

FOSTER,

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Only 57 percent of kids move placements one or two times over the course of their time in care. At the other end of the spectrum, 22 percent move more than five times, according to Marion County foster care data aggregated by the University of Kansas.

Brundidge spoke about the seven levels of safety—one feeling safe in public and seven feeling completely at ease all the time. The fourth level of safety is “Am I safe even if I provoke?” This is often a difficult question for foster parents to address, because provocation as a gauge of safety is one of the negative coping skills traumatized kids develop to test their environment.

“And that’s what they get an answer of no to all the time,” Brundidge said.

Traditional DHS foster homes often aren’t equipped to handle kids with acute trauma experiences, who have developed negative coping skills to handle their sense of trauma. When a kid is found to have a severe enough emotional or behavioral problem, they’re often referred to agencies that contract with DHS to provide therapeutic homes for foster kids. Therapeutic foster care is known as “treatment level” for kids who have been designated by DHS as in need of Behavior Rehabilitation Services (BRS)—essentially, kids who need more than just a stable home environment to heal from their experiences. Therapeutic foster homes receive special training and accommodation to deal with the needs of traumatized kids who haven’t learned to cope with their trauma.

Trauma is difficult to quantify in a person’s life.

How trauma impacts behavior

Kids are resilient. Kids can heal from a single traumatic event—depending on its nature and impact—sometimes without long-term side effects.

But chronic trauma is something else. Traumas like persistent abuse and neglect that occur throughout a person’s childhood can have long-term health and neurological effects.

“Trauma lives with us throughout our lifetime,” said Brandi Ware, supervisor of therapeutic foster care at Maple Star Oregon.

Negative behaviors in youth who experience trauma are discounted by some as merely acting out, but a trauma-informed approach to care acknowledges that reversing the neurological damage of a traumatic childhood takes time.

“When our kids aren’t doing well, it’s not because they don’t want to, it’s because something is in their way,” said Ware.

In addition to inhibited self-control and difficulty with emotion regulation, the specific nature of a child’s trauma can impact their experience, especially if they have an ingrained “trauma trigger.”

To explain trauma triggers, Ware uses the example of a kid who was neglected because of their parent’s drug abuse. If the kid’s father smoked marijuana and used other drugs, and the kid’s needs weren’t met as a result over an extended period of time, the smell of marijuana can become ingrained as a trauma trigger for the child. So, five years after being removed from the home, the smell of marijuana can trigger a stress response in the child, and the kid might act out as a result.

A trauma trigger “kicks them right back to the trauma they experienced,” Ware said. Trauma triggers don’t just have to be smells—they can be facial expressions, individuals who hurt them or resemble people who hurt them, or even a particular month in the year. In the case of a calendar trauma trigger, that can be the date a child was removed from their home or when a particularly traumatic event occurred. Sometimes the child may not even be aware of what’s triggering their stress response, they just begin to feel more stress and anxiety because “it’s infused into their bodies that this is a hard time,” Ware said.

However, the Adverse Childhood Experiences Study (ACES) aims to measure the level of trauma a person endured before their eighteenth birthday in a series of 10 yes-or-no questions: whether they were physically, emotionally, or sexually abused, whether they were neglected, whether their parents used drugs, suffered from a mental illness or were generally absent. Every “yes” answer adds a point to the ACES score. According to an ACES survey of youth in children’s programs in Oregon, over 90 percent of the youth served in therapeutic foster care have an ACES score of 4 or higher.

When children endure trauma without respite—which is what the average

ACES score suggests happens for many kids who end up in treatment care—their brains develop in a way that inhibits self-control. These neurological problems result in severe behavioral problems. (See sidebar for more information about how trauma impacts behavior.)

“These kids are in treatment really because of the significant issues they’re having. Our job is to stabilize them, get them evaluated, and see if we can get them settled down to be able to go down to a lower level of care, or go home if they have a home,” said Debby Lute, executive director of Connections365, a therapeutic foster care agency based in Salem. Connections365 typically works with kids ages 12 to 18, and currently works

with eight certified families fostering 12 kids in the Salem area.

Therapeutic Foster Care (TFC) agencies use the guidelines of the DHS foster parent training, but include additional elements on caring for traumatized kids, how trauma impacts brain development, and how kids use negative behaviors to communicate when trauma has impacted the way they think and see the world. Aside from special training for foster parents, TFC agencies employ mental health counselors and mentors on staff to provide the most support for kids, as well as around-the-clock on-call support for foster parents.

“If you think about treatment foster care, [the foster kids] are part of a wraparound team,” said Lute. This team includes the foster youth, the foster parents, the caseworker—also typically an employee of the TFC agency and not DHS, so they have a smaller caseload—the mental health counselor, and any other individuals party to the child’s case, including biological relatives, or necessary for the youth’s recovery, including outside drug or alcohol counselors.

Due to an increased number of youth in foster care who need this specialized treatment, and the intensification of youth behaviors in recent years, the need for therapeutic foster homes has expanded. However, in terms of homes, “the system is compressing right now,” Lute said. This is particularly tough on childcare agencies, considering TFC homes

can’t take as many children per home as general foster care—in TFC, single parents can have up to four kids in the home, including their biological children, and couples can have up to five kids total in the home, a reduction from the norms for traditional foster families.

Brandi Ware is the therapeutic foster care supervisor at Maple Star Oregon. Maple Star is a childcare agency based in Portland, which serves youth ages 6 through 21 living on the I-5 corridor between Portland and Eugene, including Marion County. Ware said that they serve about twenty youth in their TFC service range, and they are currently at capacity—but she still receives 50 new referrals for BRS youth every month.

“A lot of them I have to say no to because we don’t have the beds,” said Ware.

A lack of treatment care opportunities for struggling foster youth can have consequences down the road. The importance of treatment intervention, Jessica Carpenter, Connections365’s Community Outreach and Development Director, said, is that TFC agencies are “the last chance for these kids before they are adults and everything they do is a permanent criminal behavior and effects their ability to get a job, have a place, get a car, become a parent.” Providing these services to all the youth who need them is essential, but there aren’t enough therapeutic foster homes to serve every youth who could benefit from treatment care.

The cyclical nature of dysfunctional parenting techniques, incarceration and substance abuse concern those who work in this field—disrupting this cycle is the goal of treatment care, so as this generation of foster youth age out, they can become better parents, healthier individuals, and more productive members of society. Unfortunately, when there’s not enough resources to provide treatment for every youth, they’re likely to fall back into the negative cycle from which they came.

That’s why therapeutic foster homes need more parents who are willing to take on the responsibility. Therapeutic foster agencies like Maple Star and Connections365 need parents who can complete the certi-

fiction requirements, pass background checks, and have the time to devote one-on-one attention to a high-needs foster youth—ideal therapeutic foster homes include a stay-at-home or work-from-home parent or retired parents. But the system also needs “foster parents that are curious and willing to learn. Willing to try things that are unconventional in parenting,” said Ware, because traumatized kids don’t respond to traditional parenting techniques. (For one example of unconventional, trauma-informed parenting, see *Where is the strength?*)

Most importantly, they need parents who can give kids a better outlook on life and open up the opportunities that have been closed off to them by their circumstances.

“[Youth] have to have hope. And hope is not built on their failures and their mistakes and their behaviors, it’s built on their capacity and their resilience,” said Lute.

Connections365 hosts open-house informational sessions for parents interested in either long-term fostering or providing short-term respite care.

Upcoming informational sessions:

Tuesday, July 24, 4:30–6 p.m., 4890 32nd Ave S.E. in Salem.

Tuesday, August 28, 4:30–6 p.m. 4890 32nd Ave S.E. in Salem.

To find out more about getting involved with Connections365 and other therapeutic foster care agencies, visit FosterPlus.org

Where is the strength?

One goal of trauma-informed parenting is to find the positive, even in problematic behaviors, so youth can see potential in themselves. Debby Lute, executive director of Connections365, a therapeutic foster agency based in Salem, provided an example of what finding the positive in a behavioral situation looks like:

“Let’s say a kid kicks the wall and makes a big hole. What do you mean where’s the strength? There’s something going on here. So you say things like, and this is truly trauma-informed, ‘Wow, you have a lot of guts. I mean to do something like that, you have a lot of guts. So, Johnny, I would think based on the strength of who you are, that you might have enough guts to apologize for your piece of this.’ ... ‘I know you’re upset and all that.’ I said, ‘Do you think you could do that?’ And he smiles and said, ‘Yeah,’” said Lute.

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