

FALL 2014

Family Forum is the newsletter of the Minnesota Council on Family Relations, a state affiliate of the National Council on Family Relations



The Minnesota Council on Family Relations strengthens all families by educating and supporting family professionals and promoting connections among those involved in research, policy and practice.

Annual Elections New This Year!

This year, a separate email ballot was sent out with the slate of MCFR board nominees. We have already received many votes. Thank you! If you would like to vote by paper, please review the following MCFR slate of nominees then print the ballot on page 5 and mail by November 15 to: MCFR, Box 293, Forest Lake, MN 55025.

President-Elect

The President-Elect position is vacant but no nominees have been identified. Please contact Lisa Krause at lisa.m.krause@gmail.com, Nominating Committee Chair with possible President-Elect candidates.

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Friday, December 5, 2014 - MCFR Annual Conference
Mental Health: Understanding and Supporting Families Through the Lifespan
New Brighton Community Center, Host Site-Regional Sites Available

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From the President *Beth Gausman*

Greetings everyone!

While the autumn days of less sunlight and colder temps may cause one to snuggle into a quieter routine, the days of fall only bring excitement to the work of MCFR. As the board and membership head into the fourth quarter of our year we are busy with the opportunities and challenges that reward each of us.

The strategic plan established at the start of our year continues to be the framework for motivation and growth. We have three committees that are making significant progress in establishing practices that will increase our affiliate's ability to meet the needs of professionals within and outside our membership.

The Policy Committee is strengthening relationships with professionals by considering the question of how MCFR can advocate more broadly within and outside professional groups. In addition, a sub group of this committee has established a reciprocal partnership with MNAFEE, MNAEYC and MFFN to act as allies in advocacy work.

The Communications Committee continues to work on strengthening our technology outreach to professionals. We have entered into a partnership with NCFR to sustain our website with their support. Our new website address is mn.ncfr.org Check us out!

Fall Conference Committee has been working diligently to offer a powerful conference on *Mental Health: Understanding and Supporting Families Through the Lifespan* on December 5, 8:00-4:00 at the New Brighton Community Center. Go to our website for registration information.

We continue to weave membership into all areas of committee work but plan to re-engage membership into its own specific committee early next year.

Our board welcomed a new member at our September meeting. Ashley Landers will now be serving as our student representative. Ashley is a second year PhD student at the University of Minnesota with a focus in the Family Social Science Department-Couple and Family Therapy Program. She is enthused to introduce MCFR and the benefits of membership to students throughout our state.

As our Forum details with its pages, we have four new board candidates who we are honored to present for consideration of board membership. I encourage you to read their profile and consider how you might support their work as they prepare to dedicate service within our board structure.

Finally, we are into our fall membership campaign. This is a time to renew your membership or join MCFR for the first time. I welcome you to do so and look forward to getting to know you through MCFR events.

As this is my final Presidents Report, I'd like to thank the MCFR membership for this opportunity to serve. I have been honored to do so and consider my work this past year to be a check off on my bucket list of professional desires.

Beth Gausman
MCFR President

Annual Elections (continued from page 1)

Secretary

Marilyn Sharpe will continue a second year of her term as secretary.

Treasurer

Sharon Powell will continue a second year of her term as treasurer.

Members at Large Candidates

Please vote for up to five Members at Large.

Val Hessburg

Current and Previous Experience

I have been involved in academia for over 40 years working with people of all ages ranging from early childhood through adulthood. I developed and ran a not for profit for victims of domestic violence, in-house daycare, and Early Childhood program. I have taught both in the private and public school sector. I trained and facilitated classes on parenting and self-esteem. My work for the St. Louis Park parks board and Westonka Community Service Program involved knowing the community's needs, setting up programs, and working with facilitators. I owned and was involved in the operation of "Linds Supper Club", a restaurant that provided event planning as well as regular food service.

I was nominated for Minnesota "Teacher of the Year" and was so honored in the Minneapolis and Westonka School Districts. My yearly local cable studio production of "The Right Price" won a MN state award. I have assisted in photo shoots as a child wrangler and stylist assistant.

I have been selected as a member of the Minnesota Center For Professional Development, allowing me to better work at serving children and families.

I am great at multitasking, working with children, parents, photographers, make-up artists, directors, set designers etc. I have a natural talent for working with people of all ages. After meeting them, it is not long before I can draw out the best in them. I love the challenge.

Education

My undergraduate work was at St. Catherine's College. I graduated with a B.A. in Elementary Education. To me this was significant because my

father did not believe in a college education for girls. This only made me more determined to get educated. Working three jobs, I put myself through College.

As a mother with three young children, I received my Master's Degree in Early Childhood Education from the U of M. I learned about the developmental stages of children and how to teach developmentally appropriate practices. Furthermore, I have taken several continuing education classes to further and advance my knowledge and expertise.

MCFR/NCFR Participation

My life's passion and work has involved families. My desire is to continue this mission through becoming a MCFR board member, networking and working with other members focused on topics and efforts yielding the common benefit: strengthening families.

Personal Interests

Westonka Horticultural Club, Retired Teachers Organization, Osher Life- Long Learning Institute, MN Landscape Arboretum, Friendship Force, travel, reading, exercise, nature, family(especially grandkids).

Val Anderson

Current and Previous Professional Positions and Experiences

I started my career with my first love; art. But when I had children, I developed a love of early childhood education. I expanded my education to include a Masters in Early Childhood Education from the University of Minnesota. I loved what I was learning and I wanted to share, so I became a parent and child educator. I worked in Waconia for eight years as a Parent Educator and I found it to be a rewarding and fulfilling job. I also filled in at the local college teaching early childhood classes, so when my family moved to North Dakota (no ECFE in North Dakota), it seemed logical to adjunct at the local college. I also taught art in the elementary schools. North Dakota State University awarded me an

assistantship in Institutional Analysis and I received my PhD there. I conducted research and presented papers, and eventually became involved with the Carnegie Project on the Education Doctorate. I had the honor of working with Jill Perry and David Imig. My family returned to Minnesota last year and it has been a wonderful year. I worked as a lecturer at the University of Minnesota and as a parent educator in the St Anthony and New Brighton School District. This year, my job expands to include ECFE coordination at Saint Anthony.

MCFR/NCFR Participation

I am new to MCFR, and I joined the organization in April. I feel that everything about MCFR aligns with my beliefs, and in addition, I get to work with amazing people. I feel that this can only be a win-win situation.

Personal and Community

I feel blessed that there are so many things that bring me joy. My family and friends are a tremendous joy in my life and I am grateful for their love and support. I also enjoy being part of a community, sharing ideas and collaborating on common goals. I am usually involved in a book club and serve on several committees. Being involved in group work is a great way for me to feel connected, get exposed to other ideas and to contribute to my community. I also love being active. I walk the dog and do Qigong every day. I love kayaking and hiking, traveling and ethnic food that someone else makes.

Melissa Denning

Current and Previous Professional Positions and Experiences

I currently teach for ISD 15 in the Early Childhood Programs. This is my 8th year in the program. I have taught in the school readiness Preschool Place 15 classrooms, ECFE classroom teacher as well as a current Parent Educator and Supervisor of Early Childhood Screening.

Education

I have a degree in Elementary Education, Early Childhood Education and Parent Education. My license is Birth-6th Grade as well as Parent

Education. I received my training at UW-Superior and UM-Duluth.

MCFR/NCFR Participation

This past year I was on the planning committee for the Mental Health Conference. I look forward to more work in any capacity I can help with in the future.

Personal and Community

In the community I work with outreach via Facebook, blogs, childcare providers trainings and screening. In my personal life I have 3 young boys which allows me to serve on ISD 728 school committees as well as the Zimmerman Youth Wrestling Board.

Mary Campbell Wood

Current and Previous Professional Experience

As UW-Extension Family Living Agent, I serve families in Buffalo and Pepin counties with educational programs in the areas of family financial security, healthy relationships, caregiving, parenting, co-parenting, step-parenting, never-married parenting, incarcerated parenting, separation and divorce. I provide leadership to local early childhood, domestic violence and criminal justice coalitions. I have also been Wisconsin certified as a Family and Divorce Mediator since 2003.

Education

I have been active in leading local and statewide efforts that support incarcerated individuals and their families for more successful reentry outcomes, including applied research, education, family strengthening, policy analysis and community capacity building. I hold an MS in Guidance and Counseling, and a BA in Psychology with a Family Studies minor.

MCFR/NCFR Participation

I have been participating in NCFR and MCFR since 2011, and have been a member of MCFR since 2012.

Annual Elections (continued from page 4)

MCFR/NCFR Participation

I have been participating in NCFR and MCFR since 2011, and have been a member of MCFR since 2012.

Personal and Community

I own and live on a family dairy farm in Western WI. I am the mom of grown twin daughters, who operate in partnership dairy farming. I am active in my church, where I lead an outreach ministry Divorce Care 4 Kids. I and my family also provided child foster care for thirteen years. I enjoy my country home, family, animals, orchard and garden.

Laura Sanchez

Current and Previous Professional Positions and Experience

I have had a couple of internships at domestic abuse women's shelters where I often interacted with the women and their children. I also interned in an inner-city K-8 school; there I helped students find the tools and skills to better communicate with their parents, staff and peers. I also used to nanny for a family for a couple of years; afterwards the family and I developed a great personal relationship which is still going strong.

Education

I recently received my undergraduate degree in social work at Augsburg College. I also have an A.S degree in human service. Some of the courses I took were family violence, minority relations and group counseling. As of now I'm taking a year off from school and am hoping to go for a Master's of Social Work degree.

MCFR/NCFR

I am interested in becoming an MCFR member because one of the programs that I'm looking to focus on while I'm getting my masters is child welfare and you can't focus on child welfare without focusing on a child's micro environment, which is parents or legal guardian.

Personal and Community

My personal relationships are largely based on my family, with a main focus on the relationship with my ten year old sister. I am actively a part of her life; I like planning outings that are fun and educational for her. She and I also volunteer for the SELF international; a non-profit whose main focus is reaching out to inner-city children to get them interested in the STEM programs.

2014 MCFR Board Ballot

At Large Members: (Choose or write in up to five nominees)

Val Hessburg

Val Anderson

Melissa Denning

Mary Campbell Wood

Laura Sanchez

Other _____

Please print this page and return your completed ballot to:

MCFR

Box 293

Forest Lake, MN 55025

DEADLINE: NOVEMBER 15, 2014

Register Now for MCFR FALL 2014 CONFERENCE

at mn.ncfr.org

Ada Alden, Planning Committee Member

Minnesota Council On Family Relations Presents Fall 2014 Annual Conference *Mental Health:*

Understanding and Supporting Families Through the LifeSpan



Friday, December 5, 2014

New Brighton Community Center

400 10th St NW, New Brighton, MN 55112

Video Conference at Regional Sites also Available

7:30 am- Networking/Refreshments

8:00 am-4:00 pm- Conference

MCFR is committed to strengthening all families by educating and supporting family professionals and promoting connections among those involved in research, policy and practice. We recognize that mental health is complex. This conference is designed to share substantive information, provide thoughtful dialogue and an opportunity for individual reflection in order to bolster professionals working with families. Presenters include an array of professionals who will share information, lessons from the field, case studies, strategies and resources.



Agenda

- 7:30 am Registration and Refreshments
- 8:00 am Opening Remarks
- 8:30 am Dr. Glenace Edwall, *Lifespan Developmental Approaches to Mental Health: Implications for Policy and Practice*, Department of Human Services
- 9:30 am Break-Resource Table Introductions
- 10:00 am Judy Myers, *Promoting Student Mental Health and Learning*, Children, Youth & Family Consortium, U of M
- 11:00 am Cari Michaels, *Case Study Learning in Mental Health: Using an Online Training Tool in Professional Settings*, Children, Youth & Family Consortium, U of M
- Noon Lunch, MCFR Business meeting, resource tables, student posters
- 1:00 pm Cindy Saarela, S. Washington Co Schools, *Taking Care of the Professional*
- 1:30 pm Dr. William Allen, *How and Why Culture Matters in Family Service*, Healing Bonds, U of M, U of St. Thomas
- 2:30 pm Break
- 2:45 pm Dr. William Doherty, *We Are All First Responders for Families*, University of MN
- 3:45 pm Wrap up and Evaluations

Thank you to our co-sponsors!

- University of MN Extension
- The Salvation Army
- MN Fathers & Families Network
- MN THRIVE Initiative
- NAMI Minnesota
- Hazelden

*Cutting edge information

*Great Resources

*Student Research

*Simulcast to multiple locations with group facilitator at each site

*Clock hours and CEU's available.

Minnesota Council on Family Relations
Box 293
Forest Lake, MN 55025
mn.ncfr.org
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MCFR Members: \$95
Non-MCFR Members: \$110
Students/Retirees: \$50

Outlying Sites MCFR Member: \$50
Non-Member: \$60

MCFR is proud to partner with the University of Minnesota Extension to offer this program at regional sites. See back for more details.

Student/New Professional Section News

Ashley Landers, MCFR Student/New Professional



Introduction

I would like to take a moment to introduce myself as the new MCFR Student/New Professional Representative, and let you know how excited I am to be serving in this capacity. I am a doctoral student in the Couples and Family Therapy program in the Department of Family Social Science at the University of Minnesota.

As a family scholar, my clinical and research interests converge around issues of complex trauma and families in child welfare. My research focuses on child welfare-related outcomes, particularly reunification, as well as the mental health and treatment of American Indian/Alaska Native children in the child welfare system. My long-term goal is to develop family interventions for traumatic stress in the child welfare context to improve outcomes for families and prevent prolonged involvement in the welfare system. My decision to serve as the MCFR Student Representative is part of my resolution to become more connected with other family scholars at the local level.

If you have questions or would like more information about the MCFR Student Section, please feel free to email at land0552@umn.edu

MCFR 2014 Fall Annual Conference

The student/new professional section will have several posters on display at the conference. Please stop by and visit with us and learn about our exciting research and information!

PRACTICE

Recommendations for Assessment of Parent Educator Competencies and Teaching Practices in Minnesota's Early Childhood Family Education Program

Sarah Rowcliffe-Holmboe, M.A. graduate student, Family Social Science Department, University of Minnesota (rowc1001@umn.edu)

The National Parenting Education Network (NPEN, 2013) describes parent education as “a process that involves the expansion of insights, understanding and attitudes and the acquisition of knowledge and skills about the development of both parents and of their children and the relationship between them.” This is the foundation of Minnesota's Early Childhood Family Education (ECFE) program, which operates through community education in Minnesota school districts and employs licensed early childhood and parent educators. Traditionally, ECFE offers two hour classes that meet weekly; one hour is for parent-child interaction time, and one hour is for parenting education in which parenting educators facilitate parent learning through discussion, observation, and tailored curricula while their children participate in learning activities with an early childhood educator.

One priority of ECFE has always been evaluation (Kurz-Riemer, 2004). Currently, for example, a large scale assessment examines the short-term effectiveness of local ECFE programs (MNAFEE, 2013). Missing, however, is a standardized assessment of competencies and teaching practices of licensed parent educators in ECFE as indicator of program effectiveness. Although some ECFE sites evaluate teaching staff to some degree, many seek guidance and mechanisms on doing so. Standards of practice for parent educator assessment would offer consistent and shared information about professionals' contributions to program outcomes.

This article is the summary of results of a year-long review to determine a comprehensive list of parent

educator competencies and teaching practices, and an analysis of assessment tools and methods used in related fields of education to offer recommendations for implementation of competency assessment in ECFE.

Methods and Analysis

With a list of parent educator competencies offered by Cooke (2006) as a foundation, a literature review on parent educator competencies was conducted. This led to a list of thirteen nationwide sources from various parent education networks and organizations which identify competencies required by parent educators and professionals who work with families: Minnesota Administrative Rules for Teachers; Minnesota Administrative Rules for Teachers of Parent and Family Education; Minnesota Early Childhood Task Force – Core Competencies of Parent and Family Educators; Parent Education Core Curriculum Framework (PECCF); National Council on Family Relations (NCFR) Certified Family Life Educator Standards and Criteria; Wisconsin Professional Development Initiative (PDI) Core Competencies for Professionals Working with Young Children & Their Families; Wisconsin's Children's Trust Fund; National Extension Parenting Educator's Framework (NEPEF); Louisiana Parenting Education Network (LAPEN); University of North Texas (UNT) Center for Parent Education; Connecticut Parenting Education Network (CTPEN); “Group Parent Education” by Campbell and Palm – Areas of Development; and New York State Parenting Education Partnership (NYSPEP).

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A six phase process was implemented to qualitatively analyze the sources which consisted of sorting the competencies into nineteen core classifications in three core areas (see Table 1, Appendix below) and an audit trail for added trustworthiness, credibility, dependability, and confirmability of findings (Lincoln and Guba, 1986). Then, to identify assessment methods and tools used nationwide, and because these currently don't exist for the field of parent education, various research reports, empirical articles, and self-assessment rubrics from the fields of K-12, adults, and non-formal education were reviewed. This review was distilled to create a list of recommendations for adapting assessment methods and tools for licensed parent educators in ECFE.

Results

The competencies identified in Table 1 reflect content knowledge, pedagogical skills, and professional knowledge and skills (Shulman, 1986). The review of teacher assessment tools and methods revealed a variety of academic and nonacademic measures: student achievement gains, observations, student perceptions, the teacher/student relationship, peer ratings, and measures of school and community commitment.

Recommendations for an evaluation system for licensed parent educators in ECFE include the following:

- Formal observations of parent educators conducted at least once every three years
- Parent surveys administered at the beginning and end of each year which address student achievement gains, student perceptions, the teacher/student relationship, and the parent educator's commitment to school and the community
- Peer ratings and assessments administered at the beginning and end of each year which measure parent educator competencies, the teacher/student relationship, and the parent educator's commitment to school and the community
- A portfolio which exhibits the parent educator's personal and professional development and is reviewed once every three years

- A yearly self-assessment

Administrative considerations for assessment of licensed parent educator competencies include decision making about who leads evaluation efforts, how they are implemented according to distribution of resources, and which stakeholders are involved in decision making. Methodological concerns related to the use of surveys should be addressed. Finally, all stakeholders need to discuss the implications of a negative evaluation and what decisions should be made regarding the parent educator's future employment and professional development.

Discussion and Implications

Parent educators, specifically licensed parent educators in ECFE, need to have a variety of competencies and skills in order to be effective practitioners. They require vast content knowledge and skills related to teaching and program administration, and must demonstrate professional behavior in their work.

It may or may not be possible to implement these recommendations as an evaluation system in parent education; however, they open the conversation about assessing parent educator competencies and provide a starting point for future research efforts. These recommendations are opinions based on the review; there are many administrative and program-level realities and considerations to be made. Further discussion among the field is needed to agree on standards within the very diverse practice of parenting education, which includes the delivery of service by its professionals and paraprofessionals.

As families become increasingly diverse in today's society, parent and family life educators need ongoing professional development opportunities to adapt their skills to these changing families, and to keep their knowledge and skills current. And, parent and family life educator preparation and credential programs (e.g., university degree programs, Certified Family Life Educator standards) need to know how to best prepare future parent and family life educators. Identifying and creating competency assessment measures and procedures will enable programs and the field to better prepare and

support its professionals.

Finally, there is opportunity for future research on gaps in the competencies (such as technology integration) by drawing on other fields that add depth to the knowledge and practice of parent and family life educators. Future research may also want to explore how the suggested competencies are supported in empirical literature, and whether or not these competencies are necessary for quality parent education.

References

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Appendix

Table 1. Suggested Parent Educator Competencies

KNOWLEDGE

- Adult Development
- Child Development
- Family Development
- Parent-Child Relationship
- Diversity
- Contextual Interactions
- Community Resources
- Family Law and Policy
- Guidance
- Health and Safety
- Human Sexuality

SKILLS AND PROCESSES

- Program Administration/Outreach
- Collaboration
- Instruction/Teaching Methods
- Group Process
- Assessment and Evaluation
- Communication

PROFESSIONAL PRACTICE

- Professional Development
- Professional Practice and Ethics

REVIEW

A review of two DVDs:

How to Help Caring for Patients with a Mental Illness AND

*Stories of Recovery**

Reviewed by Marcie Parker, Ph.D., CFLE, who has her own healthcare research and consulting firm in Excelsior, Minnesota

Both DVD's start with a narrated, printed introduction about how much stigma and misunderstanding surround mental illness. Both stress that it is possible for people to recover and get better and integrate into family, job, school, and life. Both feature vignettes of young people who have successfully coped with mental illness and what they found helpful and not so helpful.

Louise, with rapid cycling bipolar disorder, said that she would forget things and ask the same questions over and over.....it was annoying for the nurses and they did not seem to understand that her disorder made her forgetful. Melissa said that it was very difficult to get her medications adjusted properly. She would often feel lonely and isolated during treatment but found that with the help of understanding family members, friends and a supportive roommate, things got better. She felt ashamed of her illness and wanted family and staff, who were seeing her at her worst and most vulnerable, to know that she was not always like that.

Bruce, who is schizophrenic, experienced strong religious delusions and felt that he had to save the world. He asked to be treated with respect and found that fitting in with his family, community and spiritual group helped him overcome his disease. For Solome, who has anxiety disorder, it helped a lot that the staff built up trust in her, gave her lots of hope and encouragement, and helped her set and achieve goals. The therapists complimented her on her progress and worked well with her. Solome finds that taking very good care of her health has made a big difference in her management of her anxiety disorder. She does well with exercise, healthy eating, lots of regular sleep, talk therapy and regular medications.

Adam, who felt that because he was a man and needed to present a strong male image, found that throughout his depressive episodes, when he felt sad and unhappy, the support of his family, friends and girlfriend was really important and meant a lot. Adam really hit the wall in college and found that talk therapy was very important for him. He also worried about losing his dreams for his future but instead now believes that getting treatment for his depression actually helped with the implementation of his dreams. Melanie [now with her partner Pete] suffered from anger and destructive feelings and found that through art, where she could express her feelings, she did much better. Pete, who suffers from depression, initially felt that his therapists were jailers and he was in prison in his hospitalizations; gradually he began to appreciate his therapists and the treatment they were providing. Pete and several other patients said that he felt that having a

Continued on page 12

mental illness meant the death of all his future dreams and plans. But he got good treatment, fell in love, and responded well with new meaning and purpose in life. Kim felt she had bipolar disorder at age 12 and was finally diagnosed at age 17. Kim finds that she is now stable and healthy and sees her therapist weekly. For Kim, feelings of hope are critical in helping her get back with her family, work and friends.

Sheila suffers from depression and is sure that her symptoms began around age 5. She got an accurate diagnosis later in life and medications have been a godsend. However, hospitalizations were terrifying and left her feeling powerless. Albert, who is schizophrenic, feels that talking with others has helped and he does not feel as lonely and isolated.

In summary, Melissa would like viewers to know that people with mental illness are courageous, persistent, strong and moving forward with their lives.

These two short DVD's, featuring the words and lives of real patients, should be seen by anyone working with families, patients with mental illness and the community at large. I also feel that patients themselves should view these DVD's as they are packed with hope for the future. It just so happens that all these patients were youthful and Caucasian [with the exception of one Native American man and one Asian woman]. Perhaps in the future these DVD's could feature some children [with parental permission, of course] and teens as well as seniors who are dealing with mental illness. I would like to see more diversity overall in the DVD's but basically find them to be excellent and thought-provoking. Viewing these 2 short DVD's will certainly help to make us all more tolerant of those among us, in our families and workplaces and communities, who are dealing with mental illness.

*Both 5-7 minutes long, funded by the Kunin Fund, available through NAMI Minnesota (National Alliance on Mental Illness); call Brian Jost, Director of Public Awareness at 651-645-2948 ext. 116; toll free 1-888-NAMI-HELPS; www.namihelps.org

MCFR COMMUNICATIONS COMMITTEE
Marilyn Sharpe, Communications Committee Chair

MCFR Communications Committee welcomes Lowell Johnson to join Mary Maher, Brianna Routh, and Marilyn Sharpe. We also invite others with a passion for the work of MCFR and with technology and marketing savvy to join our work in growing the ranks of MCFR and deepening its impact on all those who work with children, youth and families.

This committee is charged with growing

- ¥ visibility and identity,
- ¥ marketing reach,
- ¥ conference attendance, and
- ¥ membership for MCFR.

Won't you join us to help update and grow the impact of our website, develop a social media presence, and build the credibility of MCFR as a trusted resource for media questions about issues impacting families?

If you would like to join us, please contact Marilyn Sharpe, MarilynSharpeMinistries@comcast.net or Mary Maher, mary.Maher@comcast.net.

MCFR History

HISTORY...

by Sue Meyers, MCFR Historian

In September, I took time to view the entire “Roosevelt” TV program by Ken Burns. I hope each of you get the opportunity to view this historical program. There were far more implications for families than I had expected.

I was struck by the impact of the people as they faced war, depression, power and extension into international relations. Many of our eldest family members were active participants in the results of actions during this extended period of time. We all owe personal gestures of appreciation to them.

I was too young to have experienced, let alone understand, what all was happening in our world from Teddy Roosevelt through Dwight Eisenhower. The events within the United States as well as around the world likely shaped our parents and grandparents. The importance of family, work and events of the years guided how we all were raised. This adaptation has followed each generation, with attention to values, goals and meaning of life.

The Roosevelt program combined the public actions taken, the internal doubts, and how the general public viewed the actions. Teddy Roosevelt was active across the United States, and charged into nearby nations in the western hemisphere. He envisioned and took charge of developing the Panama Canal – including the ownership and credit for the endeavor. He developed wildlife awareness and enjoyed being the leader of the parade. After two terms in office, he retired at age 50.

Franklin Delano Roosevelt, a distant cousin to Teddy Roosevelt, had polio as an adult. The effect of polio was masked to the public, and the pain was shown only in private. After he realized that his legs would not improve, he was fitted with leg braces that allowed him to stand (with pain). As he ran for Governor of New York, he addressed the public while standing. That was the case throughout his public life. When there was an audience, his charm would shine through. It was almost like a bright spotlight being turned on (and off, when he was finished). His mother tended to him throughout the ordeal. His wife, Eleanor, was kept from tending to her husband’s illness. He found relief at Warm Springs where the warm water allowed more freedom from the polio pain in his legs. Children with polio loved the place as well and enjoyed FDR’s presence.

When FDR ran for President, he used his gift of language to influence voters. As the Great Depression continued, FDR had a weekly radio program that went into all homes. He addressed families and urged them to work together to face the terrible difficulties. As War began in Europe, he tried to focus on the United States to help people have jobs and help others.

Meanwhile, Eleanor Roosevelt actively worked on programs for jobs and civil rights for blacks. She worked to help ensure that women received fair wages. She was active for all people throughout her marriage and after FDR’s death. She had learned of her husband’s romances with other women during his marriage. It was difficult, but she kept to her work.

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When the USA avoided the WW2, they built planes, ships and arms to help England and Western Europe against Hitler and Germans. This helped pull up the economy of the USA and increase employment greatly. In time, the USA entered the war and many soldiers fought, with many injuries and deaths.

Each of the key people in the Roosevelt families had the ability to have a public personality and quite different private lives. Their families had alcoholism, abandonment, favoritism, and problems that shaped them as young people and stayed with them throughout their amazing lives. I had no idea that famous people could have such troubles in their own families.

In fact, it is likely that their histories shaped them – personal and public – and may have made powerful public officials with less powerful family perspective. There was no Facebook that shared all the information. Other families had similar issues, but fame was not part of most families.

Our times today are very different. We share similar challenges, but the complexity is quite different. As people face problems today, I hope that we are more understanding of the private parts of our lives that can influence our public persona. Our families will need support from all of us. We all can be honored to have a strong background in the family field.



NCFR News - Fall 2014

Rose Allen, President, NCFR Affiliate Council Board President

NCFR's biggest event of the year is the Annual Conference – held in Baltimore, MD from November 19-22. The theme this year is Families at the Nexus of Global Change. Dr. Catherine Solheim, one of our Minnesota members is the conference chair. I am looking forward to the many sessions including paper presentations, plenary sessions highlighting current research and poster sessions.

One of my favorite parts of the conference is the Affiliate Leadership Workshop. The Affiliate Board provides a space to focus on the State/Regional and Student NCFR Affiliates. This year we are looking at how to address policy issues related to families. Jennifer Crosswhite, the newly hired NCFR staff person addressing policy will be the keynote.

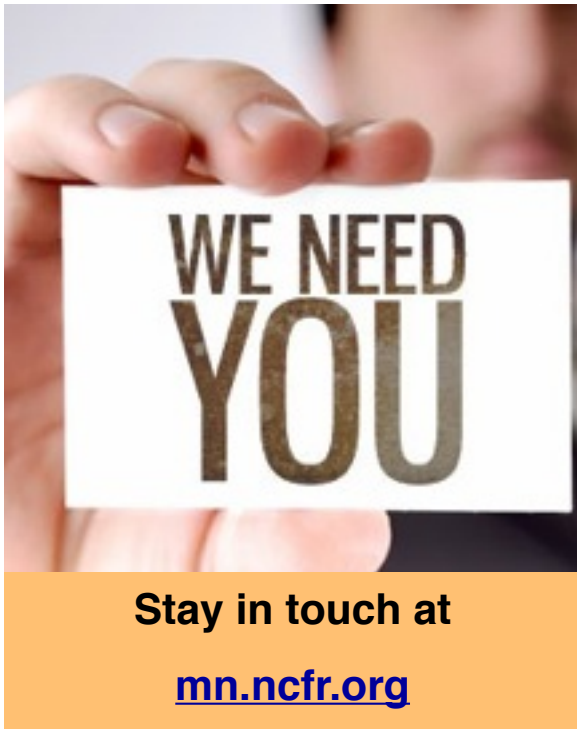
If you can't attend this year's conference – put November 11-14, 2015 on your calendar. The location: Vancouver, British Columbia. Get your passport updated and join us then!

PLEASE REMEMBER TO RENEW
YOUR MEMBERSHIP TODAY AT
MN.NCFR.ORG

MCFR MEMBERS ARE OUR MOST
VALUABLE ASSET!

- VOLUNTEER
- DONATE
- PARTICIPATE
- JOIN
- RENEW

THANK YOU!



A note from the editor...

My how the time flies! Summer is over, fall has arrived, and it is time for MCFR elections. Included in this issue of *Family Forum* are candidate bios. Please vote. Our thanks to Lisa Krause and the other members of Nominating Committee who compiled the slate of candidates. We hope you enjoy this issue of MCFR's newsletter and offer our thanks to all the contributors. I encourage each of you to consider contributing to *Family Forum* – by preparing a book review or a research article/brief or by submitting an item for "Members' Corner" (our version of letters to the editor). If you have any suggestions for improving the newsletter, please let me know.

Ron Pitzer

Family Forum editor

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Thank you Ron for all of your work from the MCFR Membership!

Review

Mary Evelyn Greene

When Rain Hurts: An Adoptive Mother's Journey with Fetal Alcohol Syndrome

Pasadena, California: Red Hen Press. 2013. (ISBN # 978-1-59709-262-3; paper; 321 pp; \$16.95)

*Reviewed by Marcie Parker, Ph.D., CFLE,
who has a private practice in healthcare research and consulting in Excelsior, Minnesota*

If you have a child or children with this 100% preventable disease, you will be in a life-long fight tooth and nail with physicians, psychiatrists, teachers, special ed experts and others to get the services that your child needs

What if I told you there is a devastating disease that leaves children with permanent, profound mental, emotional and physical scars, such that families and siblings are destroyed and taxed to their very limits physically, financially, emotionally and intellectually? What if I told you that if you have a child or children with this 100% preventable disease, you will be in a life-long fight tooth and nail with physicians, psychiatrists, teachers, special ed experts and others to get the services that your child needs? Well, such a condition exists and it is called Fetal Alcohol Syndrome.

This deeply moving and poignant book, written by an attorney, tells the story of two people who took a leap of faith in adopting a 3 year old boy and a 2 year old girl from a filthy dirty, depressing orphanage in Russia. Despite their best efforts to do all the right research and consult with experts before the adoption and during/after the adoption, they ended up adopting

two multiply handicapped children, one of whom [the little boy] turned out to be a highly complex case with all kinds of very serious diagnoses, requiring a lifetime of interventions and supervision.

This family started to deal with a child with FASD, autism, and a number of other profound diagnoses, resulting in bizarre behaviors, violence, irrational thought patterns and repetitive actions/preoccupations. The little girl, who did not have FASD, was nonetheless severely damaged as well, perhaps due to physical, emotional and/or sexual abuse by parents or orphanage staff...the adoptive parents will never know for sure.

Fetal Alcohol Spectrum Disorders or FASD are more common than autism but due to the stigma of FASD, it is underreported, underdiagnosed and undertreated. This book is about one family's attempts, beyond all reason and out of all proportion, to heal and help these two fragile, broken children. As Mary Greene writes,

"What I wanted was a family, not a booby-trapped marathon that lacked a finish line." [p.233] Trying to help these little children [especially the son] proved to be an all-consuming physical, emotional, spiritual and financial effort that nearly sank the marriage and affected the time and care that could be focused on the little adoptive girl, who needed a lot of help and support as well. This book is wonderfully well written and beautifully evocative. It is a story of an ongoing struggle to understand and address one set of problems while other, new diagnoses and conditions keep popping up, like whack-a-mole. FASD is a profound and utterly preventable disease...all the mother and father must do is stop drinking alcohol and doing drugs before they conceive and while the pregnancy is in progress. Most books blame the mother for drinking during pregnancy but I would like to advance the idea that both the mom and dad contribute to the genes and the birth of the child so I am guessing here but I think they both have something to do with the health and viability of the egg and the sperm.

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Some parents, who adopt from Russian or Romanian orphanages, or anywhere else with the same conditions, naively believe that boundless love, lots of food, clean clothes and education can overcome just about anything. But these children are scarred for life with compromised genetic foundations and the effects of intrauterine exposure to alcohol. Parents who adopt these kids are often faced with explosive and chaotic family lives where kids have radically unpredictable developmental stages. Adoptive parents cannot assume that these kids will have a progressive life trajectory, where they are increasingly able to think, process, learn from their mistakes, understand consequences and ultimately strike out on their own and live independently. Parents enter these adoptions with hopes, dreams and expectations for their children, only to confront what Ted Bowman calls "*the loss of dreams*". You signed on for a trip to Belgium and ended up on a trip to Spain and are not sure how you got there.

Some of these children with FASD are profoundly brain damaged and even the best of diagnostic research and family care cannot overcome the effects of prenatal alcohol. Parents cannot be sure

what the child can or cannot do for himself and when his actions are willful or not. In Greene's case, she could tell her son something daily for weeks and he would never learn from his mistakes or be able to alter his ways.

Her son had abnormal facial features and would sometimes mutilate himself or even attack his sister and throw rocks at her head. When her son acted out in public [screaming, willfully vomiting at the end of the meal in a restaurant, striking out], the public looked at her and her husband as "bad parents" who were not controlling their kids. Following an extremely long and complex and frustrating adoption process in the U.S. and Russia, Greene and her husband had to fight every inch of the way to get her son and daughter the help, services and education they needed.

Because her son was so compromised and needed so much of their time, energy and attention, they necessarily shortchanged their daughter and her needs. But this story isn't all negative. As Greene herself says, "*In order to mother Peter, I have had to become a better person, more patient, more forgiving, less judgmental, and entirely more flexible.*" [p. 70]

Greene and her supportive husband wanted both Peter and Sophie to thrive, develop and become happy teens and adults, but nothing had prepared Greene for how difficult motherhood could be. It became abundantly clear that while Greene and her husband could help heal the bodies of their adoptive kids, it would prove much harder to heal their minds. While they could change their health and living conditions for the better, it would be much more difficult to heal their psyches, their developing brains and the damage that resulted from alcohol, abuse, neglect, and deprivation. Peter was able to hold himself together for a while after he was adopted and seemingly fit into the family but the effort became too great...he had difficulty making logical connections and could not, due to brain damage, learn from his mistakes and make other choices the next day. It was impossible for Greene and her husband to take a day off, hire a babysitter or have relatives care for the children....the situation at home was too difficult, erratic, unpredictable and explosive. What he needed was a cool, quiet, calm, pastel room with consistent, regular activities and little stimulation or noise. What he got instead was a carnival of color, moving objects, noise and

intense overstimulation that caused him to scream and act out.

Finally, with the avalanche of diagnoses and extremely challenging behaviors [p. 294], Greene had to admit to herself and her husband that perhaps they could no longer care for Peter at home, that he needed to be placed in a residential setting where numerous rotating shifts of staff could design and implement a program tailored just to his special needs and disabilities. His disabilities had consumed the family and family life in unhealthy ways but despite this, Mary felt she was a failure. Mary and Pat “.....surrendered, to the unpalatable conclusion that keeping Peter at home was not in the best interest of the family nor was it helping to move him forward.” [p.296] His parents found a great residential treatment program [Green Chimneys] where Peter was able to grow, develop and thrive, where every 15-minute increment of every day was planned and supervised. He did very well in the program. Peter needed a wide support network of people who could guide his development over the long haul, something which two parents [also coping with the needs of their adoptive daughter] simply could not provide. Greene hopes now

that Peter will have a job someday [in video games or landscaping] and will live close to the family on his own.

We know little enough about FASD and all that it entails. If you would like to know more about professional meetings and trainings, as well as educational programs and support groups for parents and families, contact MOFAS [Minnesota Organization Fetal Alcohol Syndrome] at www.mofas.org or call toll free 1-866-90-MOFAS. The motto of MOFAS is “049” or zero alcoholic drinks [not even one] for nine months.

Anyone who is working with families in healthcare or in public policy focusing on families or education and social services needs to read this book. Family members, service providers in health/mental health, public policymakers, and professionals in the fields of addictions, justice, education, adoption, child welfare, family social science, vocational rehab, occupational therapists, law enforcement, private/public funders, researchers and anyone with an interest in serving families in health, housing, school, social services, legal and civil justice and employment should all read this book and become familiar with the issues these families face.

Greene has written an amazing book that gives us all a very clear picture of families who care for kids with FASD, a 100% preventable condition that continues to devastate lives around the world. I simply could not put this book down and came to admire the fortitude, grit and determination of these families to find and access the best care possible for their multiply handicapped kids. You will be moved too. You need to read this if you work with families in any capacity. It is our duty and obligation to know more about FASD and what we might be able to do to support families who are caring for these kids [and adults].