



Spring 2012



toll free: 888-530-8999
www.ojd.state.or.us/crb
crb.volunteer.resources@ojd.state.or.us

Welcome Our New CRB Members

Coos

Cecilia Lyon

Douglas

Donna Getz

Hood River

Linda Powers

Jackson

Julie Crites

Eliien Owen

Melinda Stephens-Bukey

Josephine

Cheri deWaard

Monique Guldbeck

Janice Stutts

Alan Young

Lane

James Horton

Sidney Johnson

Gloria Morely

Julia Pommert

Carol Schumacher

Lincoln

Sener Otrugman

Linn

Lori Arnold

James Cardwell

Marion

John Koreski

Stephanie Puentes

Multnomah

Darla Collar

Debra Dunlap

Michelle Leeper

Catherine Murphy

In this issue

Differential or Alternative Response P.3

Trauma Informed Practice P.6

Benchcard and Better Outcomes P.8

Online Training Opportunities P.9

A Message From Our Director

***Unless someone like you cares a whole awful lot,
nothing is going to get better. It's not. ~Dr. Seuss***

April is National Volunteer Month - a time to celebrate ordinary people doing extraordinary things through service. During the week of April 15-21, 2012, millions of volunteers across the country will be honored for taking action and solving problems in their communities. As one of the 299 CRB volunteer board members, you helped the CRB review 10,549 cases of children in foster care during the 2009-2011 biennium. The combined value of the CRB volunteer board members' time conducting reviews is approximately \$2,467,374, when using the hourly value estimate developed by the Coalition of Charities, Foundations and Individuals.

Our staff and judges thank you! Our courts believe that the work you do in these cases truly makes a difference in the lives of children and families, because you *provide a citizen voice on the safety, stability, and supervision of children in foster care through impartial case review and advocacy*. You are an integral part of our team, and the perspectives you bring are of great assistance to our judges.

Last April, in an interview with Oprah, Maya Angelou said she *"learned that you shouldn't go through life with a catcher's mitt on both hands. You need to be able to throw something back."* Your volunteer service with the CRB is likely one of the more challenging volunteer opportunities within your community. I appreciate your commitment to children and families as well as your willingness to "throw something back" by dedicating your time to the CRB.



Our annual “Every Day Counts” conference on May 4-5 kicks off National Foster Care Month, because as volunteer board members you are able to shine a light on the experiences and the urgent needs of the more than 11,500 children and youth in Oregon’s foster care system.

There is still time to register for the CRB’s annual ***Every Day Counts*** conference! We hope you will be one of the 200 + volunteer board members, CRB staff, and child welfare stakeholders from across the state at the conference. This conference focuses on issues affecting abused and neglected children and their families, and provides CRB volunteer board members the latest training, education, and skill building techniques to conduct effective reviews. Click [here](#) to review the brochure, agenda, and registration information. We still have some limited grant funds to pay for volunteer board member lodging costs at our conference for those who have a financial need. To request a lodging scholarship, all you need to do is send an email to Darcy Davidson (darcy.l.davidson@ojd.state.or.us), the CRB volunteer resource coordinator, and state: ***I am a CRB volunteer and am applying for lodging scholarship so I can attend the conference.***

1.7% of Oregon Children are Native American; yet 8% of the children reviewed by the CRB are Native American.

With the financial assistance from Casey Family Programs, Oregon procured 1,000 slots for DHS staff, attorneys, Judges, CRB Volunteer Board Members, Tribes, and community partners to take an on-line Indian Child Welfare Act (ICWA) course. There are fewer than 100 slots still available, so if this on-line, self-paced educational opportunity is of interest to you, please sign up soon.

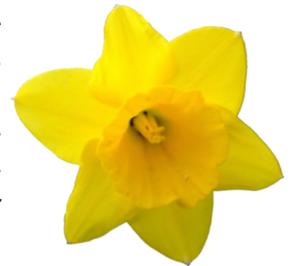
We are offering this opportunity as part of our commitment to improve practices in the handling of ICWA cases and to reduce disproportionality of American Indian/Alaskan Native children in foster care. We very much appreciate the dedication of all members of the child wel-

fare/juvenile court community to this effort by taking the time to complete the ICWA course.

The course is designed to help those involved in the out-of-home placement of American Indian children understand and comply with the ICWA. The course presents key provisions of ICWA, as well as recommended performance steps associated with effective practice for state, county, and tribal child welfare workers. In addition, the course gives general information about American Indian and Alaskan Native cultures. At the end of the course, there is a short test. When you pass the test, you will receive a Certificate of Completion.

The course, offered through the National Indian Child Welfare Association (NICWA), is accessed after completing a short internet survey. Once you complete the survey, you will be sent a login and password directly from NICWA. [Click here](#) to complete the survey and register.

Finally, please click [here](#) to take a look at the 2009-2011 biennial report. Despite the deep budget cuts endured by the CRB in 2009-2011, your support and commitment was truly remarkable. As you will see in the report, the accomplishments of the Oregon Citizen Review Board are your accomplishments



Thank you for the good work you do for children and families – we look forward to seeing you in Eugene in a few weeks!

~Leola



Differential or Alternative Response: Transforming Child Welfare's Front Door

- Written by Suzanne Callahan, CRB Field Manager

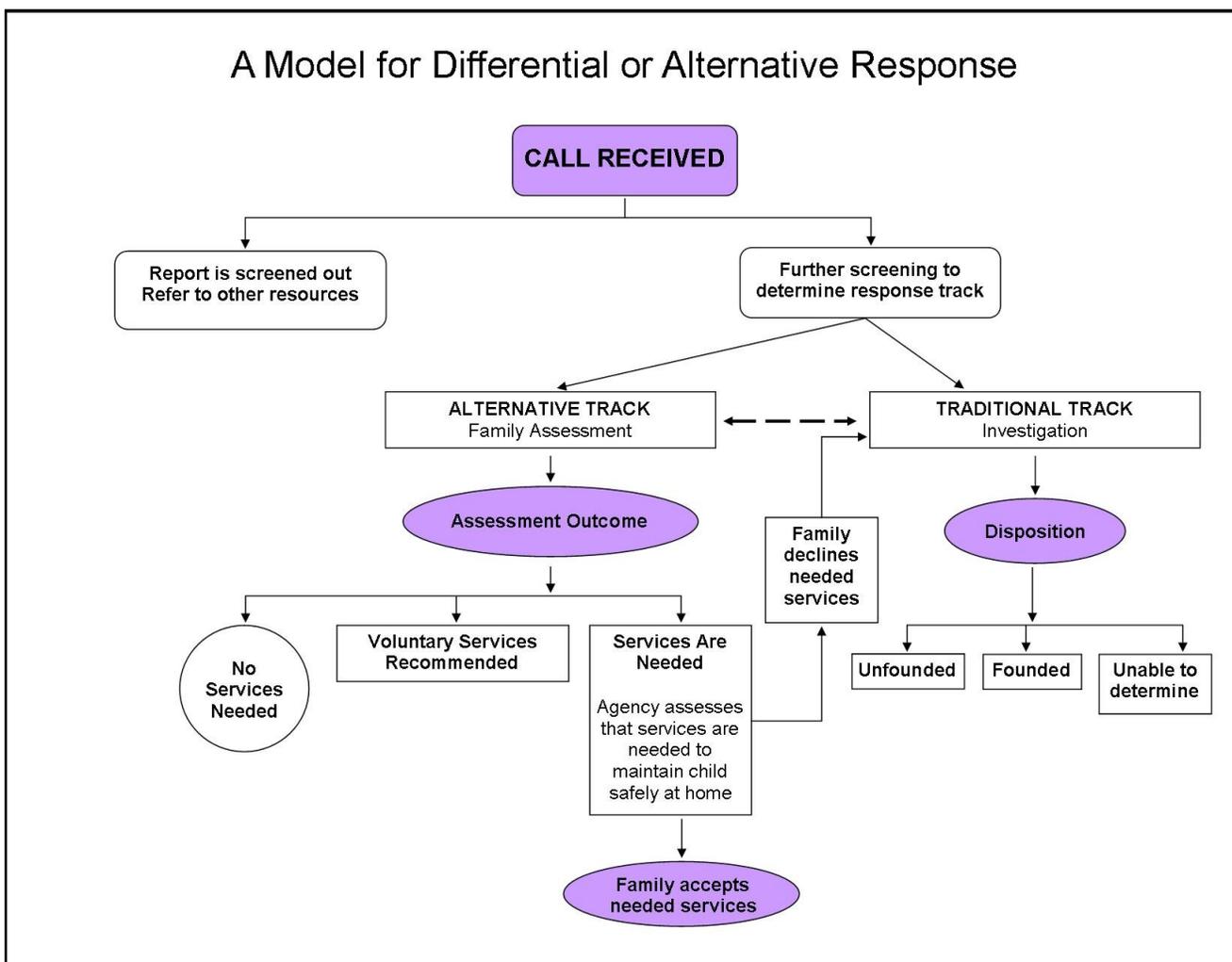
The Oregon Safety Model (OSM), which was implemented in 2008, completely revamped child welfare policy and procedure. The model formalized the screening and assessment process and a distinction was made between fundamental concepts of "safety" and "risk". Differential response is the newest buzz word in Child Protective Services (CPS) relating to agency efforts at time of safety assessment. The state of Oregon is currently developing a model and will be piloting the model in selected counties.

What is Differential or Alternative response?

It's an alternative to the traditional investigation process used during screening and a new approach to accepting reports of child abuse and neglect. The intent of implementing this approach is to:

- Focus less on investigative fact finding and more on assessing and ensuring child safety.
- Help the family identify their strengths and needs in order to maintain the children safely at home.
- Allow agencies to provide intervention and support services to a family without a founded referral for abuse and/or neglect.
- Seek safety through family engagement and collaborative partnerships with community organizations.

The model is designed to prevent removal in cases determined to be low to medium risk. The approach is primarily used in maltreatment cases of neglect and in response to referrals that do not allege serious or imminent harm. In Oregon last year, cases founded for Neglect and Threat of Harm accounted for approximately 48% of founded allegations.



What are the core elements of Differential Response?

There are two response paths used when DHS screens a call of concern. If the call is not screened out, it is assigned for either family assessment or for investigation. There are multiple factors used to make this decision which include the type and severity of maltreatment, the number and sources of previous reports and the willingness of the family to participate in services. If the case is determined to be appropriate for Differential Response, the family is actively engaged at the forefront of the case to assist DHS in determining what services are needed to ensure child safety and to strengthen the family's protective capacities. Often extended family members and/or other safety service providers are utilized to provide additional supervision of the children in the home as well as direct in-home support to the parents. Differential response techniques are to be time limited and solution oriented.



Other states that have implemented Differential Response have documented the following outcomes:

- Families are more receptive and less resistant to child welfare involvement.
- Families show greater benefit and report higher satisfaction from services received.
- Support services are more easily tailored to a family's specific needs.
- Fewer children are placed in the foster care system.
- A positive impact on the disproportionate representation of children of color in the foster care system.

Why is this important?

Statistics show that the state of Oregon has a higher rate of foster care placement compared to the national average (10-12 per 1000 children vs. 7 per 1000 children). With the intent of decreasing reliance on the foster care system, there are state-

wide strategic goals in place to safely and equitably reduce the number of children in foster care by preventing entries and by increasing foster care exits. These initiatives are gaining momentum through the work of Casey Family Programs. Eleven participating counties (which account for about 75% of the children in foster care) now have local partnership teams which include Citizen Review Board field staff. Protective custody is necessary when there is evidence of imminent safety threats; however, in cases of lower risk, additional consideration must be made whether out-of-home placement is truly warranted to ensure child safety. There is growing evidence that children who have been in foster care have long-term outcomes which are far worse than children who are raised in their own homes. There is also substantiated research that the trauma of removal and subsequent interruption in attachment can cause irrevocable damage to a child's development.

What considerations should be made at time of CRB review?

One key component of this concept is whether there are local services available that can be individually tailored to meet the family's specific needs and if DHS has local contracts with these service providers. What is available in your county (i.e. family housing, in-home parent training, housekeeping/ skills training, etc)? Another key component to the success of this approach is a family's **willingness** to engage in additional and/or volunteer support services to safely maintain the children at home. If these components are not in place, the case is not appropriate for this alternative track.

The Citizen Review Board only reviews children who are in **substitute** care. By time of first review, a decision has already been made by child welfare and by judicial determination that removal was warranted; however, additional consideration can be given by the CRB board about the agency's efforts to prevent removal. What were the circumstances that led to the founded referral? Was the family engaged in case planning at the onset of the case? Were there relatives and/or

other service providers that could have been incorporated into a safety plan in order to safely maintain the children at home? When considering whether the agency has made reasonable efforts toward reunification, the board can determine if there are any additional support services available which could meet the specific needs of the family. Is it a lack of service availability which is presenting a barrier to reunification? Are there additional services that have been recommended by service providers and/or requested by the parents? When measuring parental progress, the board should

determine the parents' efforts toward resolving the safety threats that led to removal. At the current rate of parental progress, is it likely the children can return home within a reasonable period of time? Finally, when considering whether out-of-home placement is still necessary, the board should determine if *immediate* safety threats have been eliminated and if minimal conditions for return have been met. Can the children be safely returned home with additional in-home services in place? Is the case appropriate for a trial home visit?

Spring is here, and so is the...

Every Day Counts
CRB Annual Training Conference
May 4-5, 2012

at the

Eugene Hilton Hotel and Conference Center

We will again be doing our Camp to Belong Fundraiser with a basket raffle to raise funds to provide scholarships for siblings separated in foster care to spend a week at camp together! If you'd like to participate in the fundraiser, arrange a basket or other raffle items together and bring them with you to the conference. Your field staff member can provide more information or any questions you may have. Get creative!

Conference brochure and online registration available [here!](#)



- Submitted by Erin White, CRB Field Manager

The CRB reviews many cases with families that have been affected by trauma in one way or another. Traumatic experiences can have a profound impact on childhood development and cause long-lasting effects in children and adults involved with the child welfare system. Therefore, it is important for board members to understand the effects of exposure to trauma and successful trauma treatment.

A traumatic experience is an event that threatens someone's life, safety, or well-being and overwhelms their ability to cope. Acute trauma is a single event limited in time such as a car accident. Chronic trauma refers to multiple and varied events over time such as exposure to violence in the home. Signs and symptoms of trauma include arousal, avoiding friends, numbing/avoiding emotion, clinging to relationships, lack of confidence in own safety or ability, flashbacks, and difficulty regulating emotion.

When a person is threatened, their body prepares to respond and they experience physiological reactions such as an increased heart rate, blood pressure, and stress hormones such as cortisol. A person in a heightened state cannot think abstractly and has no sense of time. Once the danger has passed, the stress response system returns to normal and the person returns to an internal state of calm. However, severe or protracted threats disrupt normal functioning and systems. Cortisol does not reach sufficient levels to shut off arousal, so people who have experienced trauma can live at an internal state of hypervigilance, and their stress system responds to events that others may not find stressful. It is common for people suffering from trauma to be misdiagnosed with ADHD or oppositional defiance disorder.

Trauma can affect people differently at different stages of development. The brain develops the most during the first few years of a child's life. For infants, activating the fight-or-flight response in a nurturing environment helps them develop healthy stress response systems. However, prolonged trauma can weaken the brain's development, which can affect future, higher functioning development. Studies of brain development have shown that consistent stress can impair the development

of the prefrontal cortex, the part of the brain connected to executive functioning such as decision making, focusing attention, and controlling impulsive behaviors. Persistent elevated cortisol can interfere with memory formation, and prolonged trauma can impair learning and school performance. Studies have shown that adults who suffered chronic trauma in their childhoods have increased risks of serious diseases, health problems, and early death.



Additionally, healthy attachments are widely considered vital to an infant's development. With healthy attachment, a child feels secure and is able to explore and develop coping skills. In turn, these skills can help a child respond to trauma in a healthy way. Furthermore, a child looks to their primary caregiver to learn how to respond to events. If a caregiver, due to their own trauma or other issues, is unable to form a healthy attachment with an infant, the child will have more difficulty exploring their environment and developing self-confidence, and will not have had a role model of appropriate behavior.

Adolescence is also a state of increased brain development. It is the time for teenagers to discover their own interests, form an identity, and learn to regulate emotion. They can often be insecure and experiment with different identities. They are also working to become independent, and their peer groups become important as they begin to push away from their parents. A healthy attachment to a primary caregiver helps teenagers successfully progress through these tasks. However, without healthy attachments, the task can be difficult. Teenagers suffering from trauma will oscillate between independence and insecurity. Adolescents without adult support are more likely to have emotional distress and behavioral issues. Teenagers dealing with trauma can also suffer more from social isolation, declining school performance, impulsive reactions, and risky behavior.

Adults may experience hypervigilance that can cause difficulty sleeping and managing emotions. Furthermore, people who have suffered trauma experience intrusions such as flashbacks and night-

mares, and practice avoidance such as isolating from families and friends or numbing with substances such as drinking or self-harm. In practice, we may see adults suffering from trauma experience difficulty focusing and making decisions, avoid counseling, or utilize drug use to reduce stress.

Fortunately, the brain has a high level of plasticity and is able to make great corrective strides. For example, studies of children who had experienced early childhood maltreatment demonstrated that, with therapeutic intervention, their cortisol levels returned to normal, brain activity increased during corrective feedback, and problem behaviors decreased. The goals of trauma treatment for adolescents and adults are to help the patient form a comprehensive narrative of the event, eliminate the symptoms of hyperarousal in connection with the memories, and connect or reconnect with ordinary life. Because trauma can have such a profound and long-lasting effect on children and families, it is essential that stakeholders understand the impact of trauma and effective services to address it. As a CRB volunteer, think about whether the waiting area, review room, and review process can be improved to reduce anxiety. During the review, ask if the parents and children have been referred for mental health evaluations, if the evaluator was provided with information regarding histories of potentially traumatic events in the client's past, and if the client is being provided in a timely manner the services recommended by the evaluation. The system should provide environments that do not increase the level of trauma experienced by chil-

dren and families, and children and parents who have been exposed to trauma should receive early, appropriate, and evidence-based intervention.

Resources

Greene, Ross (2005). *The Explosive Child*.

Herman, J. (1997). *Trauma and Recovery*.
Hodas, G.R. (2006).

Responding to childhood trauma: the promise and practice of trauma informed care. http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf

Buffington, K., Dierkhising, C.B. & Marsh S.C. (2010). Ten things every juvenile court judge should know about trauma and delinquency. <http://www.ncjfcj.org/content/view/1330/347/>

Child Trauma Academy. <http://www.childtrauma.org/>

The Oregon Social Learning Center. <http://www.oslc.org/>

National Scientific Council on the Developing Child. <http://developingchild.harvard.edu/index.php/activities/council/>

A Little

Inspiration...

“I believe that if you show people the problems and you show them the solutions they will be moved to act.”

Bill Gates

The CRB is on Facebook!

The CRB has joined the social media revolution and opened a Facebook page!

Our page will help us reach out to community members, update our followers on news and events, and recruit new volunteer board members. We are very excited about this new avenue of communication! If you are on Facebook, we invite you to become a follower of the

CRB page by clicking “like” on our page. And - tell your friends, family, and acquaintances, too!

Search for our page on Facebook, or click this link: [CRB on Facebook](#)



Judges' Benchcard Leads to Better Outcomes for Children

- Article from Children's Bureau Express Online Digest, November 2011

A new study looks at how the use of a judge's benchcard can lead to improved court practices and better outcomes for children in foster care. A benchcard is a set of guidelines, consisting of standard questions and procedures, that a judge can utilize in conducting a hearing. The CCC Preliminary Protective Hearing Benchcard Study Report: Testing a Tool for Judicial Decision-Making reports on the effectiveness of the Preliminary Protective Hearing (PPH) Benchcard that was developed as part of the Courts Catalyzing Change (CCC) project.

The CCC initiative, supported by Casey Family Programs and the Office of Juvenile Justice and Delinquency Prevention, was created and launched through the National Council of Juvenile and Family Court Judges (NCJFCJ) Model Courts project.



In 2009, the NCJFCJ's Permanency Planning for Children Department began a study to examine outcomes associated with judges' use of the benchcard. For the assessment study, data were collected on more than 500 children in Los Angeles, CA, Omaha, NE, and Portland, OR. Data were gathered from case file information (both court and agency files) and from courtroom observations. Information was collected at several junctures, from placement to establishment of jurisdiction and disposition. To explore benchcard implementation effects, the study was designed to allow for several different comparisons. The information collected included demographic details, as well as information about the families involved, hearing participants, dates of case events, and details on allegations, services, and placement. Judicial officers at each site were randomly assigned to either a benchcard implementation group or a control group.

Findings of the study show that those judicial officers who used the benchcard discussed more key topics during the preliminary protective hearings

than the control group. Benchcard implementation appears to be associated with substantially higher quantities and quality of discussion of key dependency topics when compared to the control group. Benchcard implementation also corresponds to an increased thoroughness of discussion and judicial inquiry, as demonstrated by the number of topics and how thoroughly they were discussed. Benchcard use also was associated with more family placements—placement with a charged parent, with a noncharged parent, or with a relative—at the initial hearing and even more again at adjudication when comparing the same judges before and after benchcard implementation. Benchcard use also was associated with fewer children placed in nonrelative foster care at the initial hearing and even fewer again at adjudication. Similarly, the percentage of children who were reunified with the charged parent at the initial hearing and at the adjudication hearing increased after Benchcard implementation.

The full report is available on the NCJFCJ website:

<http://www.ncjfcj.org/images/stories/dept/publications/ncjfcj%20benchcard%20study%20final.pdf> (1.50 MB)

Also find the PPH benchcard on the website:

http://www.ncjfcj.org/images/stories/dept/ppcd/CCC/ccc%20bench%20card%20inserts_web.pdf (78 KB)



Improving Outcomes for Native Families

- Article courtesy of Children's Bureau Express December 2011/January 2012

The California Disproportionality Project has produced the Implementation Toolkit for the American Indian Enhancement (AIE) Project to improve outcomes for American Indian/Alaska Native families and children in the child welfare system by assisting agencies in complying with the Indian Child Welfare Act.

The toolkit provides action steps and guidance on reaching the following outcomes:

- Reduced entries of American Indian/Alaska Native children into the foster care system
- Increased reunification of American Indian/Alaska Native families
- Decreased length of stay of American Indian/Alaska Native children in foster care
- Decreased time to permanence for American Indian/Alaska Native children

Seven tool sets provide advice on engagement and communication; assessment; planning; training, coaching and transfer of learning; evaluation; and funding resources. Other toolkit features include a factsheet, talking points for leadership, and a 12-minute video highlighting why workers should ask every child and family receiving services if they have American Indian or Alaska Native heritage. The "Faces" video also provides direction on culturally sensitive ways to inquire about ancestry.

For more information, visit the California AIE Project website:

http://calswec.berkeley.edu/CalSWEC/AIE/AIE_home.html

Online Training Opportunities

Child Trauma Academy—CTA University

The [Child Trauma Academy](http://www.childtrauma.org) (CTA) is a non-profit organization based in Houston, Texas that works to improve the lives of high-risk children through direct service, research, and education. Their website offers some free online courses for anyone interested in the issues around child trauma. Currently, the courses available are: "The Amazing Human Brain and Human Development," "Surviving Childhood: An Introduction to the Impact of Trauma," "The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families," and "Bonding and Attachment in Maltreated Children." This is a great resource for training - excellent information on relevant topics with no cost, and accessible at any time. Take advantage of all they have to offer! Check out the courses here: <http://www.childtrauma.org/index.php/training/cta-university>



Community Readiness Model Webinar

The Native American Center for Excellence, an initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA), has posted a 2-hour skills-building webinar on the Community Readiness Model (CRM). The webinar was presented on July 12, 2011, by Dr. Pamela Jumper Thurman and Dr. Barbara Plested, members of the team that developed the CRM nearly 20 years ago at Colorado State University.

The CRM was designed to mobilize communities at the appropriate readiness stage and build cooperation and coordination among systems and individuals. Community Readiness is a step-by-step approach to creating positive and healthy community change that uses resources already available within communities and supports development of culturally appropriate intervention strategies.

To watch or download the recorded webinar, visit:

<http://nace.samhsa.gov/blog/post/NACE-Webinar-PowerPoint-Community-Readiness-Model.aspx>