

Families First

a newsletter for Nebraska Families

May/June 2021

N F A P A

Foster Care has Changed How We Parent

by Cherith Craft

You can't enter the world of foster care and not be changed by it.

It affects so many areas of everyday life, including how you parent.

Being foster parents, we quickly realized we would need to adjust our parenting style to meet the needs of children placed with us through foster care.

There are so many useful resources for parenting children who are in foster care.

But in being foster parents, we've also found that how we parent our birth children has changed.

I have changed as a parent, and I'm thankful for that.

I have learned to slow down and lean into my girls more because they are experiencing new things that require continual conversation. I need to know where their hearts are with all of this, and if I don't slow down, I may not find out.

Because they are privy to topics that I would have once shied away from discussing, I have had to be more open and honest about the world around them. This has paved the way for us to speak freely to one another and to broach difficult subjects.

We now have a teenager in the house, and 'ahem' new subjects are being discussed all the time!

Recently, I was able to share with her the story of a parent whose child is in foster care. We brought furniture and other household supplies to this parent to support the reunification of her family. In spending time with her, I learned that it was

both her addiction and the child's father's addiction that led to her son's removal from their care. At the point that I met her, though, she and the child's father had been working very hard to get their lives back on track. They had rehabilitated and were involved in church now! They are very aware of the place they were and were not bitter about their son being in foster care. What a success story!

But what she said to me really stuck with me. She said, "you don't know you are spiraling out of control until it's too late!"

It was a reminder to me of the power of my choices, and I was able to then share with my teenager the power of her choices. This mom didn't wake up one day and decide to be an addict. She made many small decisions that led her down that path. This mom could see that in the rearview mirror.

She could not see that at the time. And it has taken many small steps forward to get her to where she is now—nearing reunification.

Being able to use real-life examples to point my children in the right direction is very powerful. Real-life examples help me remember how important it is to not remove my hands from the task of parenting in front of me. So much is weighing on my husband and me. We must be alert and aware. Being involved with foster care has helped us do that.

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Nebraska Foster & Adoptive Parent Association
Families First
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Call NFAPA at 877-257-0176 or 402-476-2273.

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Attention Foster Parents!

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

Answer these 10 questions correctly and you will not only earn .5 credits toward your in-service hours, but your name will also be put in a drawing for a prize. For this issue we are offering a \$10 Walmart gift card.

There are a variety of ways to do this. You can email the information to 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/MayJuneNewsletter2021> We will then enter your name in the drawing! We will also send you a certificate for training credit to turn in when it is time for relicensing. Good Luck!

1. Fill in the Blank. I said some mean things to my mom, and she always understood that it was from some sort of _____ or _____.
2. True or False. Some people who are planning to adopt think: If I adopt an older child, I'll only get a kid for a few years.
3. True or False. Children who lack confidence may tell grandiose lies to make themselves seem more impressive, special or talented to inflate their self-esteem and make themselves look good in the eyes of others.
4. Fill in the blanks. It's a big mistake to call a child a _____, Dr Brady argues. The wound it creates is _____ than dealing with what he lied about in the first place.
5. What is the percentage of teens that cut or self-injure.
6. List the 10 red flags for cutting..
7. Fill in the blank. Being able to use real-life examples to point my children in the right direction is very_____.
8. True or False. You can't enter the world of foster care and not be changed by it.
9. In the Diary of a foster child, what was her trigger from her teacher?
10. Agree or Disagree. There are no problem children, only children who need help with their problems.

Name: _____

Address: _____

Email: _____

Phone #: _____



May is National Foster Care Month

The Nebraska Foster & Adoptive Parent Association would like to thank all the foster parents throughout the state for the impact you make as you care for the children and support the families, especially during the past year of COVID.

WE WANT TO CELEBRATE YOU!

With a Foster Parents

“Take the Cake” Recognition

Four locations to choose from to pick-up your cupcake-to-go!

Hastings:	May 12, 2021	from 3:00-6:00 pm (CT)
Scottsbluff:	May 14, 2021	from 4:30-7:00 pm (MT)
Lincoln:	May 19, 2021	from 3:00-6:00 pm (CT)
Auburn:	May 25, 2021	from 4:00-7:00 pm (CT)

*A sweet treat
to celebrate!*



*A small token
of appreciation!*

You must RSVP!

Hastings: Terry Robinson at 402-460-9177 or Terry@nfapa.org

Scottsbluff: Jolie Camden at 308-672-3658 or Jolie@nfapa.org

Lincoln: Felicia Nelsen at 402-476-2273 or Felicia@nfapa.org

Auburn: Amanda Neal at 402-804-0147 or mandafaye75@yahoo.com

THIS IS THE PART OF SPECIAL NEEDS THAT NO ONE TALKS ABOUT

by *Lindsey Carson*

I understand that generalizations can be upsetting, so I want everyone to be clear I am not clumping all special needs parents into the confines of this idea. Every single special needs parent handles the day-to-day in their own way, and I respect that. I know for myself, I wished I had found some encouragement in the form of our reality via the internet. I hope by sharing a piece of my heart someone going through the same daily struggles might find they aren't alone in their feelings and hardships.

Friends, we are all together in this, and for some of us, it's just hard.

There are several ideas floating around surrounding the idea of being a special needs parent.

"God only gives special needs children to strong people."

"Your sweet child was put on this earth to show us all how special life truly is."

"Oh my, I honestly could not do what you do."

You guys, I am over it.

Guess what? I am not always strong.

Sometimes I am so overwhelmed I think I could run away. When things stop feeling special and start feeling stressful, I just want to retreat.

Don't get me wrong, there was a time I romanticized the idea of being a special needs mom. I had envisioned this child who would just need a little more of me. A child I would get to keep a little longer than most parents.

The reality is, I am burnt out and exhausted.

Every morning, I feel the anxiety rise as I wonder what kind of mood we will be doing that day. I put socks and shoes on the same two feet at least four times every morning. I brush a head that is so sensitive to the bristles, it usually results in flailing arms and head butts to my mouth. As I put short little arms through coat sleeves, I watch two eyes fill with tears because the material is more than this little person can handle.

I do this every single day, all before 9 a.m.

Then, there are the things no one, I mean no one, likes to talk about. Like how tough potty training is or how outrageously loud these kids can scream. Why aren't we talking about how much pressure we put on ourselves to prepare these little people for a world that doesn't understand them?

As I lie in bed every night, I wonder if it will ever get any easier.

I tell God, "Lord, I am so grateful for this little person, but how could you possibly think I have what it takes to raise this child?" I cry silent tears and worry washes all over me.

I just have such a hard time relating to some of these articles that tell me MY life is just one long beautiful journey. I could

never truly put into words how deeply my heart shattered when we learned of her diagnosis. I Googled my heart out and found article after article celebrating her diagnosis.

A diagnosis that had devastated my heart, my home, and my marriage.

This is the stuff people don't talk about.

So, no, I am not an individual radiating with strength and resilience. My sweet child was not put on this earth for no other purpose than to give us sentimental feelings of life in general. Lastly, yes . . . yes you COULD do this because you wouldn't have a choice in the matter.

I know I cannot speak for every special needs parent because we are all at different places in our journey, but I will say this: being a special needs parent is not one warm and fuzzy feeling after another.

It is hard.

It is stressful.

Sometimes, it feels hopeless.

But I love my child, and no diagnosis would ever take away my fight for her.

Reprinted with permission from:

<https://herviewfromhome.com/motherhood-special-needs-parenting-no-one-talks-about/>

HELP FOR CUTTING AND OTHER SELF-INJURY

When kids intentionally hurt themselves, often by cutting or scratching their skin, as a way to manage difficult emotions

by *Rachel Ehmke*

There are few things more disturbing for moms and dads than finding out that your child is intentionally hurting herself. Unfortunately, it's very common, especially among girls. Experts call it "self-injury," and as many as a quarter of all teenagers do it.

The most common form of self-injury is cutting or scratching the skin with anything that can draw blood, such as razors or even paperclips and pen caps, but people also self-injure by burning themselves, picking at skin and wounds, or hitting themselves. They often start around puberty.

When a person develops a habit of cutting her arms it might look like suicidal behavior, but it actually isn't. People who self-injure aren't trying to kill themselves, they are trying to alleviate some emotional distress they are feeling. However, the behavior indicates a depth of psychic pain that could lead to a suicide attempt. The behavior is also inherently dangerous because people who self-injure may hurt themselves more seriously than intended or develop infections or other medical complications.

Understanding the drive

It's hard to understand why anyone would want to intentionally hurt themselves or why that injury would come as a relief, as many self-injurers describe it. Some people

report that it serves as a distraction from some other intense emotional pain, says Ron Steingard, MD, a psychiatrist at the Child Mind Institute.

Others self-harm because they feel deadened inside. “They’ve locked down so tightly because of whatever’s going on in their lives that they feel they’re incapable of feeling anything at all,” says Dr. Steingard. “So they hurt themselves in order to feel something.”

In some cases self-injury can also become a way of communicating. When a young person is found to be cutting, it’s likely to elicit empathy and concern from parents and other adults. Next time she is feeling desperate, she might use self-harm as a way to communicate her feelings.

A way to cope

But self-injury isn’t always a form of communication. Some kids are very secretive about the habit, and are focused only on ameliorating their own pain, not sharing it. It’s what clinicians call a maladaptive coping tool: Even though self-injury isn’t the best way to manage a problem, it might bring temporary relief.

Unfortunately that relief makes self-injurious behavior very reinforcing, so kids come to rely upon it as a way to deal with their painful feelings. And the longer they practice self-injury the more reinforcing it becomes.



Red flags for cutting

If you suspect that your child may be hurting herself but you’re not sure, look for these signs:

- Talking about self-injury
- Suspicious-looking scars
- Wounds that don’t heal or get worse
- Cuts on the same place
- Increased isolation
- Collecting sharp tools such as shards of glass, safety pins, nail scissors, etc.
- Wearing long-sleeved shirts in warm weather
- Avoiding social activities
- Wearing a lot of band aids
- Refusing to go into the locker room or change clothes in school

Triggers

The impulse a teenager feels to harm herself is almost always triggered by a specific event in her life. The most common “trigger” for cutting is feeling rejected: by a boyfriend, her close friends, or by a general feeling of being left out or criticized.

Cutting can also be copy-cat behavior inspired by videos and images that show other girls cutting.

Getting self-harm help

If you discover that a child has been hurting herself, even if she says it was a one-time thing, it’s important to get help. It’s true that kids might experiment with self-injury, especially if they have friends who are doing it, but it’s a serious and dangerous behavior, and you don’t want to ignore what might be a real mental health issue.

- **Evaluation:** To begin with, you should have your daughter evaluated by an experienced mental health professional to find out what her reasons for hurting herself are and what emotional difficulties she’s experiencing.

- **Dialectical behavior therapy (DBT):** One highly recommended treatment is DBT, in which a psychologist works with your child to help her learn how to tolerate uncomfortable feelings anger, anxiety and rejection without resorting to cutting.

- **Cognitive Behavioral therapy (CBT):** In CBT, a psychologist teaches your child to challenge negative, distressing thoughts, to recognize the pattern and train herself to think outside it. In many cases, particularly with teenagers, this treatment is very successful.

- **Family Therapy:** If there are things going on at home—fighting, job loss, a death—that could be the source of your daughter’s emotional troubles, family therapy is a good way to begin treatment.

- **Medication:** Often if there is another disorder involved, a doctor will prescribe medication to treat that condition. The combination of medication and psychotherapy is very successful at treating kids who self-harm.

Finally, Dr. Steingard recommends that families try to be open and supportive. “This is a behavior that’s very hard for people to get inside and empathize with. But it isn’t something that a person can just stop; it’s something that needs to be understood.”

Reprinted with permission from:

<https://childmind.org/article/what-drives-self-injury-and-how-to-treat-it/>

CHILDHOOD TRAUMA IS NOT A MENTAL ILLNESS

by Tabitha Ferguson

I was born in 1982 into a divided family and grew up below the poverty level. My mom and dad divorced before I was a year old, and my family did not get together unless we had a funeral to attend. From a very young age, I was abused verbally, emotionally, sexually, and physically by my parents and family members. In addition to suffering from an unstable home life, I was bullied by my peers and the popular kids at school. When I started showing signs of this abuse and neglect—including rages, relationship challenges, and defiance, which were really cries for help—I was passed around among the local clinicians. They diagnosed my behaviors as mental disorders instead of holding my abusers accountable and addressing the trauma I was living through. By the time I was 10 years old, I

had been diagnosed with Major Depressive Disorder, Anxiety Disorder, Body Dysmorphic Disorder, Borderline Personality Disorder, Attachment Disorder, Adjustment Disorder, parent-child relational problems, a partner relational disorder, and a developmental disorder. One doctor even hooked me up to an EKG and then told me I had “abnormal brain cells” that caused my blackout rages.

Though I did try to tell my mom and Child Protective Services (CPS) about all the bad things going on in my life, my mom (who had been diagnosed with schizophrenia and bipolar disorder) insisted that I had inherited her “biochemical imbalances.” So doctors also placed me on one psychiatric medication after another, including Zoloft, Tegretol, and Tofranil, to name a few. A few years later, doctors prescribed Seroquel after adding Bipolar Disorder to the other pathologies I’d been diagnosed with.

I was placed in special education due to additional diagnoses of emotional disturbance, Oppositional Defiant Disorder, ADHD, and other disorders. And when I was no longer able to function in a regular classroom due to my continued disruptive behavior and flunking grades, I was pushed into the juvenile justice system. Among other “crimes,” I was considered a chronic runaway: My mother used to pick fights with me, which sometimes escalated into violence. Then she’d kick me out of the house and call the police saying I’d fled our home. Once I entered the system, I had to attend a school with boot camp drill instructors who yelled and cursed at us daily during physical training and normal classes.

A Downward Spiral

Needless to say, due to all of these struggles, I never felt safe. When I was released from the system at 17 years old, I literally could not function in society. Since I was medicated for my behavioral issues for so long, I lacked developmentally appropriate skills such as self-regulation, problem-solving, critical thinking, and emotional stability. I fell into what all the statistics predict, including drug addictions. It started out with smoking marijuana. That led to harder drugs such as cocaine, methamphetamine, and crystal meth, along with prescription drugs purchased on the street, including Xanax and hydrocodone.

It was a vicious cycle: Grown, well-respected men in my community had introduced me to the “partying” lifestyle and passed me around to their buddies and other men I met at their gatherings. Since I was exposed to so many destructive things in these circles, I did not trust people and used more drugs to drown out feelings and emotions that were too painful to cope with. Eventually, I became pregnant, homeless, and stuck in a lifestyle from which it seemed I could not escape. Addiction and my lack of life skills continued to interfere with my ability to function; I struggled to hold a steady job and be a stable single mother to my twin sons in their critical, early stages of development.

In 2007, when I was 24 years old, I fell into one of my last

rock bottoms and knew I was going to end up either dead or in prison. I temporarily lost custody of my twin boys, which made me realize they needed me to fight harder to get well. Fortunately, a guy I became friends with started giving me books by an evangelist named Joyce Meyer. Her books, *Battlefield of the Mind*, *Beauty for Ashes*, and *Root of Rejection* began ministering to me and my pain. For once in my life, I felt connected to someone who understood and was able to articulate the grief I carried from a life of abuse and traumatic experiences. Between her books, landing a job, and taking college courses, I found ways to remain stable and stay away from the lifestyle I was starting to break free from. I started making progress and even regained custody of my boys.

For the first few years of my recovery, I was able to find things to keep me busy and was able to avoid facing my past. This did not last long because my past found ways to creep into my consciousness through dreams and nightmares. My dysregulated emotions still interfered with my parenting and maintaining my other relationships. Then, in 2012, two semesters away from graduating from the social work program I was enrolled in, I found out that I no longer had funding to complete my bachelor’s degree. In 2013, I was laid off from a job I had held for over four years. My life came crashing down, and I was left to face all the memories I had desperately tried to get away from by keeping myself so busy.

I was still determined never to go back to what I came from, so I found a path to more rehabilitation through a local Christian university’s psychology clinic. Thanks to a counselor who understood trauma, I was able to regain stability. This is where I began learning more about myself, the effect of my past, and why I had continued to battle so many mental health issues.

Uncovering the Truth

Eventually, I decided to retrieve my childhood records, hoping to learn more about what had happened to me. I wanted to know if my community had ever tried to help me, and I thought that maybe I’d find closure in the answers to the many questions I still had. To my surprise, I was able to retrieve almost 1,700 documents from CPS, and yes—they knew. The CPS records detailed all of the torment I had been living through. I also obtained my school records, mental health records, and juvenile justice records, all of which confirmed the abuse I’d survived while institutions were labeling and medicating my pain instead of holding my abusers accountable.

For example, clinicians had documented that for five years during my early childhood and adolescent years, I was living in an “unsafe environment that interfered with my overall functioning.” Yet nothing was done to remove me from that environment. These same clinicians also documented that when I was 21 years old, I was at a middle-school level and emotionally detached from my twins. The only solution I

had been offered as a young adult was the same one they had placed on me growing up: to take my medication while they treated me for my “personality disorder.” I also discovered that the therapist assigned to me through Texas Medicaid was the same one that had treated my mom, whom I resented because she was my main abuser. Therapy never helped her, and the therapist never held her accountable for how she had treated me or addressed the trauma that, I later learned, my mother had suffered in her own life. Instead, they diagnosed and treated her for psychotic disorders.

A Sense of Purpose

I did not realize it then, but what I found would set me on the path I am on now as an advocate and activist for at-risk kids and their families. Around the time I retrieved my documents, I was also working for our local school district as a reading literacy aide. In 2017, when I saw my story repeating itself with the kids I served and their families, I decided to go public with my story. Texas Governor Greg Abbott was working with legislators around the same time to reform CPS, so I used my experience and the documents I discovered to push for systems reform.

I believe that to truly help both children and families, CPS needs to address the parents’ trauma and offer effective, evidence-based psychological help instead of the same solutions they pushed on me. We need a supportive community that uses all resources to work together and to help parents and children stuck in these systems to better understand themselves and how trauma has affected them to the core. And as a survivor, I need support instead of the backlash that I have faced. I am also working at the national level as a local liaison for the National Trauma Campaign, which lobbies

national leaders to devote more resources to and incorporate trauma-informed practices into our legal, health care, social service, and educational systems. When we have a thorough understanding of child development, we can help at-risk kids, youth, and their families to develop their natural coping skills, become resilient and overcome their own personal tragedies.

Due to the severity of what I have lived through, I have been in therapy for almost a decade, cleaning up the messes I was left by the adults who weren’t there for me. The long-term effects I have suffered affected my overall development, so I have continued to expand my basic coping and life skills while grieving the childhood I never really had. I have also gotten off all the prescribed and illegal drugs. While I worked on myself in therapy, I suffered for years with anxiety and depression as I faced all the painful memories that led me to take up a destructive lifestyle. Throughout this process, I was motivated to fight hard for the sake of my twins and had a deep desire to break the generational cycle I was part of, so I did what I had to do to become successful. In 2018, I stepped out in faith and finished my bachelor’s degree online (but in business instead of social work) and completed my teacher’s certification. In 2019, I became a certified teacher.

Today, I live a normal and productive life because I found stability working with effective therapists who understood and focused on healing my trauma instead of labeling and medicating me. I now understand and share with others what happens to our bodies and minds when we’re faced with trauma—a topic not brought up in the DSM. Dr. Bessel Van Der Kolk explains it well in his book *The Body Keeps the Score*, which I encourage everyone to read.

Stewards of Trauma

Free Virtual 2-hour In-Service Training

Lost your fizz? If you are a foster parent, chances are you’ve experienced at least one symptom of Secondary Traumatic Stress. This training gives you the opportunity to reflect on your journey, examine stress points and build resilience. Take a break from the daily grind and join us!



REGISTER TODAY!

June 12, 2021
9:00 am-11:00 am (CT)

• [HTTPS://WWW.SURVEYMONKEY.COM/R/INService2021](https://www.surveymonkey.com/r/INService2021)

You must register to attend! We will send you the zoom link to log in.
Registration closes the day before the training.

Questions? Contact the Nebraska Foster & Adoptive Parent Association
at 402-476-2273 or Corinne@nfapa.org

Join Us!

Facilitated by the Nebraska Foster & Adoptive Parent Association
Sponsored by the Nebraska Department of Health & Human Services

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 website calendar at www.nfapa.org.



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

- Virtual Support Group at this time for April, May, June and July. Available for all foster/adoptive parents on the second Tuesday at 6:30 pm (MT). Contact Jolie for Google Meet information

Tammy Welker: 402-989-2197

- 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 4th Monday of the month, currently by Zoom. Contact Felicia for Zoom information or Community Events at the NFAPA Office.

Helping others understand how early and ongoing trauma affected my life is why I wrote my memoir, *My Innocence Was Stolen*. I now see that instead of diagnosing and medicating my pain, clinicians should have shown me how to set healthy boundaries and develop communication skills. I should have been taught how to use my voice against mistreatment and been given a safe place for my brain to develop properly. If we expect to see an effective change in the mental health system so other kids can avoid what I endured, adverse childhood experiences (ACEs) and trauma-informed care need national attention. Some recommendations:

- The Centers for Disease Control and Prevention (CDC) should recognize and prioritize the need to address ACEs and support scientific studies on the topic.
- School systems should use trauma-informed practices and have programs within every school to help children who are at higher risk for trauma due to poverty—but also recognize trauma does not discriminate and is pervasive even in middle-class and wealthy families.
- Mental health care providers should also be mandated to use trauma-informed practices.
- Communities should develop programs to address this topic and use consistent measurements to examine how effective their programs are and how they can continue improving.
- Communities also need to work collaboratively to help address childhood trauma and hire honest and competent leaders who are held accountable.

My story could have been prevented with strong community support and proper utilization of resources. Trauma is not a mental illness; it is an emotional and physical reaction that can be healed. My life story is a testament to this statement. If my life can impact someone else's and help them avoid the messes I have spent over a decade cleaning up, then it will have been worth it.

Reprinted with permission from:

https://www.madinamerica.com/2021/03/childhood-trauma-not-mental-illness/?fbclid=IwAR1oBpRBom8y-y4QM7LRe2wmQgh_7g5lLHthMx0JqRRvozsTtx1xlv_KomA

What I learned from my mother about adopting a teen

by Zoe Bourgeois

Zoe Bourgeois spent her childhood in the foster care system, meeting the woman who would become her mother when she was 11. Zoe's adoption was finalized when she was 15.

In this guest blog post, Zoe shares her advice with parents who are planning to adopt a teen.

Understand what trauma does to a child

Before I was adopted, I'd had a failed adoption, so I came with some baggage. My mom, whether she was aware of it or not, was trauma informed. She was very good at digging through my behaviors finding the issues or problems that were causing them. A lot of the time, she would reframe what she recognized were issues into needs. In the heat of a situation, before responding, she would think: What does Zo need in this moment? What's triggering this to make her feel this way? Having her approach me in this way validated a lot of my experiences and what I was feeling.

Use humor!

My mother deescalated a lot of heated moments using humor. When I was 11, I remember telling her after a few months: You're ruining my life! Her immediate reply was: "I haven't known you long enough to ruin your life! Give me some time and I'll see what I can do." Then she paused, and said: "Actually, you're right. I worked in government for 30 years. I decided I hadn't ruined enough people's lives during that time. So I called social services and to see if there was anybody there whose life I could ruin. And they gave me you!" That reaction disarmed me.

Focus on children's strengths



When I met my mom, I had low self-esteem and very little confidence. My mom saw things in me that I didn't see in myself, and she brought those things to life. In sixth grade, she made a resume for me. It was her way of showing me that I had strengths and I had things to work on in the future. And that I had a future. In the years that followed, I kept adding experiences like drama and sports and public speaking to the resume. I think that's huge, because when you're a child in care, you don't see the positives and the opportunities in your experiences.

Be a strong advocate

My mother was a strong advocate for my needs—and for her needs. She wasn't afraid of the system, or scared to tell them what was and wasn't working. When I was 13 I ran away and ended up in a specialized placement. My mom stuck by me the entire time. She just stayed there and was focused and

determined to make our relationship work. During that time, I think she felt like she wasn't being heard. I remember one night she went to my psych's house at 8 p.m., knocked on the door, and said: "I'm not leaving until we come up with a plan of how we're going to get my daughter back."

Don't take things personally

That story and many others I could tell illustrate this point. I said some mean things to my mom, and she always understood that it was from some sort of trauma or trigger. She knew we were mother and daughter and she wasn't going to let that go no matter how far I ran or how hard I tried to push her away.

Make the house a home

I never had my own room or was able to decorate my own room. Before I moved in, my mother spent a whole month getting my room ready. She painted my bedroom walls with dolphins and a night sky. She made that safe space for me. And on the first day I walked in, and I felt comfortable and like I was finally home.

Don't force a routine on them—especially your own routine.

You cannot expect a child to adjust to your routine. They're probably coming from an unstructured home, and are not used to a lot of rules. Sitting down to dinner every day could be a trigger. Talk with them and find out what kind of routine works for them. For example, you might ask, "We like to sit at supper. Would you like to join us?" It might take time, and you need to work at the child's pace. My mom was good at combining her routine into mine, and ultimately, we created our own routine together.

Know that they'll stick around!

Some people who are planning to adopt think: If I adopt an older child, I'll only get a kid for a few years. But guess what? Sometimes we don't go away! I'm 28, and I still live with my mom. The children you adopt can still be with you when they are old—and even very old.

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<https://blog.adoptuskids.org/what-i-learned-from-my-mother-about-adopting-a-teen/>

DIARY OF A FORMER FOSTER CHILD

THE PROBLEM CHILD

Growing up, I was often seen as a "problem child" by a lot of people in my life... Foster Parents, social workers, teachers, siblings, peers...and if you look at some of my behaviors, you might have even thought the same. I mean, I did a LOT of crazy things when I was really young, some pretty major. I started running away from foster homes when I was 5 and the last time I ran I was 16. I disrupted class almost daily, and was always either in the hall alone, in a corner with my desk

facing away from everyone, or in the principal's office. I stole food from grocery stores, and I hoarded food at home. I was hyper-sexual and inappropriate at times. I could go on, but these things have been focused on too much already.

You see, while these things were certainly issues, and some of them super big issues, they were NOT the real problem. Here's what was behind a few of those behaviors.

Running away:

I was 5 the first time I ran away from a foster home, and I ran because I was being emotionally and physically abused, and no one was listening. Over and over again I ran, until I was finally moved to a new family.

At another home, I was being sexually abused, I ran again until I was moved.

Between 9 and 10, I ran twice because I wanted to go back to the foster home I had been taken out of to be placed with my adoptive family. They had taken me in when I was 7, and I felt safe there for the first time in my whole life. When I was first moved away from them, I desperately tried to go back. My new adoptive parents hadn't done anything wrong, they were wonderful, but I ran anyways. And THEN... I ended up loving them so much, that I ran for that reason too!! I was so afraid to lose them like I'd lost everyone else, (They were my 13th placement) that I figured taking them away from myself would hurt a lot less than someone else doing it. So I pushed them away over and over and over again.

At 16, I was living in a residential treatment group home after an almost successful second attempt at suicide. One of the girls was running away and easily convinced me to come along. There was no reason that time, just that our plan was to hitchhike to New York City and get rich by being strippers. Ok I admit, THAT time was stupid, and I thank God to this day, that the police picked us up just a few miles from school before some crazy person did!

Hoarding Food:

I stole and hoarded food because I had had experienced neglect and hunger at an early age. Stealing and hoarding gave me control over that hunger and control over the fear of not knowing if there would be food around the next day. I did this long after I was safe and through many homes where there was always plenty of food.

Hyper-sexual:

I was hyper-sexual at a very young age because by the time I was 5, I had already been molested and sexually abused multiple times, by multiple abusers. Twice happened in the foster care system where I was supposed to be safe. I thought it was normal, because it WAS my normal.

Disruptions:

I disrupted class because I literally couldn't help it. I had ADHD, and a massive amount of loss, abuse and trauma triggers I was trying to deal with before I was even a preteen! I couldn't sit still, I had to move and fidget.

I once had a teacher who wore the same perfume as one of my abusers, and I had no control in her class whatsoever. I mean we're talking throwing things into the fan, throwing food on the walls, constantly disrupting, most teachers would probably just want me out of their class, but SHE took the

time to sit down with me multiple times and talk to me, not punish me, she listened and she helped me work through it. We eventually figured out the issue was the perfume trigger, and she immediately stopped wearing that scent, and I had no more problems in her class. She was the first person to see ME, not my behaviors, and to teach me to begin to look for my triggers. I didn't really understand at the time what a gigantic impact she made in my life by doing that.

I share my life and my story with others so people can understand that kids from hard places with big behaviors are NOT problem kids. They're kids who need to be seen, who need help processing and working through their trauma.

It's so important as caregivers and educators, that we remain patient, look for the trauma behind the behavior, and help our kiddos address and work through it. It's not an overnight process, it takes time, years sometimes, and trust me, you may want to throw in the towel multiple times. But remember, the kids struggling to make sense of everything can't ever throw in the towel. They either walk through it with you, or they walk through it alone.

There are no problem children, only children who need help with their problems.

~Heather Knapik

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WHY KIDS LIE

by Beth Arky

Parents How to help kids find honest alternatives to bending the truth.

Call them fibs, whoppers or straight-up untruths: However you label them, kids are likely to lie somewhere along the way. While a younger child may conjure up an elaborate tale about how she couldn't possibly have kicked a younger sibling, older kids may flat-out lie about doing their homework.

Sometimes the onset of lying is sudden and intense, reports Matthew Rouse, PhD, a clinical psychologist at the Child Mind Institute. "It's a new thing where they were pretty truthful most of the time before and then suddenly they're lying about a lot of stuff," he says. This, of course, is concerning to parents. But if caregivers can understand why kids lie and be prepared to deal with the issue, the truth can come out.

Why kids lie

Most parents think children lie to get something they want, avoid a consequence or get out of something they don't want to do. These are common motivations, but there are also some less obvious reasons why kids might not tell the truth — or at least the whole truth.

To test out a new behavior

Dr. Rouse says one reason children lie is because they've discovered this novel idea and are trying it out, just as they do with most kinds of behaviors, to see what happens. "They'll wonder, what happens if I lie about this situation?" he says. "What will it do for me? What does it get me out of? What

does it get me?”

To enhance self-esteem and gain approval

Children who lack confidence may tell grandiose lies to make themselves seem more impressive, special or talented to inflate their self-esteem and make themselves look good in the eyes of others. Dr. Rouse recalls treating an eighth-grader who was exaggerating wildly about 80 percent of the time: “They were kind of incredible experiences that weren’t within the bounds of plausible at all.” For instance, the boy would say he’d gone to a party and everyone had started to chant for him when he came in the door.



To get the focus off themselves

Children with anxiety or depression might lie about their symptoms to get the spotlight off them, Dr. Rouse notes. Or they might minimize their issues, saying something like “No, no I slept fine last night” because they don’t want people worrying about them.

Speaking before they think

Dr. Carol Brady, PhD, a clinical psychologist and regular columnist for ADDitude magazine who works with a lot of kids with ADHD, says they may lie out of impulsivity. “One of the hallmarks of the impulsive type of ADHD is to talk before they think,” she says, “so a lot of times you’re going to get this lying issue.”

Sometimes kids can really believe they’ve done something and tell what sounds like a lie, Dr. Brady adds. “Sometimes they’ll really just forget. I have kids who say, ‘To tell you the truth, Dr. Brady, I thought I did my homework. I really thought I did. I didn’t remember I had that extra work.’” When this happens, she says, they need help supplementing their memory by using techniques such as checklists, time limits and organizers.

And then there are white lies

Just to make things even trickier, in certain situations parents might actually encourage children to tell a white lie in order to spare someone’s feelings. In this case, the white lie and when to use it fall under the umbrella of social skills.

What parents can do about lying

Both Dr. Rouse and Dr. Brady say it’s first important to think about the function of the lie. “When I’m doing an evaluation, there are questions on our intake forms where parents can check off whether the child lies,” Dr. Rouse says. “It’s something I might spend 20 minutes delving into. What kinds of lies, what are the circumstances of the lies?” He says behavioral treatments depend on the function of the lies and the severity of the problem. “There are no hard and fast guidelines,” he says. “Different levels mean different repercussions.”

Level 1 lie

When it comes to attention-seeking lying, Dr. Rouse says that, generally speaking, it’s best to ignore it. Rather than saying harshly, “That’s a lie. I know that didn’t happen to you,” he suggests a gentle approach where parents don’t necessarily have a consequence but they’re also not trying to feed it a lot of attention.

This is especially true if the lying is coming from place of low self-esteem. “So if they’re saying, ‘I scored 10 goals today at recess in soccer and everybody put me on their shoulders and it was amazing’ and you think it’s not true, then I would say don’t ask a bunch of follow-up questions.” For these kind of low-level lies that aren’t really hurting anyone but aren’t good behavior, ignoring and redirecting to something that you know is more factual is the way to go.

Level 2 lie

If that doesn’t work, Dr. Rouse says, parents can be more transparent about it by offering a mild reprimand. “I’ve had situations where it’s an inflated kind of fantastical type of lie,” he says. “I’ll have parents label it and call it a tall tale. If the child is telling one of these stories, a parent will gently say, ‘Hey, this sounds like a tall tale, why don’t you try again and tell me what really happened?’ ” It’s about pointing out the behavior and encouraging kids to try again.

Level 3 lie

If something is more serious, like older kids lying about where they’ve been or whether they’ve done their homework, parents can think about having a consequence. Kids should be clear that there will be repercussions for this kind of lie, so it’s not coming out of the blue. Like all consequences, Dr. Rouse recommends it should be something short-lived, not overblown, which gives the child a chance to get back to practicing better behaviors. Some examples: losing her phone for an hour or having to do a chore

Also, depending on the severity, there also has to be a component of addressing what they were lying about. If a child has said he didn’t have any homework all week and then the parent finds out he had homework every day, there needs to be some kind of consequence for the lying and he also has to sit down and do all the work. If he’s hit another child and lied about it, there’s a consequence for the lying and also for hitting. In this case, Dr. Rouse says, you would also have him write an apology letter to the other child.

Ways to help your kids avoid lying in the first place

Let them know that truth reduces consequences

For instance, if teens have been drinking at a party, the parent will want them to call to be picked up. But kids know there also has to be a consequence for the drinking. “There’s a hard balance to strike between having the open dialogue but also setting appropriate limits when necessary,” Dr. Rouse says.

In this situation, where lying would have been easier, when parents are doling out the consequence they can also praise the child for telling the truth and tell them it makes them more trustworthy. They might also reduce the consequence, such as letting kids know they’re taking their phone away for a day instead of a week.

Dr. Rouse adds one caveat: Children and teens should not think consequences are negotiable. “Sometimes the kid will say, ‘But I told you the truth,’” he says. “They’ll get manipulative, saying, ‘This is just making me want to never

tell the truth again.” Parents shouldn’t give in at that point.

Use truth checks

Let’s say parents have been told by a teacher their child didn’t do her homework. Dr. Brady suggests that they give their kid a chance to tell the truth. If she doesn’t at first, the parents could say, “I’m going to walk away and give you 10 minutes and then I’m going to come back and ask you again. If you change your mind and want to give me a different answer, it’s just a truth check and you won’t get in trouble.”

This way, if a child gives an off-the-cuff answer because she’s scared of consequences or she doesn’t want to disappoint a parent, she has the chance to really think about whether she wants to lie or fess up without the consequences. Dr. Brady notes that this technique isn’t for a child who chronically lies.

Use the preamble method

Parents can also set up kids to tell the truth by reminding them that they don’t expect perfection, Dr. Brady notes. Parents could say, “I’m going to ask you a question and maybe you’re going to tell me something I don’t really want to hear. But remember, your behavior is not who you are. I love you know matter what, and sometimes people make mistakes. So I want you to think about giving me an honest answer.” Giving kids a chance to reflect on this may lead to them telling the truth.

Give kids with ADHD more time to think

Dr. Brady says kids with ADHD, who are prone to giving impulsive answers that come out as lies, need some extra time to think things through before speaking. Impulsivity can be a problem both at home and in school, when a teacher asks if a child has finished an assignment and the child answers yes without even looking at his paper. That’s when he needs to be taught to slow down and check his work.



What parents shouldn’t do

Don’t corner your child

Putting a child on the spot can set him up to lie. If parents know the true story, Dr. Brady recommends, they should go right to the issue and discuss it. Instead of asking a child if he didn’t do his homework a parent could just say, “I know you didn’t do it. Let’s talk about why that’s not a good idea.”

Don’t label your child a liar

It’s a big mistake to call a child a liar, Dr. Brady argues. The wound it creates is bigger than dealing with what he lied about in the first place. He thinks, “Mom won’t believe me.” It makes him feel bad about himself and may set up a pattern of lying.

HISTORY OF FOSTER CARE IN THE UNITED STATES

Some of the earliest documentation of children being cared for in foster homes can be found in the Old Testament and in the Talmud. These references establish caring for dependent children as a duty under law. Early Christian church records also show children were boarded with “worthy widows” who were paid by collections from the congregation.

It was English Poor Law, however, that led to development and eventual regulation of family foster care in the United States. In 1562, these laws allowed the placement of poor children into indentured service until they came of age. This practice was imported to the United States and was the beginning of placing children into homes. Even though indentured service permitted abuse and exploitation, it was a step forward from almshouses where children did not learn a trade and were exposed to horrendous surroundings and unsavory adults. Various forms of indenturing children persisted into the first decade of this century.

In 1636, less than thirty years after the founding of the Jamestown Colony, at the age of seven, Benjamin Eaton became this nation’s first foster child.

In 1853, Charles Loring Brace began the free foster home movement. A minister and director of the New York Children’s Aid Society, Brace was concerned about the large number of immigrant children sleeping in the streets of New York. He devised a plan to provide them homes by advertising in the South and West for families willing to provide free homes for these children, whether for charitable reasons or whatever help these children could be to them. In many cases, these children were placed in circumstances similar to indenture. However, Brace’s daring and creative action became the foundation for the foster care movement as it exists today.

As a result of the New York Children’s Aid Society’s placements, sectarian social agencies and state governments became involved in foster home placements. Three states led the movement. Massachusetts, prior to 1865, began paying board to families who took care of children too young to be indentured. Pennsylvania passed the first licensing law in 1885 which made it a misdemeanor to care for two or more unrelated children without a license. South Dakota began providing subsidies to the Children’s Home Society after it was organized in 1893 for its public child care work.

During the early 1900’s, social agencies began to supervise foster parents. Records were kept, children’s individual needs were considered when placements were made, and the federal government began supporting state inspections of family foster homes. Services were provided to natural families to enable the child to return home and foster parents were now seen as part of a professional team working to find permanency for dependent children.

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<https://childmind.org/article/why-kids-lie/>

HEALTHY RELATIONSHIPS BETWEEN FOSTER PARENTS AND BIOLOGICAL PARENTS OF THE CHILDREN IN CARE

By Dr. John DeGarmo

I have found that the more information I have about my foster children, the better prepared I am to help them. Indeed, knowledge is power, as we both know. Often times, the best place to find those answers and to seek that knowledge is from the parents and family members of the foster child living in your home. After all, it is likely that your foster child's biological parents and family members will know him better than they will know anyone, even the caseworker. Last month, we looked at the realities of working with birth parents.

You might just have a opportunity to find out some of the answers you are seeking about your foster child, as well as discover more about him than from his family. Face to face meetings and phone conversations with the birth parents and biological family members can help both you and the child. Your meetings with them will offer you the opportunity to learn a great deal about the child from foster care in your home. His likes and dislikes, his hobbies and interests, his fears and concerns, what foods he enjoys, and much more.

Along with this, you can also acquire important information you might need. This information might include how he performs in school, struggles he faces in the classroom, allergies, medical history and concerns, and more. Along with this, when you ask questions about their child, you are showing the birth parents that you are interested in him and his well-being. This will only help you and the child, as well as comfort and reassure the parents that you are on the side of their child; that you are looking out for his best interests. By indicating, with your questions, that his parents are the experts, you will begin to form an important relationship, one that will benefit all involved. Again, make sure you ask these questions with respect, kindness, and understanding. In no way do you want the upset or offend the birth parents, or show them any sign of disrespect towards them. This will only hurt the child in both the short term and long term.

So, you need to come prepared to a meeting with the birth parents. What better way to come prepared than to have a list of questions with you. I would encourage you to let the child's caseworker know beforehand that you would like to ask his birth parents or biological family members some questions. A list of questions prepared beforehand will help you gather the information you need. You might have these questions written down on paper in a folder or notebook. These questions might include:

- Is your child on any medication?
- Does he have allergies to anything in particular?
- Has he had the Chicken Pox?
- Are there any medical concerns?
- Does he have any learning disabilities of any kind?
- What range of grades does he usually earn?
- What are his favorite subjects in school?

- What subjects does he struggle with?
- Does he have a special teacher that he has formed a positive and encouraging relationship with?
- If he is from outside the school system, what school did he go to? (This will help you to gather all current school information, and ensure that his new school receives it.)
- Does he have any behavior problems?
- Does he have any fears?
- Is he scared of anything?
- Can he swim?
- What are his favorite foods?
- What are his interests?
- What are his hobbies?
- If he is young, does he have a favorite toy?
- Does he have any particular religious practices?
- Does he have a regular routine at home?

To be sure, this is a long list, and I would not encourage you to ask these all at once, unless the family is happy to answer them, and showing interest. If need be, you might wish to split these questions up over several meetings, or sessions, so you do not overwhelm them.



Just like you, there are going to be questions from others. This time, the questions might be pointed towards you, about you, and centered around your family. Your foster child's family will no doubt be very curious about you. Once again, that is normal, and that is healthy. After all, you are caring for a member of their family, their child. The biological family and birth parents want to know all about you; what you do, who you are, why you are a foster parent, if you are doing a good job, and perhaps most importantly, is the child safe and cared for in your home. If you think about it, you would most likely have these same questions if the roles were reversed, and your own child was living in another home and with another family.

If the birth parents of your foster child have not already asked questions about you and your family, take time to share with them some information about you and your family. Let them know that you are excited to have their child in your home for the time being. Show them that their child is healthy and happy, perhaps with some pictures of him. Indeed, give the parents pictures and school reports of the child for them

STATE OF NEBRASKA



Proclamation

WHEREAS, The family — which serves as the primary source of love, identity, self-esteem, and support — is the very foundation of our communities and our state; and

WHEREAS, Nebraska foster families provide a safe, secure, stable, compassionate, and nurturing home to the state's children and youth who need a temporary home; and

WHEREAS, Foster families who open their homes and hearts to children whose families are in crisis play a vital role in helping children and families heal; and

WHEREAS, We, as a state, have made great strides in keeping siblings together. Approximately 64% of kids placed in out-of-home care are placed with all their siblings and 82% of kids placed in out-of-home care are placed with at least one of their siblings; and

WHEREAS, There are numerous individuals and public and private organizations who work to increase public awareness of the needs of children in and leaving foster care as well as of the enduring and valuable contribution of foster parents; and

WHEREAS, Nebraska foster families are to be commended for their selfless contribution to the welfare of our children and therefore our society; and

WHEREAS, It is vitally important for us, as a state, to celebrate and support the loving commitment foster families make.

NOW, THEREFORE, I, Pete Ricketts, Governor of the State of Nebraska, DO HEREBY PROCLAIM the month of May 2021 as

FOSTER CARE MONTH

in Nebraska, and I do hereby urge all citizens to come forward and do something positive that will help change the lives of children and youth in foster care.

IN WITNESS WHEREOF, I have hereunto set my hand, and cause the Great Seal of the State of Nebraska to be affixed this Fifteenth day of April, in the year of our Lord Two Thousand Twenty-one.



Attest:



 Secretary of State



 Governor

to take home with them. Let there be no mistake; this will go a long way in helping to not only reassure them, but also to build a healthy working relationship between the two of you. Tell them about some of the traditions in your home. Reassure them that their child will not only be safe in your home, but cared for and given plenty of positive attention. Share with them some of the activities, successes, and positive moments that their child has had while in your home. The more assurance birth parents have that their child is in a good home, the better the relationship will be between the two of you.

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Just like you, there are going to be questions from others. This time, the questions might be pointed towards you, about you, and centered around your family. Your foster child's family will no doubt be very curious about you. Once again, that is normal, and that is healthy. After all, you are caring for a member of their family, their child. The biological family and birth parents want to know all about you; what you do, who you are, why you are a foster parent, if you are doing a good job, and perhaps most importantly, is the child safe and cared for in your home. If you think about it, you would most likely have these same questions if the roles were reversed, and your own child was living in another home and with another family.

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SHARING OUR CALMNESS

We're all processing our grief differently. Turns out, when kids are sad, they don't say, "I'm feeling sad right now." They're more likely to scream and stomp and withdrawal and control and wet the bed and complain and...well, you get the point

And me, I feel weaker than usual, less able to help them. We explain co-regulation in our home as "sharing your calmness," and I feel so weak with sadness that I don't have much calmness to share.

After a day of feeling like I just didn't have anything to give these kids who need so much from me, I climbed into bed and pulled the blanket over my head. Behind me came my youngest girl. She crawled under the blanket, asked me (for the 50th time today) how I was feeling and laid next to me. For an hour, I stroked her hair and cuddled into her, absorbed her sweet smiles and felt her "sharing her calmness" with me.

And I felt it. That I don't need to try to muster the strength to carry them all through this. That—actually—together, as a family, we'll carry each other.

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ARE YOU INTERESTED IN A PART-TIME JOB?

NFAPA is looking for a foster/adoptive parent willing to be a Resource Family Consultant in the Southwest area of the state. Hours can vary but expectation is 10-20 hours a week. Please call Felicia at the NFAPA office to learn more! 402-476-2273

The NFAPA Board is looking to fill several volunteer board positions in the following areas: Eastern (Omaha), Central and Western service areas. Please contact Felicia at the NFAPA office at 402-476-2273 and send a bio of why you would like to be on the board to: Felicia@nfapa.org

WHAT IS INSIDE

Foster Care Has Changed How We Parent.....	1
NFAPA Staff / Board of Directors.....	2
Attention Foster Parents!.....	2
Events for May is Foster Care Month.....	3
This is the Part of Special Needs No One Talks About.....	4
Help for Cutting & Self Injury.....	4
Childhood Trauma Is Not A Mental Illness.....	5
Free Virtual In-Service Training!.....	7
Foster Chat / Support Groups.....	8
What I Learned From My Mother About Adopting A Teen.....	8
Diary of a Former Foster Child.....	9
Why Kids Lie.....	10
History of Foster Care in the United States.....	12
Healthy Relationships Between Foster Parents and Biological Parents of the Children in Care.....	13
Proclamation.....	14
Sharing Our Calmness.....	15
JOIN NFAPA.....	16



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

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(circle one)

I am with _____ agency.

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- Supporting Membership** (individuals wishing to support our efforts), \$75
- Organization Membership** (organizations wishing to support our efforts), \$150
- Friends of NFAPA**, \$5 billed Monthly

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