

Families First

a newsletter for Nebraska Families

September/October 2020

N F A P A

HOW TO HELP CHILDREN CALM DOWN

TECHNIQUES FOR HELPING KIDS REGULATE THEIR EMOTIONS AND AVOID EXPLOSIVE BEHAVIOR

by Caroline Miller

Many children have difficulty regulating their emotions. Tantrums, outbursts, whining, defiance, fighting: these are all behaviors you see when kids experience powerful feelings they can't control. While some kids have learned to act out because it gets them what they want — attention or time on the iPad — other kids have trouble staying calm because they are unusually sensitive.

The good news is that learning to calm down instead of acting out is a skill that can be taught.

What is dysregulation?

“Some children’s reactions are just bigger than their peers or their siblings or their cousins,” explains Lindsey Giller, PsyD, a clinical psychologist at the Child Mind Institute. “Not only do they feel things more intensely and quickly, they’re often slower to return to being calm.” Unusually intense feelings can also make a child more prone to impulsive behaviors.

When kids are overwhelmed by feelings, adds Dr. Giller, the emotional side of the brain isn't communicating with the rational side, which normally regulates emotions and plans the best way to deal with a situation. Experts call it being “dysregulated.” It's not effective to try to reason with a child who's dysregulated. To discuss what happened, you need to wait until a child's rational faculties are back “online.”



Rethinking emotions

Parents can start by helping children understand how their emotions work. Kids don't go from calm to sobbing on the floor in an instant. That emotion built over time, like a wave. Kids can learn control by noticing and labeling their feelings earlier, before the wave gets too big to handle.

Some kids are hesitant to acknowledge negative emotions. “A lot of kids are growing up thinking anxiety, anger, sadness are bad emotions,” says Stephanie Samar, PsyD, a clinical psychologist at the Child Mind Institute. But naming and accepting these emotions is “a foundation to problem-solving how to manage them.”

Parents may also minimize negative feelings, notes Dr. Samar, because they want their kids to be happy. But children need to learn that we all have a range of feelings.

“You don't want to create a dynamic that only happy is good,” she says.

Model managing difficult feelings

“For younger children, describing your own feelings and modeling how you manage them is useful,” notes Dr. Samar. “They hear you strategizing about your own feelings, when you're nervous or frustrated, and how you're going to handle it, and they can use these words.”

For kids who feel like big emotions sneak up on them, you

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Nebraska Foster & Adoptive Parent Association

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

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Attention Foster Parents!

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

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

There are a variety of ways to do this. You can email the information to 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/SeptemberOctober2020> 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. It's an opportunity to recognize that mental health is not as important as physical health.
2. Fill in the blanks. In an interview with the Buck Institute for Research on Aging earlier this month, Redfield laid out that suicide and drug overdose have claimed more young lives during the _____.
3. Fill in the blank. So, here's the most important piece of advice: _____.
4. True or False. The majority of kids, tweens, and teens have no symptoms even when they are infected with coronavirus – wearing a mask means they will keep that virus to themselves and protect higher risk individuals from catching it.
5. Finish the statement. Kids often make statements about themselves that reflect "_____."
6. True or False. "Sometimes," says Dr. Brown, "children may engage in negative self-talk, verbalized out loud, in an attempt to manipulate others or in an effort to get attention."
7. Fill in the blanks. When kids are overwhelmed by feelings, adds Dr. Giller, the emotional side of the brain isn't communicating with the _____.
8. True or False. Transitions are particularly easy for kids who have trouble with big emotions, especially when it means stopping an activity they're very engaged in.
9. Fill in the blanks. Difficulty with transitions can manifest in a number of ways depending on the child and the setting. It can take the form of _____, _____, _____, _____, _____.
10. List 3 reasons why Traditional Parenting might not work with Trauma Kids.

Name: _____

Address: _____

Email: _____

Phone #: _____

(Continued from page 1)

can help them practice recognizing their emotions, and model doing that yourself. Try ranking the intensity of your emotions from 1-10, with 1 being pretty calm and 10 being furious. If you forget something that you meant to bring to Grandma's, you could acknowledge that you are feeling frustrated and say that you're at a 4. It might feel a little silly at first, but it teaches kids to pause and notice what they are feeling.

If you see them starting to get upset about something, ask them what they are feeling, and how upset they are. Are they at a 6? For some younger kids, a visual aid like a feelings thermometer might help.

Validate your child's feelings

Validation is a powerful tool for helping kids calm down by communicating that you understand and accept what they're feeling. "Validation is showing acceptance, which is not the same thing as agreement," Dr. Giller explains. "It's nonjudgmental. And it's not trying to change or fix anything." Feeling understood, she explains, helps kids let go of powerful feelings.

Effective validation means paying undivided attention to your child. "You want to be fully attuned so you can notice her body language and facial expressions and really try to understand her perspective," says Dr. Samar. "It can help to reflect back and ask, 'Am I getting it right?' Or if you're truly not getting it, it's okay to say, 'I'm trying to understand.'"

Helping kids by showing them that you're listening and trying to understand their experience can help avoid explosive behavior when a child is building towards a tantrum.

Active ignoring

Validating feelings doesn't mean giving attention to bad behavior. Ignoring behaviors like whining, arguing, inappropriate language or outbursts is a way to reduce the chances of these behaviors being repeated. It's called "active" because it's withdrawing attention conspicuously.

"You're turning your face, and sometimes body, away or leaving the room when your child is engaging in minor misbehaviors in order to withdraw your attention," Dr. Giller explains. "But the key to its effectiveness is, as soon as your child is doing something you can praise, to turn your attention back on."

Positive attention

The most powerful tool parents have in influencing behavior is attention. As Dr. Giller puts it, "It's like candy for your kids." Positive attention will increase the behaviors you are focusing on.

When you're shaping a new behavior, you want to praise it and give a lot of attention to it. "So really, really focus in on it," adds Dr. Giller. "Be sincere, enthusiastic and genuine. And you want it to be very specific, to make sure your child understands what you are praising."

When helping your child deal with an emotion, notice the efforts to calm down, however small. For example, if your child is in the midst of a tantrum and you see him take a deep inhale of air, you can say, "I like that you took a deep breath" and join him in taking additional deep breathes.

Clear expectations

Another key way to help prevent kids from getting dysregulated is to make your expectations clear and follow consistent routines. "It's important to keep those expectations very clear and short," notes Dr. Samar, and convey rules and expected behaviors when everyone is calm. Dependable structure helps kids feel in control.

When change is unavoidable, it's good to give advance warning. Transitions are particularly tough for kids who have trouble with big emotions, especially when it means stopping an activity they're very engaged in. Providing a warning before a transition happens can help kids feel more prepared. "In 15 minutes, we're going to sit down at the table for dinner, so you're going to need to shut off your PS4 at that time," Dr. Giller suggests. It may still be hard for them to comply, but knowing it's coming helps kids feel more in control and stay calmer," she explains.

Give options

When kids are asked to do things they're not likely to feel enthusiastic about, giving them options may reduce outbursts and increase compliance. For instance: "You can either come with me to food shopping or you can go with Dad to pick up your sister." Or: "You can get ready for bed now and we can read a story together — or you can get ready for bed in 10 minutes and no story."

"Giving two options reduces the negotiating that can lead to tension," Dr. Samar suggests.

Coping ahead

Coping ahead is planning in advance for something that you predict may be an emotionally challenging situation for your child, or for both of you. It means talking, when you are both calm, about what's coming, being direct about what negative emotions can arise, and strategizing how you will get through it.

If a child was upset last time she was at Grandma's house because she wasn't allowed to do something she gets to do at home, coping ahead for the next visit would be acknowledging that you saw that she was frustrated and angry, and discussing how she can handle those feelings. Together you might come up with something she is allowed to do at Grandma's that she can have fun doing.

Talking about stressful situations in advance helps avoid meltdowns. "If you set up a plan in advance, it increases the likelihood that you'll end up in a positive situation," Dr. Samar notes.

Problem solving

If a child has a tantrum, parents are often hesitant to bring it up later, Dr. Samar notes. “It’s natural to want to put that behind us. But it’s good to revisit briefly, in a non-judgmental way.”

Revisiting an earlier event — say a meltdown at the toy store — engages the child in thinking about what happened, and to strategize about what could have been done differently. If you can come up with one or two things that might have led to a different outcome, your child might remember them next time he’s starting to feel overwhelmed.

Five special minutes a day

Even a small amount of time set aside reliably, every day, for mom or dad to do something chosen by a child can help that child manage stress at other points in the day. It’s a time for positive connection, without parental commands, ignoring any minor misbehavior, just attending to your child and letting her be in charge.

It can help a child who’s having a tough time in school, for instance, to know she can look forward to that special time. “This five minutes of parental attention should not be contingent on good behavior,” says Dr. Samar. “It’s a time, no matter what happened that day, to reinforce that ‘I love you no matter what.’”

Reprinted with permission from:

<https://childmind.org/article/how-to-help-children-calm-down/>

More youth are dying of suicide, overdose than COVID-19 during pandemic: CDC director

by Blake Fussell



Suicide and drug overdoses are killing more young people than COVID-19 as the two pre-existing epidemics have been exacerbated by the coronavirus pandemic, Centers for Disease Control and Prevention Director Robert Redfield warns.

In an interview with the Buck Institute for Research on

Aging earlier this month, Redfield laid out that suicide and drug overdose have claimed more young lives during the pandemic than COVID-19, a disease that has been attributed to thousands of deaths nationwide this year.

“We’re seeing, sadly, far greater suicides now than we are deaths from COVID,” Redfield explained. “We’re seeing far greater deaths from drug overdose that are above the excess that we had as background than we are seeing the deaths from COVID.”

A June survey from The Addiction Policy Forum reported a 20% increase in substance abuse with 34% of respondents experiencing a change in their treatment and recovery due to the pandemic.

The American Medical Association also voiced concern in a July 20 report stating that over 35 states have reported increases in “opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder.”

Suicide is the second leading cause of death among people ages 10 to 34 in the United States, second only to “unintentional injury,” according to the CDC. Suicide took the lives of nearly 15,000 people within that age bracket in 2018, CDC data suggests.

Last year, the public health institute reported that the suicide rate for kids 10 to 14 has nearly tripled in the last decade while the suicide rate among older teenagers has increased by 76%.

In his July 14 interview, Redfield emphasized the absence of schools for the increase in suicides, overdoses and general mental health difficulties faced by young people during the pandemic.

He also said resources to combat these problems have been overworked by COVID-19 or are too dangerous to access.y!

“You know, a lot of kids get their mental health services, over 7 million, in school,” Redfield explained. “A lot of people get food and nutrition in schools. Schools are really important in terms of mandatory reporting of sexual and child abuse. Obviously, socialization is important.”

Redfield said that the “cost to our nation in continuing to keep these schools closed is substantial.”

Susan Tellone, the clinical director at The Society for Prevention of Teen Suicide in New Jersey, told The Christian Post that there is an increased concern surrounding suicide and overdose, most of which has come from virus-induced chronic stress.

All people experience acute stress, which is a short-term feeling that is not always negative, she said. Chronic stress, though, is ongoing stress that lasts months to years and can lead to an increase in mental health issues like depression. The increase in the U.S. is caused in part by widespread chronic stress, Tellone said.

“COVID has put all the country, not just youth, in a state of chronic stress,” she explained. “That’s been across the board. I’ve been saying we’re all in the same storm, but in different boats.”

According to Tellone, people are experiencing stress in different ways. While some are heavily impacted by physical isolation, others feel the stress from financial burdens or loss of work.

For young people, the pandemic has provided a variety of losses.

High school seniors have lost the opportunity to partake in graduation ceremonies and milestones. Social interactions have changed form during the virus, which has become a difficult transition for some.

“Some are stuck in toxic environments where they’re around domestic, substance or sexual abuse,” Tellone stated. “It’s the uncertainty that creates this stress. You can’t make plans or know the future. There’s not an end in sight and it is getting to feel exhausting for some people.”

This is not true for all young people, though. Some young people have enjoyed doing school work from home and have felt less pressure since COVID-19 began, which Tellone defined as a “mixed bag” of reactions toward COVID-19 closures.

Despite the increased demand for mental health resources to combat the increased suicides and overdoses, Tellone said the virus presents an opportunity to end the stigma of talking about mental health. She believes this could lead to further advancements in study and treatment.

“Because we know mental health is going to be an issue, we could all understand that if you don’t have financial means there is still help,” she said. “It’s an opportunity to recognize that mental health is as important as physical health.”

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<https://www.christianpost.com/news/more-youth-are-dying-of-suicide-overdose-than-covid-19-during-pandemic-cdc-director-238186/>

Life After Foster Care Reunification 7th Edition

by Kait

What is Foster Care Reunification like?

“It must be so hard when they leave.”

Reunification is a common conversation piece when people find out I am a foster parent. I have written about this goodbye before but I get so many questions about this topic, it deserved another post.

We are approaching our 2 year anniversary as foster parents and have had to say goodbye to 7 little loves. I wouldn’t say it gets easier. In fact, I would probably say it has gotten harder.

With each life coming into ours, we have learned so many lessons. About these kids, about trauma, about unstable family life, about disabilities, drug addiction, mental health, and prostitution. We have learned to live day by day and be uncomfortable. We have learned our capacity to love is limitless. We have also learned how to handle the heartbreak.

It starts with a feeling.

The unsettled feeling of is “my daughter” going to be ok when she goes back to her “real mom.”

Our 7th foster child “Sunflower” was such a huge light in our life. A very special little girl who’s smile turned me to mush. She is a fighter, smart beyond her years, stunningly beautiful and an emotional wreck.

When she came to us she could easily cry for 5 hours at a time. Rocking her back in forth in the rocking chair like she was a baby was the only way to calm her. She would be happy and laugh one minute and then collapse into a raging, sobbing puddle the next minute. We started to learn her triggers, but she always surprised us with new ones.

Asking her what she wanted to eat for lunch, telling her it was nap or bedtime. Telling her it was time to come to the table for dinner. Changing any part of her routine without a lot of warning, telling her it was time to go for a visit with her family. Telling her a social worker was coming over for a visit. Men. All of these things were triggers for her. They would set her off into sadness mixed with some anger and fear.

Month by month things got better and her tears turned to laughter, the look of innocence returning to her eyes. She started acting much more like a child than a depressed teenager. She became more playful and excited. She loved to run, and play at the park. A sharp contrast from the first time I took her to the park where she went down the slide twice then broke down crying not knowing what to do next.

Slowly she turned from a shell of a child to a child filled with spirit. We were so blessed to have her in our home as our foster daughter for over 5 months.

Shortly after we had been told she would definitely be with us for another few months we got a phone call that devastated me. Her worker called me and told me she was leaving...in 10 days. I was shocked and saddened to be losing her so quickly after I had been told just a few days prior we would definitely have Christmas with her and maybe even longer.

After adjusting to the news we prepared her as best as we could in the short transition to move to kin. We talked to her about how exciting it was that she was able to live with her relatives and how she would be able to see her parent a whole lot more. She was excited to go home but every day during that transition period I saw more worry return to her eyes. She started having pee accidents and some of her behaviors started to regress. Although she was excited to go, I could tell she was sad to leave.

For the first time in her life she felt secure, she knew every need of hers would be met, she got to experience a lot of cool things, and she got to have 2 sisters that loved her deeply and were always willing to play with her. She got to experience the love of a father. One on earth and one in heaven.

People have varied opinions on foster parenting but I know that little girl loved it here and parts of her didn’t ever want to leave. Parts of us didn’t ever want her to go.

BUT. The goal is ALWAYS reunification. In her case, I was delighted to see how the family came together to support parent and Sunflower and to do everything necessary to have her back. They never missed a visit. They did everything asked of them by Family and Children's Services and they were open to a relationship with me. They understood the value of Sunflower being with us and were not jealous of the love she had for our family but embraced it. They understood the more people loving her during this difficult time the better.

I always try my best to support the families of the kids in our care. Sometimes it is easier than others. In her case it was. When I saw them fight and put in all the effort they did it only made me want to fight harder for them as a family.

If you read the foster care blog post when she first came into care, you will see I never wanted her to leave. But perspective changes. At first, you know only about the child and why they came into care. As time goes on the multi-faceted case plays out and you begin to understand more.

When I was able to tell Sunflower she got to go home it was a sweet sweet day. A family facing adversity being able to overcome and reunite is a really beautiful thing.

When her parent said to me with empathy "I know you are going to be so sad to see her go, why don't we get together for Halloween so you guys can trick or treat with her." I knew this was the right thing for her. The emotional maturity of her parent showed, gave me hope. Although her family still has many challenges to face, they have come so far and I like to think I had a part in that.

The best part is we get to see Sunflower every week at gymnastics class, and she facetimes me with her parent when she is feeling upset and missing us. We have this beautiful daughter together. Her bio parent and I both love her like crazy and the more love a child has the better. I still get to see her grow up and be a support for her. I still get her big hugs and kisses and an "I love you" every week. I don't lose all of her.

The reward of her story is why I put myself through the heartbreak. This is why I am a foster parent.

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<https://lovemotherblog.com/about/>*

Pediatrician and Mom Says This is What Your Teens Can Expect at School This Fall

by Cara Natterson

Feels like we are living in -*a profoundly paradoxical moment: at the start of summer, the most exciting prospect on the horizon is the hope of getting back to school. Of course, we know whom to thank for that: coronavirus.

School appreciation is one of the brightest silver linings of living through a pandemic. Yes, remote learning has come a long way over the past few months, largely out of necessity. But it feels safe to say that now more than ever we all appreciate the importance of on-campus school life – not just the education that occurs in a classroom, but also the socialization, emotional support structures, physical skill-building, and for many, access to food and wifi that some cannot get at home. This is why educators, parents, and kids alike are clamoring to get back in the fall.

Unfortunately, this likely won't happen in a "normal" way and, again, we know whom to thank for that: coronavirus.

Until there are widely available vaccines and therapies to treat Covid-19, schools will need to be nimble, existing at times online and at other moments in person but highly modified. And unlike what happened this past spring, when the entire country retreated into a shutdown mode, schools will likely operate differently depending upon their location and the rates of local coronavirus infection. These are some of the things you can expect to see when school resumes in the fall.



What school will look like this fall

- Your school calendar will be completely different. Some schools will move from a semester system to a trimester or quarter system. Some will begin earlier in the fall – frankly it might feel more like mid-summer – in an effort to get classes going while viral numbers are expected to be low (coronavirus, like most other viruses, shouldn't spread as easily in warm temperatures...though with a brand new virus circulating, all bets are off). Some will limit holidays between the start of school and Thanksgiving break, and then give kids a big chunk of time off through the holiday season. Colleges and boarding schools in particular may offer classes on weekends in order to fit more of the curriculum into a shorter time period and to discourage travel off campus.
- Your class schedule will be quite different, too. Some schools will rearrange the way classes are offered throughout the day, likely extending the length of each class and reducing the total number of class rotations to reduce the number of times kids need to move classrooms. And many schools, especially colleges with large survey courses, will only teach certain classes remotely to avoid large groups from gathering in small spaces. There are

high schools and colleges toying with the idea of keeping all classes online, with the goal of reducing spread among students and protecting teachers who due to age are more vulnerable to COVID than their students.

- Your space will look different. Most schools will do their best to keep people separated by six feet of distance, since coronavirus generally doesn't travel that far except with the help of a giant sneeze or forceful exhalation. There's some data showing that three feet of distancing in conjunction with mask wearing may be almost as safe, so look for more on that as the summer unfolds because schools that can space kids by three feet can get twice as many kids back into a classroom – ideally even the entire class.
- You should be masking up. Wearing a mask is the single most effective thing you can do – short of staying home – to protect other people around you. From what, you ask? From coronavirus you may not know you have. The majority of kids, tweens, and teens have no symptoms even when they are infected with coronavirus – wearing a mask means they will keep that virus to themselves and protect higher risk individuals from catching it.
- You'll see sinks and hand sanitizers where you never saw them before. That's because washing hands or doing a thorough rub with an alcohol-based sanitizer is important if you want to keep yourself infection-free. Coronavirus enters the body either via respiratory droplets – those are tiny droplets of water plus virus that people cough, sneeze or just breathe out – or by touching a surface that has virus on it and then touching their eyes, nose, or mouth.
- Social events will be radically different...or non-existent. Ditto sports, theater, and assemblies or large gatherings, too. This is kind of a no-brainer, given that at large events, people are almost always crowded together, a perfect petrie dish for viral spread. Contact sports allow the virus to move from one athlete to another. Everyone is hoping that these restrictions get lifted soon, but at least for the foreseeable future, don't expect to roll into school and experience all of the social gatherings you are used to.

Different schools will have different rules

Perhaps the most confusing part of all of this is that different schools will make different rules, even schools on the same block! But that's because this is all so new, no one really knows the best approach. Everyone is trying to figure out how to keep life safe while keeping it somewhat familiar, something not easily doable in a pandemic.

So, here's the most important piece of advice: No matter the rules, do the right thing. Students and parents alike, keep your distance from others, wear a mask, and wash your hands regularly, even if no one is mandating it. Be smart about how you behave because it will take a global effort to shift the course of this disease.

Of course, we all know that person who thinks the rules don't apply to them – they've always been that way, and it's not right. But especially in pandemic, it's also not safe or fair to others. Think about your social responsibility, here, and you'll feel empowered to make smarter decisions.

We all hope that school rules will relax in the near future. But if you're a planner, plan for a year that doesn't look like any school year in the past. Consider it an adventure, and while you're at it, keep a journal because you'll want to share this story down the road.

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<https://grownandflown.com/dr-cara-natterson-high-school-fall/>

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 virtual support. Now more than ever, during this time of "COVID Chaos", foster families need to gain understanding, and parenting tips through discussion, training and networking with each other. Contact a Resource Family Consultant for more information and any changes in the virtual support group schedule. Schedule is subject to change. Note, registration is required when we meet in person.

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

Virtual support group. 6:00pm-7:30pm (MT)

- September 1, 2020
- September 15, 2020
- September 29, 2020
- October 13, 2020
- October 27, 2020
- November 10, 2020
- November 24, 2020
- December 8, 2020
- December 22, 2020

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

Virtual Support Group. 7:00pm-8:00pm (CT)

- September 8, 2020
- September 22, 2020
- October 13, 2020
- October 27, 2020
- November 10, 2020
- November 24, 2020
- December 8, 2020

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. Meets the fourth Monday of the Month. Currently virtually. Contact the office for more information.

"Making the Commitment to Adoption"



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

**Spaulding/In-service Training
Offered at the following locations!**

12-hour in-service credit!

North Platte Harvest Christian Fellowship
1501 South Dewey
North Platte, NE

September 11, 2020 – 6:00 pm-9:30pm

September 12, 2020 - 8:00am-5:30pm

The Spaulding program is offered to prospective adoptive families. Spaulding training offers families the tools and information that they need to:

- Explain how adoptive families are different
- Importance of separation, loss, and grief in adoption
- Understand attachment and its importance in adoption
- Anticipate challenges and be able to identify strategies for managing challenges as an adoptive family
- Explore the lifelong commitment to a child that adoption brings

Friday, September 11, 2020

6:00 p.m. - 9:30 p.m.

1) Exploring Expectations—Defining adoption, the process, and the key players. Participant's hopes and fears about the adoption process are recognized and empowerment strategies are identified to assist them in the process. Participant's explore their fantasies about children they might adopt to become aware of the possible influence on their decision about adoption.

Saturday, September 12, 2020

8:00 a.m. - 5:30 p.m. (with a break for lunch on your own)

2) Meeting the Needs of Waiting Children—Assist prospective adoptive parents in focusing on the needs of children awaiting adoption. Explore the issues of separation, loss, grief and attachment. Plus the unique issues related to parenting a child who has been sexually abused.

3) Exploring Adoption Issues—Identify supports within their family and introduce them to common issues that all adoptive families face. Help develop strategies for dealing with these issues; explore crisis periods in adoption; explore their own strengths, needs and challenges as they consider adoption

4) Making the Commitment—Assist prospective adoptive parents in considering resources they may need, what they need to know, what they need to do, and what they need to explore about themselves as they consider adopting a particular child or children.

Register online at:

<https://www.surveymonkey.com/r/Spaulding2020>

You will be notified if Spaulding is cancelled due to low attendance. Please note times of the training.
Questions, please call - 402-476-2273 Toll-Free 877-257-0176

Nebraska Foster & Adoptive Parent Association Foster Parent In-service Training

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you need!**

Indian Children: Culturally Connected, Rights Protected

**Free
Training!**

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Why Do Kids Have Trouble With Transitions

Being asked to switch gears is a common trigger for problem behavior like whining and tantrums

by Katherine Martinelli

Humans are creatures of habit. Even when we welcome it, change takes more energy. So perhaps it's not surprising that children often find it difficult to make transitions between activities, places and objects of attention. Being asked to stop one thing and start another is a very common trigger for problem behavior, especially for kids who have emotional or developmental challenges.

"Transitions are hard for everybody," says Dr. David Anderson, senior director of the ADHD and Behavior Disorders Center at the Child Mind Institute. "One of the reasons why transitions may be hard is that we're often transitioning from a preferred activity – something we like doing – to something that we need to do."

What does trouble with transitions look like?

Difficulty with transitions can manifest in a number of ways depending on the child and the setting. It can take the form of resistance, avoidance, distraction, negotiation or a full-blown meltdown. Some of these reactions are the result of kids being overwhelmed by their emotions. And some are what they've learned works to successfully delay or avoid the transition.

A child told it's time to leave the playground might throw a tantrum initially because he can't manage his anger or frustration, but if he's found that it has worked to delay leaving the park, he's more likely to do it again. "It really depends on how the adults in his life have responded," says Dr. Matthew Rouse, a clinical psychologist in the ADHD and Disruptive Behavior Disorders Center at the Child Mind Institute. Other kids may not tantrum but instead master the art of whining, distracting, or negotiating with the adults in their life.

What's behind transition problems?

While transitions are triggers for lots of kids – what parent hasn't gotten resistance from a child being asked to stop playing a video game and come to dinner? – they are particularly difficult for kids with emotional and developmental issues. And while the behaviors may be the same, experts point out that the reasons behind the behavior are different for kids with different challenges. Here we look at why children with ADHD, anxiety, autism and sensory processing issues, find transitions particularly difficult.

ADHD

For kids with ADHD, it all comes down to what they perceive as rewarding, says Dr. Rouse. While the disorder is described as an attention deficit, experts say it may be more useful to think about it as difficulty regulating attention – turning your attention to something you are expected to do, rather than something that you find rewarding.

"Kids with ADHD have fewer neurons in their reward

centers, or neurons that aren't as active in the reward centers of their brains, so they find things throughout their day less rewarding," he explains. When they do find something rewarding, they tend to hyper-focus on it, which explains why someone with ADHD seems all over the place but then can play video games for hours. Ask them to do something less rewarding (like putting away Legos), and you might hit resistance.

Dr. Michael Rosenthal, a clinical neuropsychologist, adds that children with ADHD have a tougher time managing their emotions than other kids. "There's also research that shows that the wiring in the brain centers that are involved in helping kids exercise control over their emotions are less developed, so you get bigger emotional displays from them compared to kids who don't have ADHD."

Autism

Although transitions can be similarly challenging for kids with autism, the reactions tend to be more extreme, and the issue is rooted in a different difficulty. "For kids with autism," says Dr. Rosenthal, "the world is just an incredibly confusing and overwhelming place, so the need for sameness and predictability is adaptive," or practical. It's not simply that changing activities is upsetting, it's that any deviation from the routine can feel like the rug is being pulled out from under them.

Dr. Rosenthal refers to this as cognitive inflexibility, and says that it also explains why those on the autism spectrum have hyper-focused interests and tend to prefer doing the same things in the same order. "Any unexpected changes or transition for a kid with autism disrupts their equilibrium."

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What Parents Need to Know About Kids' Meltdowns

by Anonymous

Brain-education and strategies to deal with meltdowns in kids and teens.

Tantrums, meltdowns, and stormy behavior are common among toddlers between ages 2 and 4. If parents and caregivers have a good understanding of brain development, we are better positioned to respond constructively to tantrum and meltdowns of toddlers, kids, and teenagers.

The brain develops from the bottom upward. Lower parts of the brain, the reptilian and limbic systems, are responsible for ensuring survival and are activated in moments of high stress. The upper part of the brain, the neocortex, which develops from about 4 to 6 years of age, is responsible for executive functions like making sense of what we are experiencing, applying reasoning and moral judgment, and making choices.

The development of the upper brain depends upon prior development of lower parts. The brain is meant to develop like a ladder, from the bottom up. So if an infant or toddler experiences high distress frequently over an extended period of time, sequential development of the brain is disturbed. Physical growth of parts of the brain may be slowed down and related functions impaired. Eventually, the ladder develops, but the disturbance in the early formation of the brain can cause enduring problems.

One of the biggest problems is in re-establishing higher brain control after stormy moments. In the diagram below, the 1-2-3 sequence symbolizes how the brain should function in times of normality. The higher part of the brain is in control, not the reptilian brain. We want reason and choice-making to dominate, even when we are upset.

When we are extremely angry or afraid, the order reverses, to 3-2-1. Now the instinctive, quick-acting reptilian brain is in charge. That's appropriate sometimes, for certain situations. For example, the urgent instinct to flee from danger or resist an attacker might be a lifesaver.

We live our lives in the interplay between these two powerful brain modalities and one of the biggest developmental challenges we face growing up is managing their interaction.

Adults take it for granted that young children are not yet able to control their responses in moments of anger or fear. We soothe them or, if they are angry, we tolerate their outrage until they are calm. In other words, we tolerate the behavior of small children when their lower brain is in control; we do not expect them to quickly regain upper brain control.

As children get older, our expectations change. We calm and soothe them, but we expect growing self-restraint and the ability to reason. We want them to mature into adults who self-regulate anger and fear responsibly. With each passing year, we expect a higher level of performance in this.

For children who experienced a disturbance in early brain formation, this rising expectation is extremely difficult. The self-regulation we expect of them requires the brain to transition during moments of upset from lower brain control to upper brain control. But they are shaky in managing this difficult task.

This includes children and teens with a variety of diagnoses such as Sensory Processing Disorders (SPD), Obsessive-Compulsive Disorder (OCD), Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), anxiety, depression, conduct disorder, and Disruptive Mood Dysregulation Disorder (DMDD), etc.

For such children, the reptilian part of the brain is unusually sensitive and reactive. Once triggered, it persists in staying in control of brain functions longer than it should. This means that tantrums, meltdowns, or high anxiety are more easily set off and last longer than they otherwise might. They are in

Children who are impacted in the way described above are not well-suited to treatment approaches that rely solely on cognitive or behavioral methods as a first line of intervention. These methods engage the upper part of the brain and assume they are able to engage with it enough to be able to execute cognitive processing and behavioral changes. But for children of almost any age, when meltdowns, tantrums, and stormy ups

and downs are a prominent part of life, this is not yet the case.

Instead, we need to intervene with strategies for calming a child's nervous system and building an interpersonal connection with the child in ways that are compatible with the lower parts of the brain. Once that is established, we can proceed to re-engage the upper brain and strengthen its functioning, and cognitive and behavioral methods have a useful role to play in this.

The first step is attunement—a process that most parents do naturally with their children when they are small and which, with effort and skill, caregivers and therapists can replicate as well. Although attunement may seem simple and completely ordinary—which it is for adults who received stable attunement when they were small—it is in fact a complex process with big implications that will unfold over a lifetime. Without it, orderly brain development will be impacted.

Attunement and How to Give It

Attunement is a nonverbal process of being with another person in a way that attends fully and responsively to that person. A key aspect of attunement is that it is a joint activity, experienced in interactions with a caregiver.

In childhood, parents are never able to anticipate and meet all of a child's needs. So it is unavoidable that an infant will get upset from time to time. Schore and Shore (2008) call this "misattunement."

Well-functioning parents respond appropriately to soothe the baby, which Schore calls "reattunement" (2008). Through repeated cycles of attunement, misattunement, and reattunement, an infant acquires experience in managing the gap between their own senses and needs on one hand and what the external world delivers to them on the other.

At birth, a baby is fully dependent on parents to facilitate moving through the cycle and return to reattunement. But over time, babies internalize the process. They become more able to manage moments of frustration and more able to achieve reattunement. From this emerges a sense of self and ability to control emotions or emotional regulation.

So far I've described early life experience. But because attunement is key in the development of emotional functioning, we can use it in working with certain children of any age as well as young adults with neuropsychiatric symptoms.

In stormy moments, they too are reactive (3-2-1) and unable to deploy the resources of the upper brain to control their emotions. In such moments, for them, as for infants, consequences and other cognitive responses may have a little helpful impact.

In fact, consequences may lead to a greater sense of shame and guilt and feelings of being out-of-control, or worthlessness that was already there due to the ongoing difficulty with meeting expectations for self-regulation.

This does not rule out consequences and other cognitive responses designed to impact how a child or young person makes choices. The point is rather that we must be careful about when and how to use such responses. They are most useful when there are signs that a child has returned to some level of rational functioning and it is able to engage with reasoning.

Responding to Meltdowns

- Remind yourself that this is a 3-2-1 moment, and reasoning probably won't work.
- Remind yourself that storms are cyclic. They have phases of intensification and de-intensification, and cyclic events always end.
- Stay present as much as you can until it passes. It is very difficult to be present when your child is "out of control." However, it is critical to do so, for children in these moments soon begin to think of themselves as destructive and not worthy ("I am bad"; "I can't control it"; "I am worthless"). Give them a sense that they are not alone in this and that, no matter what, you are sticking by them. Stay physically visible so your child can see you, and if they will allow you, try to soothe them. If they don't accept soothing, just hang around calmly in the vicinity.
- Reduce expectations from your child.
- Reduce expectations of yourself. Just getting through this moment without becoming emotionally reactive yourself is a huge accomplishment. Set aside thoughts of "teaching a lesson" or announcing establishing new rules or principles. There's time for that later, when you and the child are calm if you still think those thoughts are wise.
- Avoid bribes (especially not candy and numbing tactics). Bribes may help immediately but in the long run, will create an unhelpful mechanism in the child that seeks to replace any intolerable experience with instant gratification and/or quick numbing tactics.
- Wait for the cycle to pass and reattune. Reattunement, in this case, can be giving them a hug, telling them that they are loved also when they are stormy, that everyone gets stormy sometimes (examples of your own experience are always best), that together you will find the best possible ways to help them feel better.

If you do become reactive to your child, simply follow the reattunement model. First, reattune within yourself. Then reattune with your child. Going through cycles of misattunement that then lead to reattunement is how children learn reattunement. So do not be too distressed about misattunement. Just focus on assisting reattunement as soon as you are able. Through many repeated experiences of this, your child will eventually learn to model your responses.

- Notice and remember the good times. Write them down and remind yourself and your child of them later. In calm times, remind them (and yourself) that good moments are also a part of life. Take this time to make the first steps to learn and facilitate self-compassion. Read more in this post.
- Reset. Some children, especially the young ones, may be able to engage in the Reset Exercise* and divert the storm.

This exercise resets the nervous system and helps get back to upper brain functioning.

- Psychoeducate your child, other caregivers, and family members about the brain, explaining the difference between 1-2-3 mode and 3-2-1 mode. Use this information in times of calm and create together a response plan for stormy times. Having a plan is no guarantee it will always work. But even when it does not, it helps a child who is out-of-control to recognize the episode does not mean they are bad or destructive, rather they are suffering from an over-active biological response whose overall purpose is to help them stay alive. More in this post.
- Get help and learn how to help your child self-regulate. Self-regulation is the ability to manage extreme (positive or negative) emotions, sensations, and thoughts. Learning to self-regulate is essential to maintain 1-2-3 modes of response. Read more in this post.
- Rule-out and treat underlying root-causes that lead to neuropsychiatric symptoms. For toddlers, kids, and young adults who suffer from SPD, OCD, ODD, ASD, ADHD, Conduct Disorder, DMDD, Eating-Disorder and Body Dysmorphia, Self-Harm, Major Depression, Bi-Polarity, PTSD, cognitive impairment, speech delay, learning disabilities, and more, first rule-out medical root causes such as inflammation and underlying infections. Before choosing mental health interventions, get informed about underlying infections as root causes for neuropsychiatric symptoms. More in this post.
- Work on developing a family sustainability plan. Dealing with kids'/teens' tantrums is draining and requires a systematic response that includes all family members. An individualized Sustainability Plan (ISP) is an integrative plan for self-care designed to assist the continuity of progress. It contains a variety of techniques and practices tailored to a client's unique situation and preferences and addresses all aspects of wellness, including emotional, cognitive, physical, spiritual, and social aspects. ISPs draw from various practices demonstrated to be effective in mitigating stress symptoms and enhancing the capacity to experience joy.

*Reset Exercise:

Jump up and down (as fast as you can) 10 times.

Sit down (preferably leaning back on something) and breathe in (2-3-4). Hold (2-3-4-5) and breathe out. Make an s-s-s-s or hm-m-m-m sound on the out-breath and notice how the sound changes during the out-breath. Repeat the deep breathing part five more times.

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Why Traditional Parenting Methods Won't Work With Children Who Have Experienced Trauma

by Mike Berry



As a parent, you discover pretty quickly that the ways in which your parents parented you, won't work with children who have a trauma history. Our entire approach must change. But how?

Kristin and I both grew up in traditional households with traditional parenting. These techniques were not bad, they were just...traditional. There were rules and restrictions, guidelines and boundaries. If established rules, restrictions, guidelines, and boundaries were crossed, consequences were enforced. No questions asked.

These techniques appear to have worked. We both grew up to be responsible adults who know the difference between right and wrong. We are completely capable of making wise choices and using coping skills when we're feeling overwhelmed.

Neither of us endured significant trauma as children. And that was the game changer.

When we first became parents, we thought we had a healthy understanding of how to raise children. Early on in our journey as parents, we cared for a few sibling groups through foster care and soon discovered how much we didn't understand about childhood trauma.

Once, I caught one of the children in our care in a straight-up lie. When I asked her why she lied, she just stared at me. I continued to question her...and question her...and question her. As I was raised, no response meant defiance, and thus,

you keep questioning until you get a response. So I did. Her eyes started darting around the room. She wouldn't look at me. She would open her mouth to speak but nothing came out. I'd love to tell you my heart gave way and I stopped. Not the case. I became more frustrated. Finally I'd had enough and marched her off to her room. The night was over for her. In my mind, she was content with her "bad behavior" and needed a swift consequence—time away from others to "think" about it. For several more years, I parented with this concrete thinking.

I was raised this way, and I would parent this way too! However, I was never starving. I never bounced from foster home to foster home. I never witnessed domestic violence. I never grew up in an orphanage or group home. My mom and dad always took care of me, and more important, they were always there for me. Children who experienced trauma (especially early on in their life) are missing this key element. The result is deep cavernous wounds, unmet needs, and survival living. When I finally realized this, it changed the way I communicated with the children in our care, and how I reacted to their behavior.

I've discovered that traditional parenting, the way I was parented, just doesn't work with children who have experienced trauma. Here are just three of the many reasons this is the case:

1. Trauma changes the brain. If your child was drug and alcohol exposed in utero, subject to abuse, malnourished, neglected, or in and out of foster homes, their brain has been altered by this trauma. Their perspective and their behavior are changed. They are thinking, behaving, reacting, and surviving out of loss. You cannot look at your child and ask, "What were you thinking?" Chances are, they don't know. If you continue to demand an answer or lecture, you cause your child to shut down.
2. Their behavior is a voice. For years I thought our the choices, reactions, and attitudes of some of the children we were caring for were because they liked being bad (really though, who actually likes feeling bad!). I would discipline them according to this belief. One night I stood indignantly in my upstairs bathroom while a child who had been in our care for a little more than a month threw the mother of all tantrums and attempted to tip over a solid-steel claw-foot bathtub. I was furious. I wanted to ground this kid for life. He was traumatizing our other children and causing me to miss out on my night as well.

Yes, he was behaving badly, but it wasn't because he was a bad kid. His behavior was a voice from his traumatic past. It was an outcry. He was not fighting against me he was expressing an unmet need. When I realized his behavior was actually a voice, I started reacting differently.

3. They've learned to survive. Because of the trauma your children have experienced, their behavior will often shift from logical and regulated, to erratic and survival-based. Think of it like this: if you are hungry, what do you do? You get something to eat. If you find yourself in a situation that becomes dangerous or life

threatening, what do you do? You work intently to try to get to safety. But what if when you're hungry, you can't satisfy this need? You may become agitated or you may start feverishly trying to find food. If you're in danger and you can't get away, you may become combative. What if you found yourself chronically hungry or in danger? You would move into a state of survival. And your behavior would reflect this survival.

So then...how should we respond, if a traditional approach doesn't work?

1. Calm and firm. Remember this: calm and firm win the day! If you haven't learned therapeutic parenting strategies or behavior management strategies, that's okay. There's time. Start with regulating yourself. If you can remain calm and firm in your response to your child, you may see them re-regulate and calm down quickly.
2. Connect before you correct. I know you want to rush to correction and discipline. We all do. After all, that's how our parents parented us. Plus, when our child calls names, or lashes out, or insults someone (namely our other children) we our instinct is to shut down the behavior and emphasize the boundaries. But you must remember, a child who is behaving out of their trauma (survival mode) is disconnected from the logical part of their brain (the prefrontal cortex). Thus, he or she is in their reptilian (brain stem) brain. We must help them move back into the prefrontal cortex. The only way to do this is to work to connect to them and help them re-regulate BEFORE we correct or discipline. Yes, those are still important.

Your response when behaviors have escalated is key. If you are calm, they will find a place of calm quicker. If your emotions are heightened, theirs will be also. This is step-by-step, and you won't always hit the mark. In those instances, dust yourself off, and keep moving forward.

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How to Help Kids Who Are Too Hard on Themselves

Bolstering self-critical children who tend to talk themselves down

by Katherine Martinelli

We hear kids say negative things about themselves all the time: "I'm so stupid!" "Nobody likes me." And, of course, "I'm fat." Or "I'm ugly." Sometimes these things are throwaway lines, or fishing for reassurance. They may be harmless. But what experts call negative self-talk can also reflect an unhealthy tendency in kids to think the worst of themselves, and that can lead to—or be a sign of—something more serious.

What is self-talk?

Self-talk is essentially our inner monologue, explains Rachel Busman, PsyD, a clinical psychologist at the Child Mind Institute. It can be a way of narrating what is happening around you, practicing language, and guiding yourself through a task.

While self-talk is often constructive, it can also go the other way. We all engage in self-critical behavior from time to time, and it isn't an immediate cause for concern. But it's useful to think about why your child might be talking herself down, and when it might reflect a problem.

Globalized thinking

Kids often make statements about themselves that reflect "all or none thinking," explains Lisa Brown, PsyD, a private practitioner and psychologist at the Rodeph Sholom Day School in New York. For example, when a child doesn't do well in one soccer game and exclaims, "I stink at soccer!" When this kind of globalized thinking persists, she says, it "can affect how children think and feel about themselves in general."

Perfectionism

"Children who set impossibly high standards for themselves," says Dr. Brown, "are prone to engage in negative self-talk." These perfectionists can be so hard on themselves that they run themselves down trying to reach their goals.



Too cool for school

Sometimes the self-deprecating "I'm so going to fail that test!" or "I'm so fat!" can be a form of social protection. For older kids in particular, "the social sphere becomes really important," says Dr. Busman. In certain social circles it may not be cool to be smart, and obsessing over appearances may be a way to fit in with the popular kids. Or maybe the

child is trying to beat others to the punch by making negative statements first.

Attention-seeking

“Sometimes,” says Dr. Brown, “children may engage in negative self-talk, verbalized out loud, in an attempt to manipulate others or in an effort to get attention.” For example a child may try to guilt parents by talking about what a horrible child he is and how he deserves to be punished.

Lack of resilience

In some cases, self-critical thought can be an indication of lack of resilience or “grit,” as some psychologists refer to it. “If children regularly respond to disappointments with negative self-talk that is out of proportion to the particular disappointments,” says Dr. Brown, “this can lead to avoiding certain experiences as well as a lack of motivation to persevere in the face of difficulties.”

Bullying

If a child is being picked on, it can be easy for her to internalize the insults aimed at her. Shawna Palomo, mom to a 17-year-old daughter, says her daughter’s negative self-talk emerged when she was 13. “They made fun of her,” recalls Palomo. “After a while, she would believe all the bad stuff her classmates were saying about her. She would always say how ugly she was.” Her daughter complained that her lips and nose were too big, her hair too curly. “It’s hard watching your child battle these demons,” laments Palomo.

When to worry

In isolation, negative self-talk is natural and not cause for concern. But it can also be evidence of low self-esteem, a learning disability, anxiety, or depression. Dr. Busman offers these signs to look out for:

- The negative self-talk is persistent and pervasive.
- It is not based in reality. For example, your son gets invited to play dates but still frets that no one likes him, or he always aces spelling tests but remains anxious that he will fail.
- It is impacting a child’s relationships or schoolwork.
- Your daughter’s eating and/or sleeping patterns have changed.
- She’s making persistent, vague “I don’t feel well” statements in the absence of physical symptoms.

Palomo noticed many of these signs in her daughter as the negative self-talk led to depression. “She would not care about her appearance, then it went to the extreme where her appearance was all she cared about.” She didn’t do her homework, lost weight, and wanted to stay in bed all day.

What parents can do to help

Here are some ways to free children from negative thinking and steer them away from destructive self-talk:

Listen and validate. It can be tempting to ignore it when a kid first expresses negative feelings, but Dr. Busman says she “would recommend never just brushing off those kinds of comments, even if they’re kind of silly or not based in any reality.” Instead, offer a safe place for your child to come with concerns and try to find out what is going on.

Offer a realistic approach. Both Dr. Busman and Dr. Brown advise against battling critical self-talk with overly optimistic “positive thinking,” and recommend a more realistic approach. So if a child says she’s sure no one will talk to her on her first day at a new school, you don’t want to say, “The first day of school is going to be great and you’re going to make a million friends.” Instead, you might offer: “The first day of school might be a bit scary, but as you settle in you will likely make friends and grow to love it.”

Put it in context. Dr. Brown notes that adults can help by talking with kids in a way that “contextualizes their experience” and offers a “broader perspective.” Help them identify specifically what upset them, she explains, or made them make such a self-critical statement, and acknowledge that one bad experience doesn’t equate being the worst at something.

Model realistic and positive self-talk. Try to stop saying self-critical things about yourself, too. Don’t fixate on mistakes you’ve made, or worry out loud about your weight. We want to model positive self-esteem for our children. Dr. Busman also suggests offering stories from your own life to relate to your child. “Whether it’s an embellished example or entirely factual,” she says, “you’re modeling non-anxious coping and more realistic self-talk.”

Correct the record. Dr. Brown also notes catching yourself in the midst of making a negative statement can create a valuable teachable moment. Say you burn something and yell in frustration, “I’m a terrible cook!” Continue the conversation in front of your child with something like “actually, I’m a pretty good cook most of the time, I just messed up this dish but I’m not going to let that stop me from cooking in the future.”

Touch base with school. If your child is in school, check in with his teachers about what you’re hearing. Getting their perspective can help you see a more complete picture. Dr. Busman notes that this kind of information can also be useful later should you end up having a professional evaluation.

Seek professional help. If the behavior is persistent and negatively impacting your child’s life, or if it’s linked to other troubling shifts in mood and behavior it might be time to obtain a diagnostic evaluation to help determine what is causing the problem. Dr. Busman calls this a “mental health check-up,” and it can help pinpoint what is going on and how it can be treated.

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