by speaking to you in a calm and respectful manner.

There are two parts to putting yourself in a position to do this:

- First, you need to be willing to give them the space and time to cool down. That’s when you use one of the above phrases. At first, my teens found this INFURIATING, but eventually, it led to more productive and thoughtful conversations. And yes, one time when I was mad at my daughter she pulled one of those phrases on me, and it did give me a moment to reflect and calm down.
- Second, if you are someone in a constant state of anxiety, anger, or stress, you have to address it. This is not your kid’s problem; it is your problem that you are taking out on others. Read that part again.

Your responses are your responsibility. If you can’t control

your own anger issues, then you need to go back and figure out why. It may involve executing daily coping strategies, such as mindfulness exercises or walking, seeking therapy, or even medication—but if we don't take ownership of how we behave, we can't expect our teens to do the same.

Remember the end goal is how to move the confrontation into a conversation.

#### 4. K.I.S.S.—Keep It Simple and Sweet.

I grew up in a house where there were only three methods of communication: arguing, passive-aggressive comments, or cutting someone out by not talking to them. I did not like any of these mechanisms, so I learned to become a people pleaser and then over-communicate. I believed—with all my heart—that if someone could just listen to me and understand where I was coming from, I could solve anything.

My teens did not see it this way.

Sometimes when my teen lashed out about something, I often turned it into a “teachable moment.” I lectured. I would go over the same argument over and over. I had a hard time walking away and letting something go.

It was a disaster. I had to learn a different way.

I get it, their smug attitudes can be infuriating, or the fact that they do or don't do the same things repeatedly can make your head spin; but I promise you, putting your voice on loop is not the way to get through to them—especially when they are emotional. No teen has ever walked away from a parental lecture and suddenly experienced an epiphany about staying calm. We are not going to talk them into being less self-centered or more responsible.

At the end of the day, it isn't about proving that we are right and they are wrong. It's about asking them the questions that will help them find the answers and solve the problems themselves.

That's why you need to keep it simple and sweet. That means more questions and less advice. It means shorter conversations in comfortable places—like the car or when it's just the two of you at breakfast. It means we stop trying to fix their problems and instead use phrases like, “Well, what do you think you should do next?”

Keep in mind that a lecture is one-sided. What your teen needs is open communication and connection. They want to feel they have some control. They want to build confidence so they know they can go out into the world, knowing we've got their back.

Ask your teens what is really going on with them. Get them to see the root of their anger and frustration and identify the real enemy. It's usually not you. Then, don't tell them how to fix it or worse yet, try to fix it for them. Instead, be a sounding board and offer your help and support but let them determine what that looks like.

A “lecture” is always going to pit us against them, even if we think it is for their own good. But what they really want

is for us to empower them to fight their battles on their own, knowing we've got their back.

#### 5. Know when a storm is brewing (when you can).

Watch for cues. When I could see tension building, I often tried to address it before any angry outbursts occurred. When I knew one of my kids was stressed, I would remind them that I was here to help, but not to be a punching bag (and then I would pitch in a little extra to help them, such as run an errand or make a special meal.) I tried to get them to understand hormonal symptoms and manage them appropriately and talk to them about my own. I would ask if they were hungry or not feeling well to make sure their physical symptoms weren't causing them to be off. I often wrote out boundaries and expectations when things were calm so there was no miscommunication when things went off the rails.

This is all a lot of work, but I promise you it's worth it.

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<https://parentingteensandtweens.com/five-phrases-to-diffuse-an-emotional-teen/>





## TEEN SUICIDE: WHAT PARENTS NEED TO KNOW

*Know the risk factors for teen suicide, the warning signs and the steps you can take to protect your teen.*

*By Mayo Clinic Staff*

Is your teen at risk of suicide? Some things, such as medical, family and social problems, can make some teenagers more likely to take their own lives. Learn how to tell if your teen might be at risk for considering suicide. And find out where to turn for help and treatment.

### What makes teens prone to suicide?

Many teens who attempt or die by suicide have a mental health illness. As a result, they have trouble coping with the stress of being a teen. They might have a very hard time dealing with rejection, failure, breakups, school troubles or family problems.

And they might not be able to see that they can turn their lives around. They also might not fully understand that suicide is a permanent response, not a solution, to a short-term problem.

### What are the risk factors for teen suicide?

It is important to say that teens often cope with stressful medical, physical and life events without attempting self-harm or suicide.

But it's a good idea to be aware of certain risk factors. Medical or physical issues that can raise the risk of suicide include:

- A mental health illness such as depression, anxiety, bipolar disorder or oppositional defiant disorder.
- Changes related to puberty or a long-term illness.
- A substance use disorder.

Life circumstances that can raise the risk include:

- Family history of mood disorders, suicide or actions

that could lead to suicide.

- Being exposed to the suicide of a family member or friend.
- History of physical or sexual abuse, or being exposed to violence or bullying.
- Access to means of suicide, such as guns or medicines.
- Losing close friends or family members, or having conflicts with them.
- Being gender diverse with risk factors such as bullying and family or social conflicts.
- Being adopted.

Children who have attempted suicide in the past also are at greater risk.

### What are the warning signs that a teen might be suicidal?

Warning signs that a teen might be thinking about suicide include:

- Talking or writing about suicide. For example, making statements such as "I'm going to kill myself," or "I won't be a problem for you much longer."
- Using more and more alcohol or drugs.
- Feeling trapped, hopeless or helpless about a situation.
- Doing risky or self-destructive things.
- Giving away personal items for no clear, logical reason.

Some other warning signs might seem like typical teenage behavior:

- Changing normal routine, including eating or sleeping patterns.
- Becoming less social and wanting to be alone.
- Having mood swings.

Suicidal teens also might have personality changes or become very anxious or agitated when they experience some of the warning signs listed above.

### What should I do if I suspect my teen is suicidal?

If you think your teen is in danger right now, call 911, your local emergency number or a suicide hotline. In the United States, call or text 988 to reach the 988 Suicide & Crisis Lifeline. It's available 24 hours a day, seven days a week. Or use the Lifeline Chat. Services are free and confidential. The Suicide & Crisis Lifeline in the U.S. has a Spanish language phone line at 888-628-9454 (toll-free).

If you suspect that your teen might be thinking about suicide, talk to your teen right away. Don't be afraid to use the word "suicide." Talking about suicide won't plant ideas for self-harm in a child's head.

Ask how your teenager is feeling and listen. Don't dismiss your teen's problems. Instead, reassure your child of your love. Remind your teen that together, you can work through whatever is going on.

Also, seek medical help for your teen. Ask your teen's health

care provider to guide you.

Your teen's health care provider will want to get a sense of what's going on from sources such as:

- The teen.
- Parents or guardians.
- Other people close to the teen.
- School reports.
- Past medical or mental health exams.

Teens who are feeling suicidal often need the help of a specialist. This can be a psychiatrist, psychologist or other licensed mental health professional.

You may find a health care professional who treats mental health in children. Or you might find one who will want to talk with the teen and parents, or the whole family.

In some cases, it may be hard for caregivers to keep a suicidal teen safe at home. The teen's provider or mental health professional may recommend treatment in a hospital or intensive outpatient program. Or they might suggest calling local crisis response services for help.

What can I do to prevent teen suicide?

You can take steps to help protect your teen. For example:

- **Talk about mental health and suicide.** Don't wait for your teen to come to you. Ask what's wrong if your teen is sad, anxious, depressed or seems to be struggling. Listen and offer your support.
- **Pay attention.** Teens who think about suicide often show warning signs. Listen to what your child says and watch how your child acts. Never disregard threats of suicide as teenage drama.
- **Discourage too much alone time.** Encourage your teen to spend time with supportive friends and family.
- **Monitor and talk about social media use.** Keep an eye on your teen's social media accounts. Social media can give teens valuable support, but it can expose them to hurtful things too. That includes bullying, rumor spreading, unrealistic views of other people's lives and peer pressure. If your teen is hurt or upset by social media posts or messages, encourage your teen to talk to you or to another trusted adult or teacher. Feeling connected and supported at school can have a strong protective effect.
- **Encourage a healthy lifestyle.** Help your teen eat well, exercise and get regular sleep.
- **Support the treatment plan.** If your teen is getting treatment for suicidal behavior, it might take time to feel better. Help your teen follow the treatment plan. Also, encourage your teen to take part in activities that can help boost confidence and healthy connections with others.
- **Monitor medicines.** Some teens might have more suicidal thoughts or behavior when taking medicines called antidepressants. This isn't common. But the

risk is higher in the first few weeks after starting a medicine or when a dose is changed. Still, antidepressants are more likely to lower suicide risk in the long run, because they can improve mood. If your teen has suicidal thoughts while taking an antidepressant, call the doctor right away or get emergency help.

- **Safely store guns, alcohol and medicines.**

Access to means of suicide can play a role if a teen is already suicidal.

If you're worried about your teen, have an honest talk with your child and get help right away.

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<https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-suicide/art-20044308>



## Scholarship Program

### NEBRASKA FOSTER & ADOPTIVE PARENT ASSOCIATION

#### \$250 Scholarship Program

The NFAPA offers a scholarship up to \$250 for a Nebraska adoptive, foster, guardianship, or kinship youth, who wishes to further their education beyond high school or GED. This can be either at a college or university, vocational and job training, or online learning. One or more scholarships may be awarded based on scores and amount of money available for scholarships.

Please go to <https://forms.gle/RSeM1Kp9VacvZ6S96> or our website [www.nfapa.org](http://www.nfapa.org) for the full application. **Completed application must be received on or before April 6, 2026.**

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