



# FOSTER PROGRESS

# Overview

1. Foster Care 101
2. Aging Out
3. Barriers to Success
4. Trauma 101
5. Risk and Protective Factors
6. Asset based, practical support
7. Interacting with foster youth, trauma informed

# Illinois DCFS Overview

Who is the Department of Children and Family Services (DCFS)?

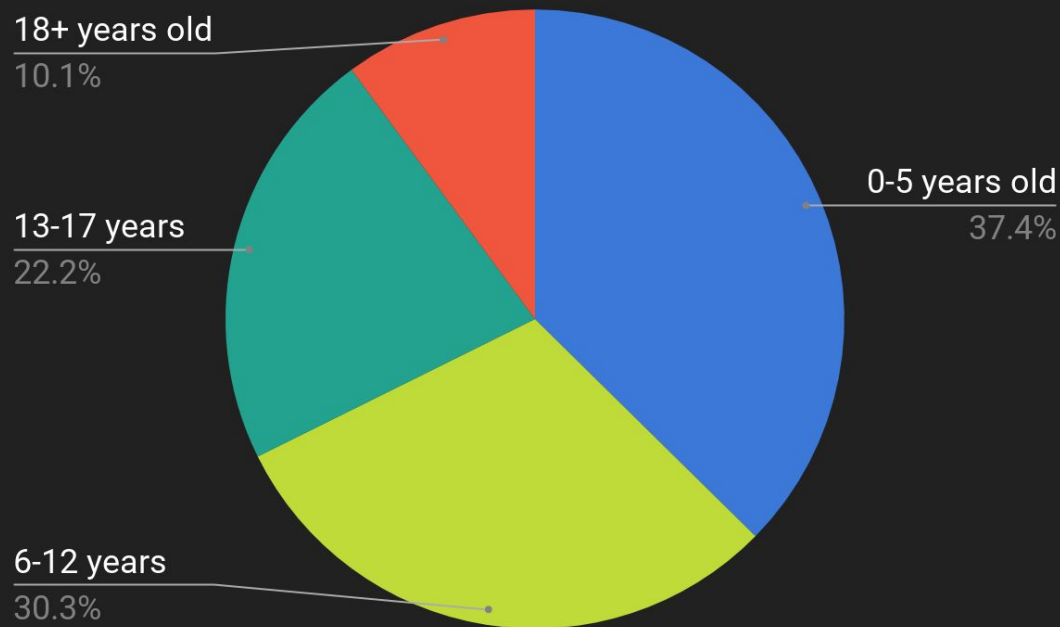
## Mission Statement

- Protect children who are reported to be **abused or neglected** and to increase their families' capacity to safely care for them
- Provide for the well-being of children in our care
- Provide appropriate, **permanent families** as quickly as possible for those children who cannot safely return home
- Support early intervention and child abuse prevention activities
- Work in partnerships with communities to fulfill this mission

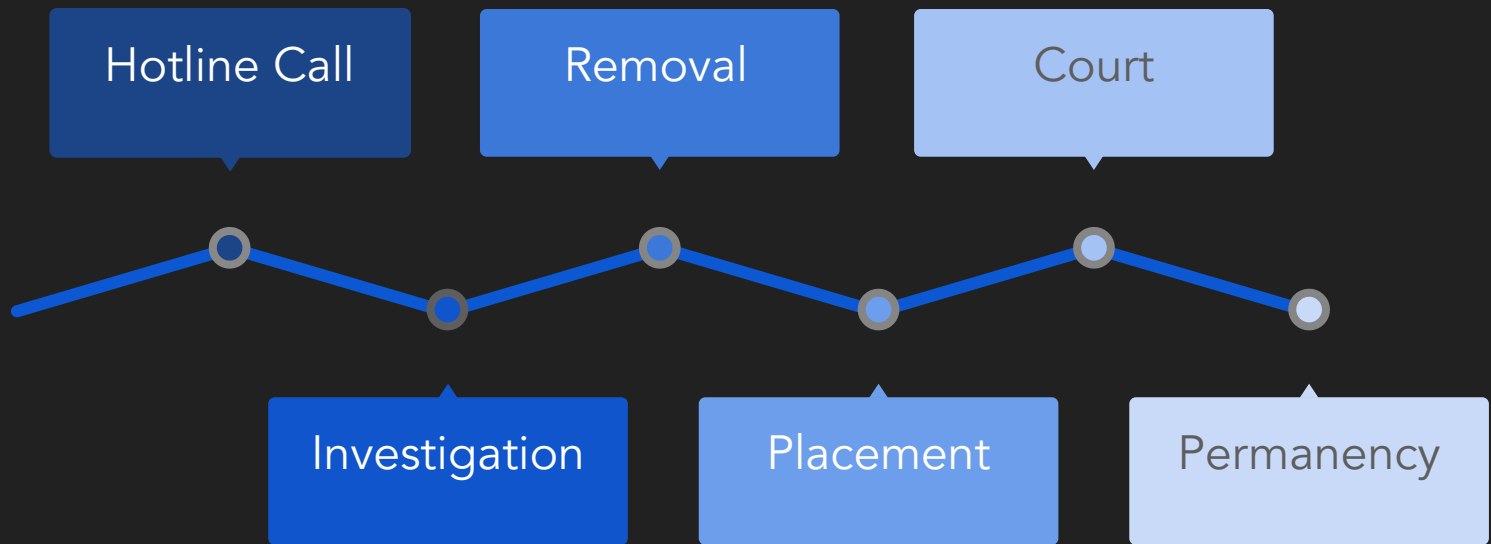
# Age Ranges

There are approximately 21,000 children in foster care in Illinois.

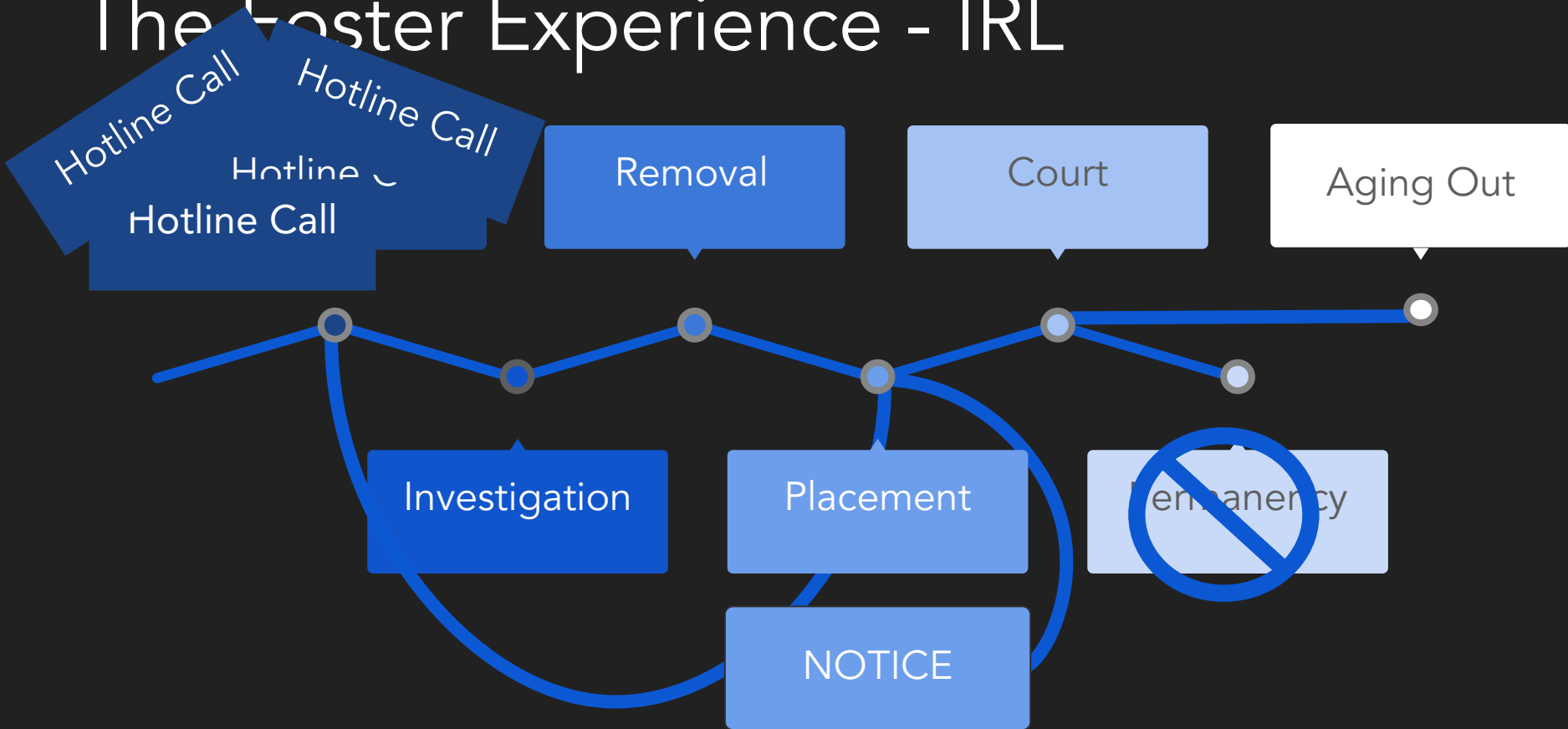
32.3% of them, or 6,783 youth, are teens and young adults.



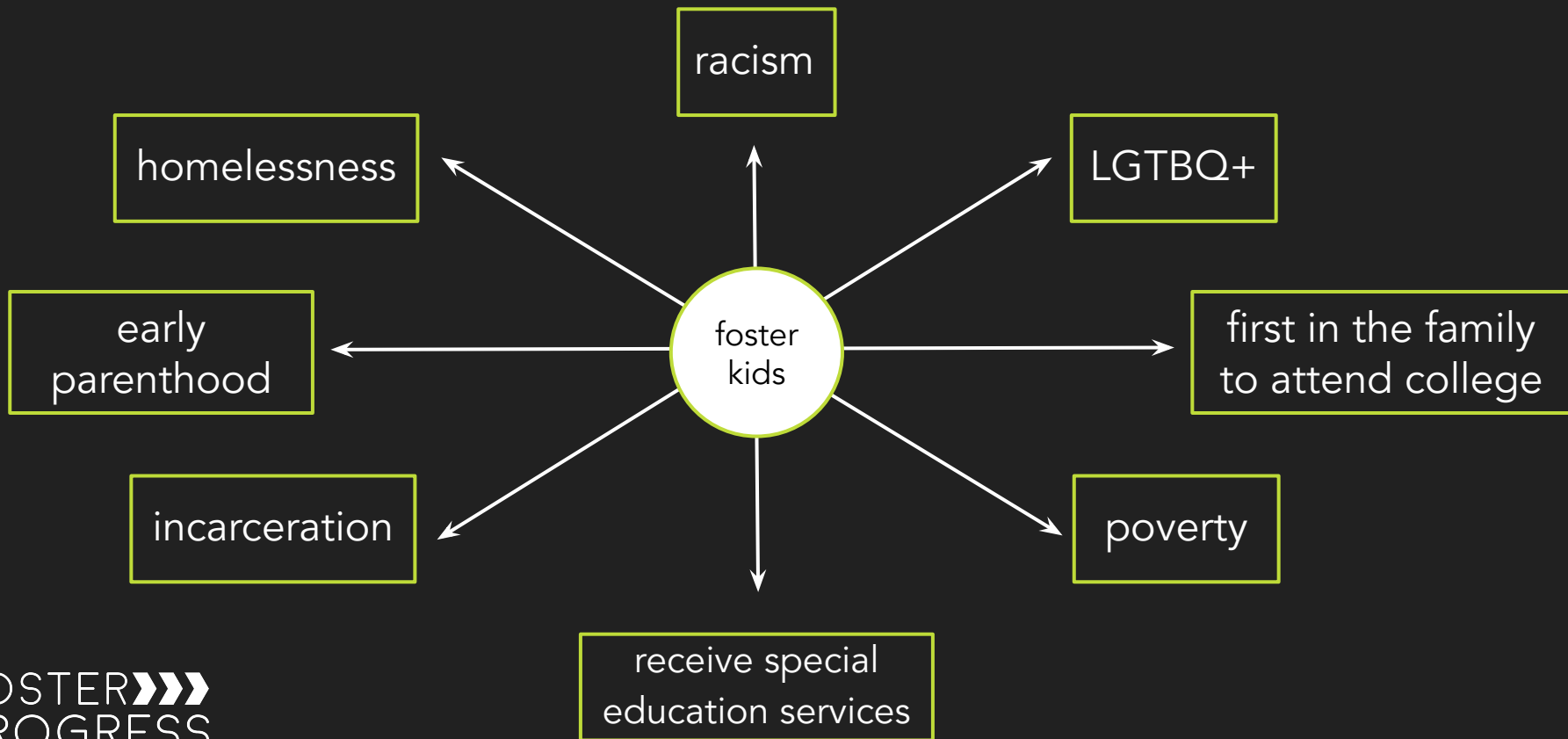
# The Foster Experience



# The Foster Experience - IRL



# Multiple axes of marginalization



# Aging Out



28,000 youth “age-out” of foster care each year in the US between the ages of 18-21.

In 2011, Illinois had the third highest rate in the country of youth aging out.

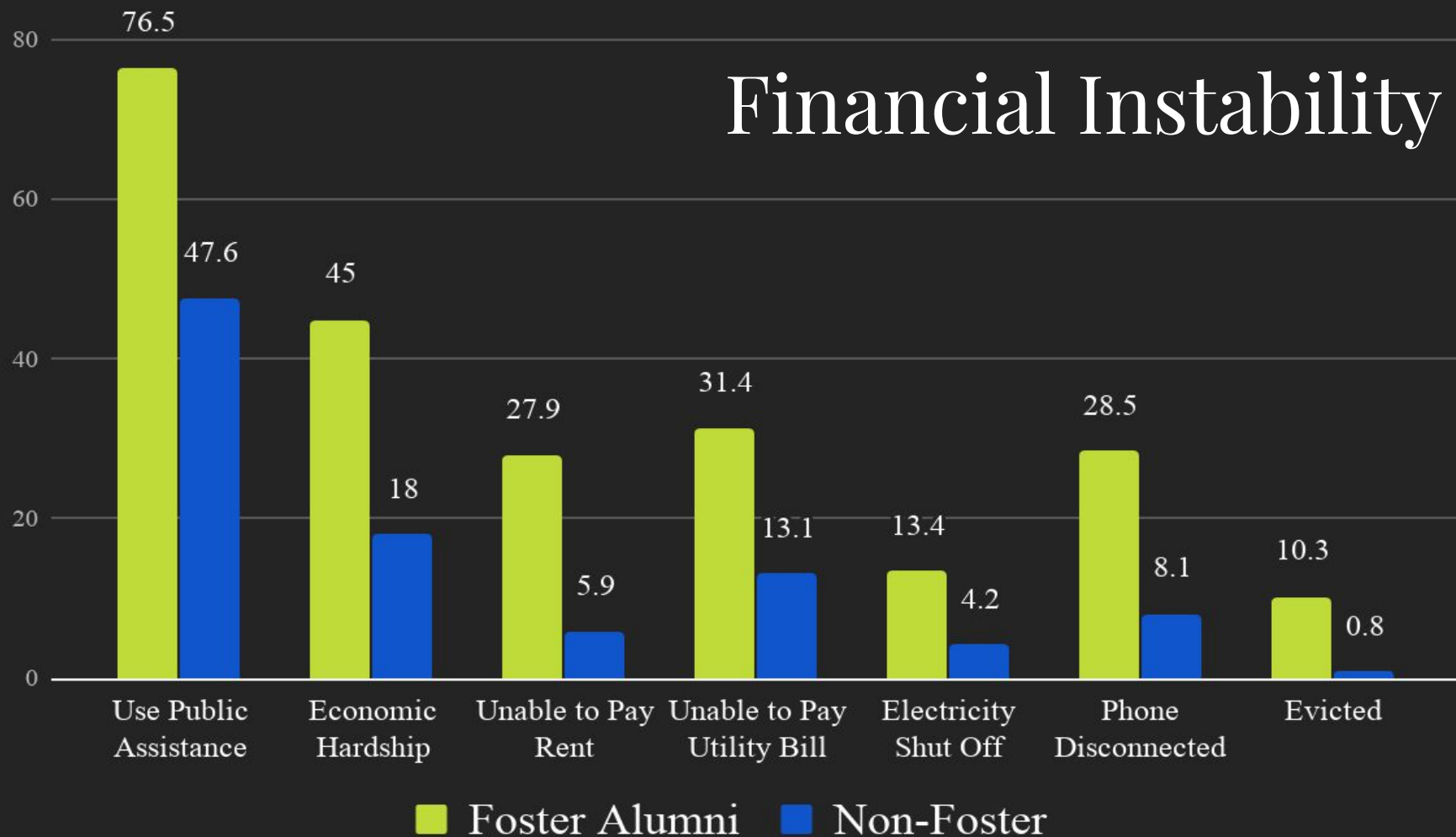
In 2011, around 50% of youth in Illinois exited foster care via aging out.

# Outcomes for youth aging out

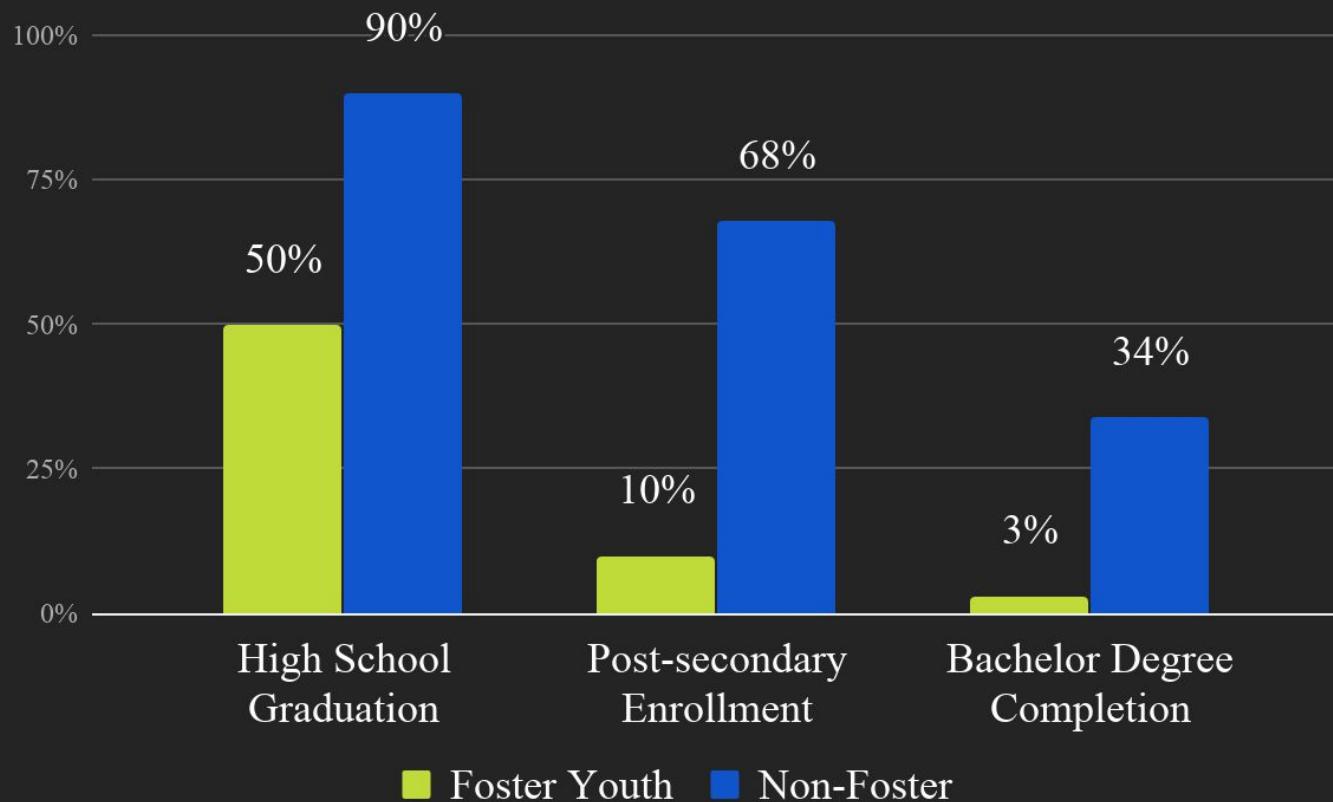
Midwest Evaluation of the Adult Functioning  
of Former Foster Care Youth at age 26, 2011



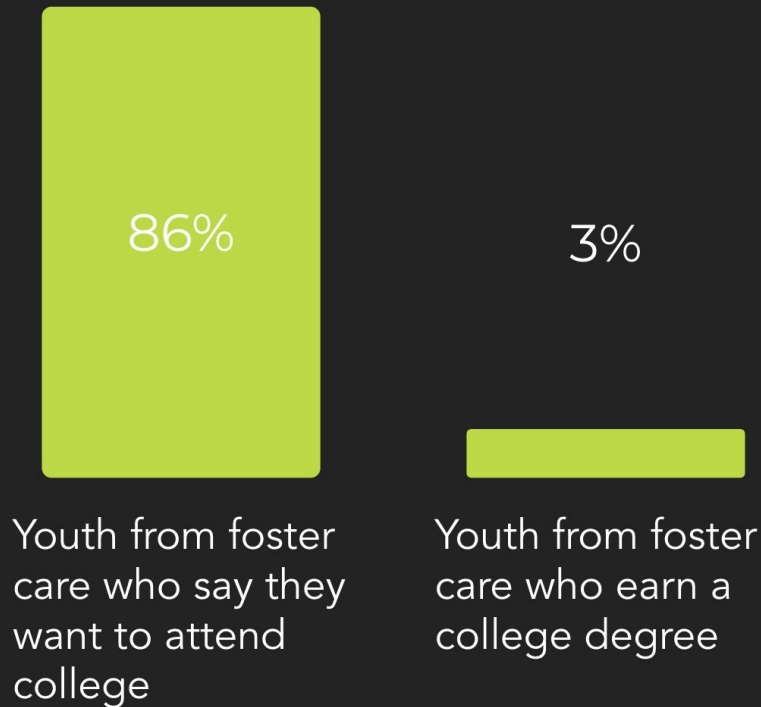
# Financial Instability



# Educational Attainment



# Degree Attainment



# Trauma 101

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

SAMHSA - Substance Abuse and Mental Health Services Administration



# Three Categories of Trauma



- **Acute:** A single incident, like a car accident

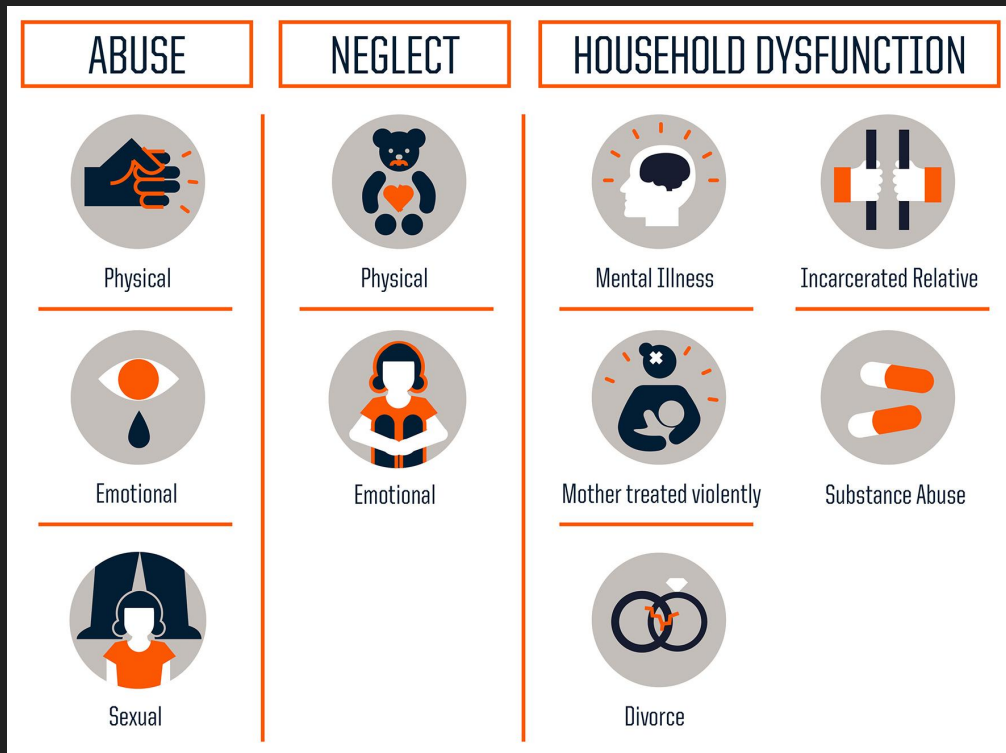


- **Chronic:** prolonged and repeated incident such as domestic violence, or childhood abuse.



- **Complex:** Combination of varied incidents of trauma.

# Adverse Childhood Experiences (ACEs)



"Are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian."

[https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf)

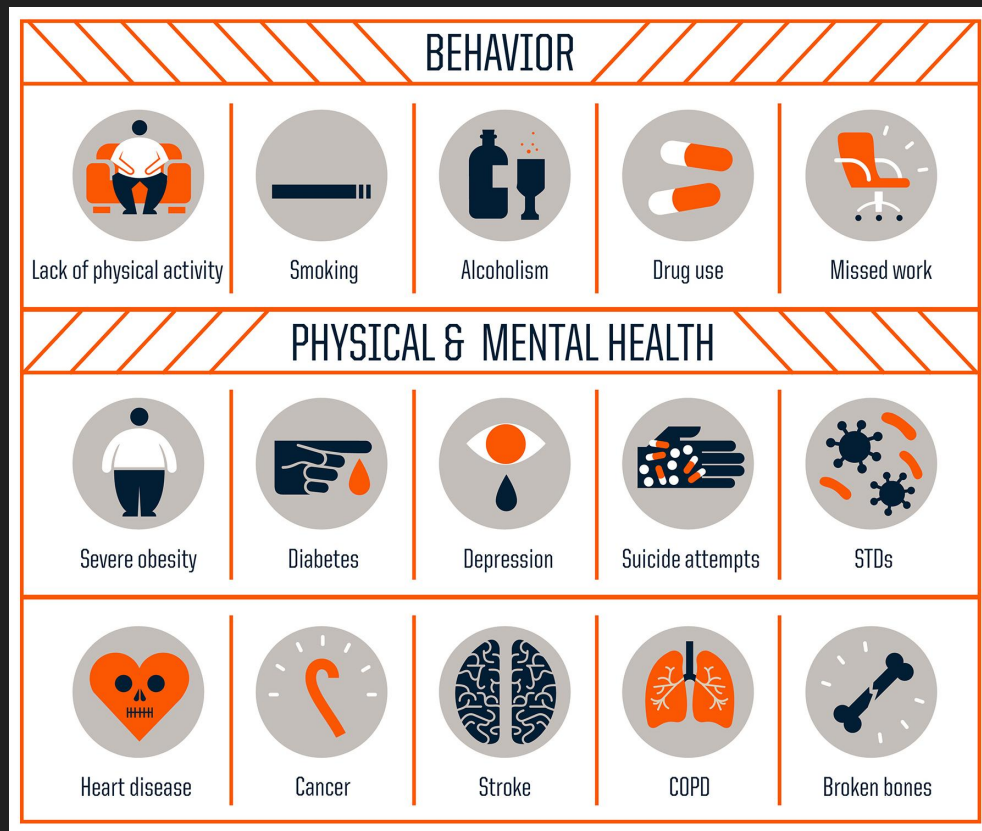
# ACES Assessment Example



# Case Study: Danielle

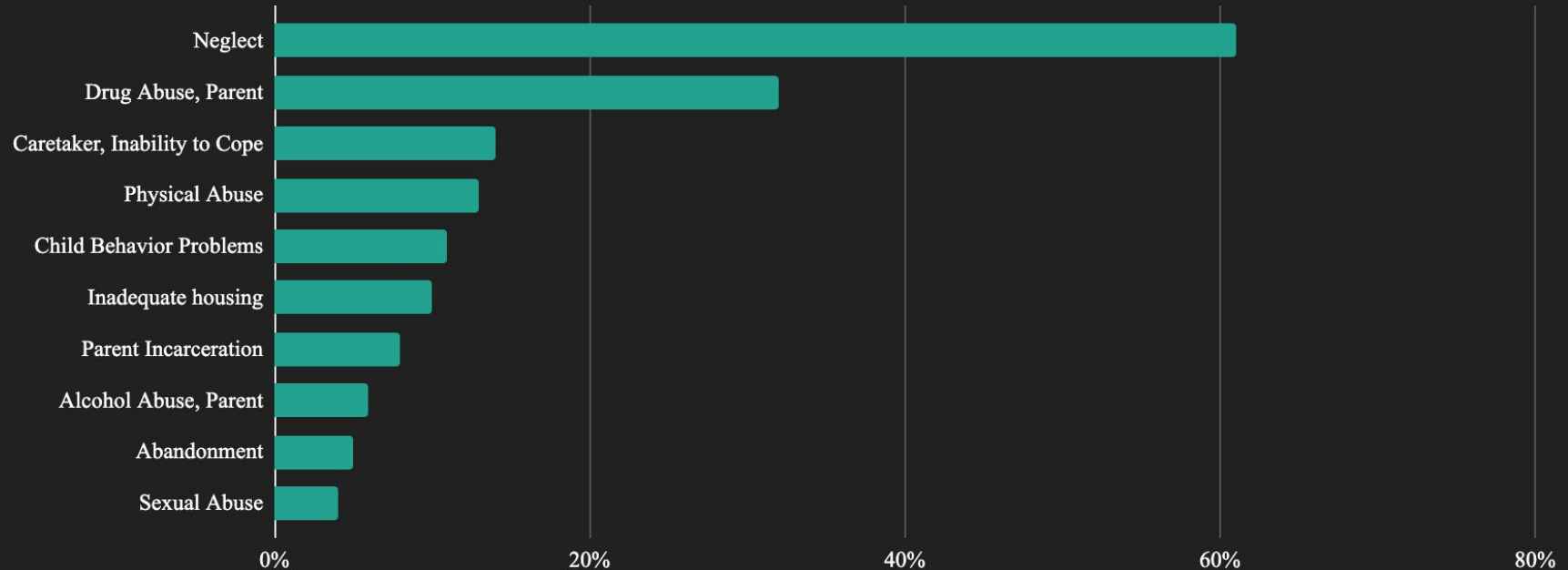
- Black female, 17 years old
- Came into care around 2nd grade
- Still saw her bio mom until recently
- Lived off and on with a "godparent" throughout childhood, until bio mom got jealous and took her back
- bio mom struggled with drug addiction
- Shelter and group home
- Hospitalization for suicidal ideation
- Joined FP Mentoring program, matched with mentor for 3 years
- Stable foster family with adopted, bio, and foster kids in the home
- Lives in working class area with good schools
- participates in cheerleading, admires her coach
- Warm, friendly, outgoing personality. Popular in school
- Wants to be a teacher
- Foster parents steadily employed in professional careers

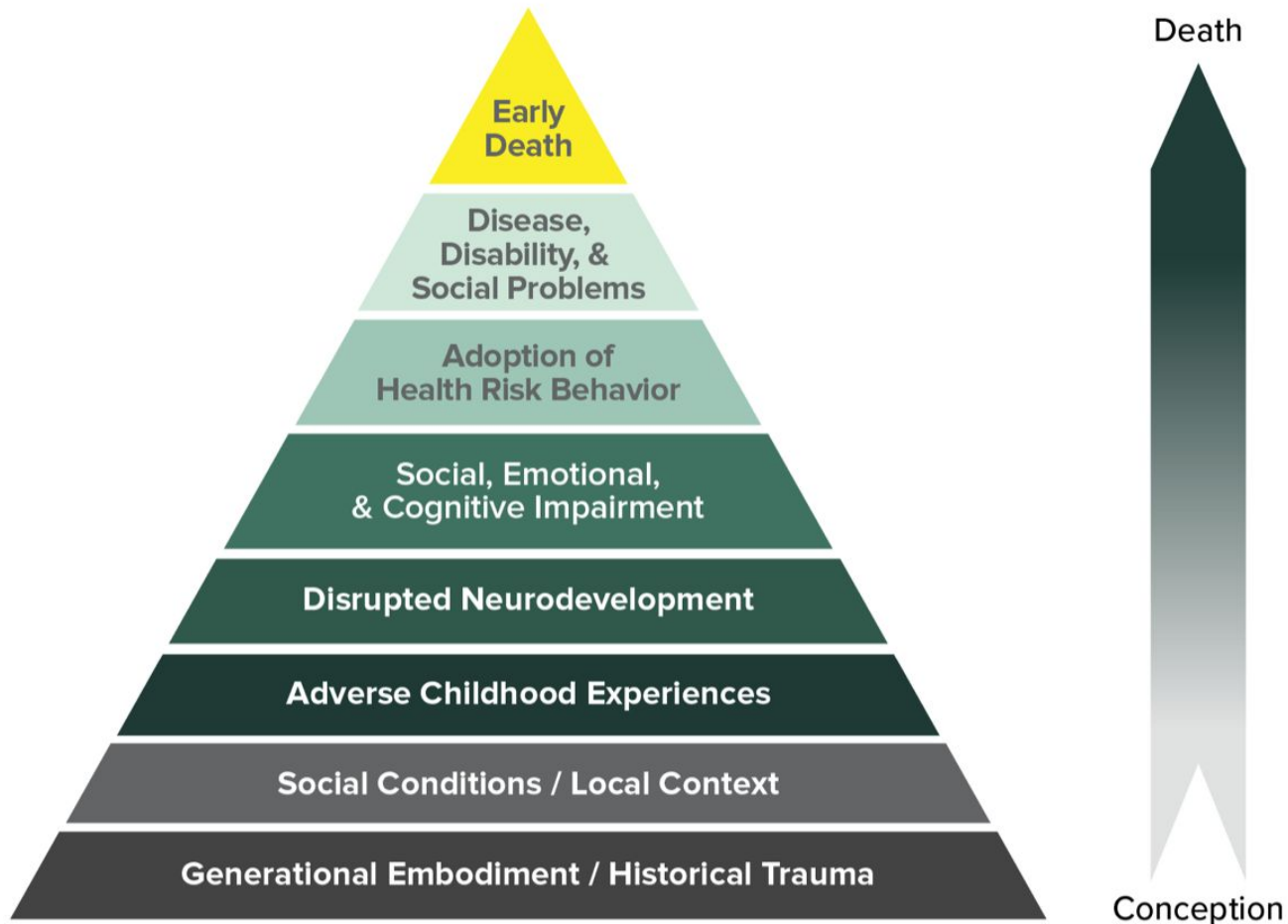
# ACES Increase Health Risks



# ACES that Foster Youth Experience

## Reasons Children Come into Care





**Mechanism by which Adverse Childhood Experiences  
Influence Health and Well-being Throughout the Lifespan**

# Model of the Brain

Thinking, Language, Values, Time, Creativity

Cortex

Reward, Memory, Bonding, Emotions

Limbic

Arousal, Sleep, Appetite, Movement

Diencephalon

Amygdala - The "Alarm"  
Regulates Temperature, Respiration, Cardiac

Brain  
Stem

The 5 senses, all experiences

Input

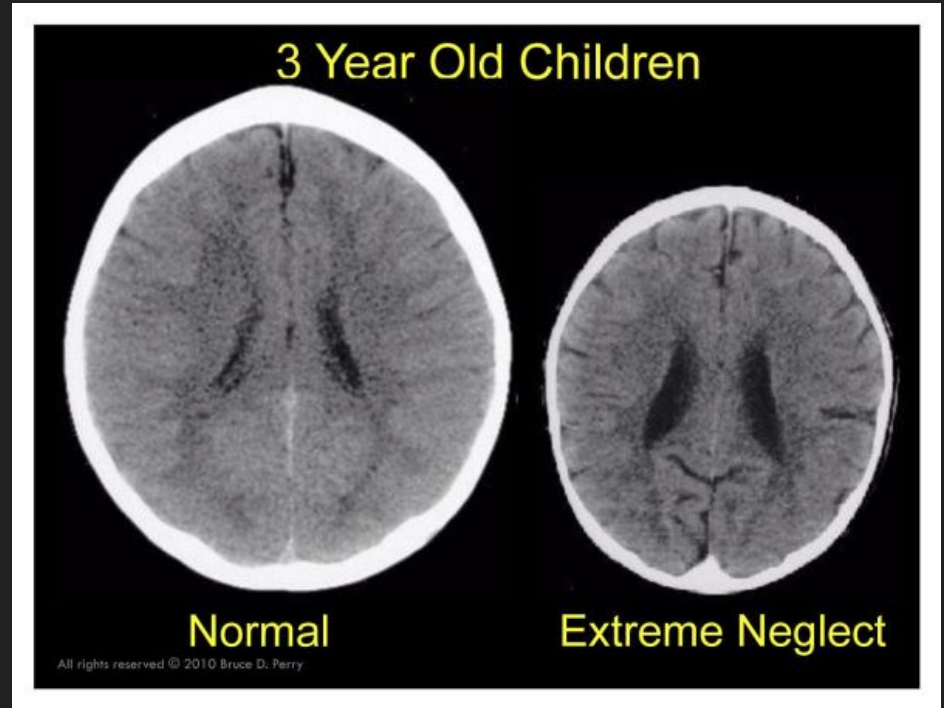
Input

Level of Complexity



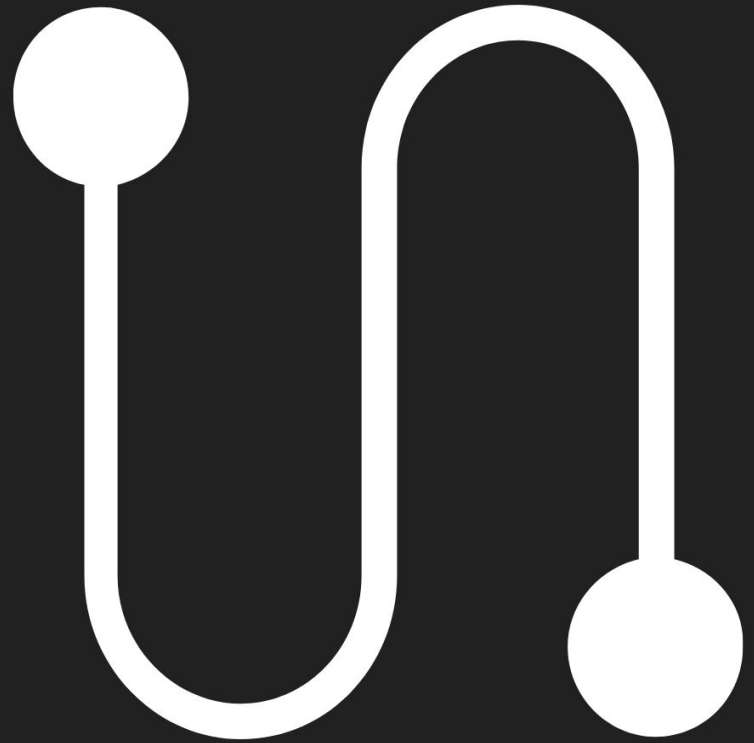
# The Impact of Trauma on the Brain

- Trauma has a physical, biological effect on our brains and bodies
- Inhibits prefrontal cortex- which is what controls impulse control and executive function
- Part of the brain and nervous system that controls fight, flight, or freeze is on hyperdrive. Much higher levels of toxic stress.
- PTSD- same rate as veterans returning from war



# Neural pathways

- When we learn, we create a pathway for neurons to travel in our brains.
- Repetition reinforces and deepens the pathway.
- Traumatic experiences will create pathways that may be maladaptive.
- To change behaviors, we have to create new pathways and then reinforce through repetition.



# The Survival Response

Occurs when the alarm is turned up and outside the Window of Tolerance

- Behaviors normally labeled oppositional, rebellious, unmotivated, or antisocial are the natural byproduct of a brain that is wired for survival.
- These behaviors are all part of the fight-flight-freeze response. Nature's way of helping us survive a threatening environment.

## Hyper-arousal

High energy, Anxiety, Anger, Hypervigilance, Flight/Fight, Chaotic

## Window of Tolerance

Grounded, Flexible, Open, Curious  
Present, Able to self-regulate

## Hypo-arousal

Shut Down, Numb, Depressed  
Passive, Withdrawn, Freeze, Shame

# Adaptive Abilities

What is adaptive in one scenario may become maladaptive in others. How are the following behaviors strengths? When might they become a concern?

- Strong commitment to taking care of self
- Ability to conform to expectations, manipulate situations, be what people want them to be
- Ability to protect self from losses
- Ability to rationalize behaviors and actions
- Ability to take control of a situation and do what needs to be done

# Protective Factors

"Protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families."

What protective factors did you have in your own life?



# Protective Factors

Intrinsic vs External

- Individual
- Family
- Communities



# Individual and Family Protective Factors

## Children who...

- have positive friendships and peer networks
- do well in school
- have caring adults outside the family who serve as mentors/role models

## Families where...

- safe, stable, and nurturing relationships are created
- caregivers can meet basic needs of food, shelter, and health services for children
- caregivers have college degrees or higher
- caregivers have steady employment

- there are strong social support networks and positive relationships with the people around them
- caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- caregivers/adults work through conflicts peacefully
- caregivers help children work through problems
- engage in fun, positive activities together
- The importance of school is encouraged for children

# Community Protective Factors

Communities where families have access to....

- economic and financial help
- medical care and mental health services
- safe, stable housing
- nurturing and safe childcare
- high-quality preschool
- safe, engaging after school programs and activities

Communities where...

- adults have work opportunities with family-friendly policies
- strong partnerships exist between the community and business, health care, government, and other sectors
- residents feel connected to each other and are involved in the community
- violence is not tolerated or accepted

# Back to the Case Study

Which protective factors did Danielle have in her life?

What were some positive outcomes because of these protective factors?

What other protective factors could have helped to support Danielle?

# Case Study: Danielle

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# Resilience



*Definition:* the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly.

If despite our efforts we live in a world where youth can not be protected from life's traumas then we have a responsibility to help youth learn to live with and recover from these traumas.

# Reaching the goal of graduation

How can we mitigate risks by instilling protective factors?

## Extrinsic (Support System)

- Mentors
- Community
- Financial support
- Health
- Safety

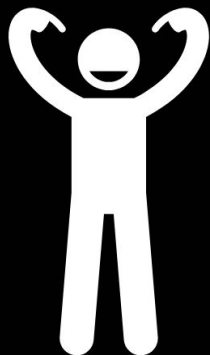
## Intrinsic (Social/Emotional Development)

- Teaching
- Modeling
- Therapy



# Asset-Based Principles

- Leveraging the strengths youth have developed through their difficult experiences
- Celebrating the successes that aren't noticed in traditional settings
- Recognizing the potential that could be unlocked
- Merit based vs. "charity"
- Creating opportunities for giving back



# Asset-Based Programming

- Application process
- Acceptance letter
- Career exploration
- Strength finding
- Awards dinner
- Earned Scholarship \$
- Fundraise for their own travel
- Service Opportunities
- Careful Messaging  
& Training
- Protecting them from "trauma tourists"



# Trauma Informed Care

- No “trauma tourism”
  - Ask yourself, why do I need to know?
  - Status is confidential
  - Reliving the past can be re-traumatizing
  - Know your role
- If students do share:
  - Acknowledging injustice, hardship without pity. “I’m sorry you had to go through that.” or “You’ve been through a lot.”
  - Don’t treat foster care like a “dirty word” that has to be whispered.
  - Ask for clarification. “What do you call your foster parent?” “Who should be involved...?”
  - Please don’t make them jump through unnecessary hoops, verification, proof
  - Don’t make assumptions. Wide variety of experiences.

# Stay in Touch

- Refer students to our programs
- Become a mentor, spread the word
- Reach out for individual questions or coaching
- Schedule further webinars for trauma-informed practice or supporting the academic ambitions of foster youth
- Join us for the Horizon Benefit on April 29

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# For Further Study

Trust Based Relational Intervention - [TBRI for Teachers](#)

*What Happened to You?* Dr Bruce Perry and Oprah Winfrey

[SAMSHA's Trauma and Violence resources](#)

[CDC's ACES resources](#)

[Childwelfare.gov's resources](#)