Nebraska Foster & Adoptive Parent Association

Families First

a newsletter for Nebraska Families

NFAPA

REASONS TODAY'S KIDS ARE BORED, ENTITLED, IMPATIENT WITH FEW REAL FRIENDS

By Victoria Prooday

Victoria Prooday, OT finds today's kids come to school emotionally unavailable for learning. There are many factors in our modern lifestyle that contribute to this.

She writes:

I am an occupational therapist with years of experience working with children, parents, and teachers. I completely agree with this teacher's message that our children are getting worse and worse in many aspects. I hear the same consistent message from every teacher I meet. Clearly, throughout my time as an Occupational Therapist, I have seen and continue to see a decline in kids' social, emotional, and academic functioning, as well as a sharp increase in learning disabilities and other diagnoses.

As we know, the brain is malleable. Through environment, we can make the brain "stronger" or make it "weaker". I truly believe that, despite all our greatest intentions, we unfortunately remold our children's brains in the wrong direction. Here is why:

1. TECHNOLOGY

Using technology as a "Free babysitting service" is, in fact, not free at all. The payment is waiting for you just around the corner. We pay with our kids' nervous systems, with their attention, and with their ability for delayed gratification. Compared to virtual reality, everyday life is boring.

When kids come to the classroom, they are exposed to human voices and adequate visual stimulation as opposed to being bombarded with the graphic explosions and special effects that they are used to seeing on the screens. After hours of virtual reality, processing information in a classroom becomes increasingly challenging for our kids because their brains are getting used to the high levels of stimulation that video games provide.

The inability to process lower levels of stimulation leaves kids vulnerable to academic challenges. Technology also disconnects us emotionally from our children and our families.

Parental emotional availability is the main nutrient for a child's brain. Unfortunately, we are gradually depriving our children of that nutrient.

2. KIDS GET EVERYTHING THE MOMENT THEY WANT IT

"I am Hungry!!" "In a sec I will stop at the drive thru" "I am Thirsty!" "Here is a vending machine." "I am bored!" "Use my phone!"

The ability to delay gratification is one of the key factors for future success. We have the best intentions – to make our children happy – but unfortunately, we make them happy at the moment but miserable in the long term.

To be able to delay gratification means to be able to function under stress. Our children are gradually becoming less equipped to deal with even minor stressors, which eventually become huge obstacles to their success in life.

The inability to delay gratification is often seen in classrooms, malls, restaurants, and toy stores the moment the child hears "No" because parents have taught their child's brain to get what it wants right away.

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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/marapr2019***. 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. Through environment, we can make the brain "stronger" or make it "weaker".
2. Fill in the Blanks. The inability to delay gratification is often seen in ___________, _____, ___________ and _____ ________ the moment the child hears "No" because parents have taught their child's brain to get what it wants right away.
3. Fill in the Blanks. You can make a difference in your child's life by training your child's brain so that your child will successfully function on ________, ____________, and ____________levels.
4. What is the quote from author Brian Stevenson :
5. Early trauma negatively impacts the brain and neurobiology during critical periods of development and results in: (List 3 ways)
6. True or False. With early and effective intervention, children with DTD struggle to function in relationships and society into and through adulthood.
7. Fill in the Blanks. Parents who abuse and neglect their children often do so as a result of _________ __________________.
8. True or False. When you make the choice to become a foster parent and choose to let the first foster child into your home, it's important to remember that you made that choice and not the child.
9. 9. Fill in the Blanks. Give them more than what's ___________. Do more for them than the ________ _______________. Love them with so much vigor that they'll understand what relationships should look like when they go home.
10. Fill in the Blanks. The loss of a primary caregiver is a _________ ___________.

Name: ____

Address: ______________________________________

Email: ____

Phone #: ______________________________________

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3. KIDS RULE THE WORLD

"My son doesn't like vegetables." "She doesn't like going to bed early." "He doesn't like to eat breakfast." "She doesn't like toys, but she is very good at her iPad" "He doesn't want to get dressed on his own." "She is too lazy to eat on her own."

This is what I hear from parents all the time. Since when do children dictate to us how to parent them? If we leave it all up to them, all they are going to do is eat macaroni and cheese and bagels with cream cheese, watch TV, play on their tablets, and never go to bed.

What good are we doing them by giving them what they WANT when we know that it is not GOOD for them? Without proper nutrition and a good night's sleep, our kids come to school irritable, anxious, and inattentive. In addition, we send them the wrong message.

They learn they can do what they want and not do what they don't want. The concept of "need to do" is absent. Unfortunately, in order to achieve our goals in our lives, we have to do what's necessary, which may not always be what we want to do. For example, if a child wants to be an A student, he needs to study hard. If he wants to be a successful soccer player, he needs to practice every day. Our children know very well what they want, but have a very hard time doing what is necessary to achieve that goal. This results in unattainable goals and leaves the kids disappointed.

4. ENDLESS FUN

We have created an artificial fun world for our children. There are no dull moments. The moment it becomes quiet, we run to entertain them again, because otherwise, we feel that we are not doing our parenting duty.

We live in two separate worlds. They have their "fun" world, and we have our "work" world. Why aren't children helping us in the kitchen or with laundry? Why don't they tidy up their toys?

This is basic monotonous work that trains the brain to be workable and function under "boredom," which is the same "muscle" that is required to be eventually teachable at school. When they come to school and it is time for handwriting their answer is "I can't. It is too hard. Too boring." Why? Because the workable "muscle" is not getting trained through endless fun.

It gets trained through work.

5. LIMITED SOCIAL INTERACTION

We are all busy, so we give our kids digital gadgets and make them "busy" too. Kids used to play outside, where, in unstructured natural environments, they learned and practiced their social skills.

Unfortunately, technology replaced the outdoor time. Also, technology made the parents less available to socially interact with their kids. Obviously, our kids fall behind… the babysitting gadget is not equipped to help kids develop social skills. Most successful people have great social skills. This is the priority!

The brain is just like a muscle that is trainable and re-trainable. If you want your child to be able to bike, you teach him biking skills. If you want your child to be able to wait, you need to teach him patience. If you want your child to be able to socialize, you need to teach him social skills. The same applies to all the other skills. There is no difference.

TRAIN THE BRAIN

You can make a difference in your child's life by training your child's brain so that your child will successfully function on social, emotional, and academic levels. Here is how:

1. LIMIT TECHNOLOGY, AND RE-CONNECT WITH YOUR KIDS EMOTIONALLY

- Surprise them with flowers, share a smile, tickle them, put a love note in their backpack or under their pillow, surprise them by taking them out for lunch on a school day, dance together, crawl together, have pillow fights
- Have family dinners, board game nights (see the list of my favorite board games), go biking, go to outdoor walks with a flashlight in the evening

2. TRAIN DELAYED GRATIFICATION

- Make them wait!!! It is okay to have "I am bored" time – this is the first step to creativity
- Gradually increase the waiting time between "I want" and "I get"
- Avoid technology use in cars and restaurants, and instead teach them waiting while talking and playing games
- Limit constant snacking

3. DON'T BE AFRAID TO SET THE LIMITS. KIDS NEED LIMITS TO GROW HAPPY AND HEALTHY!!

- Make a schedule for meal times, sleep times, technology time
- Think of what is GOOD for them- not what they WANT/DON'T WANT. They are going to thank you for that later on in life. Parenting is a hard job. You need to be creative to make them do what is good for them because, most of the time, that is the exact opposite of what they want.
- Kids need breakfast and nutritious food. They need to spend time outdoor and go to bed at a consistent time in order to come to school available for learning the next day!
- Convert things that they don't like doing/trying into fun, emotionally stimulating games

4. TEACH YOUR CHILD TO DO MONOTONOUS WORK FROM EARLY YEARS AS IT IS THE FOUNDATION FOR FUTURE "WORK-ABILITY"

- Folding laundry, tidying up toys, hanging clothes, unpacking groceries, setting the table, making lunch, unpacking their lunch box, making their bed
- Be creative. Initially make it stimulating and fun so that their brain associates it with something positive.

5. TEACH SOCIAL SKILLS

- Teach them turn taking, sharing, losing/winning, compromising, complimenting others, using "please and thank you"

From my experience as an occupational therapist, children change the moment parents change their perspective on parenting. Help your kids succeed in life by training and strengthening their brain sooner rather than later!

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https://yourot.com/about-victoria/

Death of a Foster Mom

I know you. You began with such big hopes and a dash of hesitation. You knew the risks and had heard the stories. You waded through the advice from friends and strangers; and read all the books and all the blogs. You added words like attachment theory, trauma-informed parenting, reunification. You also found yourself using new acronyms like TDM (team decision making meeting), RAD (reactive attachment disorder) , and CASA (court appointed special advocate).

I saw you. You held the whirling-wild-eyed two year old outside the courtroom. We talked about his case plan and how you supported reunification, but also how you were incredibly overwhelmed. It had already been a scary few months filled with trauma rages and big diagnoses. He was HARD and there were days that you wept in the closet from exhaustion and the inability to fix what felt so broken. Already the little one you were fostering was carrying a string of letters like FTT (failure to thrive), ADHD (attention deficit hyperactive disorder), and FAE (fetal alcohol effects). New letters to add to a little life. Yet, despite these things, I watched as he slowed in the hallway, popped a thumb in his mouth and curled onto your lap and fell asleep. I saw you as you poured your very heart into this little one. The only protection in a big system of adults, laws and procedures.

I thought of you, as you spent your days doing redirection and time-ins. The nights that you walked the floors soothing the little one of nightmares that were very real. I thought about how you helped pick up the pieces after visits with his bio parents and he was returned a sobbing and shaking mess. You support reunification, but the back and forth trauma of weekly visits was taking it's toll. I saw the struggle as you made all the appointments and continued to care for the rest of your family. The rocky first months where you questioned your choice to foster and stumbled in your parenting many times each day.

I saw you again, months later. The parents were no longer a part of the case plan and this hurt your heart. You grieved your little ones loss because you understand on a deep level that the best place for him is his parents. But you also understand that addiction has destroyed their choice to parent safely. The visits had stopped and there began to be a calm, a consistency to your days. He called you mom from across the playground. "Look Mom, look what I can do!", and you smiled and clapped. His whole face wreathed in grins, as he darted across the monkey bars. As his sturdy three year-old legs rocketed him confidently across the sand to the swings, I remark, "He's a different child".

I sat by you. It's preschool graduation and he is decked out in a tiny suit and tie. You and your husband beam from the audience as he crosses the stage with the tiny cardboard hat and tassel. You snap photo after photo. Severance is the case plan you tell me and you are hoping to adopt him. He's been with you for 18 months and I smile as he runs to your husband and is swooped up and tossed in the air. "I'm so proud of you", booms foster dad as he holds your foster son high.

One year later, I saw you…without him. He went to an aunt in Florida, you say. It happened so fast. You were called to pack his things and you stood weeping as you watched him drive away in the back of a caseworkers car. There would be no transition, because Florida is far away. Instead, he would leave as he came. Sudden, and confused, and hurting. In that moment you would step back into your closet and shut the door to weep. And a piece of you would die, and that piece would be called the foster parent.

I see you because I am you. I have wept in the closet, in the car and in the shower. I have sat in the dark spaces with my foster children and held them during the rages and the pain. I have died a little inside as the car pulled away and the child who called me mom left forever. I want you to know that you can rise again. That the piece of your heart that shattered, it only dies if you stop. That death is only permanent when you lay down and don't get up. So get up foster mom, today is a day that you will live. You will live to welcome one more little.

There's death in foster care, but there's also life. And this flicker of life found on the dark closet floor, will help you rise to answer that call once more. Because God is faithful even in death. Maybe we are meant to die a little today, so that we may live tomorrow.

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http://www.ransomforisrael.com/death-of-a-foster-mom/

Foster Kids Should Never Have to “Appreciate What You’re Doing For Them”

by W. R. Cummings

Becoming a foster parent is not a decision to take lightly. It’s true that some foster kids come with destructive behaviors, aggression, and just generally bad habits. There’s a reason they came into care, and it’s often because of neglectful parenting, which leaves the kids with missing social and behavioral skills.

So when thinking about becoming a parent to these kiddos, it IS important to take into consideration how their behaviors might impact the lives of you and your family members.

HOWEVER….

When you make the choice to become a foster parent and choose to let the first foster child into your home, it’s important to remember that you made that choice and not the child.

Every time you have to put up with one of their behaviors, remember that you chose to deal with that. Every time you have to feed them, clothe them, or drive them to ten million appointments, remember that you committed to doing that before the first kid even walked through your door. When you have to wake up with them in the middle of the night because they have nightmares or they’re throwing up (even if it’s fake), you agreed to that.

Anything you’d do for your own child, whether by choice or by necessity, you also agreed to do for this child.

It’s not their fault they’re in foster care. It’s not their fault you have to buy twice as many groceries as you used to. It’s not their fault you have to drive them to therapy every week, even though they won’t say a word to the therapist. It’s not their fault they hate you. It’s not their fault they don’t like mushrooms. It’s not their fault your pets annoy them. It’s not their fault they don’t like your kids.

None of this is their fault. They didn’t ask for any of this.

And every single thing you do for them, you do it because you CHOSE to. Because you wanted to make a difference in the world.

You didn’t sign up for fostering because you wanted to be thanked and hugged every day. (Or at least, you shouldn’t have. You’d be an idiot to sign up for that reason because it rarely happens.) You also didn’t sign up for it with the expectation that these kids would recognize all the things you’re doing for them. (Again, you shouldn’t have. They have no idea all the things you’re doing for them because they’re kids and NONE of them understand all of what goes into parenting.)

You didn’t sign up for this because of you. You signed up for this because of THEM.

They won’t say thank you.

They won’t even know why they should say thank you.

And they really shouldn’t have to.

Your own kids wouldn’t say, “Hey, thank you for staying up all night to make this stupid ugly sweater for my Christmas party, which I chose not to wear at the last minute because it’s itchy.”

They’d be excited about it, put it on, and change their mind just like a foster kid would. And you wouldn’t have any resentment toward them for that. You’d be annoyed, but you’d do it again next time. You wouldn’t punish them emotionally for the rest of the day, and you wouldn’t try to make them feel small.

Foster kids should be allowed to act as normal and ungrateful and impulsive as every other kid on the planet does. Teach them to show appreciation for what they have, but don’t teach them that they don’t deserve the rights of a normal child.

Give them more than what’s required. Do more for them than the bare minimum. Love them with so much vigor that they’ll understand what relationships should look like when they go home.

Reprinted with permission from:

https://blogs.psychcentral.com/childhood-behavioral/2018/12/foster-kids-should-never-have-to-appreciate-what-youre-doing-for-them/

What Do You Do When You Feel Like The Worst Parent In The World?

by Mike Berry

This journey is hard. And oftentimes we feel like complete failures when we lose our tempers, meltdown, or allow our exhaustion to take over and react harshly to our children. But you and I are not failures. Not even close!

It was the 10th time I had been called home from work in 3 months. My supervisor, co-workers, and even volunteers were starting to ask questions, and respond with much less grace than the first few times it happened. It was 2011 and my oldest son's behavior had peaked to dangerous levels. We were less than a year removed from receiving the diagnosis that confirmed everything we already knew- FASD.

At the time, I worked for a large church on the Westside of Indianapolis, 30 minutes away from the town we were living in at the time. It was a nice peaceful drive to work on summer mornings, when the sun was just climbing above the tree line, but hellishly long when your wife called you frantically to come home because your son was victimizing your other children and she needed backup.

This latest call was the straw that broke the proverbial camel's back. Kristin was sobbing, barely able to get a word out. "I….can….see…his….skull," she choked out. "What?" I questioned. "Jake's skull. I can see it."

In a fit of rage, my oldest son had picked up a broom handle without the brush on the end, and hurled it at Kristin. But my second to youngest son, Jacob, who was only 3 years old at the time, walked through the living room and into the path of the hurled broom handle. It struck him just above his left eye on the forehead, tearing into his head. He collapsed in Kristin's arms, with blood gushing down his face. She was home alone in the middle of the day so I needed to get home before they could head to the ER.

I drove faster than I ever had before. When I finally arrived home, anger, frustration, and fear took over and I spoke freely from them all. My oldest son was in my room arguing with my wife (he had yet to cycle back around to remorse), while she held my bleeding son close with a washcloth pressed firmly on his forehead. I busted in the room and lost it. I screamed words at my son that still haunt me to this day.

"You're not my son. I don't want to see your face again. Get out of my house!"

Yes I was angry, yes I was scared, but this was an 8 year old. I screamed these awful words to an 8 year old child, who's brain was damaged. A child who couldn't think logically and reacted out of his impulsion. A child who lived moment to moment, constantly in a state of survival.

As the words left my lips, I saw the look on his face. He began to whimper and then big tears welled up in his eyes. He squeaked out the words, "I'm sorry," and then walked slowly out of my room and down the hall to his. I looked at Kristin who's face was red with tears, and who's eyes were swollen from fear. In that moment I felt like the worst of the worst of the worst of the worst parent ever. What kind of father says something like that to a child who already lives in fear that this home isn't forever? I kept thinking.

I thought about the Apostle Paul's words in I Timothy 1:15 where he says, "This is a trustworthy saying, and everyone should accept it: 'Jesus Christ came into the world to save sinners,' and I am the worst of them all." Yep Paul, I agree. Mostly with the last part of what you say….. I AM THE WORST OF THEM ALL!

Have you ever felt like the worst of the worst? Ever looked at the moments you've lost your temper, screamed at your child, reacted harshly, forgotten about their trauma and how that dictates behavior and completely lost your cool with them, or escalated a situation because you couldn't keep it together? Yep, me too (Actually, very recently, if I'm honest here). In fact, I'm the first to beat myself up, concede that I'm a loser of a parent, and I don't deserve anything good at all.

But here's the truth, when I really think about it…

I'm the only one who thinks I'm the worst of the worst! I'm the only one calling me a loser, a failure, and no good for anyone or anything. No one else things this. My wife doesn't think that about me. My kids don't think that about me. And most importantly, God doesn't think that about me. In fact, He calls me son, even when I screw up. But we internalize our failures. That's what we do to ourselves. We hold on to our mistakes and we concede that we will never be better than our mistakes, our sin. But that's just not true. Grace tells us something very different. Grace picks us back up again, and keeps us going. Grace gives us a second chance and a billionth chance with our children.

I've discovered in those moments where I fail, the most important thing I can do is remember that I'm the only one who thinks I am a failure. The second most important thing I can do is own the things I've done. Ownership is a pathway to redemption. Finally, the third most important thing I can do is seek forgiveness. This is hard, but ever-so-necessary. Seeking forgiveness teaches our children how to seek forgiveness from people they've wronged or will wrong when they're adults someday.

In full transparency, I blew it again just the other day. Like really REALLY blew it. I walked away from a very dark moment I had with one of my children feeling like a complete failure. Once again, I questioned what kind of a father says and does this to his children? I began to internalize things and beat myself up. Then I remembered the truth. I remembered that I am the only one who things these things about myself. I remembered just how much my family loves me, and how adored I am by God Himself. I reached out to a friend in my desperate moment, and he sent me this quote from author Brian Stevenson:

None of us are as good as the best thing we've ever done, and none of us are as bad as the worst thing we've ever done.

That's absolutely right!

Reprinted with permission from:

https://confessionsofanadoptiveparent.com/what-do-you-do-when-you-feel-like-the-worst-parent-in-the-world/

'I miss my other daddy': Foster mom's heartbreaking account of child's vulnerable admission

by Deborah Sweet

"Last night, we were having a dance party while I made dinner. Until we weren't.

This is how quickly the beat and the tempo changes in our home. For over ten years, a lifetime really, we have welcomed children into our family in need of a safe place to land. Our house is loud and fun and scheduled and chaotic and perfectly imperfect. We are a foster family.

Last night, we were laughing and singing and shaking our wiggles out. We were lost in the sound and the rhythm and the smells and we forgot to think and we forgot to worry. His three year old body moved to the beat as he kept pace with his own reflection in the oven door. He was happy. He. Was. Happy.

And then all of a sudden he was sad. I missed him calling my name. I was still caught up in his joy. I felt the tug on my sleeve and looked down to find him standing motionless. His mouth was moving but I couldn't make out his words. His quiet body in the noisy room caught me off guard. I bent down to find his voice.

'I miss my other daddy."

The music still filled the room, but his grief was a sudden rival. I felt the oxygen thin. His little body looked vulnerable. I couldn't imagine how exposed his heart felt.

186 days in my care. That's how long it took my foster son to find the courage to tell me what had undoubtedly been woven through all of his days and nights in our home. That's how long it took him to open up the wound of being removed from the only father he has ever known. How do we explain this loss to him? How do we teach him that sometimes goodbyes mean for now, but other times they mean forever? 186 days is a giant amount of time in the life of a three year old, but how much longer will it be before his body and mind and heart learn to forget the lessons that the abuse and neglect and loss have taught him?

When we become parents, we feel powerful in our ability to fix booboos and ouchies. We give bumps and scrapes cute names and we patch them with colorful bandages as a ritual, but also as a distraction from the pain and discomfort of getting hurt. We cajole our babies into covering their wounds and into forgetting they're there. Witnessing pain in our little ones is almost unbearable for our great big hearts and so we do what we can to make it better. Or to believe it's better.

The loss of a primary caregiver is a primal wound. There is no remedy. There is no distraction. There is no bandaid or central location to kiss the booboo and move on. There is no moving on.

So we sat with the pain. Right there on the kitchen floor. We felt it together. We let the sadness win. We let the air feel heavy. We let dinner run late. We let our guards stay down. We let our new connection to one another meet in the place the grief lives.

After an eternity of five or ten minutes, he looked up at me and said, 'This is the love song.'

Last night, right there on the kitchen floor amidst the buzz of the dinner hour on a busy weeknight, we let the music play on".

Reprinted with permission from:

https://www.lovewhatmatters.com/i-miss-my-other-daddy-foster-moms-heartbreaking-account-of-childs-vulnerable-admission/

No Longer Fostering?
We Would Love To Hear From You.

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

https://www.surveymonkey.com/r/nfapaexitsurvey

Royal Family Kids Camp

Royal Family KIDS Camp provides a one-week summer camp
for foster children and other at-risk children.

Age: Grades K-5

Each child is paired with an adult counselor that has been carefully screened and trained to work with children in the dependency care system.

There are many Royal Family KIDS camps across Nebraska. Find a location and date of camp in your area at: https://rfk.org/locations/nebraska/

In the Lincoln area, camp is July 15-19, 2019. Contact Jane Corkill for more information:
402-413-7253
Please check our online interest form at : http://goo.gl/forms/YjGkF5iGMJ

May is Foster Care Month in Nebraska

Coming in May Governor Rickets will hold a Proclamation proclaiming May as Foster Care Month at the Capitol. A luncheon reception will be held at the NFAPA office following the Proclamation. Watch the NFAPA website at www.nfapa for date and time.

Your Invited

Nebraska Foster & Adoptive
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What are you doing this summer?

How about hanging out with your siblings for a weekend of fun and connection at Camp Catch-Up?

Early bird registrants who fully complete and submit their applications before April 1 get a free Camp Catch-Up hoodie.

Here's the scoop. Together, you can enjoy everything camp has to offer: canoeing, ropes courses, water activities, hiking, and more - and it's completely free!

You can choose from three weekends, depending on what's closer. Transportation provided at designated locations across Nebraska.

Central NE Camp: May 30-June 2 at Timberlake Ranch Camp, Marquette, NE
Western NE Camp: June 27-30 at the Nebraska State 4-H Camp, Halsey, NE
Eastern NE Camp: August 1-4 at the Eastern NE 4-H Center, Gretna, NE

New to camp? Go online to apply at campcatchup.org.
Attend camp last year? Log into your campdoc.com account to update your information.

ELIGIBILTY REQUIREMENTS

1. For youth ages 8-19. Younger siblings accepted on a case by case basis.
2. Have at least one sibling not residing with the camper also attend camp.
3. Have the ability to understand the purpose of camp.

The Helen Stone Memorial Scholarship is awarded to five current foster, adoptive, or kinship caregivers to provide assistance in attending the National Foster Parent Association's annual education conference. Each scholarship is worth $500 to be used for expenses in attending the 49th Annual Education Conference to be held in Anaheim, California on June 12, 2019, until June 15, 2019.

Need Help Getting to the
Annual Education Conference?
June 12 - 15, 2019 |
Anaheim Garden Grove, California

Helen Stone
Memorial Scholarship

Apply Now For Financial Assistance

The Helen Stone Memorial Scholarship is awarded to current foster, adoptive, or kinship caregivers to provide assistance in attending the National Foster Parent Association's annual education conference.

Each scholarship is worth $500 to be used for expenses in attending the conference June 12 - 15, 2019 in Anaheim Garden Grove, California.

Deadline to apply is April 12, 2019, and scholarships will be awarded by April 19, 2019. The funds will be available to you after you have arrived at the conference.

You must be a member of the NFPA to apply for this scholarship. If you are not a member, you can click here to join now, then return to complete this application.

You will need your NFPA member ID. To find your member ID, log in to the NFPA website at http://nfpaonline.org/Sys/Profile. You will see your **Member ID** listed as a 7 or 8 digit number.

Apply Today

Dave Thomas
Foundation
for Adoption

The Disorder That Affects Us All: What you need to know about developmental trauma disorder

by Nicole Noonan

> *"Childhood trauma, including abuse and neglect, is probably the single most important public health challenge in the United States, a challenge that has the potential to be largely resolved by appropriate prevention and intervention." -Dr. Bessel van der Kolk*

Developmental trauma disorder (DTD)—Coined by Dr. Bessel van der Kolk, DTD describes the effects of long-term exposure to trauma—typically profound abuse and neglect by caregivers (but can include traumatic medical procedures or community violence)—during the first three years of life.

Impacts of DTD on an Individual

Early trauma negatively impacts the brain and neurobiology during critical periods of development and results in:

- Poor emotional and physical self-regulation
- Poor self-esteem
- Inability to trust others, particularly primary caregivers

More specifically, children with DTD endure:

> *"Complex disruptions of affect regulation; disturbed attachment patterns; rapid behavioral regressions and shifts in emotional states; loss of autonomous strivings; aggressive behavior against self and others; failure to achieve developmental competencies; loss of bodily regulation in the areas of sleep, food, and self-care; altered schemas of the world; anticipatory behavior and traumatic expectations; multiple somatic problems, gastrointestinal distress to headaches; apparent lack of awareness of danger and resulting self endangering behaviors; self-hatred and self-blame; and chronic feelings of ineffectiveness (van der Kolk, 205, p. 406).*

Without early and effective intervention, children with DTD struggle to function in relationships and society into and through adulthood.

Long-term impacts of DTD on individuals and in communities

> *"People with childhood histories of trauma, abuse and neglect make up almost the entire criminal justice population in the US (Teplin, Abram, McClelland, Dulcan & Mericle)" (van der Kolk, 2005, p. 402).*

The Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences (ACE) Study found a direct correlation between childhood abuse and neglect and well-being into adulthood. Long-term impacts of childhood abuse and neglect include:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

Without early and effective intervention, people with DTD often perpetuate intergenerational trauma.

Securing effective early intervention for DTD

Early and effective intervention for DTD is key to stopping the cycle of abuse and neglect.

What does not "cure" DTD: Love alone (without effective and early intervention), "good parenting", time, institutionalized care (residential treatment centers, psychiatric hospitals, incarceration), traditional therapy, behavior modification techniques

Effective interventions for children with DTD:

Ideal treatment for DTD establishes and promotes children's permanency in stable and safe families through—

- Teaching and supporting primary caregivers to: understand and process their own feelings in relationship with their children, learn effective parenting strategies for their specific children with DTD and understand their children's trauma and emotional delays. It is vital that primary caregivers, such as adoptive parents, are supported rather than shamed and blamed for their children's DTD.
- Teaching and supporting children with DTD to: trust their safe primary caregivers, understand their trauma and its impacts on themselves and in relationships, learn to recognize and practice healthy ways to react to their trauma triggers, function in a family and express their feelings rather than act out.
- Providing interventions to children that calm and organize the brain so they can feel better and optimally receive treatment and healthy parenting (i.e., neurofeedback and proper medication for co-morbid mental disorders).

Sadly, even children placed in healthy and stable families often do not get the treatment they need due to the following:

- Treatment difficulties—Due to early trauma, children with DTD rely only upon themselves. They are adept in managing their environments and the people in them to remain in control and feel safe. They typically thwart clinicians' attempts to accurately diagnose and treat them. The children also create conflict and confusion within the teams of adults attempting to help them.
- Resistance to optimal healing opportunities—Due to their fear of attachment, children with DTD reject the most powerful catalyst toward their own healing—healthy relationships. They may initiate chaos and create physically or emotionally unsafe environments in their adoptive homes, for example. They may falsely accuse primary caregivers of abuse and neglect to create emotional and physical distance from them. Many siblings and caregivers of children with DTD develop post traumatic-stress disorder as a result of the stressful living conditions.
- Financial deterrents—Primary caregivers often lack the financial means to secure effective early intervention for children with DTD. Insurance companies and adoption subsidies, for example, do not provide sufficient coverage to provide the specialized care children with DTD require. Instead, adoptive parents are often pressured to relinquish their parental rights and return children to the foster care system or long-term institutionalized care.
- Insufficient training and support for foster and adoptive parents—Primary caregivers typically lack sufficient information about the children's backgrounds and diagnoses prior to placement. In addition, they rarely receive training for how to parent children with DTD. Rather, many parents who ask for support from social services, adoption agencies and clinicians are indecently blamed for insufficient parenting.
- Co-morbid diagnoses—Parents who abuse and neglect their children often do so as a result of mental disorders. Therefore, abused and neglected children often have co- morbid inherited disorders that can be difficult for clinicians to distinguish from DTD. Therefore, clinicians often misdiagnose and mistreat DTD and co-morbid disorders.
- Insufficient education, training and resources for clinicians and educators—Most graduate students studying to become clinicians don't receive sufficient information about how to work with children with DTD. Also, many clinicians believe that DTD is rare and overlook the disorder. While DTD is relatively rare in terms of the general population, it is common within the population of children who have been abused, neglected and transferred to and from various living environments. Therefore, DTD is prevalent for children from the foster care system or other institutionalized care. Finally, the Diagnostic and Statistical Manual of Mental Disorders does not contain an appropriate diagnosis to identify the complex impacts of early trauma. Due to all of these issues, clinicians frequently misdiagnose or provide ineffective treatments for the children.

Ideas to advocate for children with DTD

We invite you to join the Institute for Attachment and Child Development in our mission to strengthen children, families and communities. You can do so much in your corner of the world no matter your career, financial status or political affiliation. Here are just a few ideas to get you thinking. Only you know your unique strengths and connections, however. You can make a difference.

- Raise awareness of DTD
- Lobby to provide adequate financial means (via insurance, adoption subsidies, etc.) for primary caregivers to secure effective interventions for their children
- Advocate for the inclusion of DTD in the Diagnostic and Statistical Manual of Mental Disorders
- Support and team with children's primary caregivers such as adoptive and foster parents

Together, we are stronger.

References:

About the CDC-Kaiser ACE Study. (2016, June 14). Retrieved February 13, 2019, from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html

Developmental Trauma Disorder, van der Kolk, 2005, Psychiatric Annals, pp. 401-408

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https://www.instituteforattachment.org/the-disorder-that-affects-us-all-what-you-need-to-know-about-developmental-trauma-disorder/?

5 lessons an adoptive mom of a child with developmental trauma disorder wishes she learned earlier

by Keri Williams

My husband and I adopted Devon out of foster care when he was 3. Devon has complex developmental trauma disorder (DTD, commonly diagnosed as reactive attachment disorder). This often occurs when a child experiences chronic abuse or neglect early on and results in disrupted brain development. Adoptive parents like myself aren't given a how-to manual for raising kids with a history of trauma. I very quickly found myself drowning with no life boat in sight.

This is why I've been working on telling my story through a memoir. I hope to educate others about the challenges parents like myself face and to raise awareness about the lack of treatment. Throughout the writing process, I relived painful memories. I grappled with guilt and many regrets. As they say, hindsight is 20/20 and I've learned a great deal through reflecting on my own story.

Here are 5 lessons I wish I learned earlier in the journey of raising Devon:

1. I should have given up and gotten help earlier.

For years, I tried to parent Devon on my own. But no matter how hard I tried, nothing worked. Unfortunately, those failures and missteps weren't merely wasted time. They exacerbated my son's condition, derailed our relationship and led to a decline in my own mental health. Meanwhile, my other children were living in a home that was highly volatile and unhealthy, causing them secondary trauma.

I often wonder how things might be different if I'd gotten help in the years before Devon was 10-years-old. Don't get me wrong, writing my memoir also solidified my belief that most professionals aren't versed in developmental trauma and few treatments are available. However, perhaps with support, my family could have avoided some of our darkest moments. Maybe Devon would have better coping skills and a brighter future. Unfortunately, I didn't know the warning signs and had no idea where to find help.

2. I was worse off than I knew.

I stopped taking phone calls and opening my mail. My hair was falling out. I knew I was overwhelmed, frustrated, and depressed but didn't realize I was suffering from post-traumatic stress disorder from the ongoing stress (see How Parents of Children with Reactive Attachment Disorder Develop Post-Traumatic Stress Disorder). I was hanging onto the very edge of sanity by my chipped fingernails. Raising a child with a trauma background took its toll emotionally, physically, and spirituality. It irreparably damaged my marriage and relationships with family and friends.

When writing my memoir, I was shocked to realize just how difficult things were. I saw that there was a gradual shift from manageable to completely out of control. For example, at the time, I didn't recognize when my son's tantrums shifted to rages. My mental health was declining more than I realized and did not begin to improve until I started seeing a therapist and went on antidepressants. In retrospect, I realize I should have started taking care of myself far earlier than I did.

3. I could only change myself.

At the time, I was so sure I could "fix" Devon – but I was wrong. Early trauma can tamper brain development and requires specialized treatment. It's like having a child with leukemia – you can feed them organic chicken soup, tuck them in with warm blankets and curl up beside them to read stories – but, you can't treat the disease. For that, children need professional treatment. "Many people mistake children with DTD as typical kids going through a tough time or phase. They think love and structure will make all the difference. Unfortunately, it's often not that simple," said Institute for Attachment and Child Development Executive Director Forrest Lien. "DTD is a disorder of the brain, not a developmental stage that they outgrow with time or 'good parenting'. Parents can't heal them through love alone. They need effective professional help."

I very nearly had a nervous breakdown before acknowledging what was beyond my control and identifying what I could change. The parenting challenges I was facing were difficult enough without having marital issues, an air conditioner on the fritz and the stress of a difficult boss. What I could do was improve my ability to cope and my capacity as a caretaker by addressing these things. To survive, I had to find ways to raise my own resilience by decreasing or eliminating other stressors in my life.

4. Burning bridges with clinicians is a bad idea.

Some mental health professionals say the hallmark of a kid with RAD is a "pissed off mom". That was me. As a result, my son's therapists pinned me as unreasonable, uncaring and angry. I thought they'd give me the benefit of the doubt and assume the best about me. I was wrong. I spent two years torching bridges before I realized the value of building partnerships, even with professionals with whom I disagreed.

I started making progress in getting my son better treatment when I began to hold my cards close to the vest. I forced myself to listen then respond calmly and reasonably. Why is this important? Some of those professionals became my best allies when I needed referrals for treatment, favors called in to get Devon into new placements and back-up documentation when he made false allegations.

5. My family really didn't get it.

When my father read a draft of my memoir, he found it so painful he had to take breaks from reading. My mother, after reading it, apologized for not understanding and being more supportive. It took my parents walking in my shoes, through the pages of my memoir, to truly grasp how difficult my life was. For some reason, I'd always felt their minimization of my challenges raising Devon was in part willful – as if they just didn't want to believe it.

I now realize, they truly didn't "get" it. That makes sense. If my life were a movie, I'd be the first to say the script was over the top and totally unrealistic. Before I adopted, I never imagined a child could have behaviors as extreme and unrelenting as my son does. It's easy to become defensive with family and friends, but, in retrospect, I wish I'd done more to help educate them about developmental trauma disorder and reactive attachment disorder with movies like The Boarders and through other online resources.

Learning from our stories

It's hard – impossible – to see the big picture when you're just trying to stay afloat while parenting a child with developmental trauma. We're often so caught up in our day-to-day moments, we don't have time to reflect. We then fail to take a strategic approach to parenting. I wish I'd had the opportunity to benefit from the stories of others instead of learning the hard way.

I encourage parents of children with a trauma background to join online communities like Attach Families Support Group and The Underground World of RAD. We can all learn from each other's experiences and support one another along the way.

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https://www.instituteforattachment.org/5-lessons-an-adoptive-mom-wishes-she-learned-earlier/#.XHBP6r8mR0s.email

A mother's struggle (and resolution) through the various diagnoses for trauma

by Keri Williams

Tweets. Facebook messages. Verbal knockouts. One too many times, I've been told reactive attachment disorder (RAD)—the result of a child's early trauma—isn't a "real" diagnosis. When parents like me hear that our child's diagnosis is fake, bogus, or phony, it's like a kick in the stomach. We feel invalidated, misunderstood, hurt, angry, and frustrated.

I've even had more than one mental health professional question my son's diagnosis of RAD. I'm not sure if this stems from a lack of education, of effort, or of something else. Here is what I, and other parents raising children like my son, know for certain—we know RAD is "real" because we're living with it.

Parents know firsthand the heartbreak and frustration of raising a child who cannot receive or return our love…and what that looks like in the privacy of our own homes.

A new diagnoses for early trauma

To complicate matters, there is another diagnosis outside of RAD to explain the effects of early trauma. Many clinicians are advocating for the elimination of the RAD diagnosis altogether in lieu of developmental trauma disorder (DTD).

The term DTD was coined by Dr. Bessel van der Kolk who I recently heard speak at the 2018 ATTACh conference. Over the three days of that conference, I had the opportunity to learn more about the DTD diagnosis and the controversy attached from leading researchers and clinicians and I walked away with a new perspective…

Here's what I heard:

- We don't like the label "RAD," but we totally get it. We understand the extreme behaviors and challenges parents are facing on a daily basis.
- We want to partner with parents because we believe healthy relationships with adoptive parents are the key to healing for these kids.
- We know it is very difficult to find and access effective treatments for the impacts of early trauma. We're advocating every day for adoptive families and focusing our research on meaningful treatments for trauma.

As I absorbed more about the DTD diagnosis, I realized parents and professionals are talking past each other on this issue. These professionals aren't denying our experiences. They're questioning how we categorize, label, and communicate about it.

I've even had more than one mental health professional question my son's diagnosis of RAD. Here is what I, and other parents raising children like my son, know for certain—we know RAD is "real" because we're living with it.

What can we agree upon?

1. Attachment is only one of the ways early childhood trauma impacts kids. We already know this as parents. Our kids have learning disabilities, cognitive issues, developmental delays, emotional problems, as well as attachment issues. In fact, most of our kids have an alphabet soup of diagnoses to cover all their symptoms.

2. Having a correct diagnosis is important. Children with early childhood trauma are often misdiagnosed and therefore don't receive treatment. Furthermore, the RAD diagnosis is only the attachment piece of the puzzle. There are a number of diagnoses frequently given to victims of early childhood trauma including PTSD, conduct disorder, ADHD, and RAD. No one disorder covers the complexity of the issues our children face.

3. Regardless of what the diagnosis is called, parents just want help. We're desperate for treatments that work, therapists who understand, schools where our kids can be successful,

more awareness in our communities, and strategies to better parent our children. We want our children to heal and thrive.

What's in a name?

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the guide mental health professionals use to diagnose mental disorders. It's used by providers to submit insurance reimbursement claims. RAD was added to the DSM as a diagnosis in the 1980s. Three decades ago is a long time! Neuroscience has made huge advances and it's time for the DSM to catch up.

Here are definitions of the RAD and DTD diagnoses in a nutshell:

RAD is caused by childhood neglect or abuse which leads to a child not forming a healthy emotional attachments with their caregivers. As a result they struggle to form meaningful attachments leading to a variety of behavioral symptoms.

DTD is caused by childhood exposure to trauma. As a result they may be dysregulated, have attachment issues, behavioral issues, cognitive problems, and poor self esteem. In addition, they may have functional impairments in these areas: Educational, Familial, Peer, Legal, Vocational. (footnote)

As you can see, the DTD diagnosis brings the impacts of childhood trauma under one umbrella. It enables mental health professionals to take a holistic approach to our children instead of piecemeal treatments.

Experts petitioned the American Psychiatric Association (APA) to have the DTD diagnosis added to the latest version of the DSM. The request was denied. One cannot help but wonder the impact the health insurance industry had this decision. In fact, Bessel van der Kolk made this point at the ATTACh conference, urging mental health professionals and parents to become politically active around this issue.

While the APA rejected the diagnosis in this latest version of the DSM, leading researchers and experts have embraced the DTD diagnosis. For example, the Institute for Attachment and Childhood Development is not waiting for the inclusion of DTD into the DSM in order to properly acknowledge it.

Experts petitioned the American Psychiatric Association (APA) to have the DTD diagnosis added to the latest version of the DSM. The request was denied. One cannot help but wonder the impact the health insurance industry had this decision.

When mental health and other professionals frown at the RAD diagnosis, they're not invalidating our very real experiences. On the contrary, they're recognizing that the current diagnoses, including RAD, don't adequately describe the severe and devastating impact trauma has had on our children. They're advocating for more research, treatments, and funding for our kids.

A mom's resolution of the diagnoses for trauma

Until DTD is added to the DSM and/or covered by health insurance, to embrace the diagnosis still poses issues for parents. Treatment and care for children with early trauma backgrounds is expensive. The DTD diagnosis doesn't currently qualify for insurance reimbursements. So, for now, I'm hanging onto my son's RAD diagnosis. For better or worse, that's how our healthcare system works.

When mental health and other professionals frown at the RAD diagnosis, they're not invalidating our very real experiences…they're advocating for more research, treatments, and funding for our kids.

However, I'm thrilled the mental health community is recognizing the devastating scope of impact early childhood trauma has on our children. I'm optimistic about the promising advances in neuroscience that are leading to new treatments. The DTD diagnosis is a major step forward in helping children like mine, who have suffered early childhood trauma, to heal and thrive.

Footnote: http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf

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https://www.instituteforattachment.org/a-mothers-struggle-and-resolution-though-the-various-diagnoses-for-trauma/#.XHBQYyY0Ymc.email

Upcoming Training

Facilitated by the Nebraska Foster & Adoptive Parent Association

Sponsored by Nebraska Department of Health and Human Services

The Kinship Connection

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

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

Friday, March 8, 2019
from 9 am – 4 pm: Grand Island

Monday, April 8, 2019
from 10 am – 5 pm: Kearney

Monday, April 29, 2019
from 9 am – 3 pm: Hastings

Sunday, June 9, 2019
from 9 am – 4 pm: Scottsbluff
Sunday, October 13, 2019
from 9 am – 4 pm: Scottsbluff

**Registration is required.*

Register online:

https://www.surveymonkey.com/r/KinshipRegistration2019

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

NEBRASKA FOSTER AND ADOPTIVE PARENT ASSOCIATION SCHOLARSHIP

APPLICATION DEADLINE: **April 1, 2019**

$250 Scholarship

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.

The following requirements apply:

1) Applicants must reside in the United States and meet one of the following requirements:
    A) Have been granted permanent residency;
    B) Have a valid visa that does not prohibit educational studies;
    C) Have been granted temporary protected status along with approved Notice of Action issued by Citizen Immigration Services and verified through CIS Form g-845; or have been granted asylum along with the approved Notice of Action issued by the Citizen Immigration Services.
2) Applicant may reside in a foster home, adoptive home, guardianship home, or kinship home in Nebraska.
3) Applicant must have been a Ward of the State of Nebraska.
4) Applicant must not be receiving 100% tuition reimbursement from another source.
5) Submission of application authorizes us to use picture in newsletter/on website if they win scholarship.
6) Submit a complete, signed application, together with all supporting documentation, if any, by the deadline date listed under the selection process section. The completion of the application form does not create an obligation to award a scholarship to the applicant.
7) Submit one of the following essays:
    A. "What was the most defining moment in your life and how has it made you a better person?"
    B. "Once I graduate from college, how will I make an impact on society?"
    C. "Why I should be considered for the Nebraska Foster & Adoptive Association Scholarship."
        i) 2 to 4 pages in Standard APA format
        ii) Double Spaced
        iii) 12 point font
        iv) 8 X 11 white paper
        v) pages must be paper-clipped together (no staples)

8) Photo of applicant for promotional purposes.
9) Two Letters of Recommendation

Submission Instructions:

All material must be submitted by email at Felicia@nfapa.org or by mail to the following address. Completed application must be received on or before April 1, 2019.

Nebraska Foster & Adoptive Association
3601 N. 25th Street
Suite D
Lincoln, NE 68521

NFAPA Support Groups

Have you ever thought about attending a support group? NFAPA offers support groups to foster, adoptive and kinship families! This is your chance to gain understanding and parenting tips through trainings, discussions and networking with fellow foster families.

This is a great way to meet other foster/adoptive families in your area! In-service training is offered at most support groups for those needing credit hours for relicensing. Up to date information with each support group location will be on the calendar page on our website at www.nfapa.org. Support Groups will be cancelled for inclement weather.

Contact a Resource Family Consultant for more information:
Jolie Camden (Panhandle Area): 308-672-3658
Tammy Welker (Columbus): 402-989-2197
Terry Robinson (Central/Southwest Area): 402-460-7296
Robbi Blume (FACES): 402-853-1091
NFAPA Office: 877-257-0176

IN-PERSON SUPPORT GROUPS

- **Alliance Support Group:** Meets the third Thursday of the month.
  Registration is required.
  Contact Jolie Camden to register: 308-672-3658
  Box Butte General Hospital, Alliance Room, 2101 Box Butte Ave.
  6:00-7:30 p.m.
  March 7 2019
- **Scottsbluff Support Group:** Meets the second Tuesday of the month.
  Registration is required.
  Contact Jolie Camden to register: 308-672-3658
  Sugar Factory Road-*please do not bring in Pepsi products.*
  6:00-7:30 p.m.
  March 12, April 9, May 14 and June 11 2019
- **Chadron Support Group:** Registration is required.
  Contact Jolie Camden to register: 308-672-3658
  CHA Daycare and Home School, 237 Morehead
  6:00-7:30 p.m.
  March 4, April 1, May 6, and June 3 2019
- **Columbus Support Group:** Meets the second Tuesday of the month (except July and December). Childcare available.
  Contact Tammy Welker at: 402-989-2197
  (Thank you Building Blocks and Behavioral Health Specialists for providing childcare!).
  Peace Lutheran Church, 2720 28th St.
  7:00-8:30 p.m.
  March 12, April 9, May 14 2019
- **Broken Bow Support Group:** Registration is required.
  Childcare is provided. Must register to attend and have child care.
  Contact Terry Robinson to register: 402-460-7296
  Evangelical Free Church, 2079 Memorial Drive. 6:30-8:30 p.m.
  March 14, 2019

ONLINE SUPPORT GROUP

- **FACES:** Online Support Group: Every Tuesday 9:00-10:00 p.m. CT Contact Felicia at Felicia@nfapa.org to become a member of this closed group. Meets weekly to discuss issues foster parents are facing. Support only.

TRANSRACIAL SUPPORT GROUP

- **Parenting Across Color Lines:** This group supports and strengthens racial identity in transracial families. Support only. Meets the fourth Monday of the month.
  Children welcome to attend with parents.
  Newman United Methodist Church, 2242 R Street, Lincoln. 6:15-8:00 pm
  Contact the NFAPA office to register for Family Events or any questions.
  402-476-2273
  For more information or to RSVP, contact Laurie Miller at Laurie@nfapa.org

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

WHAT IS INSIDE

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

**3601 N. 25th Street, Suite D
Lincoln, NE 68521
www.nfapa.org**

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

Benefits

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

Thank you for your support!

Please mail membership form to:
**NFAPA, 3601 N. 25th Street, Suite D
Lincoln, NE 68521.**

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

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

Name(s): ____________________
Organization: ____________________
Address: ____________________
City: ____________________ County: ____________________
State: __________ Zip: __________ Phone: ____________________
Email: ____________________
I am a Foster/Adoptive Parent. I have fostered for __________ years.
(circle one)
I am with ____________________ agency.

I wish to join the effort:

☐ **Single Family Membership** (a single foster or adoptive parent), $25
☐ **Family Membership** (married foster or adoptive parents), $35
☐ **Supporting Membership** (individuals wishing to support our efforts), $75
☐ **Organization Membership**
(organizations wishing to support our efforts), $150
☐ **Friends of NFAPA,** $5 billed Monthly

My donation will be acknowledged through Families First newsletters.

☐ Gold Donation, $1,000
☐ Silver Donation, $750
☐ Platinum Donation, $500
☐ Bronze Donation, $250
☐ Other, $ __________