



Partners

The Newsletter For Wisconsin's Adoptive & Foster Families



A publication of Adoption Resources of Wisconsin

Fall 2012

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Partners is published by Adoption Resources of Wisconsin, dedicated to recruiting families for Wisconsin children in foster care and providing support to foster and adoptive families. The *Partners* Newsletter is written and compiled by members of the Adoption Resources of Wisconsin staff.

10 Trauma Informed Parenting Strategies

By Juli Alvarado, Founder/Sr. Clinical Consultant, coaching for LIFE!

10 Tips for Stressed out Parents!

We have learned about trauma.

We have learned about attachment.

We have learned about emotional regulation.

We have made all the appointments, met all the therapists, researched all the diagnosis, completed the mounds of paperwork, put our lives into a big fishbowl for others to review, run all the errands, made all the beds, started the laundry, dinner is on the stove, and the day is gone.

How did that happen? I thought I had planned well enough that I would have a couple of hours before the kids get home....and oh my, summer break is just around the corner.

I love my family, my children and my role in life.

And, I AM TIRED, stressed out and depleted at times.

Many parents have written to me over the years asking for ways to calm, work on their own stress and for suggestions for free or low cost means to feel better. I offer my response~

But, there is a catch.

I can share 10 tips for easy stress reduction; ways to help you get and stay more emotionally regulated and they will do you absolutely no good unless you practice them daily.

We have to intentionally take care of ourselves. Talking about it will not help. Doing it will.

What's breath got to do with it??

The emotional experience of stress triggers a chemical reaction in the brain. The chemical reaction impacts our physiological system. Now we have a brain/body reaction to stress.

Continued on page 3



Hi everyone,

This week, I was, for some reason, reading the lines of an old country western song and a few words stuck out to me – “when troubles surround us.” Those words resonated with me as I read the stories that families and professionals shared with us for this issue of *Partners*. In every one of our lives, we have challenges and struggles with health, family members and jobs – but for most of us, those struggles are occasional, workable and, sometimes, fixable.

However, for children who have been abused, neglected, moved, the “troubles that surround us” are overwhelming, constant and seem insurmountable. For parents, those troubles seem almost impossible to handle. As parents, we want to “fix” everything for our children. It is impossibly difficult for parents to see their children in pain and suffering – and not always be able to fix or heal or lessen the pain that is present all the time. We can sometimes feel like we aren’t being the parents we expect ourselves to be.

We hope that this issue of *Partners* gives you some hope that change can come to your family and children. The wisdom brought by Bruce Perry, Rick Delaney, Julie Alvarado and all of the families who shared their stories have helped us learn about trauma, its effects and some of the strategies that can be utilized. They bring hope to all of us that change can come and that the “troubles that surround us” can be faced.

To every parent reading this, and to each social worker and therapist who facilitate this important healing each and every day, our deepest thanks for helping children and we hope that you all are sure to take care of yourselves as you face this critical mission for the children.



Thanks,

Colleen Ellingson
Chief Executive Officer

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The brain loses its ability for clear thinking, decision making and rational thought. We become impulsive, irrational and we do and say things that we soon regret.

The body becomes rigid, down to the cellular level we constrict under stress. Muscles tighten up, the jaw clenches, we often sweat as our heart rate increases and blood pumps more quickly under fire from the stress response system.

All of this happens for good reason! It primes us to respond to the stress; prepares us to take action through fight, flight or freeze against that which is threatening to us.

However, when we are pumped up, ready to fight, we simply add to that which has stressed us to begin with. A fight is not what we typically need in our day to day lives to bring the situation back to calm. Fighting against a person fighting just gets us more fighting! We make bad decisions, we add to the anger and tension and we suffer in our emotional and physical being.

Breathing, deep breathing, is the connection between our body, mind and spirit. It is through deep breaths that we bring both our emotional, physical and spiritual being back into regulation. Stop right now, take three very deep breaths, exhaling slowing and intentionally. Allow your body to relax a bit as you do. You will understand clearly how powerful a simple breath is to our Peace and healing.

The brain learns through repetition, the more you do something the more natural it becomes. I started practicing deep breathing years ago, now I unconsciously stop and breathe to bring myself to regulation all through the day. My stress is extremely low, my impulsive, frustrated, intolerant reactions are almost non-existent. I can function from a state of love and calm even in the midst of the storm, which I, like you, have daily.

Integrated into the 10 tips for stress reduction for parents is breathing, lots of breathing. I encourage you to pick two or three of my suggestions and begin to practice them daily. You will change. Your life will change. When you change for the better, so too, will your family change. Try it for 30 days, you will be glad you did!

10 Tips for Stressed Parents:

AWARENESS: unless you are aware of that which dysregulates, (stresses) you, you cannot create an environment opposite to that for your healing. We must first take a look inside and figure out what stresses us. Make a note of any stressful, current situations in your life. What is it about this situation that stresses you? Write it down. If there is something that you can do to change it, engage

that change today. If there is not, you can always change you.

It is often our reaction to a situation that stresses us out as much as the situation itself. If your reaction is out of fear, anger or anxiety, choosing instead to stop before you react and taking 3 deep breaths, calms your mind and body. Your reaction is causing your stress response system to activate. We can calm the system instead of active the system simply through your breath.

EVERY HOUR: set your timer or alarm on your computer or phone to provide a soft, soothing reminder every hour of the day. When the alarm goes off, stop everything that you are doing, stand up, stretch your entire body for a full 60 seconds, take three very deep breaths and go back to work. You will feel better in one day. Guaranteed.

MEDITATION/PRAYER: every morning before your feet hit the floor, offer gratitude for another day, another chance, another breath. Thank God and the Universe for all that is provided you another day. Take three deep breaths to bring your mind/body/spirit into alignment before you hit the ground running. Stretch your body as much as you can when you first awaken. Your day will be better the very first day you begin this routine!

YOGA: if you cannot join a class, or purchase an inexpensive DVD yoga class to do in your own home, you can always find a yoga class on one of the health TV stations. Yoga helps you learn to control your breathing and increase heart rate variability. This helps the body to respond more flexibly to stress. Once a week is good, twice is better. Your body, your mind and your spirit will feel better in one week!

WALKING: a 15-minute brisk walk, two times a day increases the release of feel good chemicals into your brain and body. If it is cold out, walk inside. I sometimes will set my timer for five minutes and walk up and down the steps in my office two-three times a day to increase the cardio exercise. I follow that with three deep breaths and go back to work. Gets me feeling better every single time.

Any exercise rebalances melatonin which enhances sleep cycles and releases endorphins which enhances mood. Get up and move every day in some way.

SLEEP WELL AND REST DAILY: sleep deprivation keeps your nervous system on high-alert and your cortisol levels too high. This keeps you feeling anxious throughout the day. If you do not sleep well at night, rest during the day if you can, even for 30 minutes. This will bring your relaxation chemicals back to target.

Putting It Together: Working with Providers Who Deliver Trauma-Informed Care

While there is no one treatment intervention that is appropriate for all children who have experienced trauma, there is a set of evidence-supported interventions that are appropriate for many children and that share many common elements of “trauma-informed therapy.”

Unfortunately, many therapists treating traumatized children lack the awareness and training necessary to deliver these research-proven interventions. When a choice exists, the child welfare worker would be well advised to select the therapist who is most familiar with the available evidence and has the best training to treat the child’s symptoms.

The Importance of Trauma Assessment

Not all children who have experienced trauma need trauma-specific interventions. Some children have amazing natural resilience and are able to integrate the trauma experience with the help of their natural support systems such as parents, caregivers, teachers, and others. Unfortunately, many children in the child welfare system lack those natural helping systems and have often been exposed to multiple traumas resulting in very complex problems. Some may meet the clinical criteria for a diagnosis of PTSD. Many more will not reach the range and levels of symptoms required for a full PTSD diagnosis but will still have significant posttraumatic symptoms (e.g., intrusive thoughts about the event, hyperarousal to trauma reminders) that can have a dramatic adverse impact on their behavior, judgment, educational performance, and ability to connect with caregivers. For these reasons, the child welfare system needs resources in the community to conduct “trauma assessments” to help determine which interventions will prove most beneficial for specific children.

A trauma assessment typically involves a detailed social history. This includes a thorough trauma history that identifies all forms of traumatic events experienced directly or witnessed by the child. A full trauma history includes each child abuse incident, any automobile accidents, exposure to family or community violence, painful medical procedures, or other types of traumatic experiences. This history is supplemented with the use of trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms that the child is experiencing. Any therapist to whom the worker is contemplating making a referral for a trauma assessment should be familiar with some common measures used in assessing trauma symptoms, such as

the University of California-Los Angeles PTSD Index for DSM-IV (Pynoos, et al., 1998) or the Trauma Symptom Checklist for Children (Briere, 1996).

Identifying Trauma-informed Providers

Many, if not most, therapists in the United States describe their approaches to treatment as “eclectic.” Unfortunately, many therapists also lack specialized training in trauma and its treatment and may even be unfamiliar with the basic trauma literature.

The worker or supervisor should interview therapists or agencies to whom the child welfare agency makes referrals and assess which ones have the best preparation to deliver therapy to traumatized children in the care of the agency. In the interview, the worker can ask the following types of questions. The agency may also send a questionnaire based on these questions to all therapists/agencies who receive agency referrals.

1. Do you provide trauma-specific or trauma-informed therapy? If yes, how do you determine if the child needs a trauma-specific therapy?
Providers should describe an assessment process that involves obtaining a detailed social history, including all forms of trauma, as well as the use of a standardized, trauma-specific measure.
2. How familiar are you with the evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?
Providers should mention specific interventions by name, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Cognitive-Behavioral Intervention for Treatment in Schools (CBITS), or Parent-Child Interaction Therapy (PCIT). A listing of evidence-based and promising intervention models for child trauma appears on the web site of the National Child Traumatic Stress Network, at www.NCTSN.org. If providers cite treatment models with which you are unfamiliar, ask them for the research that supports their effectiveness.
3. How do you approach therapy with traumatized children and their families?
Ask this question of both those who indicate that they use evidence-based models and of those who assert that they are otherwise qualified to treat child traumatic stress. Ask them to describe a typical

course of therapy. What are the core components of their treatment approach?

Providers should describe approaches that incorporate some or all of the following elements:

- **Building a strong therapeutic relationship.** Like most forms of therapy, trauma treatment requires the skillful development of a clinical relationship with the child and caregivers.
- **Psycho-education about normal responses to trauma.** Most trauma-informed therapy includes a component that helps the child and caregivers understand normal human reactions to trauma.
- **Parent support, conjoint therapy, or parent training.** Caregivers are typically powerful mediators of the child's treatment and recovery. Involving the parent, resource parent, or other caregiver is a vital element of trauma treatment. Some trauma-informed interventions include a parenting component to give the parent greater mastery of child management skills.
- **Emotional expression and regulation skills.** Helping the child to identify and express powerful emotions related to the trauma and to regulate or control their emotions and behavior is an important element of trauma-informed therapy.
- **Anxiety management and relaxation skills.** To help with emotional regulation, it is typically necessary to teach the child (and sometimes the caregiver) practical skills and tools for gaining mastery of the overwhelming emotions often associated with trauma and its reminders.
- **Cognitive processing or reframing.** Many children form destructive misunderstandings in the aftermath of the trauma. They may assume a great deal of self-blame for the events or blame someone else for not protecting them even though doing so may have been beyond their capacity. They may associate unrelated events to the trauma and draw irrational causal relationships. Therapy often helps correct these misattributions.
- **Construction of a coherent trauma narrative.** Successful trauma treatment often includes building the child's capacity to talk about what happened in ways that do not produce overwhelming emotions and that make sense of the experience. Many non-trauma-informed therapists are uncomfortable with this aspect of treatment, which sometimes involves gradual exposure to traumatic reminders while using newly acquired anxiety management skills.

- **Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience.** Treatment often encourages the gradual exposure to harmless trauma reminders in the child's environment (e.g., basement, darkness, school) so the child learns to control emotional reactions to these reminders and to differentiate the new experiences from the old.
- **Personal safety training and other empowerment activities.** Trauma may leave children feeling vulnerable and at risk. Trauma treatment often includes strategies that build upon children's strengths. It teaches them strategies that give them a sense of control over events and risks.
- **Resiliency and closure.** The treatment often ends on a positive, empowering note, giving the child a sense of satisfaction and closure as well as increased competency and hope for the future.

Our thanks to The National Child Traumatic Stress Network for granting permission to use this article in our Partners newsletter. For more information, visit www.NCTSN.org. Although this article was developed by NCTSN for social workers, its information is just as relevant for parents as they select a therapist.



Trauma and Attachment Therapists in Wisconsin

The June 2012 issue of Adoption Today magazine focused on trauma and attachment. One of the many great resources included in the issue was a nationwide listing of therapists who specialize in attachment and trauma. We've included the list of Wisconsin therapists for you in this issue.

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741 N. Grand Ave., Suite 302
Waukesha, WI 53186
262-542-3255
pamalexi@yahoo.com

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7617 Mineral Point Rd., Suite 300
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608-833-9290
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715-387-5746
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Shorehaven Counseling Associates

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608-280-2700
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slwilson@mcw.edu

*You can read AdoptionToday online at
www.adoptinfo.net.*

Resources from the ARW Library

The Jonathon Letters: One Family's Use of Support as They Took in, and Fell in Love with, a Troubled Child, by Michael Trout and Lori Thomas

This book gathers together an exchange of letters between Lori Thomas, the foster/adoptive mother, and Michael Trout, Director of The Infant-Parent Institute in Illinois, over the first year of placement of a particularly troubled child suffering from attachment disorder. It's a story of ups and downs, because that's how it is with children whose beginnings have been so tortured. But the reader begins to get a sense of the driving energy of this unique family, who somehow bounce back after every regression, and find ways to understand Jonathon's defiance and rage and to remain connected to their purpose—to help this child heal.

***Positive Parenting*, by Rick Delaney (3 DVDs)**

As parents, we all know that our best intentions and strategies sometimes fail us, and we need to “pull out the big guns.” Dr. Delaney provides discipline strategies that not only work, but are safe, calm and thoughtful.

***Lying*, by Richard Delaney (DVD)**

In this program, parents learn to understand and deal with this frustrating problem by looking at four types of lying behavior: lying to save face, lying to gain attention, pathological lying, and lying to get others in trouble.

***Sexualized Behavior: Training for Adoptive, Kinship and Foster Parents*, by Richard Delaney (DVD)**

Dr. Rick Delaney helps foster and adoptive parents understand the forces behind children's sexual acting out behavior. In this training program, parents learn to pay attention to the warning signs and how to take appropriate actions for obsessive sexual behavior, sexual behavior with siblings, seductive behavior towards adults and public masturbation.

***Understanding Traumatized and Maltreated Children: The Core Concepts*, by Bruce D. Perry, MD, PhD (DVD)**

In this DVD, Bruce Perry talks about Neglect: How Poverty of Experience Disrupts Development; The Fear Response: The Impact of Childhood Trauma; and Living & Working with Traumatized Children.

***The Boy Who Was Raised as a Dog*, by Bruce Perry and Maia Szalavitz**

In this book, child psychiatrist Bruce Perry tells stories of trauma and transformation, revealing the brain's astonishing capacity for healing. Deftly combining unforgettable case histories with his own compassionate, insightful strategies for rehabilitation, Perry explains what exactly happens to the brain when a child is exposed to extreme stress and reveals the unexpected measures that can be taken to ease a child's pain and help him grow into a healthy adult.

Through the stories of children who recover – physically, mentally, and emotionally – from the most devastating circumstances, Perry shows how simple things like surroundings, affection, language and touch can deeply impact the developing brain, for better or for worse. In this deeply informed and moving book, Bruce Perry dramatically demonstrates that only when we understand the science of the mind can we hope to heal the spirit of even the most wounded child.

ARW Tipsheets

Helping Children in Care Build Trusting Relationships

What's Behind These Behaviors?

The Journey of Forgiveness: How to Teach Your Children

Working with Children Who Have Been Traumatized

Resources from the National Child Traumatic Stress Network (NCTSN.org)

What You Should Expect from Treatment: Building Stronger Parent-Child Bonds

Effective Treatments for Youth Trauma

How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Identifying Trauma-informed Providers (pages 36-37) from Child Welfare Trauma Training Toolkit Comprehensive Guide

Other Child Trauma Agencies

ChildTrauma Academy

National Native Children's Trauma Center

The National Institute for Trauma and Loss in Children

The Trauma Center

SENSORY STIMULATION: your stress system is affected by sensory input; what you hear, taste, touch, smell and see. Are your surroundings calm, soothing, tranquil and content? If not, what can you do to change that, now? I listen to very soothing music with no words while I work. I light candles with light scent, and I use lamps with soft lighting. I create a sensory experience that draws me in with comfort.

TIME OUT: not for your kids, but for you if needed! If you are at the point of blowing, you have permission to give yourself a time out. Let your children or loved ones know that you will be back, that you just need to walk away for a few minutes. That is much less damaging than what may slip out if you stay!

TRIPLE A's: affection, attention and attunement. Your kids need this every day, but so do you. Create relationships that are full of affection, that provide you with the attention you need, and that are attuned to your needs and wants. The more of these you get, the more you can share! Cultivate the friendships you long for; coffee with a good friend is more helpful than most therapy sessions!

Stop Drop and Roll: when all else fails and the stress returns,

Stop: completely stop, stop talking, moving and reacting

Drop: drop into deep breaths, slowly inhale and exhale focusing only on breath

Roll: roll back into relationship only after you have calmed your mind and body

This provides a calm platform for both you and the other person to come back into safety. If the other person is still upset, work to remain slow in your movements and low in your tone of voice. This will help you remain calm and bring the other person down with you.

Please reach out, if you need support, ask someone. You are not alone.

And remember, breathe.

We would like to thank Juli for granting us permission to use this article in our Partners newsletter. For more information about Juli Alvarado and coaching for Life!, please visit www.coaching-forlife.com.



Jordon

DOB: 11/20/1995

#007249

Loving, caring and affectionate are certainly traits that 15-year-old Jordon possesses. He is very concerned about others and their feelings. Jordon loves to give hugs and is definitely a people pleaser. He can be very entertaining and likes to sing, dance, listen to music, and joke around. He also loves to play video games, watch movies and watch the Bucks play basketball, since that's his favorite sport. His favorite movies are "Batman" and "Spiderman." Jordon's favorite subject in school is cooking, because he loves food. He would someday like to be a nurse so he can work with babies. Jordon truly thrives on individual attention and is easily motivated by positive feedback from others.

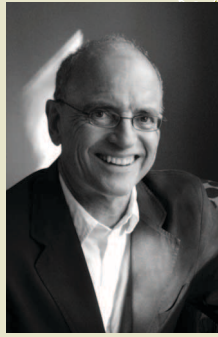
Jordon has been through many traumatic experiences in his life. As a result of his past trauma, Jordan can act out aggressively when frustrated. He is now prescribed medication to assist with his behavioral problems and participates in counseling. Jordon needs an understanding family to help him with his anger and frustration.

Jordon would do best in a two-parent family that has either no children or older children. He needs a family who can provide him with organization, structure, patience and love. A family who has experience with foster children and coping with children's behavioral, emotional and psychological needs would be a perfect match for Jordon.

Jordon does not fully understand what living in a family means. He will require a slow transition and patience from a potential family. He will need to spend short amounts of time with a family before moving in with them. This young man has a big heart and a lot of love to give. Finding a family to reciprocate that love is exactly what Jordan needs and deserves.

A PLACE IN MY HEART CONFERENCE

Finding Your Life Vest in the Storm



We are excited to be bringing Dr. Rick Delaney to speak at the *A Place in My Heart* conference November 3. Dr. Delaney is a nationally known speaker and consultant to foster, kinship and adoptive parents. He is a consultant to Casey Family Programs and other foster care and adoption agencies.

We chose to invite Dr. Delaney to speak because we have heard a lot of positive feedback from you about his books. You've told

us that you respect his "common sense advice" and you like that he, "doesn't pretend that he has all the answers or that there's one 'right' approach."

Dr. Delaney will give a presentation titled "Finding Your Life Vest in the Storm." The life experiences that your children have faced before coming into your care leave profound and lasting effects. Even after leaving a negative, painful or traumatic environment, the consequences can ripple through your home and your family on a daily basis. His workshop will examine your child's past and what, if any, emotional and behavioral problems they may have inherited. Dr. Delaney will offer you concrete tools to use in understanding and healing your child. His perspective will help you attack these negative behaviors from multiple angles.

Please plan to join us in the Wisconsin Dells on November 3 for this valuable conference. To register online, please visit <http://aplaceinmyheart2012.eventbrite.com/>. If you have any question, please call us at 414-475-1246 or toll-free at 1-800-762-8063.

The A Place in My Heart conference is sponsored by the Wisconsin Department of Children and Families and Jockey Being Family®.



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It's Not about You

"This was a life changer," says Shannon Reagan-Shaw about learning trauma-informed parenting techniques. "We would not have been able to foster these children without it."

Shannon and her husband Matt Shaw fostered a brother and sister in care ("Robert" and "Sierra") who were one and three at the time they first came to the Shaw home, and then reunified with their birth parents. But it was "a reunification that had gone terribly bad," says Shannon.

Four months later Robert and Sierra were back in their home—only this time, the Shaw's were at a loss as to how to help them because the children were overwhelmed with everything they had just been through. "It was easy for us to not take the behaviors personally," says Shannon. "But hard not to know what to do. We just needed more information and we had to do training for our foster care license anyhow."

So they signed up for their county's new (at the time) trauma-informed care training that used the National Child Traumatic Stress Network (NCTSN) curriculum. They had to split up to take the class because they knew it would be too hard on the kids to have both of them gone at the same time.

"We realized it wasn't going to be helpful to try to control them," Shannon says. "We had to figure out how to help them let out their feelings. They would be perfectly fine and then something would trigger them—a smell, the willow tree, reaching up for a glass—and the kids would have a huge emotional reaction that didn't make sense. They couldn't intellectualize what was happening or why their body reacted the way it did."

Safety

The Shaws learned to validate what the kids were going through. They'd say, "What you're doing is really smart to keep yourself safe." And then they'd add, "You have other tools to keep you safe, too," and then go on to practice some options.

"Fifty percent of the conversation around our house centers on safety," Shannon says, even to the point where Robert and Sierra help the newer kids in the house. "They explain to the new kids that this is a safe house. It helps them to understand why they're here and what foster care is about."

She goes on to say, "We have a safe word in our house and that's 'stop.' If someone says 'stop,' everything stops. We clarify why someone is asking to stop to make sure everyone knows what is hard. The idea is that, kids being in our home, a safe foster home, is only helpful if they can feel

safe while they are there. In our home, anyone can call a family meeting at any time on any subject to make sure that we all feel safe and important."

One technique Shannon shared about how to keep kids who have terrible nightmares to feel safe at night is to have "Dream Dates," where they load up the stuffed animals with hugs and kisses and make a plan to meet the kids somewhere they want to be. "We can't be there all the time with them, but if the kids go to sleep feeling loved and protected and plan to dream about us swimming together at the pool, then they can relax. If they fall asleep wondering about their birth family and why they were hurt, then they fall asleep upset and wake up with nightmares."

Life After the Initial TIC Classes

Learning about trauma-informed care changed the Shaws' lives so much that they started a local support group for foster and adoptive parents called, "It's Not About You" that meets monthly. Shannon also helps co-teach about trauma with the UW Child Welfare Training Partnerships and is involved with NCTSN.

Jennifer Forester is the social worker who licenses their home and she says of Matt and Shannon, "They are such a wonderful foster home—I can't say enough good things about them. Shannon and Matt are always looking for ways to learn and understand how to best help their foster children and are always focused on the needs of the children in their care. Shannon has also made herself very available to mentor new foster parents and provide respite to other foster parents."



Shannon's Advice for Other Parents

- "Physical safety is irrelevant if the kids don't feel safe. Make sure they feel safe."
- Matt is in the Air Force, so when he gets deployed, he makes videos and writes notes to the kids before he leaves that Shannon can show the kids periodically. They use some of these same techniques when working with birth parents.
- She stresses that you can't have enough education when working with kids. She recommends the NCTSN website (www.nctsn.org) as a great place to start. "I'm a reader," says Shannon. "So I collect information and pass it along."
- The key is to know the difference between trauma and something else. Sometimes it's just normal growth and development. Sometimes kids act out in response to what they have been through.
- Use respite. Shannon thinks an ideal system is to have someone can come to your house for dinner, meet the kids, play a board game as a family and go slow, so the kids can get to meet the respite provider while you're there, as well. Once a relationship is in place, then respite is a wonderful tool for giving everyone a break.
- Be flexible. Kids come from all different backgrounds and routines, the things that may help a child to feel safe or loved may be different than your original plans.



Umoja: A Black Heritage Experience

Dates: October 26-28, 2012

Place: Green Lake Conference Center
Green Lake, WI

Costs: Conference Fee Before August 1st

Optional Hair Care workshop \$40 per person

\$80 per age 12 and up

\$55 per child ages 4-11

Free for children 3 and younger

Conference Fee after August 1st

Optional Hair Care workshop \$50 per person

\$100 age 11 and up

\$65 per child ages 4-11

Conference Fee covers programming, meals and a souvenir t-shirt. This year there will be a Friday afternoon optional hair care workshop where braiding, twists, adding extensions and other styling techniques and tips will be taught. It is a hands-on workshop and participants will have a chance to try their hand at styling hair. Hotel costs vary by room type. See registration form for details

Umoja registrations opens at 4PM on October 26th.

Families can arrive at Green Lake any time that day. Green Lake offers a beautiful setting for hiking and relaxation. On Friday, participants can enjoy a meal from 5-6PM in the Kraft Lodge. At 7PM there will be a cultural experience for the entire family. Families arriving later in the evening will be directed to the location we are gathered by signs in the hotel lobby. The registration form and last year's program booklet can be downloaded from the web site at www.umojabhe.com.

http://www.youtube.com/watch?v=CXqWQ_tT7BU

<http://youtu.be/gUUctDsYA>

<http://www.youtube.com/watch?v=ETndoippy20>



Through the Eyes of a Child

By Donna Burns

My husband, Terry, and I are parenting biological, adoptive and foster children. We have been fostering for over 14 years and for over 40 children. Many of our children were placed in our home in lieu of residential care facilities, while others arrived directly from such a facility. Looking back over the years of foster care, I truly believe that every child who entered our home could have benefited from trauma informed care (TIC). Many children lack the ability to properly identify their emotions. So often, when children make a poor decision or have negative behaviors, they describe themselves as angry. Yet, after exploring with them their thoughts and feelings, we often find that they are, in fact, sad, scared or feeling rejected.

TIC enables the child to build upon their own vocabulary and personal awareness. The children are taught to be accountable for their actions, while learning to understand why they choose to make wrong choices for themselves. The children we have had in care will typically refuse to acknowledge sadness. We ask them, "What would happen if you tried to get our attention over a period of time, and we ignored you?" The child will respond, "I would get mad." "So what do you think is happening when 'sad' is trying to get your attention and you choose to ignore sad?" The child responds, "Sad will get mad." Tuning into your child's feelings will allow you to aid them with identifying their feelings correctly.

Usually during this process, stories emerge about the child's past that you can share with his or her therapist. My suggestion to adoptive and foster parents is to try and see life through the eyes of the child. So many of these children have been traumatized and have been unable to trust adults. Initially, we felt our foster children only needed our love and understanding, and that their behaviors would just disappear. We raised them like our own biological children, only to be frustrated when their behaviors did

not match that of our own biological children. TIC training teaches us that these children are not like our "biological" children, who had love and attention since birth. Many have experienced different forms of trauma in their life and have been neglected or abused.

We fostered a young lady who would, on a regular basis, wake up at least five or six times per night. She would go to the kitchen and raid the cupboard. She wouldn't take one or two cookies; she would instead take and eat an entire package of cookies. We tried many different bedtime rituals, including tucking her in bed with her favorite teddy bear. After attending the TIC training, we sat back and looked at the situation through the eyes of the child, and thought that maybe this child, who had been homeless and had gone hungry in the past, was "re-experiencing" the event during her sleep. So one night when she went to bed, we tucked her in bed with her teddy bear and a peanut butter sandwich. She did not get out of bed during the night. She told us in the morning that she had woken several times during the night, but was comforted when she saw her sandwich. This was not a normal routine in our home, as our children were never allowed to eat in bed, but in this case, it was what the child needed.

Over the years, we have found some good resources on trauma (how the impact of trauma is different for children and adults, fact sheets about trauma, etc.) from the National Child Traumatic Stress Network, www.nctsn.org. Many organizations are offering Trauma Informed Parenting Skills (TIPS) classes; Terry and I have certainly benefited from such training with our licensing agency, Community Care Resources. We have also worked with Chris Foreman, who is another great resource. But, don't just learn it, live it! It will not only help the child or children you care for get stronger, it will also make life easier for you.

Finding the Support to be a Family

Karen and Dan brought their son, Alan, home when he was three weeks old. Alan was born five weeks premature and used a heart monitor for the first few months of his life. Now, at 11, Alan has only some problems with asthma. Alissa came home when she was two months old. Her birth mother tried to parent her for the first two months of her life before looking at adoption as an option again. She is now nine years old. Though Alan and Alissa do not share the same DNA, they share a mom and dad. They also share something else: both children have severe anxiety issues related to their adoption histories. Karen says her kids are in constant "survival mode."

Alan's adoption has been open and he has contact with his birth family throughout the year. Alissa has a partial open adoption and Karen exchanges letters with Alissa's birth family.

Karen and Dan first looked into having Alissa evaluated when she was in kindergarten and took an aluminum bat and chased after her and Alan. After her evaluation, they were referred to Kimberly Erickson-Nichols in the La Crosse area. Kimberly had experience with the Beyond Consequences training from Dr. Bryan Post, a trauma informed care approach to working with children who have been adopted. Karen and Dan took a class that Kimberly offered and began attending a support group with other parents about four years ago, along with therapy. Karen admits she was hesitant at first, since what she was learning about trauma and parenting was quite different from traditional parenting methods, and the first two years were tough as she tended to revert to the parenting methods that she knew and was familiar with. She also said that cost was a factor, but now she says she would have taken a loan out if they had needed to; meeting and working with Kimberly was the best thing for her family.

Karen says this past summer has been the best summer her family has had. She notices that her son is more open and communicates better with both her and Dan about his feelings. Her daughter is less aggressive and will now snuggle with her parents. Before, she would not allow much physical contact. Alan, his mom says, holds a lot less inside. Karen utilizes Dr. Post's 10-20-10 method, a way of getting quality one-on-one time with your child in the morning, afternoon and evening, and that makes a big difference in how their days go. Transition times are still hard (like the start of a new school year), but there are more good days than bad.

Karen's suggestion for other parents is to "give trauma informed care methods a chance, be willing to throw out

your old ways and give it a chance. Your kids do not need to change; parents need to change what they are doing with their adopted kids. The old way of parenting does not work." Karen only wishes she knew then what she knows now. She also urges parents to remember that you will not remember what you have learned every day, the techniques may not work every day, but if you stick with it, you will notice a difference.

Karen also recommends a couple books, *From Fear to Love*, by B. Bryan Post, which she says she has read at least five times. She also recommends the Great Behavioral Breakdown book, also by Bryan Post (you can find both of these books in our lending library), Kimberly's classes (www.heart-to-hearthealing.com for more information), and Bryan Post's website, www.postinstitute.com. She also uses some breathing techniques she has learned when she feels herself becoming dysregulated, and her kids now sometimes use this tool as well. Karen also recommends taking time for yourself and leaving the phone at home! Find the supports you can and utilize them, know you are not alone.



If you have a trauma informed care story to share, please let us know! We are always interested in family stories for future issues of *Partners*, as well as for our family of websites. Contact us at 414-475-1246, 800-762-8063 or info@wiadopt.org.

Precious Lessons

Our thanks to mom, Peggy, who wrote and shared her family story with us for this issue of Partners.

Bob and I had been treatment foster parents for 10 years when our agency worker called us about Precious. We were told she was a pretty nine-year-old girl who had spent the first five years of her life living in a crack house. During that time, she had been severely neglected. Precious had been physically abused, as well as sexually.

After the death of a sibling, Precious was removed from her home and placed in a pre-adoptive home. After six months, Precious had been adopted. Unfortunately, the loving adoptive parents did not have the experience to handle the extremely negative, dangerous behaviors Precious exhibited. Precious was then placed in a residential treatment center. Precious lived at the center for about two-and-a-half years. From there she was placed in a foster home and attended a treatment center during the day. During those three years, Precious was put on over a dozen different medications to help control her behaviors.

When Bob and I met Precious for the first time, we saw a petite, withdrawn little girl who barely spoke and would not make eye contact with anyone. After our visit, Precious said she wanted to come and visit our home. After her home visit we had a family meeting. We told our children about some of the behaviors Precious might exhibit. We all decided we wanted Precious to come to our home.

In the three years Precious has been with our family, we have experienced many successes as well as challenges. I don't think anyone in our family will ever forget the first time we heard Precious laugh. Because Precious was on so many medications when she first arrived, she displayed almost no affect. Working with her new psychiatrist, Precious was slowly removed from her medications. One day, about two months after Precious had moved into our home, we all were involved in different things around our home. Precious was sitting at the kitchen table coloring. I was in my bedroom when I heard a little laugh. Then, I heard it again. I was walking to the kitchen when I saw Bob and two of our other children also going there. We all looked at Precious and she looked at us with the biggest smile on her face and she laughed again. We all clapped and cheered and gave her big hugs which she was happy to accept. The fog that she had been living in was beginning to lift.

One of the big challenges we faced with Precious was her need to try and control her surroundings. When we thought about how she had no control over the first five years of

her life, it was obvious that trust of others was not going to be easy for Precious. We learned that if we praised Precious for a success, she would in turn destroy her toys, clothes or room. To Precious, praise was something she didn't feel she deserved.

If Precious felt a consequence was unjust, she would attempt to control the flow of the home. At home, she would stand in front of the TV blocking the view of the other family members. Or block a stairway or stand in front of the stove so I couldn't prepare the meal. At school, she would stand at the entrance of the classroom so no one could enter or exit. I can't count the number of times I was called to the school her first year.

Precious is able to press on her nose in a certain way to make it bleed. At times, when she was in what we would call her "dark place," she would make her nose bleed all over her hands and then she would wipe her hands on the living room walls and/or carpets. Other times she would wipe the blood all over herself. These times were the scariest for all of us, especially the other children. We made a point of getting the other kids away from the home.

During the first two years with us, Precious saw two different therapists. Both therapists were skilled, but we learned that Precious needed therapists who specialized in Trauma Informed Care (TIC). Precious had a highly skilled Bureau worker who put us in contact with an agency that specialized in TIC and we just completed a year working with them.

Our TIC therapists were trained primarily using Daniel A. Hughes' (<http://www.danielhughes.org/>) and Heather Forbes' (<http://www.beyondconsequences.com/>) work. Initially, Precious said she couldn't remember any of her life before her adoption at age six. During therapy sessions, the lead therapist would verbalize for Precious and, slowly, Precious began to share some of her memories.

Therapy continued supporting Precious as she faced the loss of a birth family that did not take care of her, or keep her safe. She then talked about the loss of her first adoptive family that did not keep in contact with her after she was placed in the treatment center and eventually filed for termination of parental rights.

Before most sessions, the therapists would talk to me and Bob about how the past week had gone. It was during one

Continued on next page

of those sessions that I learned one of the most valuable lessons about working with Precious: the use of empathy. With Precious, as with most kids of trauma, pointing out what they did wrong causes them to feel shame and that results in acting out of some kind. When the information is delivered with empathy, the child feels safe and cared for and is far less likely to feel shame and act out.

For example: If Precious didn't do her daily chore I would say: "Precious, I am really sorry that you chose not to do your chore today. Tonight, when the others are watching TV, you won't be able to join them and I am really sad that you won't be with them. I hope you do your chore tomorrow, because I would really like to sit with you during the TV show. I love you, sweetie."

During all of the sessions, the therapists would talk about how Mom and Dad (Bob and I) made sure she (Precious) was safe, fed, cared for. The focus was to show Precious that we were always going to care for her and that she could spend her time being a 12-year-old girl, having fun playing, having toys, going to school, etc.

Another component to therapy was "Theraplay." We would play games together that would allow for Precious to be a part of a group having fun interacting together. There were also times that the therapist asked me to put lotion on Precious' hands and wrists. Sometimes the therapist asked me to paint Precious' nails.

There were times when Precious would get mad at something and go to her room and refuse to come out for hours – sometime days. This scared us because she was pulling away from people and going to some dark place.

To help Precious experience a safe, trusting relationship, she became my "Velcro baby." I would keep her near me

most of the day. She was with me while I did the laundry, cooking, shopping. We did puzzles together, scrapbooked together. I would keep her company while she jumped on the trampoline, ran on the tread mill or danced to the songs on "Just Dance." We walked the dogs together. This summer, we planted our little garden together.

The progress we have seen over the past year has been wonderful. Where Precious used to "shut down" and block the TV, etc. almost daily, she hasn't shown that behavior in two months. She is now learning to express her frustration and move on with her day. Precious has not destroyed her belongings or others' belongings in the past four months. Precious has not had a self-imposed nose bleed incident in the past five months.

I think it is so important to remember the concept of control. Children of trauma have learned from an early age that they must be in control, because no one else was there for them when they were little. When things get challenging with Precious, I look and see if there are situations that are causing her to feel unsafe, thus causing her to feel like she needs to control things. I regularly remind Precious that Mom and Dad are going to take care of her and keep her safe.

We have so many good days now and our officially chosen daughter, adopted this past February, is with her forever family. She is in the seventh grade and is catching up with the academics she missed along the way. She is in the choir and loves reading teen magazines. Making and keeping good role model friends continues to be a challenge. But with a family of nine siblings, four of whom live at home, Precious has lots of family to keep her company.



5 sessions Saturdays

- October 13th
- October 20th
- November 17th
- December 1st
- & December 15th

Adoption Resources of Wisconsin
6682 W. Greenfield Ave., Suite 310
Milwaukee, WI 53214

Online registration:

<http://ohof2012fall.eventbrite.com>

Or

Call 414-475-1246

Fee: \$55 per couple

Includes materials, lunch each session, celebration dinner, and child care stipend. You will also receive a 50% off registration fee to our annual A Place In My Heart Conference in Wisconsin Dells on November 3rd.

Journey to Forever Family

Our thanks to foster and adoptive mom, Kimberly Miller, for sharing her story with us for this issue of Partners.

I began thinking about fostering a child in early 2006. I was at a volunteer event and the key message there was to give back to the community. During that event, the keynote speaker talked about his road to adopting his son from Ethiopia. I was captivated and began to think about fostering a child and how doing so would be rewarding for me, the child and the community. So, I did some research and came to a foster parent orientation.

I knew that, as a single parent, it would be challenging, but I had great supports in my life, so I moved forward with my plan and attended all of the necessary training throughout the summer of 2006 and worked closely with both my licensing and adoption workers. In early fall, I received the great news that I was approved to foster to adopt. Selfishly, I decided that I wanted a girl between the ages of newborn to two. I was open to all races. My plan was to adopt one child and have one biological child. In September, I received a call from the placement worker saying that they were looking for a home for a nine-month-old African American baby boy. The placement worker said that they needed to place him within the next week, because his time in his assessment home was coming to an end. I initially said no. I really wanted a girl. I imagined the cute frilly dresses, the adorable ponytails. I also felt that, being a single parent, I would be able to connect with a girl more than a boy.

A week or so went by and I was reading an article that stated that African American boys were the hardest children to place in foster homes in Milwaukee. Reading that article reminded me of the little boy I had said “no” to simply because I was waiting for a girl. I began to re-evaluate my reasons for wanting to pursue this journey. I also began to question how I could have this strong desire to help, but only on my own selfish conditions. After really considering my purpose, I decided to call the placement worker back. I was in luck; the little boy still needed a home. At the beginning of October, my amazing little boy Tyler* was placed in my home. I was nervous about everything, but we bonded immediately. I was hooked and briefly forgot that his placement may not be permanent. Over the next few months, I established a good rapport with his biological mother and attended many court and coordinated service team meetings. I felt conflicted. I really wanted his biological mother to get herself together, but I also really wanted to keep my little boy.

In May 2007, I received a call from my adoption worker who indicated that they needed a placement for a newborn baby

boy born addicted to cocaine. Was I interested?, my adoption worker asked. Not only was I interested, I was ecstatic. I didn’t care anymore about adopting a girl. I heard “newborn baby” and knew he was the one for me. I didn’t hesitate a minute when my worker mentioned cocaine. So what?, I thought. We’d just have to work through it. The minute I saw him, I was attached. Two days after he was born, I held Adrian in my arms in the nursery at the hospital. He was the most beautiful baby. Due to complications, Adrian had to remain in the hospital for a week under observation. I visited him for hours every day that he was there.

While Adrian remained in the hospital, I began to prepare for his arrival at home. I began talking with my other little guy about our new arrival. We read books about being a big brother and talked about babies. The following week, I brought Adrian home. It didn’t really dawn on me until then that I had both a one-year-old and a newborn. I had a lot of support from my family and friends through this transition period. I took some time off from work to adjust to how my life was changing. I began working with Adrian’s social worker. She informed me and my adoption worker that Adrian was part of a sibling group of six. She also informed me that he would not be eligible for adoption. In fact, she was planning to do some supervised and unsupervised visits with Adrian’s father and, by August, the plan was for him to reunify with his biological family. Truthfully, my heart sank. Adrian’s social worker even asked my adoption worker if she should seek a new home for him since she knew he wouldn’t be adopted. My adoption worker, who had been an adoption worker for years, told her no, that he was fine in my home.

Over the next month, I kept trying to tell myself that Adrian’s time in my home was temporary and that I shouldn’t get attached. My heart wouldn’t listen to my brain. I was so bonded with him that it didn’t matter that it was temporary. To my surprise, a few weeks later, during a meeting with Adrian’s guardian ad litem, she asked me if I had room for one more in my home. She explained to me that Adrian’s older brother, Vincent, needed a new foster home and they needed a placement immediately. She also said that Vincent was only 14 months old, and that they were not going home as quickly as everyone had thought. I was floored. If I said “yes” to Vincent, that would mean that I would have three children in my single parent home under the age of two. If I said “no” to him, it would mean that I would be turning away Adrian’s biological brother. I did the only thing I knew

Continued on next page

how to do. I said yes, absolutely I would take him, as long as my worker approved it.

In July 2007, Vincent was placed in my home. That summer was amazing and challenging all at the same time. I had two one-year-olds and a two-month-old. My mother was my biggest support person and we spent the summer taking the boys to the Mexican Fiesta, State Fair and Indian Summer festivals. I also went back to work full time and all three boys attended child care. By fall, Adrian and Vincent's social worker told me that things weren't improving for the parents and that they were considering filing the initial Termination of Parents rights paperwork. Also during that time, I was told by Tyler's social worker that he would most likely be returning home because his biological mother was meeting her goals. I was overjoyed and overwhelmed at the same time. Just like when I first began fostering Tyler, I wanted the families to improve, but I also wanted to keep my boys. All of them.

Over the next several months, my family bonded and grew more stable. Meanwhile, I juggled being a single mother of three small boys, working full time and finding time for myself. I attended court date after court date, meeting after meeting for all three of my boys. I wanted to be an active member of the planning for all of my boys. I also wanted to build a rapport with my boys' biological families. In January 2008, Tyler officially reunified with his biological mother. I was crushed, but knew that she had worked hard to reunify with him. We kept in touch briefly as Tyler settled into his new life. Moving forward without Tyler was hard to do, but something I had to do as I had two little boys dependent upon me.

Vincent and Adrian went on weekly visits with their biological parents. Their siblings' foster parents and I also planned gatherings so that they could remain in contact. The months flew by and Adrian and Vincent were no closer to reunifying with their biological parents. The parents had made improvements, but not enough progress. Still, they were adamant that they wanted their children back and refused to consider voluntarily terminating their rights. I could understand and respect that. I knew that deep down I would fight tooth and nail for my children, too. Still, I did feel like Adrian and Vincent were my children. I was there for all of Adrian's first milestones and many of Vincent's, as well. I had also given birth to a baby. A boy, of course, and Adrian and Vincent were excited to be big brothers. We were a family. Just not officially.

In September 2010, we suffered a huge loss. My mother and my boys' beloved grandmother died unexpectedly. The loss was so huge because we had recently moved next door to my mother and we interacted with her every single day. In

fact, when we would come home each day from work and school, we would visit with my mother before going into our house. We loved her and missed her so much. Adjusting to life without her was hard for all of us. In spring of 2011, I was headed for another shock. While the state had filed the court motions to terminate the rights of Adrian and Vincent's parents, my adoption worker told me to prepare for the strong possibility that they would reunify with their biological parents. By now, the parents had improved significantly and were making the progress needed to reunify with the children. Even the district attorney told us we were in for a fight and that I would be called to testify. I was scared to death of losing my boys.

With the TPR trial imminent, I prayed that I would be able to keep the boys who I had loved and provided for four years. One week before the trial was to commence, the biological parents decided to voluntarily relinquish their rights to the youngest four children. Adrian and Vincent were a part of that group. When their social worker called me, I couldn't believe it. I was prepared to fight for my boys in court and in the next instant, I didn't have to. They were mine and Judge Murray made it official in July 2011 when he granted our adoption. That fall, we settled into a new home. Both Adrian and Vincent began kindergarten and all three boys are close. They each have their own spunky personality and keep me on my toes every day. I must admit it is not easy being the single parent of three very active boys. I still receive a lot of support from friends and family. We talk about my mother often and I rely on memories of her to parent my children. My little sister, Christine, is a big part of my boys' lives and a lifesaver when it comes to babysitting. We are enjoying our lives together. We are a forever family.

**Name changed to protect the child's privacy.*

Kimberly Miller and her boys are one example of a Jockey Home to Stay™ family. Before their Home to Stay visit, personalized backpacks were created for the boys containing books, games, blankets and other goodies to help the family further celebrate adoption finalizations. If you have recently completed an adoption from the child welfare system and would like to take part in the Home to Stay program, please contact us at 414-475-1246 or 800-762-8063.

MILWAUKEE JOURNAL SENTINEL PRESENTS

MILWAUKEE FILM FESTIVAL

SEPTEMBER 27 - OCTOBER 11, 2012



A Girl Like Her

USA | 2011 | 48 minutes Director: Ann Fessler

Description

In the 1950s and '60s, more than a million unwed women gave birth in secret, then gave away their infants. This moving documentary combines footage from educational films and newsreels of the era with the voices of these mothers today. A panel discussion in the theater follows the screening, featuring director Ann Fessler, subject Sally Burke, CEO of Adoption Resources Colleen Ellingson, and Planned Parenthood of Wisconsin Resource Librarian Anne Brosowsky-Roth. Underwriting sponsorship for this discussion is generously provided by the Argosy Foundation.

Screening Dates

Wed, October 3, 2012: 7pm at
Downer Theatre

Website

<http://agirllikeher.com/>

Trailer

<http://vimeo.com/33927289>

Community Partners

Adoption Resources of Wisconsin
Adoption Services, Inc.

For more information, visit <http://mkofilm.org/>

Advanced African- American Hair Care

Saturday, October 13th
10:00am – 12:00pm
Cost: \$10 per family;
\$7 if you're just an
observer

Hosea LaMont Beauty Science Institute
2742 W. Highland Blvd.
Milwaukee, WI 53208

Register online at: <http://aahaircareadvanced12.eventbrite.com>

The instructors of this hands-on training experience will advise foster and adoptive parents in the art of Advanced *African-American Hair Care*. Participants have the option to bring their children to practice the techniques that will be demonstrated.

Techniques demonstrated will include braiding, twisting, beading, etc. Techniques demonstrated **will not** include straightening or anything that requires heat these will be touched on verbally. If you choose to not bring your child you may also participate as an observer for a reduced fee.

Participants **do not** have to attend our Basic *African-American Hair Care* course prior to this training, but we do ask that participants come with basic knowledge of African-American hair care. The presenters ask that parents shampoo and blow dry the children's hair prior to the class.

To register go to:
aahaircareadvanced12.eventbrite.com
Or contact Rachel Goeden at Adoption
Resources of Wisconsin at 414-475-1246 or
rgoeden@wiadopt.org



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