Nebraska Foster & Adoptive Parent Association

Families First

a newsletter for Nebraska Families

January/February 2021 N F A P A

HOW CAN I BE A GOOD RESPITE CARE PROVIDER?

by Derek Williams

I love baseball. One of the most overlooked players in baseball is the pinch hitter. This is a player who takes the place in the lineup of a starting player. A pinch hitter may or may not have much notice of his turn at bat, but when the coach calls upon him, he needs to be as ready. The pinch hitter can make or break the game. The same applies to respite providers. Respite providers are the pinch hitters for regular (also known as long-term) foster parents.

What is Respite?

Respite is support offered to foster parents, in most states. Respite is a time of planned or unplanned time of a foster child away from their regular foster home. It has often been said that you cannot pour into another person's cup if your own is empty. Respite is a time to re-fill your cup. Each licensed/certified foster parent is usually entitled to a certain amount of respite hours from their foster care agency.

Let's use Arizona as an example. In Arizona, foster homes that are licensed through the Department of Child Safety (DCS) are allotted 144 hours of respite per year from July 1st to June 30th. This equals six days, or three weekends per year, which is paid by the foster care agency. On top of this, in Arizona, if a foster child is enrolled in services from a Behavioral Health clinic, they may be entitled to up to 600 hours of additional respite, which may be overnight or during the daytime. This respite is normally paid for by the Behavioral Health clinic. Lastly, in Arizona according to Normalcy Rules, foster parents are allowed to use a private, short-term caregiver of their own choosing, using their reasonable and prudent judgment. Payment for this type of respite is determined privately. This caregiver, who could be a neighbor, close friend, or relative, may be used up to 24 hours in a non-emergency situation or 72 hours in case of emergency. In either case, the DCS Specialist must be notified. Check your state's requirements for specific instructions about respite.

Why is Respite Needed?

Children in foster care are there through no fault of their own, due to abuse, neglect, abandonment, or the simple inability of their biological parents to care for them properly. Because of this, regular foster parents are needed. But from time to time, the regular foster parents need a break. Respite can provide needed help to these foster parents as well as provide a smooth transition from the regular foster provider to the respite provider. The children have had enough disruptions in his life, respite doesn't need to be another one. It should be a refreshing vacation for the child. Whether it is just for a couple of hours for a planned date night or for an overnight due to an emergency, it is good to know that there is someone there to give consistency and normalcy to kids when we need it.

10 Ways to be a Good Respite Provider

Good respite providers are not born, they are made. It often takes time, patience, experience, and a lot of humility. The

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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***, 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/JanFeb2021***
We will then enter your name in the drawing! We will also send you a certificate for training credit to turn in when it is time for relicensing. Good Luck!

1. True or False. How you respond to a tantrum also depends on its severity.
2. Complete the sentence. Tantrums and meltdowns are especially concerning when they occur _____ _____.
3. Fill in the blanks. Parents who are _____, _____, _____, can be very successful in helping children develop the skills they need to regulate their own behavior.
4. True or False. Trauma can be evident in every part of adoption, even the parts that seem perfect.
5. True or False. Adoption trauma does not have a significant impact on the brain development of a child as well as his emotional development.
6. What are six things to keep in mind when keeping your cool.
7. True or False. The trouble is that when kids who are anxious, become disruptive, they push away the very adults who they need to help then feel secure.
8. Fill in the blanks. The more commonly recognized symptoms of anxiety in a child are _____, _____, _____, _____ ,.
9. List 4 reasons Why Don't More Foster Parents Request Respite?
10. True or False. Many people think, "I could never foster, I would get too attached to let them go." Well perhaps becoming a respite provider is the perfect job for you!

Name: _____

Address: _____

Email: _____

Phone #: _____

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more opportunities you have, the better you will become. Here are ten tips on perfecting your respite skills:

1. Be prepared. That's the motto of a good Boy Scout. It should also be the motto of a good respite provider. Get as much information about the child beforehand. What is his favorite meal? What are his allergies? How does he go to sleep? What soothes/comforts him? Does he have any special needs? Does he have any behavioral issues? Does he take medication? Also, it may be a good idea to get proof of custody in case of emergencies. The more you know ahead of time, the better.
2. Get trained. Every licensed/certified respite provider must receive some type of training. But if you really care for a child who has a special need or behavioral issues, it may be profitable to get training in order to better serve that child. Training on attention deficit disorder, oppositional defiant disorder, fetal alcohol syndrome, or Down syndrome can come in handy when the time calls for it.
3. Be available. The good thing about being a respite provider is that you have time to plan when to take in a foster child. But every once in a while, a foster family encounters an emergency, and they will need respite on the spur of the moment. Be ready. Perhaps this respite care includes a child that you particularly connect with, perhaps you are the closest one to the emergency. Keep the foster family's needs in mind.
4. Stick to a schedule. If a regular foster care provider needs you once a month for their own mental health, set up a schedule. This can be a win-win-win for all involved. It benefits you, because you can have everything prepared; it benefits the regular provider because it gives them an opportunity to recharge their batteries; and it helps the foster child because it can give them a familiar face instead of facing a stranger.
5. Take multiple kids. Sibling groups often need to stick together. They have an unbreakable bond and have shared many life experiences. Respite should be another positive experience in their lives.
6. Don't make money the main focus. If you are applying to be a respite provider purely for the financial incentives, it likely won't be worth it. You won't get rich being a respite provider, and pretty soon you realize it is not as rewarding monetarily as you thought it would be.
7. Have a good attitude. Do it because you love foster kids. Do it because you love foster parents and want to give them a break.
8. Have the correct perspective. Providing respite is not merely, "glorified babysitting," it is bridging the gap in care for a child whose foster parents need a break. It can also provide an opportunity to assist that child in the healing process of being separated from his biological parents.
9. Have fun. Have a plan in place for sleeping arrangements, activities, meals, homework, and outings. Just plopping the kid down in front of the TV may not be enough.
10. Build bridges. Lastly, being a respite provider can be a good stepping stone to a longer, more permanent placement. For example, if you are not sure if you want to become a long-term foster care provider, you may want to start off as a respite provider. Also, if you are interested in adopting a certain foster child, providing respite first may be a good way of determining if you can meet that child's needs.

Who is Eligible to be a Respite Provider?

Different states usually have different standards to become a respite foster care provider. However generally speaking, most state's requirements are the following: pass a criminal background check, be in relatively good health, have a transportation plan, have a healthy and safe home environment, and have experience with children. If you are asking, "what type of respite providers are needed," consider the following:

- Couples/Families. A family can be a great environment to provide respite because they can be a great example of what a healthy family looks like and how each person plays a role to contribute to that family.
- Singles. Usually, teen girls thrive with single women and teen boys thrive with single male respite providers. These teens can get one on one attention and get a chance to see things from a different perspective.
- Empty nesters. Retired? In your 50's or 60's? Bored? I have the perfect solution: become a respite provider. Kids can benefit from a vacation from their regular providers. It can also give the kids an opportunity to get a "grandma" or "grandpa" back in their lives.
- Relatives. If you are related to the regular foster parent, proving them respite may be the perfect plan. The foster children may be already familiar with you and this can give you a better understanding of what their family does.

How Can I Become a Respite Provider?

- Child Welfare. Check your state's Child Welfare agencies or Child Protective Services. They may be able to point you in the right direction. In order to become licensed/certified to be a respite provider, you may need training, a home inspection, fingerprinting a home study, and/or a Physician's Statement. Connection to a knowledgeable Social Worker can work wonders.
- Behavioral Health Clinics. Many clinics who provide

counseling and other services may also provide Behavioral Health respite. This type of respite is different in that you are trained to care for children who are struggling with behaviors. The training is free and the reimbursement subsidies are a bit higher. Yes, these children can be a bit more challenging, but the good news is that they are generally better behaved during their time in respite as compared to their regular caregiver. Remember, these children may not be more challenging because they are "bad kids" but because they may have endured abuse, neglect, or abandonment. They need someone like you to be a breath of fresh air in their lives.

- Division of Developmental Disabilities. Children with developmental disabilities include children with Down syndrome, autism, epilepsy, or Cerebral Palsy. Long time caregivers of these individuals are my heroes. They often sacrifice on a daily basis to care for the needs of their clients who have very special needs. From time to time, they need to be relieved by a short-term caregiver. Depending on your state's requirements, you may be able to provide respite in your own home or in the home of the regular caregiver. You can be a hero to these heroes.

Why Don't More Foster Parents Request Respite?

With this type of support available in most states, why don't more foster parents take advantage of respite? There may be many reasons, but here are a few I have found in my 15 years' experience of social work:

- Pride. Many foster parents feel they don't need respite. They may feel they can do it all and asking for help is simply a display of weakness. The inner thought may be, "If I ask for help, I may not look like a good foster parent." Nothing could be further from the truth. Requesting respite can actually be a sign of strength. It can be a sign that you have your priorities in order; that you know when you need help; it can be a sign that you want what is best for your foster child.
- Guilt. Some foster parents may feel guilty about requesting respite. They feel their social worker may say, "What? You need respite again? You just asked for respite a year ago, and you are coming back again so soon?" Of course, I'm being facetious. But there are some social workers who may attempt to guilt foster parents, especially if no respite providers are available.
- Not available due to state statutes. Not every state offers respite to foster parents. There may be many reasons for that, including the regular foster parent may not be officially licensed/certified with the state., or the regular foster parent may be a kinship provider and may not be eligible. Search for the rules and regulations in your state.
- Poor Communication. Some foster parents do not know that respite is available. Perhaps this information wasn't provided during training. Regardless, this service is available in most states and with just a little research, could open up many doors of opportunity.

Many people think, "I could never foster, I would get too attached to let them go." Well perhaps becoming a respite provider is the perfect job for you. First of all, respite is short term and secondly, as you will soon discover, it is often good to be attached to foster children; if not for your sake, for theirs. Foster children likely have not had an opportunity to become attached to a significant caregiver. Getting attached and keeping in touch and having multiple opportunities to connect with that child through respite may be just what that child needs. It can be a win-win situation for all involved.

***Derek Williams** is an adoption social worker and has been in the field of child welfare and behavioral health since 2006, where he has assisted families in their adoption journey. He and his wife started their adoption journey in 1993 and have 8 children: 6 of which are adopted. His adopted children are of all different ethnicities including East Indian, Jamaican, and Native American. He loves traveling with his family, especially to the East Coast and to the West Coast, and is an avid NY Mets fan! Foster care and adoption is a passion and calling for Derek, and he is pleased to share his experiences with others who are like-minded.*

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https://adoption.org/how-can-i-be-a-good-respite-care-provider

HOW ANXIETY LEADS TO DISRUPTIVE BEHAVIOR

Kids who seem oppositional are often severely anxious

by Caroline Miller

A10-year-old boy named James has an outburst in school. Upset by something a classmate says to him, he pushes the other boy, and a shoving-match ensues. When the teacher steps in to break it up, James goes ballistic, throwing papers and books around the classroom and bolting out of the room and down the hall. He is finally contained in the vice principal's office, where staff members try to calm him down. Instead, he kicks the vice principal in a frenzied

effort to escape. The staff calls 911, and James ends up in the Emergency Room.

To the uninitiated, James looks like a boy with serious anger issues. It's not the first time he's flown out of control. The school insists that his parents pick him up and take him home for lunch every day because he's been banned from the cafeteria.

Unrecognized anxiety

But what's really going on? "It turns out, after an evaluation, that he is off the charts for social anxiety," reports Dr. Jerry Bubrick, a child psychologist at the Child Mind Institute. "He can't tolerate any — even constructive — criticism. He just will shut down altogether. James is terrified of being embarrassed, so when a boy says something that makes him uncomfortable, he has no skills to deal with it, and he freaks out. Flight or fight."

James's story illustrates something that parents and teachers may not realize — that disruptive behavior is often generated by unrecognized anxiety. A child who appears to be oppositional or aggressive may be reacting to anxiety—anxiety he may, depending on his age, not be able to articulate effectively, or not even fully recognize that he's feeling.

"Especially in younger kids with anxiety you might see freezing and clinging kind of behavior," says Dr. Rachel Busman, a clinical psychologist at the Child Mind Institute, "but you can also see tantrums and complete meltdowns."

A great masquerader

Anxiety manifests in a surprising variety of ways in part because it is based on a physiological response to a threat in the environment, a response that maximizes the body's ability to either face danger or escape danger. So while some children exhibit anxiety by shrinking from situations or objects that trigger fears, some react with overwhelming need to break out of an uncomfortable situation. That behavior, which can be unmanageable, is often misread as anger or opposition.

"Anxiety is one of those diagnoses that is a great masquerader," explains Dr. Laura Prager, director of the Child Psychiatry Emergency Service at Massachusetts General Hospital. "It can look like a lot of things. Particularly with kids who may not have words to express their feelings, or because no one is listening to them, they might manifest their anxiety with behavioral dysregulation."

The more commonly recognized symptoms of anxiety in a child are things like trouble sleeping in his own room or separating from his parents, avoidance of certain activities, a behaviorally inhibited temperament. "Anyone would recognize those symptoms," notes Dr. Prager, co-author of Suicide by Security Blanket, and Other Stories from the Child Psychiatry Emergency Service. But in other cases the anxiety can be hidden.

"When the chief complaint is temper tantrums, or disruption in school, or throwing themselves on the floor while shopping at the mall, it's hard to know what it means," she explains. "But it's not uncommon, when kids like that come in to the ER, for the diagnosis to end up being a pretty profound anxiety disorder."

To demonstrate the surprising range of ways young children express anxiety, Dr. Prager mentions a case she had just seen of a young child who presented with hallucinations, but whose diagnosis she predicted will end up being somewhere on the anxiety spectrum. "Little kids who say they're hearing things or seeing things, for example, may or may not be doing that. These may not be the frank hallucinations we see in older patients who are schizophrenic, for example. They might be a manifestation of anxiety and this is the way the child expresses it."

Problems at school

It's not uncommon for children with serious undiagnosed anxiety to be disruptive at school, where demands and expectations put pressure on them that they can't handle. And it can be very confusing to teachers and other staff members to "read" that behavior, which can seem to come out of nowhere.

Dr. Nancy Rappaport, a Harvard Medical School professor who specializes in mental health care in school settings, sees anxiety as one of the causes of disruptive behavior that makes classroom teaching so challenging. "The trouble is that when kids who are anxious become disruptive they push away the very adults who they need to help them feel secure," notes Dr. Rappaport. "And instead of learning to manage their anxiety, they end up spending half the day in the principal's office."

Dr. Rappaport sees a lot of acting out in school as the result of trauma at home. "Kids who are struggling, not feeling safe at home," she notes, "can act like terrorists at school, with fairly intimidating kinds of behavior." Most at risk, she says, are kids with ADHD who've also experienced trauma. "They're hyper-vigilant, they have no executive functioning, they misread cues and go into combat."

Giving kids tools to handle anxiety

When a teacher is able to build a relationship with a child, to find out what's really going on with him, what's provoking the behavior, she can often give him tools to handle anxiety and prevent meltdowns. In her book, The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students, Dr. Rappaport offers strategies kids can be taught to use to calm themselves down, from breathing exercises to techniques for distracting themselves.

"When a teacher understands the anxiety underlying the opposition, rather than making the assumption that the child is actively trying to make her miserable, it changes her

approach," says Dr. Rappaport, "The teacher is able to join forces with the child himself and the school counselor, to come up with strategies for preventing these situations."
If it sounds labor-intensive for the teacher, it is, she notes, but so is dealing with the aftermath of the same child having a meltdown.

Anxiety confused with ADHD

Anxiety also drives a lot of symptoms in a school setting that are easily misconstrued as ADHD or defiant behavior.
"I'll see a child who's having difficulty in school: not paying attention, getting up out of his seat all the time, asking a lot of questions, going to the bathroom a lot, getting in other kids' spaces," explains Dr. Busman. "His behavior is disrupting other kids, and is frustrating to the teacher, who's wondering why she has to answer so many questions, and why he's so wrapped up in what other kids are doing, whether they're following the rules."
People tend to assume what's happening with this child is ADHD inattentive type, but it's commonly anxiety. Kids with OCD, mislabeled as inattentive, are actually not asking all those questions because they're not listening, but rather because they need a lot of reassurance.

How to identify anxiety

"It probably occurs more than we think, either anxiety that looks disruptive or anxiety coexisting with disruptive behaviors," Dr. Busman adds. "It all goes back to the fact that kids are complicated and symptoms can overlap diagnostic categories, which is why we need to have really comprehensive and good diagnostic assessment."
First of all, good assessment needs to gather data from multiple sources, not just parents. "We want to talk to teachers and other people involved with the kid's life," she adds, "because sometimes kids that we see are exactly the same at home and at school, sometimes they are like two different children."
And it needs to use rating scales on a full spectrum of behaviors, not just the area that looks the most obvious, to avoid missing things.
Dr. Busman also notes that a child with severe anxiety who's struggling in school might also have attentional or learning issues, but she might need to be treated for the anxiety before she can really be evaluated for those. She uses the example of a teenager with OCD who is "doing terribly" in school. "She's ritualizing three to four hours a day, and having constant intrusive thoughts — so we need to treat that, to get the anxiety under control before we ask, how is she learning?"

Reprinted with permission from:
https://childmind.org/article/how-anxiety-leads-to-disruptive-behavior/

Understanding and Coping with Reactive Attachment Disorder (RAD)

by Anonymous

Are you caring for a child who consistently pushes you away with challenging behavior? Do you take two steps forward only to take four steps back in developing a relationship with her? Does it seem like she is sabotaging her connections with you or others? If so, you may be caring for a child with symptoms of Reactive Attachment Disorder (RAD).

RAD is a rare mental health diagnosis in the DSM-V that can apply to some children impacted by attachment trauma. Attachment trauma typically results from parental abandonment, divorce, abuse, incarceration, foster care, and adoption (among other experiences). The DSM-V is a diagnostic manual that mental health professionals use to diagnose clients. A proper diagnosis is essential because it allows health care providers to bill insurance companies so clients can receive treatment.

The problem with mental health diagnoses is that no human fits into one category. We all have emotional responses to life's stressors that are highly personal. Not only that, but RAD is a constellation of behaviors related to attachment trauma, and our reaction to trauma is subjective - meaning that two people can experience the same event yet have a different emotional response to it.

I want to state clearly that I have mixed feelings about diagnoses for children. I'm not too fond of the idea of labeling children because their brains grow and change rapidly. A diagnosis can stay with them long beyond the behaviors have dissolved, coloring them with dysfunction that no longer exists.

On the other hand, an accurate diagnosis can provide relief to caretakers who are exhausted by the emotional and physical manifestations of attachment trauma while also allowing them to receive the treatment they need to function in home and school.

Diagnoses highlight the "this and that" duality of life inside the human experience and all around us. We rarely find one answer to solve any problem in life. Our world is full of conflicting advice, as any parent who has read more than one parenting book will understand. One expert says, let them cry themselves to sleep. The other insists co-sleeping is optimal - which is it? The truth is, the answer is different for every child and every parent. What works for one might not work for the other based on innate temperament, needs for personal space, etc.

I say all of this to communicate to you that while I authored this piece on RAD, I also understand that our experiences and personalities are much more complicated than any diagnosis. Please take what helps, and leave the rest.

If you think your child could have RAD symptoms and you want to understand the causes and strategies for coping with the disorder, please read my article on Reactive Attachment Disorder (RAD), which was recently published by ChoosingTherapy.com.

****To learn more about children's mental health and how you can improve emotional well-being, please join us in my private Facebook group, Emotiminds. It is a virtual classroom for adults interested in increasing the emotional intelligence of the children they love. We would love to have you as a part of our caring community!*

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https://www.bethtyson.com/post/understanding-and-coping-with-reactive-attachment-disorder-rad?fbclid=IwAR23fac4n4uj1IEUp81qmM_tQORNxLv8ho3Fb0rL8I5tKBFCnXRfUFZV48U

HOW TO HELP AN IMPULSIVE CHILD THINK LONG-TERM

by Derek Williams

You've probably heard the phrase, "It's a marathon, not a sprint!" used to describe everything from exercise, to home improvement, to building your savings account. It's even been used to describe parenting. For the most part, it's a logical statement that helps us as humans to think long-term about life. But what do you do when you're parenting a child who can't think long term?

I can always see them coming. At live events (remember when we used to do those sort of things?), when I'd visit with people after a breakout session or keynote, I'd often glance up at the line of people waiting to talk to me. I'd see that familiar look on the faces of parents waiting to tell me their story. A 'look' I've known all too well over the years. The look of exhaustion, desperation, and hopelessness.

They'd tell me a familiar story: "My child is highly Impulsive….can't think past the moment…reacts aggressively to my directions….doesn't understand there's a bigger picture…or more to life….lives in the moment….I don't know what to do to help her think beyond the 'here and now'!"

Boy do I understand. I've been there, and hundreds (if not thousands) of parents we've coached and helped over the years are in the same boat. But to truly learn how to help your child think long term, you must begin with you. Here are a few key mindsets to remember…

1. REMEMBER: their trauma history. This is the starting point. It's easy to jump to frustration because you feel like you're banging your head against the wall trying to get them to think past the here and now. Step back and remind yourself that this child has a trauma history. And that trauma has directly impacted the frontal lobe of their brain. Logic, reasoning, impulse control, self-control all take a direct hit from trauma. In short, your child may not HAVE the ability to think long-term. This point doesn't solve anything (we'll get to that in a moment). What it does, however, is reframe your point of view. And that reframe can move you out of frustration, to understanding, compassion, and calm. MONDO important response!

2. REMEMBER: It's moment-to-moment! My two friends, Dr. Ira Chasnoff and his son Gabe Chasnoff, have a an amazing organization called NTI Upstream (check it out on our resource page here). One of the BEST resources they've created is a documentary called Moment-To-Moment: Teens Growing Up With FASDs (FASD stands for Fetal Alcohol Spectrum Disorder). The film points out a very powerful reality that we as parents of children with a trauma history, need to understand (whether or not you're parenting a child with an FASD or not): because of the damage our children's trauma has done to the pre-frontal cortex of their brain, and because many children often function out of survival mode due to trauma, their behavior is often moment-to-moment. You could be driving home after an adventure to your local zoo, where everything seemed to be peachy and right with the world, and suddenly in the car, on the way home, your child flips! One day may be amazing, and the next simply hell on earth. It's like being in a house, and walking from room to room, but none of the rooms have any connection to, or are a carry over of the previous room. It's almost like they're jumping to different rooms in different houses. You simply cannot base Tuesday's successes or failures on Monday's successes or failures with your child. You will frustrate yourself if you expect one day's successes to carry over to the next. So what do you do then?

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NFAPA SUPPORT GROUPS

As Nebraska is opening up with changes due to COVID please contact the RFC in your area to see when support groups will be back up and running or continuing with an online support. Registration is required when meeting in person.

CONTACT A RESOURCE FAMILY CONSULTANT FOR MORE INFORMATION:

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

- Scottsbluff & Chadron
- Virtual Support Group at this time, available for all foster/adoptive parents every other Tuesday at 6:30 pm (MT). Contact Jolie for Google Meet information.

Tammy Welker (Columbus Area): 402-989-2197

- Columbus
- Virtual Support Group at this time, available for all foster/adoptive parents on the second Tuesday of the month at 7:00 pm (CT). Contact Tammy for Zoom information.

Terry Robinson (Central): 402-460-7296

- One on one support or if you would like one started in your area, please contact.

Robbi Blume: 402-853-1091

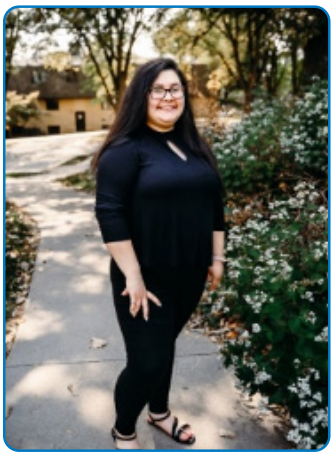
- FACES-our online support group. Meets Tuesday night at 9:00 pm (CT)

NFAPA Office: 877-257-0176

- Parenting Across Color Lines in Lincoln. Usually meets the 4 th Monday of the month,currently by Zoom. Contact Felicia for Zoom information at NFAPA Office.

Waiting for a Forever HOME!

The following are children available on the Nebraska Heart Gallery.



Name: Victoria

Victoria is an ambitious and bright teenager who is very academically driven. Her education is very important to her. Victoria has goals to work in the medical field and become a doctor. She enjoys helping others and being a mentor and leader with her peers. Victoria likes to remain busy whether it's school work or hanging out with her friends or participating in activities outside of school. Victoria is passionate about her family and is eager to see what she can do to assist in the home.

Connections:

Victoria has important connections with her biological mother and siblings that need to be maintained.

Andrew

Andrew loves to play basketball and wishes to get involved in high school sports at some point soon. Andrew has shared his dreams of going to college some day, with the desire to major in Engineering. He is funny and expressive. Andrew gets along with his peers but can become more expressive with his emotions, which can sometimes challenge him to re-build relationships with peers as well as with adults.

He likes to be treated fairly and thrives when his needs are met in his home. Andrew would do very well in a home with supportive adults who encourage him and support him in outside activities. He wants to be a part of a family that engage in activities together, as a family. He would do very well in a home that is patient and understanding of his needs. Andrew needs stability and affirmation from any family who opens their home to him. He has such potential and has amazing life goals he wishes to achieve with his forever family. He wants a family that believes in him, and will help him achieve his goals, short term as well as long term.

Connections:

Andrew has a cousin in Lincoln that he remains in contact with periodically. Andrew really advocates for wanting to stay close to his friends in Lincoln. Andrew also has a sister that he'd like to maintain contact with.

Name: Jamar

Jamar is a loving, happy, and active boy. He has a great sense of humor and is really funny! Jamar is compassionate and loves hugs and tickles. He loves all things that spin; lawn mowers, snow blowers, windmills, fans, you name it! Food is Jamar's love language and will eat just about anything, including his fruits and vegetables. His absolute favorite foods are cheeseburgers and tacos. School can be a challenge for Jamar so recess is his favorite subject. Any opportunity to be outside he takes advantage of. he enjoys music and easily recalls lyrics to almost any song he hears. Jamar's dream job would be working for a landscape company where he could mow lawns all summer and plow snow all winter.

Connections:

Jamar will need support in maintaining his connections to those important to him.

For more information on these children or others on the Heart Gallery please contact Melissa Plybon at:
Email: mplybon@childsaving.org
Phone: 402-560-1958

FOSTER CHAT

Many of you are foster/adoptive parents and understand the commitment, love and patience that is needed to help a child placed in your home. Because of your experience, you are the best recruiters for others interested in fostering! If you know someone interested in becoming a foster parent, have them reach at by calling the 1-800-7PARENT line (1-800-772-7368) or join one of our online foster chat sessions to answer questions and support them on their foster care journey. Chat sessions are listed on our web-site calendar at www.nfapa.org.

NEBRASKA FOSTER & ADOPTIVE ASSOCIATION

$250 Scholarship Program

The NFAPA offers a scholarship up to $250 for an adoptive, foster, guardianship, or kinship child, 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 our website www.nfapa.org for the full application. Completed application must be received on or before April 1, 2021.

THE NEBRASKA FOSTER & ADOPTIVE PARENT ASSOCIATON PRESENTS

Two Virtual Foster Parent In-Service Trainings

- **Talking with Children about Body Safety, Boundaries & Sexual Abuse**
  February 20, 2021 | 9:00-11:00 am
  People who sexually abuse children specifically target children who don't have the skills to talk about it. They use this lack of knowledge to keep them silent, shamed, and compliant. Having age-appropriate, open conversations about our bodies, sex, and boundaries is an important step in protecting children. This presentation will teach participants how to talk with and listen to children about sexual abuse and personal safety. This presentation will also teach adults how to react responsibly to a child if they make the choice to disclose and how to make a report.

- **Problematic Sexual Behaviors**
  March 27, 2021 | 9:00-11:00 am
  Sexual exploration and touch is a natural part of a child's development and is an information gathering process as they grow and mature. There is a continuum of sexualized behaviors in children, from natural/ healthy to problematic. This presentation will teach the dynamics of problematic sexualized behaviors (PSB), break down the myths and misconceptions, and identify how to best work with kids and families. Parents and professionals working with youth are encouraged to attend this training.

Trainings presented by Christy Prang from the Child Advocacy Center
Earn 2 hours of in-service credit at each training!

Register online: https://www.surveymonkey.com/r/InService2021

Making the Commitment to Adoption

- **Virtual Spaulding/In-Service Training**
  February 27 & 28, 2021 | 9:00-4:00 pm (both days)
  The Spaulding program is offered to prospective adoptive families. Spaulding training offers families the tools and information that they need to:
  - Explain how adoptive families are different
  - Importance of separation, loss, and grief in adoption
  - Understand attachment and its importance in adoption
  - Anticipate challenges and be able to identify strategies for managing challenges as an adoptive family
  - Explore the lifelong commitment to a child that adoption brings

Earn 12 hours of in-service credit! You must attend both days.

Register online: https://www.surveymonkey.com/r/SpaudingRegistration2021

Questions? Please call 402-476-2273 or email Corininne@nfapa.org
Registration is required! We will send you the zoom link a few days before each training.
Registration closes the day before each training.
Facilitated by the Nebraska Foster & Adoptive Parent Association
Sponsored by the Nebraska Department of Health & Human Services

(Continued from page 7)

You, the caregiver, must commit to consistency yourself. Your tone, your emotions, and the structured environment you create, MUST be a repeat, day after day after day!

3. REMEMBER: Your role is crucial to their success. And what exactly is your role? Or will your role be? Walking with them (we'll get into this more in-depth in a minute). And you may be 'walking' with them for the rest of your life here on earth. This doesn't necessarily mean he or she will be living with you, or you will have to parent them like you do now. It just means you will remain hands on even as your child moves into adulthood. Fact is, you may never be able to get your impulsive child to think long-term on their own. That's a reality. You may have to do the long-term thinking for them. Someday they may live on their own but need you to help them through the moment-to-moment. That may be our role as caregivers on this journey.

4. REMEMBER: "This is a marathon, not a sprint." At the beginning of this post I mentioned this phrase, commonly used to illustrate patience, time, and endurance. Nothing is more fitting for the journey of parenting a child who has a trauma history, an FASD, or attachment issues. This is the long haul. This is way different then parenting a typical developing child.

Now that you're squared away on things you need to keep in mind as a caregiver, let's get practical on how you actually can help your child…

- Walk with them, not over them. I mentioned 'walking with' your child earlier, but let me expound on this. Assuming that we are all high-functioning (for the most part) high-productive adults, it's often hard for us to understand how trauma disrupts normal abilities or functionality. Our response, therefore, is often abrupt to our child. In other words, we just kind of expect that they can think beyond the end of their noses, because we can. But they can't. This means that we need to figuratively (or literally) hold their hand through seasons, decisions, or big moments. We have a close friend who graduated two children from high school several years ago. She shared that one of her children chose her own college, applied on her own, and got herself ready for the next phase in life, with little, to no, help from her parents. Their other child, a son, who has a trauma history from his early childhood days, needed their assistance with everything (and I mean EVERYTHING!). Our friend told us later that she felt like she and her husband were actually applying to college themselves. But they realized that walking with their son, as opposed to expecting him to get all of his gear together with college on his own, was the only way he could be successful.
- Segmented reminders. Our own impulsion as caregivers is to remind, remind, remind, remind (aka- harp, harp, harp, harp) over and over and over until our child comprehends, or acknowledges us. But what our child hears after the first couple of reminders is the equivalent of Charlie Brown's teacher ("wa wa wa wa"). Their brains literally cannot retain the repeated instructions. It's like trying to have a conversation with a person in front of a loud speaker that continues to grow louder and louder each passing second. In fact, if you are parenting a child with an FASD, one big characteristic is the ability of the child or person to understand a task given to them, articulate that task back to the person giving it to them, but zero ability to carry it through to completion. We have parents come to us, all the time, frustrated because, in their words, "their child just wants to do the opposite of what they are told to do!" Could be. Or it could be a child who lacks the executive functioning ability to complete a task due. This is why segmented reminders and walking with them, not over them, is crucial. The way segmented reminders work is this: you ask your child to do something- let's say it's cleaning up the play room in your house. You ask, "Hey, could you pick up the toys from the floor and put them in the toy bins?" Child doesn't respond to this request. So you wait. You give it a 10-20 second count. You may even wait a few minutes. Then, you remind again- "Hey buddy, would you be able to pick up the toys in the playroom for me?" Child may still not respond to your request. It's easy, at this point, to grow frustrated, but it's crucial that you keep your cool. You count off another 10, 15, or 20 seconds, then ask again. That's how segmented reminders work. You may have to volunteer to help your child clean up, or stand in the room with him if segmented reminders aren't working. All of this must be cloaked in a secret parenting ally we call "Calm and Firm."
- Remain Calm, Remain Firm. You may have heard us speak on this previously, but with children who have a trauma history, one of your greatest parenting allies is remaining calm and remaining firm. This can act as a natural de-escalation, re-regulation, or task completion tool. It's a given that people tend to respond more positively and quickly to the person who is calm. Children do as well. Walking with your child, and giving them segmented reminders to complete a task do not work if you are personally frustrated, your tone is heightened, your body language is abrupt, your facial expressions are visibly upset. I repeat, they DO NOT work. I can promise this: if you want to experience success with your child, if you want to truly help them along this journey, then your reaction, your demeanor, and your emotions must be kept in check.
- Repeat, Repeat, Repeat. Many years ago, I was hosting a live Q&A Webinar on FASDs with Dr. Ira Chasnoff when he told the audience that every single day must be a repeat

of the day before. He said, "your role may be to repeat, repeat, repeat." As I mentioned earlier, we may never fully help our children think long-term on their own. We may have to walk with them, and point out ways they can think beyond the moment. We may repeat ourselves a billion times before there's comprehension. That may be a frustrating reality, but that's the reality you signed up for.

I want to close this post by highlighting something crucial. Your child may live moment to moment. He or she may live IN the moment all the time. And it may be frustrating, exhausting, and quite defeating for you. Remember: this is not a child who wants to make life difficult for you (or even for themselves). This is a child who's entire life has been altered by trauma. And their behavior is a by-product of that trauma. Success is possible on this journey when you and I commit to seeing circumstances, and situations differently, and in turn, respond to our children differently.

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ANGRY KIDS: DEALING WITH EXPLOSIVE BEHAVIOR

How to respond when a child lashes out

by Anonymous

When a child—even a small child—melts down and becomes aggressive, he can pose a serious risk to himself and others, including parents and siblings.

It's not uncommon for kids who have trouble handling their emotions to lose control and direct their distress at a caregiver, screaming and cursing, throwing dangerous objects, or hitting and biting. It can be a scary, stressful experience for you and your child, too. Children often feel sorry after they've worn themselves out and calmed down.

So what are you to do?

It's helpful to first understand that behavior is communication. A child who is so overwhelmed that he is lashing out is a distressed child. He doesn't have the skill to manage his feelings and express them in a more mature way. He may lack language, or impulse control, or problem-solving abilities.

Sometimes parents see this kind of explosive behavior as manipulative. But kids who lash out are usually unable to handle frustration or anger in a more effective way—say, by talking and figuring out how to achieve what they want.

Nonetheless, how you react when a child lashes out has an effect on whether he will continue to respond to distress in the same way, or learn better ways to handle feelings so they don't become overwhelming. Some pointers:

- Stay calm. Faced with a raging child, it's easy to feel out of control and find yourself yelling at him. But when you shout, you have less chance of reaching him. Instead, you will only be making him more aggressive and defiant. As hard as it may be, if you can stay calm and in control of your own emotions, you can be a model for your child and teach him to do the same thing.
- Don't give in. Don't encourage him to continue this behavior by agreeing to what he wants in order to make it stop.
- Praise appropriate behavior. When he has calmed down, praise him for pulling himself together. And when he does try to express his feelings verbally, calmly, or try to find a compromise on an area of disagreement, praise him for those efforts.
- Help him practice problem-solving skills. When your child is not upset is the time to help him try out communicating his feelings and coming up with solutions to conflicts before they escalate into aggressive outbursts. You can ask him how he feels, and how he thinks you might solve a problem.
- Time outs and reward systems. Time outs for nonviolent misbehavior can work well with children younger than 7 or 8 years old. If a child is too old for time outs, you want to move to a system of positive reinforcement for appropriate behavior—points or tokens toward something he wants.
- Avoid triggers. Dr. Vasco Lopes, a clinical psychologist, says most kids who have frequent meltdowns do it at very predictable times, like homework time, bedtime, or when it's time to stop playing, whether it's Legos or the Xbox. The trigger is usually being asked to do something they don't like, or to stop doing something they do like. Time warnings ("we're going in 10 minutes"), breaking tasks down into one-step directions ("first, put on your shoes"), and preparing your child for situations ("please ask to be excused before you leave Grandma's table") can all help avoid meltdowns.

What kind of tantrum is it?

How you respond to a tantrum also depends on its severity. The first rule in handling nonviolent tantrums is to ignore them as often as possible, since even negative attention, like telling the child to stop, can be encouraging.

But when a child is getting physical, ignoring is not recommended since it can result in harm to others as well

as your child. In this situation, Dr. Lopes advises putting the child in a safe environment that does not give her access to you or any other potential rewards.

If the child is young (usually 7 or younger), try placing her in a time out chair. If she won't stay in the chair, take her to a backup area where she can calm down on her own without anyone else in the room. Again, for this approach to work there shouldn't be any toys or games in the area that might make it rewarding.

Your daughter should stay in that room for one minute, and must be calm before she is allowed out. Then she should come back to the chair for time out. "What this does is gives your child an immediate and consistent consequence for her aggression and it removes all access to reinforcing things in her environment," explains Dr. Lopes.

If you have an older child who is being aggressive and you aren't able to carry her into an isolated area to calm down, Dr. Lopes advises removing yourself from her vicinity. This ensures that she is not getting any attention or reinforcement from you and keeps you safe. In extreme instances, it may be necessary to call 911 to ensure your and your child's safety.

Help with behavioral techniques

If your child is doing a lot of lashing out—enough that it is frequently frightening you and disrupting your family—it's important to get some professional help. There are good behavioral therapies that can help you and your child get past the aggression, relieve your stress and improve your relationship. You can learn techniques for managing his behavior more effectively, and he can learn to rein in disruptive behavior and enjoy a much more positive relationship with you.

- Parent-child interaction therapy. PCIT has been shown to be very helpful for children between the ages of 2 and 7. The parent and child work together through a set of exercises while a therapist coaches parents through an ear bud. You learn how to pay more attention to your child's positive behavior, ignore minor misbehaviors, and provide consistent consequences for negative and aggressive behavior, all while remaining calm.
- Parent Management Training. PMT teaches similar techniques as PCIT, though the therapist usually works with parents, not the child.
- Collaborative and Proactive Solutions. CPS is a program based on the idea that explosive or disruptive behavior is the result of lagging skills rather than, say, an attempt to get attention or test limits. The idea is to teach children the skills they lack to respond to a situation in a more effective way than throwing a tantrum.

Figuring out explosive behavior

Tantrums and meltdowns are especially concerning when they occur more often, more intensely, or past the age in which they're developmentally expected—those terrible twos up through preschool. As a child gets older, aggression becomes more and more dangerous to you, and the child. And it can become a big problem for him at school and with friends, too.

If your child has a pattern of lashing out it may be because of an underlying problem that needs treatment. Some possible reasons for aggressive behavior include:

- ADHD: Kids with ADHD are frustrated easily, especially in certain situations, such as when they're supposed to do homework or go to bed.
- Anxiety: An anxious child may keep his worries secret, then lash out when the demands at school or at home put pressure on him that he can't handle. Often, a child who "keeps it together" at school loses it with one or both parents.
- Undiagnosed learning disability: When your child acts out repeatedly in school or during homework time, it could be because the work is very hard for him.
- Sensory processing issues: Some children have trouble processing the information they are taking in through their senses. Things like too much noise, crowds and even "scratchy" clothes can make them anxious, uncomfortable, or overwhelmed. That can lead to actions that leave you mystified, including aggression.
- Autism: Children on all points of the spectrum are often prone to major meltdowns when they are frustrated or faced with unexpected change. They also often have sensory issues that make them anxious and agitated.

Given that there are so many possible causes for emotional outbursts and aggression, an accurate diagnosis is key to getting the help you need. You may want to start with your pediatrician. She can rule out medical causes and then refer you to a specialist. A trained, experienced child psychologist or psychiatrist can help determine what, if any, underlying issues are present.

When behavioral plans aren't enough

Professionals agree, the younger you can treat a child, the better. But what about older children and even younger kids who are so dangerous to themselves and others, behavioral techniques aren't enough to keep them, and others around them, safe?

- Medication. Medication for underlying conditions such as ADHD and anxiety may make your child more reachable and teachable. Kids with extreme behavior problems are often treated with antipsychotic medications like Risperdal or Abilify. But these medications should be partnered with behavioral techniques.
- Holds. Parent training may, in fact, include learning how to use safe holds on your child, so that you can keep both him and yourself out of harm's way.
- Residential settings. Children with extreme behaviors may need to spend time in a residential treatment facility, sometimes, but not always, in a hospital setting. There,

they receive behavioral and, most likely, pharmaceutical treatment. Therapeutic boarding schools provide consistency and structure round the clock, seven days a week. The goal is for the child to internalize self-control so he can come back home with more appropriate behavior with you and the world at large.

- Day treatment. With day treatment, a child with extreme behavioral problems lives at home but attends a school with a strict behavioral plan. Such schools should have trained staff prepared to safely handle crisis situations.

Explosive children need calm, confident parents

It can be challenging work for parents to learn how to handle an aggressive child with behavioral approaches, but for many kids it can make a big difference. Parents who are confident, calm, and consistent can be very successful in helping children develop the skills they need to regulate their own behavior.

This may require more patience and willingness to try different techniques than you might with a typically developing child, but when the result is a better relationship and happier home, it's well worth the effort.

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https://childmind.org/article/angry-kids-dealing-with-explosive-behavior/

PARENTING DIFFICULT BEHAVIORS | KEEPING YOUR COOL IN THE COMMUNITY

by Caitlin DeLatte

You're feeling frustrated; as much as you love being a foster parent, it isn't always easy. Your child is facing significant challenges and dealing with difficult behaviors in public – at the store, at your place of worship, or during a family outing – is hard. Lately, you're tempted to give in to your child's demands so the behavior stops and you can both get on with your day. You need some fresh perspectives and tools that will help ground you in the moment next time your child exhibits challenging behavior in public.

Let's take last weekend's family party as an example. You've arrived and you're excited to introduce your foster child to some extended family and friends. There's an opportunity to help your child develop friendships with other children at the party, and you're hoping that all goes well. And it does, for a while. But after the meal your child asks for a third dessert. You want to establish healthy eating habits and you know that too much sugar is a mistake, so you say no. There are tears, begging, angry words, and a public disruption of the party atmosphere. The easy choice is to let the brownie slide, but you do your best to maintain rules and structure for a reason. It's crunch time, and there are some things to keep in mind.

Keep your cool. As embarrassed or frustrated as you might feel, this is not the time to rise to your child's emotional level. You are in charge of de-escalating in a healthy way. Remember that if they learn that pushing your buttons gets them what they want, they'll do it again in the future as an established strategy.

Avoid a power struggle. If you engage in a back-and-forth and focus too much on winning the argument or projecting authority for the sake of other adults' opinions, the chance of your child digging in their heels increases. You as the parent are the only one who can end the conflict cycle. Choose to avoid reacting to your child's behavior in a way that reinforces their undesirable behavior.

Step into your child's perspective with a trauma-informed approach. They are probably using communication strategies and behaviors that helped them achieve their goals in the past with other adults. They are safe and nurtured with you, but they'll need time to build trust in that.

Don't take it personally. Your child's behavior is not a reflection of how much you care about them or your ability as a parent. In therapeutic foster care, the youth we serve have experienced trauma that affects their ability to function in a typical household. Skills like conflict management, emotion regulation, following directions, and communication are not necessarily abilities that your child learned before coming into your care. Try to avoid making assumptions based on what you think they "should" be able to do or how they "should" behave.

Set expectations for behavior in advance and follow through with consequences. In this scenario, if your child knows that the consequence for a tantrum is leaving the environment where it happened, make sure to follow through. The benefit of this particular consequence is that it is directly related to the behavior. Explain to your child that reacting to the brownie denial with a tantrum resulted in leaving the party to go home and cool down. It might be inconvenient for you as the partygoer to leave, but creating clear boundaries and expectations is critical for your child's wellbeing and will set you both up for more success in the future.

Praise good behavior whenever you can. Your child might struggle with certain behaviors, but encourage them with praise and rewards when they do well. "Catch them being good" and let them know that you aren't only focused on what they struggle with: you also celebrate the victories like following through on a task or interacting well with a sibling.

For more tips and help with behavior management, talk to your Family Consultant or other KidsPeace staff. We are always there for you to give you new ideas and workshop new strategies. Thank you for being a part of the KidsPeace family!

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CAN CHILDREN EXPERIENCE ADOPTION TRAUMA?

by Morgan Bailee Boggess

Traditionally, the adoption narrative has been presented as a completely positive, selfless, and happy experience for all members of the adoption triad. Adoption organizations promote the narrative as something that is born out of altruistic motives and ends with a positive outcome every time. However, as most affected by adoption know, this is not entirely true. Trauma can be evident in every part of adoption, even the parts that seem perfect.

Often, we think of a traumatic experience as an outright violent or terrifying experience that happens to someone. The common association between experiencing trauma and post-traumatic stress disorder, or PTSD, has clouded the mental health field for decades. Traumatic experiences were, by definition, limited to a singular event both in a clinical setting and in general thought. Thus, other types of traumas outside of this mold were either ignored or viewed as nontraumatic. Adoption trauma, however, is a completely different line of thought.

To begin thinking about children experiencing adoption trauma, the definition of general trauma must be altered. Within the past two decades, this definition has expanded to include the idea that trauma can be experienced over time, rather than as a single traumatic event. Bessel A. van der Kolk, a leading psychiatric researcher seeking to redefine traumatic stress disorders, has written many texts about this type of trauma—including his book, The Body Keeps the Score (2016). Reading this text gives a very in-depth, easy-to-understand explanation of how trauma can affect the brain, the body, and the mind. Van der Kolk emphasizes the importance of recognizing that continued exposure to trauma can produce a similar yet very different experience to those diagnosed with PTSD.

According to the Trauma Stress Institute, complex trauma is defined as, "experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature…and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood."

If you're an adoptee, think about how that definition could apply to your life. While it's not an exact fit, it can be very intriguing.

The National Child Traumatic Stress Network provides an easy-to-read and very relatable guide about complex trauma for children. Ensuring that child adoptees understand what adoption trauma is and normalizing it will be key as an adoptive parent.

It is not yet recognized as a legitimate diagnosis by most leading psychiatric organizations, yet, it continues to gain recognition by clinicians who see this type of symptomatology and behavior in their clients. Hopefully, it will become a legitimate diagnosis, and those affected by adoption trauma will receive adequate treatment and care.

Additionally, this concept is different from revictimization. The concept of revictimization means that once a person is a victim of trauma, he or she is more likely to fall victim to it or another traumatic experience again. While this may be true for some who have complex or developmental trauma, such as adoptees, their entire traumatic experience is based on prolonged exposure to a similar traumatic experience which is something completely different. For example, if a child was abused from ages 2 to 14, there may not be a single incident that could define her or his traumatic experience.

Specifically, developmental trauma—a more recently explored area of complex trauma—is more tailored to the experience of many adoptees. As emphasized in The Body Keeps the Score (2016), by definition, developmental trauma can begin in utero. It could be argued that this is occurring with adoption trauma. If there is maternal stress, or mental illness, or a lack of quality prenatal care, the baby is more than likely going to experience the same stress in regards to the effects of poor health or care. Even if the pregnancy goes smoothly, with little stress or complication, there can still be traces of loss embedded into the child's mind from the beginning. When a child is separated from her biological mother, a sort of trauma occurs. The baby has lived nine months inside the mother's womb and becomes used to her body and voice. When that baby is no longer connected to this entity, a void may open and can remain for a long while.

It should be recognized that the trauma a child adoptee may experience is much different than that of a birth parent or an adoptive family. Signs that indicate a child may be experiencing adoption trauma include having difficulties with control, rejection, loss, grief, shame, intimacy, and identity. These have been identified by a group of clinicians that work specifically with adopted children.

Adoption trauma can have a significant impact on the brain development of a child as well as his emotional development. Several regions of the brain associated with memory, communication, motor behavior, executive functioning, emotion regulation, learning and responding to social cues, and the fight-or-flight system can be negatively affected by trauma. A child's cortisol levels can also be elevated due to the brain perceiving the environment as a constant stressor.

Essentially, this means that their fight-or-flight system is running nonstop rather than operating only in situations where it is necessary. As a result, children who have experienced trauma are more likely to internalize their feelings, have depression and anxiety, have trouble relating to others, and face issues navigating complex social situations. That child may find him or herself being in a state of constant hyperarousal or have poor impulse control and cannot inhibit impulsive behaviors. Important developmental milestones may also not be reached at the expected time.

Importantly, it must not be forgotten that adopted children grow up and become adults. The neurological, emotional effects of adoption trauma do not stop when a child transitions into adulthood. Internalizing thoughts and feelings is a large

part of dealing with trauma of any sort, especially adoption trauma. This might lead many adoptees to ruminate about their adoption and ask questions such as:

- Why was I placed for adoption?
- Why did my birth family not want me?
- What is my heritage and the truth behind my adoption story?
- Why haven't my birth parents reached out to me?
- Is there something wrong with me because I'm adopted?

You'll notice that some of these questions are focused on self-blame and try to come up with an explanation of why the adoption took place. Considering that adoption trauma is created out of something adoptees have no control over, the overwhelming feeling that there is inherently something wrong with them is not far-fetched. Adoptees are, most of the time, left with no explanation as to why they were placed for adoption, leaving them to grasp for answers—something that is not always possible.

What children are not often able to verbalize becomes apparent to them as they get older, indicating the trauma most likely has not been processed. Think about it, an average 7-year-old would find it difficult to understand the legality of adoption or the reason she or he was placed for adoption, especially if the story is complex or involves traumatic elements.

In a world where adoption is seen as such a positive thing, adopted children can feel lost while trying to assimilate to a family that they know they're not biologically related to; they struggle to develop their own identity. Dealing with an identity conflict is a traumatic experience in itself as trying to create a self-image with no family history to start with usually is challenging enough. Transracial and transnational adoptees have an added layer of complexity to creating an identity as they have to find a way to incorporate both their racial or ethnic background and the influence they have from their adoptive family. Here lies the root of many facets of adoption anxiety—the unknown outweighs the known.

Usually emerging in late childhood or adolescence, adoptees also face challenges expressing how they truly feel about their adoption journey. For so long we have been expected to be grateful that we were given a better life than what we could have had if we weren't "given up" for adoption. With this mindset, it is nearly impossible for adoptees to express feelings of sadness, frustration, confusion, or grief, over their adoption story and journey. It places a level of guilt and shame on the adoptee and creates a wall that is often hard to break down.

From my experience, I grew up in an environment that was very much focused on the positive adoption narrative. My adoptive parents really couldn't understand why I was so focused on finding my birth family; after all, they had been told I was a "blank slate" when I came to them. All they needed to do was provide me with a loving family and good life—which they did—and I would turn out fine. While these things are important to provide for a child, it's not always enough. Adoptees need the security to be curious and vulnerable about their adoption alongside others (their adoptive parents and family) that are willing to listen and hear what they are saying. Trust me, having your feelings validated by those you value most can make a world of difference when processing adoption trauma.

As a researcher, I have dedicated the past two years to studying how childhood trauma can affect the brain—specifically in older age. I am currently conducting a study where older adults are asked to think back to discriminatory or traumatic events that happened in different periods of their life: childhood, young adulthood, middle adulthood, and older adulthood. Per previous research, childhood trauma is not limited to only affecting the child during a young age—it can follow him or her in ways that are both subtle and not. Although I am still in the data collection and analysis phase of the study, we are hypothesizing that the more a person experiences trauma, the more likely she is to have impaired cognitive functioning at an older age. We expect to see these results in our study further corroborating already published research on the topic.

I can't help but think of my own adoption trauma experience and wonder what effect it will have on my life as I age.

So, if children can get adoption trauma, what solution is there to the problem?

Do we put every adopted child in therapy from a young age?

Do we advocate for adoptee rights in terms of obtaining important historical documents such as his original birth certificate, family history, etc.?

Do we continue to research the effects of adoption trauma on children as they grow?

While the answer to these questions can be debated, there is one clear problem that needs to be acknowledged and taken care of by the adoption community: changing the overtly positive narrative of adoption.

Welcoming all types of stories and experiences from adoptees is the only way that children who have experienced adoption trauma can change. Letting children know that their reaction to adoption is perfectly normal, especially in such an abnormal situation, allows them to feel comfortable sharing their inner commentary. We must acknowledge that children have deeper emotions than we often realize and must give them the space to express those, even if it's painful. Putting the focus on the adoptee, rather than predominantly focusing on the effects of adoption on birth and adoptive families, is a necessity to help combat adoption trauma from childhood. Providing adoptees with their family history and adoption documents is also a change that could eliminate some facets of adoption trauma completely. When provided with information, there is little room for speculation about one's own history.

By the end of this article, I hope that no matter your place in or outside of the adoption triad, you are able to understand the effect adoption can have on children. They may be young, but that doesn't make their emotions any less existent or valid. For adoptive parents, incorporating time for listening and conversations about adoption is a wonderful way to help your child navigate through the complex emotions that come with being adopted.

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N·F·A·P·A

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