

Using a Podcast to Raise Awareness for Issues within the Foster System  
and Lift the Voices of Ex-Foster Youth

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## **Dedication**

To foster children and teens living in foster homes, group homes, and residential treatment facilities, I hope this podcast will improve your lives and make you feel heard.

## Acknowledgments

First, I would like to thank my sources for speaking to me even when it was challenging. Your voices are invaluable to me and to those who are still in foster care. I would also like to thank my thesis advisor, Leon Alligood, for guiding the project, answering my questions, and teaching me what I know about reporting. His support helped me push through the project when my motivation was low and I didn't know what to do next. I also want to thank my second reader, Dr. Detweiler, who helped me with the academic portion of the thesis. I am indebted to Dr. Haines who helped me with my podcast's thumbnail, and Dr. McCoy who connected me with two of my sources.

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## **Abstract**

For this Honors creative thesis, I recorded, edited, and produced a podcast in which I interviewed people about their experience with foster care. The intent of the podcast was to make information about the foster system more accessible, make current and previous foster youth visible, and hold residential treatment facilities accountable for abuse and neglect. Most of the sources interviewed were ex-foster youth or adoptees but also included were a previous Tennessee Department of Children’s Services worker, an adoptive parent, and an individual who was “restraint trained” to protect people from harm. Prominent topics included restraints, seclusions, family court, revictimization in foster care, and mental health. Over seven episodes, the podcast grows the body of knowledge about foster care while including reforms and changes that ex-foster youth would like to see implemented in residential treatment facilities, group homes, and traditional care. A continuation of the podcast series would expand to more testimonies from ex-foster youth about group and residential homes and discussions about the representation of current and previous foster youth in popular media.

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## **Podcast Episode Files**

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## **CHAPTER I**

### **The Experience of Foster Care**

Foster care aims to provide a safe and stable setting for children and teens experiencing abuse, neglect, or other risks to their safety. In 2022, almost 63% of foster children entered care due to neglect. The second highest category, parental drug abuse, sat at 36%. The lowest categories, at 2% or less per category, include child alcohol and drug abuse, parent death, and child disability (Font et al., 2018, p. 1; U.S. Department of Health and Human Services' Children's Bureau, 2022, p. 2).

In Tennessee, the Department of Children's Services (DCS) is the state agency that oversees foster care. From 2016 to 2020, Tennessee had the highest rate of foster care instability in the nation, with instability defined as three or more placements in the first twelve months of care (U.S. Department of Health and Human Services, 2022, p. 38). Our overwhelmed state has even seen foster teens coming from the juvenile justice system sleeping on DCS office floors (Mintzer, 2022, paras. 1-2).

Displacement happens when a foster child or teen is removed from their foster family and placed again, such as in another foster home or a group home. There are three categories of displacement: Child-initiated disruptions, placement mismatch disruptions, and substandard care disruptions. Child-initiated disruptions happen when those in foster care run away from placements. These displacements are statistically more likely to happen if someone has been in foster care for over two years. In placement mismatch, a foster home ends up not being a good match for a foster child. This can happen when there are specialized needs or adjustment issues. The final category, substandard care disruptions, includes child abuse and neglect that happens within the foster system. It can

also include parenting behaviors that might not be abusive or neglectful but are still deemed to threaten the health of the person in foster care. Teenagers and those with mental health issues or cognitive disabilities were at an increased risk for a substandard care disruption (Font et al., 2018, pp. 3-11). When separated from siblings, foster children tend to have more placement instability (Font & Kim, 2022, p. 591).

When disruption does happen, it can have many negative effects on those in foster care. When foster children move to another home, they have to move schools, causing them to miss or repeat lessons and even lose credits (Fawley-King et al., 2017, p. 142). When students stay in the same school but move to another home, the stress of disruption and adjusting to new caregivers can still stifle academic progress (Berger et al., 2015, pp. e109-e116). The educational effect of disruptions coexists with a higher rate of learning disabilities and developmental delays among those in foster care when compared to those not in foster care (Turney & Wildeman, 2016, p. 4).

Effects of disruption on mental health are still debated. Engler et al. conducted a review of over 5000 studies. After narrowing their study down to 25 articles, they found that 10 of them talked about placement variables. 4 of those correlated a high number of placements within the foster care system with poor mental health outcomes, while 2 studies found there was no effect of the number of placements on mental health (Engler et al., 2020, p. 260).

These studies illustrate a need for high quality placements for those in foster care to thrive educationally and to keep young people in livable environments.

When compared to those not in care, children and teens in foster care tend to have more complex mental health needs. These needs are explained by the trauma that happens

before foster care as well as during it. Many factors, such as the type of maltreatment, impact the number and types of mental health disorders children in foster care experience (Engler et al., 2020, pp. 225-257). Children and teens in foster care were five times more likely to have anxiety, six times more likely to have behavioral problems, and seven times as likely to have depression than those not in care. When researchers compared those in care to children in economically disadvantaged families, they still found differences in mental health, suggesting that foster care placement is the ultimate cause of the difference (Turney & Wildeman, 2016, pp. 4-10).

Beyond mental health, many foster children have physical health issues. One study sampled foster children entering care in Arkansas and found that 68% to 73% had health issues ranging from nutritional problems to scoliosis. Among those who re-entered foster care, their health worsened (Fussell & Evans, 2009, pp. 382, 384). Children and teens in foster care were three times more likely to have hearing and vision problems when compared to those not in care (Turney & Wildeman, 2016, p. 4). Another paper connected frequent abuse with an increased risk of developing chronic pain conditions in foster youth. The paper goes on to suggest that youth placed in foster care should be screened for chronic pain by their primary care provider (Huffhines & Jackson, 2019, pp. 441, 443).

Because of these complex health needs, the American Academy of Pediatrics (AAP) suggests that foster youth receive a health screening within 72 hours of placement within foster care. Afterwards, they suggest a health admission visit within 30 days and a follow-up within 60 to 90 days. AAP emphasizes that providers ensure that “a child or teen has all necessary referrals, medical equipment, and medications” (“Health Care

Standards,” 2021, para. 4). They even suggest that infants in care be seen monthly, while children over two years should be seen twice a year until the age of 21 (“Health Care Standards,” 2021, paras. 3-6). Even though a foster youth’s team may consist of a Guardian ad Litem, or lawyer, and a caseworker, doctors are just as important to the success of those in care.

Ex-foster youth also have poor health that is associated with ACEs, or adverse childhood experiences. ACEs are potentially traumatic events such as experiencing or witnessing abuse and neglect. In children, toxic stress from ACEs can impact brain development, stress-response systems, learning, and even the immune system. In adults, ACEs are linked to chronic health problems including cancer, diabetes, and heart disease (“Fast Facts,” 2022, paras. 1-8). A study that gave an ACE-related survey to 101 women who had aged out of care found that they had experienced an average of 5 ACEs. (Bruskas & Tessin, 2003, pp. e131, e316).

Even though people leave the foster system when they turn 18, their stay will continue to affect their health well into adulthood. The effects of ACEs show the experience of foster care throughout a lifespan, as opposed to what happens solely in childhood.

Although foster care was established to protect children from abuse, foster care can actually revictimize them, or expose them to even more abuse and neglect. The average age in substandard care disruptions is around 5 years old. Mental health problems, cognitive disabilities, and previous Child Protective Services (CPS) or DCS removal were all factors that elevated substandard care disruptions. Not all substandard

care disruptions are instances of abuse, though the most common removal reason was physical neglect at 35% (Font & Kim, 2022, p. 11).

One study found that 3.5 out of every 1,000 children in foster care experienced sexual abuse in foster care. In traditional foster care, 57% of the identified perpetrators were foster parents or other adult members of the foster families. (Euser et. al, 2013, pp. 227, 228). In another sample of foster children, physical and emotional abuse was reported to occur before and during foster care at similar rates, while sexual abuse frequency went up 21%. Psychological abuse, defined as not feeling cared for or looked after, was reported by 55% of the sample before care at 64% during care (Bruskas & Tessin, 2003, pp. e131-e335).

A third study also found 36% of their sample was neglected before foster care, compared to 34% who were neglected during their foster care stay. Before care, physical maltreatment was reported by 31% of the sample, compared to 24% during care. Sexual abuse rates varied greatly by gender. 7% of males reported experiencing sexual abuse before foster care, compared to 10% of males experiencing it during. 24% of females reported sexual abuse before foster care, while 20% reported it during foster care (Kats & Novotny, 2017, p. 45).

The different rates reported by each study can be explained by differences in sample, time, and methods. For example, Kats and Novonty (2017) used a different questionnaire than Brukas and Tessin (2003). Additionally, Brukas and Tessin (2003) focused specifically on women. Even though some types of abuse occurred at a lesser rate during foster care, others increased notably. All three studies agree that sexual abuse

runs rampant and that revictimization happens to some degree. These alarming statistics exist alongside other challenges to those in foster care.

### **Group Homes and Residentials**

People who are in foster care do not only live in homes with families. Alternative placements, such as group homes and residential treatment facilities, exist. These placements offer around-the-clock care for children and teens with specialized behavioral and mental health needs (U.S. Government Publishing Office, 2016, p. 3). Residential treatment facilities and group homes have frequent shifts in both caregivers and residents, forcing residents to make new peer relationships more than other foster children (Euser et al., 2013, p. 222).

Residential treatment facilities are often called “residential.” I have combined residentials and group homes together in this section because they are similar in many ways, including the use of restraints and similar therapies. Both house large groups of foster children and teens, as opposed to a traditional home structure. Many studies lump group homes and residentials together as “congregate care” (Font et al., 2018, p. 7).

Children and teens in congregate care tend to have the same or more complex needs than those in foster care, which is generally the reason why they are placed in group homes and residentials. When compared to those living with a relative in kinship care, children in group homes were found to be 7 times more likely to experience suicidal ideation (Anderson, 2011, p. 795).

One way to understand congregate care is through its developmentally inappropriate rules, such as having to obtain permission to go to the bathroom, not being

able to choose leisure activities, and not being able to attend group activities with other teenagers such as prom. During a focus group, most of the teenage participants reported that these rules made them feel ostracized, stigmatized, and prevented them from living normal lives. A few participants reported neutral or positive feelings toward rules. Teenagers in foster care also reported feeling uneasy at constant surveillance and a sense of depersonalization when living in group homes (Rauktis, 2016, pp. 1228-1229).

Placement in congregate care comes with the risk of revictimization. A survey of foster teens placed in residential care facilities found one in four experienced some form of physical abuse in just one month. Nineteen percent reported a staff member grabbing or pushing them, 16 percent reported being pinched, 12 percent reported being slapped, and 11 percent reported being kicked or punched (Attar-Schwartz, 2011, p. 649). Another study compared rates of physical abuse in residential settings, foster care, and juvenile detention. The highest rate of reported physical abuse at 30 percent was residential care, followed by foster care at 15 percent. Researchers concluded that foster children and teens in out-of-home care are not protected against violence or maltreatment (Euser et al., 2014, pp. 64, 68). When compared to the rates in foster care, residential care has significantly more cases of child sexual abuse. Researchers pointed to structural neglect as the reason, as well as interactions between peers with problem behaviors (Euser et al., 2013, p. 228).

One thing that both group homes and residentials utilize is restraints. One study defined restraints as “any manual method, physical or mechanical, that immobilizes or reduces the ability of a person to move freely” (Matte-Landry & Collin-Vézina, 2020, pp. 2). It further describes them as emergency measures to prevent people from harming

themselves or others. However, researchers found that over their 6-month time period, 133 restraints were not used to prevent harm, compared to the 95 that were used to prevent harm (Matte-Landry & Collin-Vézina, 2020, pp. 2-5). Restraints are not only misused, but in some cases, misused more than used correctly. Despite their standing as a therapeutic intervention, they can easily cause physical harm and even death to those in them. Researchers looked at 45 restraint related deaths from 1993 to 2003 and found that in the 23 cases where information was available, none of the restraints applied were used to prevent dangerous behaviors. 29 of the deaths were caused when dangerous techniques such as choking or placing the weight on the child's upper torso, neck, chest, or back were used. Of the 45 fatalities, 24% were in residential treatment facilities while 18% were in group homes or foster homes (Nunno et al., 2006, pp. 1334-1337). Another paper reported that restraints were used on children more than adults, despite the practice being traumatizing and dangerous to both children and staff (Huckshorn & Caldwell, 2010, p. 170).

Restraint deaths continue to be a modern trend. In 2020, 16-year-old Cornelius Frederick died after being restrained in Lakeside Academy, a behavioral treatment center in Michigan (Haeberle, 2022, para. 3). The facility has since been shut down. Out of the 37 out-of-state facilities Ohio sends children to, 19 have had allegations of abuse or neglect (Haeberle, 2022, paras. 16, 18). Haeberle's article shows that facilities with abuse allegations aren't always shut down. Another study reports that when compared to family-based foster care, group homes and residential had a 50% reduction in substandard care disruptions (Font & Kim, 2022, p. 11). These two facts combine to paint



a disturbing picture: abuse is happening in these facilities, but children and teens are not being removed from them.

Because of their danger, a few residential programs have made efforts to reduce their reliance on restraints. One program that reduced its restraints, the Grafton School in Virginia, did so by creating a program-specific action plan to reduce restraint use and rely on other core strategies. They reported a 99% reduction in restraint, an 83% reduction in staff injuries, and economic benefits such as less worker's compensation claims, less liability premiums, and less staff turnover. (Huckshorn & Caldwell, 2010, pp. 176-177). Another program, The Andrus Children's Center in New York, studied their restraints and found inexperienced staff were more likely to get injured when involved in restraints. The program decided that staff with less than 3 months of experience could not participate in restraints. After implementing their new training and rules, staff turnover decreased by 50% and restraint use dropped by 93% (Huckshorn & Caldwell, 2010, pp. 177).

Tennessee also has its own issues with dangerous residential programs, an example being Wilder Youth Development Facility in Fayette County. The legal director of Disability Rights Tennessee found that residents were not given mental health facilities (Disability Rights TN, 2022, para. 9). 78% of youth interviewed at Wilder reported receiving psychotropic medications for conditions such as mood disorders, depression, PTSD, bipolar disorder, and schizophrenia. Despite the need, there was a lack of therapeutic services, qualified medical staff, and therapists. Physical, emotional, and sexual abuse were all reported, as well as the use of solitary confinement (Disability Rights TN, 2022, para. 28).

## **Youth Villages**

According to their website, Youth Villages began in 1986 with the merging of two residential campuses in Memphis, Tennessee. Now, they provide “help for children and young people across the United States who face a wide range of emotional, mental and behavioral problems” (Youth Villages “About Us,” n.d., paras. 1, 7). Youth Villages has multiple residential facilities that provide services to boys and girls from ages 6 to 17 with a range of behaviors including aggression, defiance, suicidal ideation, self-harming behaviors, problem sexual behaviors, chronic runaway behaviors, and mental disorders. Their residential facilities include Bartlett, Bill’s Place, Inner Harbour, Rose Center, and Dogwood (Youth Villages “Residential Programs” n.d., paras. 1-5).

Youth Villages also manages “Intercept,” an intensive in-home program that works with families and children at risk of entry or re-entry into foster care. A study that compared DCS and Youth Villages data found those referred to the Intercept program had a significantly lower placement rate than similar families not referred to Intercept (Huhr & Wulczyn, 2022, pp. 1, 11).

However, Youth Villages has the same problems as other residential facilities. In November of 2017, a Youth Villages employee was fired after 20 years with the organization following sexual abuse allegations from a resident. The resident lived at Deer Valley in Perry County, Tennessee. The residential facility served boys ages 11 to 17. The employee in question, Francis Agunenyne, served as the director of Bartlett Campus, another Youth Villages facility (Lowe, 2018, paras. 1-30).

Bartlett Campus has had issues similar to Deer Valley. A former councilor there was indicted on statutory rape charges following accusations of sexual abuse in 2015. Youth Villages officials said they perform extensive background checks on all employees using national registries, a child service database, and personal references. (WMCActionNews5.com staff, 2015, paras. 1, 8).

At Inner Harbour, another employee was charged after allegedly sending sexually explicit text messages to a 16-year-old boy. The employee sent the messages while the boy was on a pass, or a visit home, when his mother intercepted the texts (Swift, 2013, paras. 1-5).

In June of 2011, Youth Villages merged with ChristieCare of Oregon. ChristieCare had been established in 1859 and provided residential and educational services to children and teens requiring mental health services. (Luecke, 2011, paras. 1-2). A few years after the merger, an Oregon Department of Human Services investigation found inadequate staffing, sexual contact between minor-aged residents, and physical abuse. In one instance, a teenager was put in seclusion after attempting suicide. Staff failed to supervise her while she was secluded and she attempted suicide again, requiring medical attention (Friedman, 2015, paras. 1-3). Staff at the facility were allowed to supervise children before completing their criminal background checks and one resident was punched in the back of the head (Theriault, 2015, paras. 20, 25).

## **CHAPTER II**

### **The Podcasting Medium**

An early article on podcasting by Menduni (2007) considered it an extension of radio. With the invention of the iPod and the first phase of podcasting in the early 2000s, radio stations used podcasting to reach listeners beyond the limits of their programming schedule and the reach of their antenna (Menduni, 2007, p. 15). In more recent times, many scholars still view podcasting as a “renewed form” of radio as opposed to an alternative to it (Bonini, 2015, p. 23).

The first podcasts were popularized by Apple’s addition of a podcast directory to iTunes in 2005 (Mondaq Business Briefing, 2022, para. 2). Besides early pioneers from radio, tech enthusiasts were common podcasters because of their role in developing the medium. Notable early examples included “Radiolab,” “This American Life,” “Daily Source Code,” and “This Week in Tech” (Mondaq Business Briefing, 2022, paras. 3-5). According to “The Infinite Dial” (2022), an estimated 177 million listened to podcasts in 2022 (p. 51).

One important aspect of podcasting is its use as an educational tool. One example is iTunes University, which started in 2007 as a dedicated area in the iTunes store. It began as a way for students to stream their university lectures as opposed to using cassettes (McKenzie, 2019, para. 5). However, the service also made these lectures publicly available. One university, Ohio State, had 1.4 million subscriptions to its 57 courses in 2012. While the iTunes University app has been discontinued, many of the podcasts remain (Tally, 2006, p. 1). Even in its infancy, podcasts were an essential way for the public to access information.

In a study that explored the role of podcasting in higher education, a biology professor made his class lectures available in podcast form. He then surveyed his class to gauge the effects of the podcast. The study found that 70% of the survey respondents had used the podcast to improve their understanding of the course content (Bongey et al., 2006, pp. 1, 12). Educational podcasts are in demand and enhance learning.

Besides educational content, podcasts can also be used to fight stigma. A more recent study had pharmaceutical students listen to five podcast episodes about Opioid Use Disorder (Kissell, 2022, p. 1). The episodes ranged from 10 to 23 minutes and featured those with lived experiences. The study concluded that podcasts may be a useful educational tool to reduce stigma (Kissell, 2022, p. 7). Kissell's study supports the effectiveness of fighting stigma with an interview-style podcast. Currently, many stigmas are attached to those in foster care. According to Malcolm Marcus, who was in foster care in the '70s, "There was this social stigma. When you're thirteen and in care you're a criminal" (Michell, 2015, p. 673). Another study dealing with stigma reduction recruited participants to listen to a 20-minute podcast where women experiencing menopause told their stories. Participants reported valuing the authenticity of the women's stories as well as the medical knowledge of the host. Overall, participants agreed that listening to real, lived experiences made them informed. Some even said that they viewed the women in the podcast as "brave," "bold," and "confident" (Shaw et al., 2022, pp. 3494, 3496). Much like the podcasts about Opioid Use Disorder and menopause, a podcast about foster care has the opportunity to reduce stigma. This is especially true for college students studying to work in the foster system.

When it comes to talking about the issues that current and former foster youth face, popular media leaves much to be desired. One example is *Instant Family* (2018). *Instant Family* was based on Director Sean Anders' own experience fostering and adopting children. He wanted to include the "grim" prospects of those who age out of foster care "without any kind of family to back them up and love them" (Blynn, 2018, p. 1). A *New York Times* article praised it as imparting "information about the plight of kids in the foster system" and notes it accurately addresses social concerns in adoption such as a "white savior" complex (Kenny, 2018, paras. 1-3). However, the movie perpetuates stereotypes about teenagers in foster care. Over the course of the movie the lead teenager Lizzy evolves from combative and viewing her adoptive parents as "pretend" to accepting her adoption (Roman, 2014, para. 4). Many people, from those uninvolved in foster care to foster parents, believe all teenagers in care want to find a foster or adoptive family regardless of what they say otherwise. In reality, many teenagers want to return to their biological families, age out and rely on supportive programs, or fear adoption because it could trap them in another abusive household. Instead of acknowledging this or representing these teenagers, Lizzy's rejection of her adoptive parents is portrayed as a problem to be solved instead of an opinion. Audiences who watch *Instant Family* and have a shallow image of foster teens leave the movie with the same stereotyped image. Despite the lack of representation, the movie was praised for its accurate representation of foster care. *Instant Family* illustrates the importance of the representation that an interview-style podcast creates, both in challenging stereotypes and creating an informed public that does the same.

Reporters are not immune to the stereotypes perpetuated by media like *Instant Family*, created by those in power in the foster system. Christopher Wilson addresses this by writing, “Journalists must combat the sway of more popular representations — children's books, Disney serials, Broadway musicals — that continue to feature sentimental and even fairy-tale motifs dramatizing the plight of the lonely orphan within various tales of abandonment, melodramatic rescue, and even vengeance” (2017, p. 62). A lack of representation and diversity in popular media can affect reporters and the articles they write, which further reinforces stereotypes. Therefore, it is critical that media about foster care is diverse and challenges an audience’s preconceived ideas. From a reporting perspective, it is also equally important to have ex-foster youth reporting on issues facing foster care, so persuasive stereotypes will not influence their reporting.

Representation for current and ex-foster youth is not all negative, especially in the world of podcasting. As early as 2005, the *San Francisco Chronicle’s* editorial board used podcasting to document the life of ex-foster youth Sade. During the episode, she recited a piece of slam poetry she had written about her experience in foster care (Kazakoff, 2006, pp. 22, 23). Another noteworthy podcast is *Navigating Adoption*, a collaborative effort between the federally funded AdoptUSKids and Wordsworth + Booth, a creative agency that specializes in audio advertising and podcasting. The podcast aimed to encourage adoption and targeted those who were considering adopting. The show was driven by personal stories and the host, April Dinwoodie, was an adoptee herself. Every episode focused on highlighting “why we all need a sense of belonging and lasting connections” as well as helping teenagers find their voice in the adoption process. (PRWeb Newswire, 2021, p. 1).

### **CHAPTER III**

#### **Methodology**

I decided on the podcast medium because of its power as an educational tool, its ability to fight stigma, and my previous skills in audio editing.

I first identified sources, or people to interview, through those I knew during my stay in foster care. From there, my main way of finding sources was through community members, such as professors and foster parents. I also utilized the “snowball method,” which involved asking sources if they knew anyone who was in foster care or adopted. The snowball method was very helpful for verifying facts. Youth Connections, an organization that works with ex-foster youth, also helped me connect with sources. I attempted to reach out to Lyndsay Wilkinson, Youth Villages’ Assistant Director of Development and Communication, to ask for any ex-foster youth who might be able to provide an interview. Despite the fact she said yes, I followed up from April to July and was not provided with a list.

The creation of each podcast episode started by initiating contact with a source, a pre-interview, and then an interview.

When establishing contact with a source, I began by talking with them about their personal experiences and opinions on the foster system. For those involved directly with residential, I asked for a chronological list of placements to get an idea of which residential and organizations were relevant to research and ask questions about. Once I gathered enough details, I came up with a simple list of open-ended questions. Two questions I always included were “what are three things you want to talk about in the podcast” and “is there anything you don’t want to talk about on the podcast?” Asking



these questions allowed a source to establish their comforts and feel like their podcast episode told the story they wished to tell.

Once my questions were complete, I scheduled a pre-interview with my source to ask them. The pre-interview helped me determine which questions were relevant and how the episode would be framed. It was also important because if any names were mentioned by my source, we would have to come up with a pseudonym. I made this choice to protect the identities of those who were in foster care. During my pre-interviews, I made sure my source knew they did not have to answer a question they were not comfortable with. Considering the nature of the podcast, it was crucial for me to make sure people felt comfortable.

After the pre-interview, I used my notes to develop additional questions. I also thought about what my source mentioned as important and framed my questions so they would get a chance to talk on those topics. While writing my questions, I was sure to include the definitions of relevant terms such as restraints, seclusions, and unauthorized movements. While these words are commonplace in residential, the general public may not know them. Whenever defining words, I made sure to ask my source for their own definitions and examples. Their responses often painted a good picture of the inner workings of the foster system alongside their stories. Finally, I wrote scripted parts of the episode. Scripting was limited and for most episodes, I only scripted the email segment and the introduction. For others, especially with residential, I included research, media coverage of previous incidents, or pulled information from organization websites.

Most of my interviews took place over Zoom. I met with sources in person whenever possible. When in person, I used a Zoom H4n Pro or the RØDECaster Pro in the MTSU library to capture audio.

After an interview, I imported the audio into Audacity, a digital audio editor. Audacity allows a user to add multiple audio tracks, which is helpful when someone is dealing with music, sound effects, or multiple people talking. In the case of my project, I used three audio tracks. One was for voices and one was for music, so I could layer the music and fade it in and out for a more seamless transition. The third track held clips of audio I was uncertain about including. In the final stages of editing, I would review these audio clips and determine if they needed to be re-included or deleted. Most of my editing had to do with sound quality, such as removing background noise. When determining what content to publish from the interviews, I kept most of the audio from every interview in the final edit. What was cut was mostly redundant, such as repetitive quotes, filler words, and rambling. When I cut actual content, it was typically because the information wasn't related to the foster care system, the content wasn't clear, or it wasn't relevant to the larger story of the episode.

Before publishing episodes that dealt with residentialials, I made sure to reach out for quotes from the organizations involved. As a reporter, it is important to get both sides of the story. Additionally, I think it is important to let the public know what residentialials have to say about my source's allegations.

Finally, when an episode was published, I wrote a small description for listeners and gave the episode a title. In the description, I tried to use words that would associate the podcast with foster care as well as inform the listeners about the episode's topics.

Transcripts were made in Adobe Premiere Pro and exported to a text document, where I corrected mistakes and formatted them.

### **Journalistic and ethical considerations**

Deciding who to target in my podcast was an important first step in creating it. My debate ultimately came down to two groups: ex-fosters and those who have power over the system, such as foster parents, politicians, college students studying to work in foster care, and staff in group homes and residential. I decided targeting those who have the most power to change the system would ultimately bring the most good to those in the system. Regardless, choosing a target audience does not mean that others cannot enjoy the podcast. With that in mind, I made sure to define terms that might be known by my audience to make information about the foster care system more accessible, and so anyone could theoretically enjoy the podcast.

When planning the podcast's structure, I opted for an interview style as opposed to a conversational one. I wanted the podcast to feel more serious in tone. When looking at other foster care podcasts, most are conversational or focus on commentary. Beyond the opportunity for an interview-style podcast, I also wanted to create a project that utilized my interviewing skills.

Another critical journalistic consideration, and arguably the biggest one, came in deciding how much of my personal experience I would include in the podcast. One of the reasons I chose the podcasting medium, as opposed to a series of written articles or a documentary, was so I could easily mention my personal relationship with the people I interviewed. I wanted to include this information for transparency. Ultimately, I have

been impacted by the issue I'm reporting on, and without my own experiences, I likely would not have considered doing a podcast about residential and group home reform. With these things in mind, I decided to make the podcast a bit more personal. The decision compliments the medium, as podcast hosts can be quite informal and conversational. Despite my choice, I kept my interjections and stories to a minimum to keep the focus on my interview subject.

Even though the podcast focuses on children's rights, nobody under the age of 18 was interviewed, even though I had the opportunity. In the best of situations, interviewing minors has many ethical considerations. People currently in the foster system, even if they have been adopted, may feel pressured by foster parents to lie or hide certain information. They also might not understand the consequences of an interview, both during their stay in foster care and beyond.

Another journalistic consideration on my podcast was the use of expletives. While many of my sources chose not to swear, some did, and I included it in the final edit of my podcast. Foster care focuses heavily on behavior modification, or reinforcing and discouraging certain behaviors among foster youth. Most of these behaviors are genuinely harmful and need to be modified in order for a foster youth to be stable and safe. Other behaviors, such as swearing and consensual hugging, are discouraged by those in power in the foster system but have little impact on a foster youth's safety or their ability to function in the world. As discussed on the podcast, swearing in group homes could lead to reduced phone call time with family. I do not believe it is in a child's or teen's best interest to threaten something that is developmentally positive for any behavior, let alone swearing. If one of my sources ends up swearing when they age out,

shown through my podcast, it brings the rules of group homes and residential into question. Why reduce a foster child's time with their family over a behavior so small only for them to immediately pick it back up again when they age out? What has the group home "fixed?" Ultimately, I want my podcast to challenge listeners and preserve the culture and experiences of those who have aged out of care, swearing included.

Finally, I created an email for my podcast so people could submit news tips and ask questions. I did this to create two-way communication with my audience and included it in every episode. I never got relevant emails from my audience, but it was helpful for communicating with residential.

My final ethical consideration came during the last episode. During my interview with "Taylor," she expressed feeling anxious about being on record or attributed. I offered her the ability to be anonymous because I could tell that if she stayed on record, she would not have given me the information and honesty that she did. I understand that some listeners may lose trust when presented with an anonymous source, but I made the choice to prioritize quality information and protect my source. Going forward, I think that having Taylor as an anonymous source will help residential staff feel comfortable talking to me and trust that I will act ethically.

## **Limitations**

While I'm proud of the podcast I am presenting in this thesis, I acknowledge there were several technical and logistical issues that challenged the final product.

**Time.** Time was my biggest limiting factor, as I had less than a year to contribute to the project. While school was in session, I attended classes and worked. During the

summer, when most of this project was completed, I still worked part time. Working on the project full time would have given me the chance to find more sources. I also would have spent much more time researching foster care-related organizations and seeing if they could connect me with sources.

**Sources.** Unfortunately, some critical sources ended up not showing up to their interviews or rescheduling multiple times until the thesis deadline was on the horizon. Talking about time in foster care is ultimately a heavy subject, and many of the people I wanted to interview faced barriers to their health and financial stability. I also could not find a source who was restraint trained and worked with children to talk on the podcast.

**Equipment.** During the length of the podcast, I faced several challenges with equipment. Most of the podcast episodes were made using zoom audio, which was occasionally poor. This issue is most glaring during my sixth episode, when my source's Wi-Fi connection caused glitches in her audio. Unfortunately, we could not meet again within the thesis deadline to re-record. Sound quality can make a podcast sound professional and give credit to a reporter, so these flaws could easily discredit my podcast to some listeners.

## CHAPTER IV

### Project Reflection

By using Spotify's podcasting service, I can see statistics regarding my audience. My original goal was to target women because of their involvement in foster care. 25% of adoptive foster homes are headed by single females while only 3% are single males (U.S. Department of Health and Human Services' Children's Bureau, 2022, 6). My podcast ended up reaching its target audience at 85%.

This project is something that I have wanted to do since I was placed in a residential. Despite being in foster care beforehand, I hadn't known about residential until the weeks leading up to my placement in one. When I finally got in the door, I wondered if anyone in the outside world understood what I was going through. Aging out has revealed that most people outside of the foster system have little to no understanding of residential and group homes. I wanted to create media to inform people about residential and how they can harm the people inside of them.

Another event that inspired this project was my time in my group home when one of my peers brought home the movie *Instant Family* for us to watch. While watching it, I was presented with a diluted version of my experiences. Instead of representing the deeper struggles of foster care and confronting its audience, the movie presents the journey to find a "forever family." *Instant Family* focuses on the foster parent saviors while refusing to explore the feelings of foster teens in a meaningful way. After watching it, I knew I wanted to create media that delved into the experience of care from the perspective of children and teenagers. I wanted to tell the world that foster care is not just about "forever families." It is about holding onto your morals and beliefs when they are

challenged by foster parents or residential. It is about near strangers making choices for you that will affect the rest of your life. It is about surviving in unlivable environments to avoid being separated from siblings or thrown into a residential. I pursued this podcast to give a voice to the people in my community who are represented only at a surface level and to better the conditions for the girls who are now sleeping in the beds I once called my own.

From a journalistic perspective, there is little information out there regarding the inner workings of residential. Organizations such as Youth Villages do not publish information about restraints or seclusions. Aspects of residential such as educational programs, schedules, and conditions are rare finds. My podcast has helped expand the knowledge about residential and has made information accessible. With a more informed public, those in foster care will receive better care.

My thesis interviews bring many issues to light and suggest many possible areas in which foster care needs reform. After my thesis is completed, I would like to continue to work on this project. More time is needed to encourage residential reform and raise awareness for the abuse and neglect within foster care. Despite being in care myself, this podcast was an opportunity for me to learn more about the foster system, especially from the perspective of adoptees and foster parents.



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**Appendix A**  
**Transcript of the Podcast Episodes**

**Episode One**  
**Foster Teens Grew Up in Mental Hospitals**

Description: Listen in as Dr. Vickie Harden, a professor at Middle Tennessee State University, talks about her experience working for DCS in the '80s and '90s. She provides practical advice for foster parents as well as insight into the history of DCS. During the time she worked for the department, many foster teens were sent to mental hospitals due to a lack of alternative placements. She shared the story of one teenager, “Audrey,” who had the longest stay in a mental hospital on record in the state of Tennessee.

[Music]

Serena Vasudeva [00:00:09:20]: Welcome to the Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster youth and your host. Today we will be hearing from Dr. Harden, a professor in the Department of Social Work at Middle Tennessee State University. She worked for the Department of Human Services, now known as the Department of Children's Services.

Serena Vasudeva: [00:00:30:06] For someone who knows nothing about foster care, how would you describe it?

Dr. Vickie Harden: [00:00:34:23] Ideally, it is a replacement for the family. It's designed to be a natural environment in which a child who can't live in their family of origin is able to live, have relationships, much like family system relationships. Historically, we can think about this idea of fostering, frankly, as coming from orphanages way, way back many years ago. But as we realized that children need a better environment, they need attachment and nurturing, the idea of having almost proctor families or replacement families in some way came about with foster care, largely to help with children who had been in abusive situations or family systems that were unable to take care of them.

Serena Vasudeva: [00:01:24:05] So foster care sort of started as a system with this attachment idea. Could you tell me more about that?

Dr. Vickie Harden: [00:01:31:16] Sure. So we think about child attachment from the very first points of really pre-birth, but then as a child is born. There are things that happen between the caregiver and the child that help to build this idea of attachment. Ideally, that's happening whenever a child or an infant is getting their basic needs met. And we think early on about things like crying for food, crying because I'm hungry, crying because I need my diaper changed, crying possibly because I'm cold or need to be held. In a good situation, in a healthy situation, the child and caregiver are mutually attaching the child. The infant and the caregiver, let's say mother or father, maybe grandmother, are reciprocal in that attachment. Now, a lot of things break that attachment cycle or cause injury to it. Oftentimes for parents or caregivers involved in substance use or addiction,



has a mental health condition, has their own traumas that they haven't dealt with that could break that attachment cycle. And over time, those kinds of breaks, so to speak, in attachment can help build these more unhealthy relationships between the parent and the child. Now, in the worst case scenario, the attachment is broken or causes problems, too, because of abuse. So if a child was being physically abused, sexually abused or having a neglect situation, that's going to really affect the attachment. Ideally, in a foster care setting, you're putting that child in a situation where they can build that attachment again with someone and have a safe, nurturing environment that helps to repair those broken bonds, so to speak.

Serena Vasudeva: [00:03:22:19] So what does attachment have to do with development?

Dr. Vickie Harden: [00:03:26:21] We kind of consider the attachment process as integral to the development of a child. So think about cognitive development. We think about emotional development and physical development. Frankly, there are a lot of things related to, for example, neglect that may affect the child's physical development. Malnutrition, for example. We also look at things related to how the child is able to emotionally regulate. Attachment helps that child to understand their environment, to trust their environment, and to know 'oh, someone's going to feed me.' So that reinforces that it's safe. I'm being cared for. I don't have to worry about this discomfort. As soon as I cry, someone takes care of it. In situations where that's not happening, that emotional regulation doesn't occur at the rate that it would for a healthy situation. So the child cries,

nothing happens. The child cries again, no one's feeding them. Then the child is screaming and no one's feeding. And in the worst case scenario. When a child's needs aren't being met, they shut down completely oftentimes. So they're not even interacting. They're not having eye contact. They're not reaching out for that adult because they can't predict that that's a safe relationship.

Serena Vasudeva: [00:04:50:13] How does the foster system succeed and fail with the attachment cycle?

Dr. Vickie Harden: [00:04:55:06] So generally speaking, foster parents are trained on the importance of attachment. But we also have to realize that children are attached to their birth families quite often, even in situations where it's not the healthiest. They still love their parents, they still love their caregivers, so to speak. And we moved them into a setting with complete strangers, with people that they're suddenly supposed to be a family with. And that's very difficult. Transferring attachment is not really what happens. You don't just say, 'okay, I can attach to this person. Now I'm naturally going to attach to this other person.' So a lot of work and sometimes maybe foster parents aren't prepared for that level of work. The idea of a foster home is wonderful. And the idea that a child could go into a nurturing environment and easily and readily attach within that family system or build those bonds that are so important is an ideal situation. It's just unfortunately not always the reality, because the older the child gets, the more complicated and complex the attachment process becomes. And the longer they've been in a situation with these

uneasy attachments or this inability to predict safety in their environment, the harder that whole process is as well.

Serena Vasudeva: [00:06:15:17] How can the foster system prepare kids to enter homes that have different family systems than what they're used to? For example, I came from a single parent household. It was just me and my mom for sixteen years, and then I went into foster care and suddenly I had a quote unquote dad, right? I had a foster dad. And I hadn't you know, I didn't really have a relationship with my dad. And now suddenly I have this adult male in my life who's trying to tell me 'oh, we should go to church and bond.' And it's like, that was really awkward. So like, what, where do you come in with that? What do you think about it?

Dr. Vickie Harden: [00:06:54:23 I think that's one of the trickiest and most complicated parts of being in foster care and being a foster parent. You come in with your own family culture, with your own ideas about family roles, and a foster parent has their ideas about family roles, like who's supposed to cook the meals, who is, you know, cleaning the house, who doing these things, and a child or an adolescent comes into that home. And then it's I guess the idea is that they just take on those roles or or understand how that family works and then just sort of assimilate to that. And that's not the case. We're humans. We all have our own constructed reality of what we think, what we expect. And you're learning all of these new cultural sorts of rules about that family on top of the loss that you've experienced and the grief and trauma from being removed from your family.

And then the foster parent has these wonderful ideas about how they're going to help you and work with you and make sure that your life is better than it was. And then think about moving from one foster home to the other and every single family system has its own culture, right? If you came from a family where there were no real rules and suddenly you're in a very rigid, hierarchical foster system where foster family is going to be a problem, you're going to have difficulty trying to work your way through that. So those add to the conflicts and the concerns. They also unfortunately add to displacement. And that's partly why a lot of young people, a lot of children are placed multiple times before they really find that family system that fits well. And sometimes that unfortunately never really happens if they're trying to replicate the family they came from. Being a therapist, I'm a little bit biased probably to those processes, but I do think having a good clinician helping with that process of engaging with the family and the family's process of expectations and having expectations that are not overwhelming but reasonable for a young person or a child coming into a foster home is really important and your clinician can help navigate that. I also think that we need to all think about, you know, this idea of unconditional positive regard and looking at the person for the human that they are and accepting them for who they are versus trying to mold them into something that we think they should be. That's a little bit harder said than done. But I also think it's really important that we try to start from that perspective that that comes into the question for you.

Serena Vasudeva: [00:09:44:26] Yeah. I mean, you're saying stuff that I've been saying for literally years. The worst part of the foster system, people sort of have this... They think that when you are in foster care, the hardest part is this like I don't have a family kind of thing. And for some people, that genuinely is the point of stress for them. But for me, it's like I was there and I was like, I can't find any houses that are even remotely like the one that I was in. And I get to these houses and, you know, my first house, like they were like, 'Oh, you can go take walks.' And I was used to taking walks. That's all I did when I was with my mom and then my fourth or fifth family, they were like, 'You can't leave the house. You can never leave the house unless you're going to school. And when you go to school, you come back from school' and it's like there's already enough of a difference from going from your house to another person's house, let alone your house, from another person's house to another person's house, and none of them are like yours. So thank you for bringing that up, because it's something that people don't really think about when you think about foster care. Everyone else wants you to change for them, but nobody tries to mimic what you feel comfortable with.

Dr. Vickie Harden: [00:10:53:29] Right. I think you make a great point for me. We put so much, I think, pressure and emphasis on the child making the change the child's behavior that adolescents behavior, they need to conform to our rules. 'We have a curfew. We have this. They broke this rule. They broke that rule.' And to me, that just adds so many layers to the trauma they're already experiencing. And it's not to say that people shouldn't have rules. I mean, we all need to have goal posts, right, in ways that we respond and

interact. But at the same time, it's important that we respect where someone came from because even in very problematic or difficult family systems, they're not all bad and they're not all good. Nobody's family is all bad or all good. There were good things that happened. There were maybe bad things that happened, maybe things that were out of your control as a young person, as a child. But not every single day, every moment was bad.

Serena Vasudeva: [00:11:56:08] Yeah. And another issue that I've sort of come across as I was moving through the system was a lot of the times something would happen in the foster parents' past, there had been some sort of accident or some sort of incident where something really serious might have happened, like somebody ran away or something bad happened. But because of that bad instance, all the other kids after them have to follow a rule that was put in place for them. So, for example, going back to running away, if one kid runs away or does something they're not supposed to do when they're outside, then nobody else is allowed to, you know, take walks. Or if somebody goes online on the internet and does things that they're not supposed to be doing, nobody else after that kid, even years after that kid, is not allowed to use the Internet anymore, even if it's just for listening to music or playing a game or talking to your friends. And that kind of seemed ridiculous to me.

Dr. Vickie Harden: [00:12:53:05] That's really important. You live the legacy of the young people or the adolescents that came before you, right? Versus everything being as

individualized as possible to look at you as a unique human and say, what are your needs? How can we adapt and adopt things that are important to you? How can we bring some of your culture, your values, your system, your things that you've known as a young child into our world versus, okay, here's your bed and now here are our rules, and now you're part of our family. You're one of us. Now you're a Smith and the Smiths do it this way. It really negates the whole idea of belongingness and that connectedness that we often forget that children have no matter what they have, connection even in situations that are problematic or difficult. There were days where momma wasn't using. There are days where Grandma was able to get up and help and do things and give you love and comfort.. Maybe it wasn't as consistent as it needed to be, but to honor that and to be able to at least say 'Hey, I know you had some tough times, talk to me about the good times, too. I want to help you to live in a house where you can excel. What were the things that helped you to excel before?' We call that in social work a strengths perspective.

Serena Vasudeva: [00:14:22:19] So what advice would you give to foster parents to sort of navigate that?

Dr. Vickie Harden: [00:14:28:11] The advice I would give is to ask not assume, not assume that their lives were so horrible that they just don't ever want to have anything to do with it. Not assume that they don't have their own values, not assume that a child or a young person doesn't have a past and a history that's meaningful to them, even in the throes of difficult situations or loss and grief. And also to understand that just the nature

of the move is traumatic and to help minimize that trauma with a welcoming, open environment that that says to the child, you are worthy and what you bring to our family is as important as what we give back to you, really valuing their experiences and asking those questions, you know, ‘what do you like to eat? What is it that you guys did on Friday nights? Did you just order pizza and hang out every Friday night, or was it a night that the family split apart and everybody just did their own thing?’ You know, what are the things you're used to and try to incorporate some of that into the family system that you're moving into.

Serena Vasudeva: [00:15:39:17] Could you give me a sort of really good sample question that a foster parent could sort of bring out of their back pocket to ask a teenager to sort of help this process along?

Dr. Vickie Harden: [00:15:51:11] I think the best question is, ‘tell me, what are the things that you enjoy the most? What's an important culture or tradition that your family shared that I can help you to continue to live out in your life?’

Serena Vasudeva: [00:16:08:10] Yeah, those are very open ended questions. I think that people would really appreciate them. Could you tell me about your childhood and upbringing?



Dr. Vickie Harden: [00:16:16:21] Well, I had an interesting childhood. My father was military, so I lived around every three years my entire life until I got into high school. My parents were really good about making sure that we immersed ourselves in the community and the culture where we lived. So we would go and make sure we saw all the sights, all of the milestones, all the places you needed to see in a certain community and understand a little bit about that culture. But we moved every three years. I went to about ten different schools. Interesting, though, you know, is that everybody else that I knew was doing the same thing. We never really lived off of a military post unless my father was in Vietnam or somewhere overseas. We would live periodically in the hometown that they were from. My parents were from. But overall it was I found it very interesting. I found it very exciting. I love to move, but we did it as a family and we did it very planfully. So that's a little bit different, right, than someone uprooting themselves from a home and never seeing or not often seeing the people that they left behind. We went as a family. We were very tight, very close family, because it was oftentimes just us.

Serena Vasudeva: [00:17:36:09] Yeah. So you got your bachelor's degree in psychology in 1985. What did you do after that?

Dr. Vickie Harden: [00:17:42:10] You know, it was a long time ago when I got my bachelor's degree in 1995. You just told everyone how old I am. That's okay. I'm just teasing. So I started with the Department of Human Services back then. That's what it

was called, now it's Department of Children Services. And I started out doing child abuse investigations, which was really interesting for me. It was a big eye opener. I had not been exposed to some of that level of abuse and neglect of children. It was a big shock. I didn't have like the most, I would say, isolated experience in childhood. We saw lots of things. We went to lots of places. We lived overseas. We, you know, we were exposed to a lot of different cultures. I had not been exposed to that kind of child abuse. I worked with a lot of sexual abuse. At some point I moved into sex abuse investigative role. Back then, we had some kind of specialty programs where we would work with police departments, be assigned a detective, and we would work only sex abuse cases. And I did that for quite a while. That's tough to hear all the time, you know, to hear about that kind of trauma with children and adolescents. So that I think I did that for around three years and it was just a lot, especially when you start having your own children. What you want to have in the way of empathy gets a little bit challenged when you have children at home. But also, you know, I always try to remember this unconditional positive regard, not that I accept or approve of someone's behavior, but we're all who we are because of our constructed realities and because of the experiences that we've had. We're only as good as the people behind us. Right? And then what we choose to have different. But many times the families, the caregivers I worked with were pretty traumatically abused themselves as children. So it's unfortunate that that cycle continued over time, but that was part of why I think I kept doing what I did for quite some time.

Serena Vasudeva: [00:19:59:09] So tell me how you recharged.

Dr. Vickie Harden: [00:20:02:02] You know, I talk a lot to students in their program about self care, and that sounds like kind of an easy little thing. And what I actually said to a group of students not long ago, 'I'm not talking about, you know, having an occasional bubble bath and meditating once a while. You have to be very deliberate about how you're addressing the triggers that happen and your own transference as you're dealing with these traumatic situations.' So for me, I didn't do a great job of it at first. I was getting really paranoid. I would go to the mall and pick every kid that was walking around with a man had been abducted, you know, and I had to really take a step back. And part of what I did, frankly, was leave the field for a couple years and then come back. That gave me a little time to recharge. And then I changed what I was doing. So I went from child abuse work to foster care, although it seems like that's all the same... For me, when I was working with the children in foster care, I could help to mitigate some of the trauma and hopefully help those families to develop skills, to help the children, so to speak. So that was nice. And adoption work was also kind of a relief in some ways. But then on the other side of the fence, I did a lot of things and still do like hiking. I play tennis and I try to do sports things that I enjoy, just anything that kind of helps me to rethink and recharge. It's really important, no matter who you are, even as a child in foster care, an adolescent, a foster family, certainly social workers and psychologists and folks out in the field who are doing the work, you have to find a way to recalibrate yourself or this gets really hard on you.

Serena Vasudeva: [00:21:54:19] So when you returned to decrease in the 1990s, you started working with foster care and adoption cases. So how did that differ from just working solely with abuse cases?

Dr. Vickie Harden: [00:22:06:20] With those abuse cases? Now it may be different now, but back in the day, back in the day, you would be assigned a case, you're on call 24 seven we had beepers even, and that we would have to go out on calls. So there was always this heightened feeling of emergency or urgency. And midnight comes. You know, I had two small children at home at that time. At some point, my husband was working third shift. I would be in fear every night that that beeper was going to go off. And I would have to figure out who was going to come over and stay with the children while I had to go out on call. So there was always this urgency there. When I moved into foster care, you were able to kind of have a little bit of a better schedule, so to speak. You were still sometimes on call for those foster parents and those children, but if you were able to go to visits, if you were able to really keep that relationship, the urgent situations were less. So you didn't have that sense of urgency all the time. So that was part of it. And seeing the children reunite whenever it was appropriate, and hopefully more often than not, seeing them reunite with their families and seeing the families repairing and feeling healthier, those were always really nice, you know, good things to see. So it also helped regenerate you or energized you, so to speak. Sometimes you didn't see that in the abuse cases. You just saw the worst end of it all.

Serena Vasudeva: [00:23:43:02] So tell me what a typical day looked like while you worked as a caseworker.

Dr. Vickie Harden: [00:23:49:02] In child abuse? You know, I often would come in the office in the morning and back before we had a centralized call system. Now the department has a place like a centralized number that all child abuse went through. When I was there, we didn't. We had these referral forms and people would call all day with possible abuse cases or neglect cases, and we would assign them out. So if it was your day to take them, you might spend your whole day going to a school, interviewing a child, going to a home, tracking down a birth family, trying to put the pieces together to see if this was a warranted abuse case or not. Interviewing children pretty regularly, oftentimes scheduling appointments. If there was child sexual abuse, we had a specific doctor we used in calling his office and trying to get the parent or caregiver to get that child over to the doctor, contacting the police departments. Often times they would come with us and do the interviews with the offenders, that type of thing. If you had to remove a child because of safety issues and there wasn't a family member that you could safely put the child within, you're dealing with finding a foster home. You're working then with the foster care side of the agency, asking them, who's got an opening? Where can we put this child? Is there an emergency placement? And unfortunately, that begins that whole process with the child of being bounced from one place to the next. You're going to their house literally getting a trash bag, putting it in as many clothes and things as you can think of and carrying them in your car to a stranger's home. Those are really hard things

for the child. Obviously for the parent, even in the worst of situations, the parent doesn't want that to happen, you know, usually. And for you as the worker, it's emotionally taxing to have to do that. But that was the typical kind of day and that would happen, you know, several days of the week. It wasn't just a one off. This was your day every day, pretty much. And then if you were on the on call rotation, then you took the calls at night as well. So you're working in the day and you're taking the calls all night now. I think their system's a little different now, but that was way back when I first started, when I moved into foster care. You could schedule visits with families. You were required or were supposed to visit at least once a month with every child on your caseload. And when that caseload is manageable, that's great. But if you think about some of the case loads being upwards of 100 children, that's physically impossible to do once a month. Even at 40 and 50 children, you can't get to everybody's house and go to the school meetings and make sure they're getting their needs met, make sure their medical visits are occurring. All those things that you have to do as a caseworker. And in that department, for every single child, some children might be placed pretty far away. Maybe it takes you an hour and a half to get to a home. You spend a couple hours at the home or an hour at the home, and then by the time you drive back, it's mid-afternoon. And so then, you know, you have other things you have to do. And the higher the caseload, the obviously the more complicated and difficult it becomes because you end up having to make decisions about who you're going to go visit based on need versus just ensuring, you know, that everybody's doing okay or based on a triage type model. Like what's the worst of the worst situations? And so a lot of children get kind of left out in that process.

Serena Vasudeva: [00:27:22:28] What was the highest number of kids you ever had on your caseload?

Dr. Vickie Harden: [00:27:27:24] So for me back then, I think at one point I probably had about 50 on my caseload, when someone would leave the agency and we would have to take on cases. Today, I think it's even higher than that. My 50 or so would be temporary. Generally, after a while someone would come in and we could sort of, you know, reallocate cases. 30, 30 or so was typical back then. I don't think people realize how high the case loads are. If you're trying to see a child at least once a month and your caseload is 50 or 60 then and there are 20 to 21 workdays up the month, it's physically impossible to do it. It's not even that I don't want to do it. I don't think people realize how much paperwork and documentation is required on every single visit that you make. Every contact, every phone call has to be documented.

Serena Vasudeva: [00:28:28:02] And you were telling me that you didn't even have a record or any way to record the meetings that you had with these children.

Dr. Vickie Harden: [00:28:34:28] Yeah, back when I was doing child abuse work, one of the frustrating things was that the equipment wasn't even available for us, so we would have to go out and do these interviews and we would have faulty recorders or not one at all. Then we were expected to go to the district attorney's office and give them a full

rundown on how about, you know, a forensic interview with it and not have anything to back that up. So a lot of it was based on unfortunately, like your memory. I think it's improved probably over the years. I'm going to hope so anyway.

Serena Vasudeva: [00:29:10:01] I'm definitely going to hope so, too.

Dr. Vickie Harden [00:29:12:23] I do know a lot of my students, the students in our social work program, are actually employees of the Department Children's Services, and they do get training. And there's a lot more emphasis on like forensic interviewing and how you do that, which I think is great. We still seem to be missing the piece when I hear all that really horrible stuff, how do I address that and how do I go home at night and not have to relive it in my head? We call that vicarious or secondary trauma. I mean, that is very much a real thing. And I don't know if that... I think maybe that's an area that we need to do some more work around.

Serena Vasudeva: [00:29:52:25] When we first talked, you informed me that not all foster care caseworkers have a social work degree. Could you tell me about that a bit?

Dr. Vickie Harden: [00:30:00:25]



Oh, certainly. Many years ago. And I think this probably is partly due to just sheer need to have bodies in seats and have people to do the work. The Department of Human Services did not require even a human service type degree. So social work, psychology, child and family studies, anything like that.

Serena Vasudeva: [00:30:23:05] So what kind of degrees would these people that didn't have, you know, psychology, social work degrees? What what did they have?

Dr. Vickie Harden [00:30:31:06] Yeah, well, I'll be honest with you, I had a fellow cohort here who had an accounting degree. I had coworkers, you know, criminal justice degree, which is, I think probably within that realm at some point. Right now, they're people with history degrees, doing the work, you know, English degrees.

[Music]

Serena Vasudeva [00:30:55:18] If you would like to reach out, please send an email to [exfoster voice at gmail.com](mailto:exfostervoice@gmail.com). If you'd like a question to be answered on the show or just want to voice your opinion, send us a short video attached to your email.

[Music]

Serena Vasudeva [00:31:12:26] Do you believe that foster care is traumatic for the kids in it, and if so, how and what aspects?

Dr. Vickie Harden [00:31:18:12] Unfortunately, I do believe it is. I don't think there's a better option. There may be better ways to do foster care and prepare foster parents. The biggest piece of the trauma, I feel like maybe comes in the transition between from moving from their first home or their whatever their caregiving situation was into a foster home. And then if it happens that the child is removed and removed several times, you're really removing and removing and removing even though we don't call it a removal. We just call it a move from one foster home to the other. You're in essence doing that. You're packing them up, moving them to the next place. And just like we talked earlier, they don't know what to expect from that family system. The fear of not knowing, the idea that they may or may not belong or have a sense of belonging, that they may not be accepted, all of those things weigh on a child and adolescent, weigh on their sense of self-esteem and self-efficacy. And over time, that really erodes their sense of purpose and who they are, their identity. It's hard enough being like 15 or 16, right, let alone being that without any anchor.

Serena Vasudeva: [00:32:36:23] You told me in the past, teenagers in the foster system were sometimes institutionalized if they had nowhere else to go. You've dealt with that directly with Audrey.

Dr. Vickie Harden: [00:32:46:05] Yes, I have dealt with that directly. And this again is many years ago, Tennessee was one of the top in the nation for institutionalized adolescents. There weren't a lot of support services. There weren't a lot of group homes or residential treatment programs or for foster families, frankly, that wanted to or had the capacity to work with children or with adolescents, excuse me. So I had Audrey and she was at that point in time, the longest standing adolescent in a mental institution in the state of Tennessee. She had been there her entire grade, puberty to adolescence. And I think I started working with her at about age 14. Unfortunately, she had almost grown up in mental health facilities, partly because there weren't services available. Her family, it wasn't a situation where she was severely abused, but she had two parents who both had intellectual capacity issues and weren't able to care for her. And so she was in that setting for the best part of her adolescence and puberty. Unfortunately. I don't know. I don't know the end story for Audrey. I don't know what happened to her after I actually left that county of service and started working at a different county. But I worked with her for about a year and it was quite taxing and quite sad to be raised in an institution. It really changes a lot of who you are. And unfortunately, at that point in time, a lot of our young people were being placed in institutions versus in more community-based settings.

Serena Vasudeva: [00:34:37:09] So in this particular Nashville Mental Hospital, what were the conditions like there? Was it prepared her to raise someone from, you know, 12, 11 to an adult?

Dr. Vickie Harden: [00:34:50:10] Yeah, I don't think they're prepared. Unfortunately, there were a lot of Audrey's at that same placement, maybe not quite there as long as she had been. The unfortunate thing is, you know, your nurses and the social workers become your parents. And some of those were stable. Some of them were there for a long time. But oftentimes that, you know, there's turnover or if you could imagine living, you know, in a cinderblock wall room, maybe with a roommate and a twin bed. And that's almost all you've known as a child, older child and adolescent. You're in a regiment. You know, you get up at the same time and you go to bed at the same time. There is school there. So you have classes. You go to the cafeteria to eat. It is a very rigid system. So whenever a young person leaves that system, especially if they have been there, what we call institutionalized, if they have been there for so long that that is their way of life, it's very difficult to get back into a system where you're not told everything to do every moment right. You're not in this strict routine.

Serena Vasudeva: [00:35:57:23] Did she have any hobbies?

Dr. Vickie Harden: [00:35:59:24] I don't recall, to be honest with you, Serena. I cannot remember if she had hobbies specifically. I feel like they did a lot of painting, so she did do some crafts. She enjoyed crafts. I don't know if she enjoyed them just because that was part of the daily routine there. And that was a way to kind of, you know, be busy and have something fun to do. Or if she had a genuine interest, that would be a really good question. But I do know she did a lot of crafts and enjoyed that.

Serena Vasudeva: [00:36:30:05] So when Audrey was in this mental hospital, did she ever leave? Did she ever go anywhere, do anything? Was she just in there all the time?

Dr. Vickie Harden: [00:36:40:25] She got to the place where she could come and spend the weekends with her parents. I do remember her taking like paintings or different things home with her when she had the home visits. I would pick her up and take her places on passes. We would just check in with her, make sure things were okay. But overall, Audrey stayed at the institute and she was, you know, schooled there. She was there 24/7, all the time, if you could imagine that. Frankly, Audrey did leave a couple of different times. She absconded and we'd have to find her. One time I came to work on a Monday, and Audrey was sitting on a bench in front of my office, and she had walked probably over the weekend at least 30 miles or more to get from the facility to my office.

Serena Vasudeva: [00:37:32:07] So why did Audrey walk 30 miles to see you? Did she have something she had to tell you?

Dr. Vickie Harden: [00:37:39:07] No. She just wanted to come and see me. I think it was just her. Audrey had some pretty serious mental health conditions, and I think it was just her way of thinking she could outreach. She left the facility on a Friday and she got to me on a Monday. And I don't know what happened to her in between or where she slept or anything. I had to, you know, obviously help her get her some food and then get her back to the institution. But she was just, I think, reaching out for something that she didn't have there. And maybe I don't know, maybe something happened. Obviously, it's been so many years ago that my memory is a little bit faded about it, but I do have a very strong memory of pulling up to the office and seeing her sitting on the bench and thinking, 'Oh my goodness, what is Audrey doing here and what has happened?'

Serena Vasudeva: [00:38:29:28] Were you trying to find foster placements for Audrey? And if so, how did that go?

Dr. Vickie Harden: [00:38:35:25] We did. Over time, it did not go well. I think partly because of her mental health conditions, it was really difficult for her to maintain in a home. She really wanted to go back to her parents and she had other family, but they weren't able to give her everything that she needed to help her manage her mental health

condition. So we did try and back then there wasn't a huge emphasis, unfortunately, on helping adolescents. A lot of adolescents were in institutional placements. That seemed to be the par for the course the state got. The state got, you know, the state of Tennessee had a lot of issues around that and there were some legal battles about it. And they did a much better job of opening up residential treatment and group homes after that. As a matter of fact, as I'm sitting here talking to you and thinking, I feel like we may have tried her in a couple of group homes and it didn't work out for her and she ended up back at the facility. I don't know if it was just the complex needs that she had, partly probably that, partly because she had been in an institution for so long that it was very difficult for her to assimilate into a different type of environment, unfortunately.

Serena Vasudeva: [00:39:49:21] Well, thank you so much for sharing your story and for sharing Audrey's story. I think both are really powerful.

Dr. Vickie Harden: [00:39:56:15] You're very welcome. I'm so happy that you are highlighting this and highlighting kind of what it means to be in foster care. I don't think that is something described at the level in that lived experience. Right. That's needed for people to understand the full depth of it.

## **Episode Two**

### **The Permanent Cost of a Forever Family**

Episode description: Listen in as Sammie Stewart shares part of her experience being adopted by her CASA worker. At twelve years old, she faced a fork in the road: accept her adoption offer or stay in foster care. Feeling her age would prevent her from getting another chance, she moved in with her new family only to be torn from her older sisters, “Megan” and “Sadie.” She describes the adoption process as dehumanizing and isolating while suggesting ways that it could be improved.

[Music]

Serena Vasudeva [0:00:06:08] Before you get listened to this episode, please know that suicide is talked about extensively. If you are having suicidal thoughts, please reach out to the National Suicide Hotline in the US. That's 988. The Trevor Project also has a helpful number for those in the LGBTQ community who may be experiencing a crisis. That number is 1-866-488-7386.

[Music]



Serena Vasudeva: [00:00:43:28] Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster youth and your host. Today we'll be hearing from Sammie Stewart, who went into foster care when she was two. She lived with family members and foster parents until she was adopted at 14. Now she's a junior at Middle Tennessee State University, majoring in social work. When she graduates, she wants to work for the Department of Children's Services to help out those who were once in her shoes. So, Sammie, let's start with why you went into foster care to begin with.

Sammie Stewart: [00:01:11:16] Okay. I went to foster care when I was two with my two biological sisters. Our father went to jail and that left us with our mother. And I guess she just decided she didn't want kids anymore. And so she signed away her rights, and we went to foster care.

Serena Vasudeva: [00:01:29:29] So you had a court appointed special advocate or CASA worker. When did you meet her?

Sammie Stewart: [00:01:35:10] I think I meant my CASA worker when I was like four or five.

Serena Vasudeva: [00:01:40:26] According to Rutherford County's CASA Page, CASA volunteers advocate for abused or neglected children in order to make sure they don't get lost in the overburdened legal and social service system. Volunteers typically handle one case at a time and stay with each case until it is closed or until the child is placed in a permanent home. For many of the children we serve, their CASA volunteer will be the one constant adult presence in their lives.

Serena Vasudeva: [00:02:05:23] To you, what is a CASA worker?

Sammie Stewart: [00:02:08:25] I think a CASA worker is an advocate for like the kid that they are representing. They go to the home and they do home studies. They're really there to just be with the kids when their parents are battling in court to, you know, make them feel safe.

Serena Vasudeva: [00:02:25:11] So when you were 12, you moved in with your friends, family, the Speights. You were there for about a month before your CASA worker came to visit you during a pool party. Can you tell me what happened?

Sammie Stewart: [00:02:36:06] The pool party. I remember that pool party as we just had friends coming over. Later, I realized that it was actually families coming to see me and my sisters to see if they would want us. There's two families, the Stewarts, which is my

CASA worker's, Shannon. She's the one that ended up adopting me. And then the family that my sister, who will call Megan, who adopted her. I remember the pool party as like my adopted little sisters, they like, went swimming and, you know, we all had food and we had fun and they got tired. And so me and my best friend Ana went upstairs to the room that we were sharing. It was her room and I was sleeping there. And I turned on Scooby Doo for the kids. And one of their twins actually sat in my lap. I think that the Stewarts will even tell people that, like, that's kind of when they knew that I was, like, the kid that they would want because their shy daughter sat in a complete stranger's lap for the first time meeting. So that was the pool party.

Serena Vasudeva: [00:03:52:01] Is there anything else about this memory that you've noticed now that you're an adult?

Sammie Stewart: [00:03:55:29] Um, I definitely think back then I thought it was completely innocent, those people coming over. But now that, you know, I'm almost 22 and I look back on the things that happened and the events that followed. This is bad, but I kind of see it as like them coming to pick out a puppy. And I was good with their kids, so I was the puppy they picked. So that definitely stands out to me that that's how they chose me because I was good with their kids. I think back then I was really like, 'Wow, like we're going to have a party. Like we're going to have people over. Everybody's going to be swimming.' And you know, now that I'm older, I'm like, that's not at all what was happening. Like, that's what they wanted it to seem like. But really it was them coming to

pick. I feel like that's just a really weird way of coming to see if you want to adopt the kid, because I feel like it shouldn't be that way. You should just take a kid that needs help.

Serena Vasudeva: [00:04:57:08] With your experience. What do you think the correct way is to meet with, like, a teenager that you're thinking of adopting?

Sammie Stewart: [00:05:05:11] I will preface this with I've obviously never tried to adopt a kid before, so I don't really know the whole process. I've been on the adoptee side like I was the one adopted. I think it really just depends on the kid's situation, what's really going on, because, you know, a lot of families will just open their doors and have the kid dropped off and that's kind of the first time they've met them. So I don't know if that's better, but I do feel like the way they did it was maybe even degrading, like in a way. Now that I'm like, you know, I think about it I'm like wow, I really wish they hadn't done it that way. I wish they would have just told me instead of lying. Well, not even lying because I know the Speights wouldn't do that to me, but just kind of like keeping it from me. Definitely not the way they did it, but I'm not sure what a better way would be because I feel like maybe you should definitely meet the kid and make sure the kid is okay, and in a way that makes the kid feel like they're included and they're going to be loved and that they're safe.

Serena Vasudeva: [00:06:12:20] So about a month after this pool party, you had a therapy session with Megan and Sadie, your biological siblings. What happened at this therapy session?

Sammie Stewart: [00:06:21:29] This therapy session was for all three of us. I remember going in and being nervous. I remember my guardian ad litem Angela being there and that was weird because, you know, therapy is like, you just go in. You don't go in with, like, all the people. I remember my oldest sister, Sadie, going in and, you know, waiting for her. And she came out crying. I mean, like I had seen her cry before, but never really like that. My, you know, trying to see if she's okay. Before we went in, she, like, just didn't want to talk. I remember me and my middle sister sister, Megan, we went in and our guardian ad litem, Angela, she went in with us, and I sat in her lap and Megan sat beside us. I mean, I first went and I was like, 'What did you do? What did you do to Sadie? Why is she so upset out there? Like, what did you do to her?' And they're like, 'you know, she wants to tell you what happened, that's her business. But as her counselor, like, it's not my business to tell you.' I was like, 'Okay, whatever.' I mean, at this point, I'm like a nervous wreck. Like, what is going on? Like, you guys are scaring me and they go, 'Oh, we found homes for you guys.' And you know, they started off with my middle sister and telling her that one of the families that was at the pool party to come and see us decided that they wanted to take her and to adopt her, and she even said, 'you know, it's like my biggest dream. Like, I can't wait, that's awesome.' And um, it kind of hurt my feelings a little bit cause I obviously wanted to stay together. So she moved in with them

actually a few weeks later, even though she didn't actually end up getting adopted by them. She actually went back into foster care because she just didn't want to be adopted. So they told her she was going with that family, and then they were like, 'you know, Sammie, you're going with the Stewarts. Like the Stewarts want you.' I was like, 'I don't really want to be separated,' but I guess this is like my choice. Like this or foster care, you know? I eventually learned that my sister was crying because, I mean, she was almost 17 and nobody really wants to adopt a 17 year old. And so they were telling her that. Eventually, you know, my best friend, the family we were living with had decided that they wanted her. She ended up deciding as well that she didn't want to be adopted. So she took their last name and went back into foster care. So I was the only one that was adopted in that situation. Gosh, was probably one of the hardest therapy sessions I've ever been in, which is saying a lot because I've, you know, been in therapy for a long time. I think before that I had an inkling that they were going to separate us. But I still had like that hope that like somebody would want all three of us because in, you know, my almost 13 years at that point, they had been the only two people that were completely constant. Of course, I was just about to be a teenager and, you know, getting ready for puberty and I needed my sisters there. And so, you know, they told me then I think it was definitely good on their part that they did it in that environment because for me, at least, my therapist's office is a very safe environment for me and my guardian ad litem, Angela, she'd always been and always has been a very safe person for me, so. That was a good thing to do on their part, still really hard though.

Serena Vasudeva: [00:10:28:22] And it's very common for, you know, three teenagers to all get separated and go to different homes.

Sammie Stewart: [00:10:35:18] Yeah, it's really hard for people to want to take three, especially one that's almost 18. My older sister was getting up there and I don't know, my two older sisters, they went through a lot more than I did because they chose not to be adopted. And I did. So I was in a somewhat stable home until I was 18.

Serena Vasudeva: [00:10:57:09] So what is it like to get an adoption offer as a preteen?

Sammie Stewart: [00:11:02:26] Oh gosh, scary and also kind of felt like it was my only option at that point, especially after hearing that my oldest sister, nobody really wanted her. I think that was definitely eye opening. You're like, damn like, I'm almost a teenager, nobody's going to want me, like this family wants me. I need to say yes, like I don't have another choice. Nobody else is going to want a teenager, this or nothing buddy. It's really scary um, moving in with a family you've never met before, especially without the two people you've been with your entire life.

Serena Vasudeva: [00:11:41:21] So now my next question. Did you feel pressured to accept that offer?

Sammie Stewart: [00:11:47:25] I will say I didn't feel pressure from anyone around me. Like it wasn't like a 'Sammy you gotta do this.' Like nobody told me that I needed to, but you kind of do feel like, 'mmm I gotta do this.' Like, it's this or skipping around in foster homes for the rest of my life or the rest of my, you know, high school career and middle school. So I think I did definitely feel like this unspoken pressure that this was my last chance to get like a good family, what seemed like a good family.

Serena Vasudeva: [00:12:28:08] That first day of moving in, what did it sort of feel like?

Sammie Stewart: [00:12:32:12] Really scary. I had been to their house before because the day I found out I was going to be adopted by them, they came and got me for dinner and we went by their house so I could meet their dog to make sure, you know, the dogs would be okay and obviously he was because I'm good with dogs. But I do remember they came with a van to come pick me up from the Speight's house. It was really, really weird because all of a sudden I wasn't the youngest anymore, I was the oldest. They showed me where my own room was. I had Barbie dolls and stuff and of course, like, little girls, they were like eight and six years younger than me. They wanted to play with like all my Barbie dolls and stuff. And so that was like a weird kind of... It was very weird like going to bed in a house, I remember I didn't sleep that night because I was listening to the house settle like all night, and I was used to sleeping with someone else because I



slept in the same bed as Anna, because we shared a room. So, I mean, it was just really weird and scary, honestly.

Serena Vasudeva: [00:13:48:23] Yeah. Sounds very surreal and alien.

Sammie Stewart: [00:13:52:10] Yeah, it was really weird.

Serena Vasudeva: [00:13:54:20] Yeah, it's always weird. You lay down and it, like, smells different and, like, the blanket might be a little softer than you're used to. Just weird stuff like that. Did you ever ask Shannon to see your sisters and how did that go?

Sammie Stewart: [00:14:10:25] Oh, yeah, I did. I remember asking a lot the first couple of years I lived with them. In the first year before I was adopted, my sisters came around, I mean, a decent amount and like they were my birthday party and stuff like that. But after a little while, honestly, after I was adopted, I'm pretty sure was when a lot of things started going downhill. I would ask or my sisters would message and eventually I stopped asking because Shannon would be, I mean, just visibly angry about it. Like she didn't want me to see them. And she'd say stuff like, 'Oh, you can talk to them whenever you want.' I'd be like, 'No, I can't. You get mad at me every single time. Like, I don't want to ask because then you'll be mad at me for like three days.' I don't want to live like that. Like I'd rather just not talk to them. And honestly, I didn't even know how much my

sisters tried to talk to me until afterwards, when I reconnected, when I moved out, reconnected with my older sister and I don't remember how we got onto the topic, but she said something like, 'I would try to talk to you all the time.' I was like, 'No, you didn't.' She said, 'Yeah, I did. I messaged Shannon and she said, like, you guys were too busy or not right now.' I was like, 'Well, I didn't know that. She never told me.' She was like, 'Yeah, I assumed so. So I just stopped and just hoped you'd reconnect with me after you, like, left.' I was like, 'Well, I didn't even know. She wouldn't even tell me.' So I didn't talk to them a whole lot whenever I lived with them.

Serena Vasudeva: [00:15:52:00] It sounds incredibly isolating, really.

Sammie Stewart: [00:15:54:24] It really was. I think Shannon did that on purpose. I mean, they didn't raise me. They didn't know how I was raised, so I think it really made them nervous, people that I knew from my past. I think that they thought maybe my sisters would corrupt me or something because honestly, I was just kind of a good kid, you know, after I moved them, I just did what I was told.

Serena Vasudeva [00:16:21:10] You mentioned this, did you live with them in a sort of pre-adoptive stage?

Sammie Stewart: [00:16:27:05] I did. So I lived with them, I moved in with them June 24th, 2014, and they adopted me in December of 2015. So it was like a yearish.

Serena Vasudeva: [00:16:43:06] What was your relationship like with Shannon once she adopted you?

Sammie Stewart: [00:16:48:29] Honestly, we had a weird relationship. Shannon would, uh, this such a hard question to answer because there's so many things that go into the relationship I had with her. Like when I started high school, Shannon would give me a hug every day before school. It was kind of like a ritual type thing. She'd hug me every day before I went to school, tell me, have a good day, whatever. But also, Shannon would kind of treat me like a nanny and a cook. And so sometimes, you know, she'd go out and be with friends or when she was in school and she'd go to these parties for people and like meetings and stuff, she'd come home and she'd be drunk, you know, or maybe she wouldn't be drunk. She's just tipsy. She'd come home and, you know, tell me everybody's business. Like I was her best friend. That was definitely weird. It was like she was trying to be my mother, but also she would say things that would make it feel like she wasn't. You know, I think like within the first year I moved in with them, we were at Red Robin and the girls were fighting in the bathroom. I had taken them to the bathroom because, you know, they needed to go potty and Stella was hitting the other girls. And so I literally go into the bathroom and I put my arm in between them so that she wouldn't hit the girls. And of course, Stella went and told them. And I remember Shannon grabbing my arm

pretty hard and saying, like, don't put your hands on my girls. I was like, 'So I'm not your girl.' Like, just weird small comments like that. They just kind of add up over the years that I was like, This isn't what it was intended to be. You know, you can tell when somebody's intentions aren't true.

Serena Vasudeva: [00:18:48:11] When you were adopted, your adoptive siblings, the siblings you lived with, how many were there?

Sammie Stewart: [00:18:55:24] There were three.

Serena Vasudeva: [00:18:57:17] Once you were adopted, what sort of things did you do around the house?

Sammie Stewart: [00:19:02:23] A lot of things. I would, you know, help cook.

Sometimes I'd cook dinner by myself. I'd clean. A lot of times I didn't go out with people my age because I had to watch the girls. I remember one time I went to a football game in high school on a Friday, and then the next day they had somewhere they wanted to go.

But I wasn't allowed to go because I went to the football game, so I had to stay home and scrub the kitchen.

Serena Vasudeva: [00:19:30:23] How often did you babysit and what ages were the kids you were babysitting?

Sammie Stewart: [00:19:35:2] I babysat the girls a lot, especially when I started driving. When I first moved in, I think the oldest was seven or almost seven, which would have made the other girls four almost five.

Serena Vasudeva: [00:19:53:10] Did this ever detract from your teenage years?

Sammie Stewart: [00:19:58:18] Absolutely. Yeah. I honestly rarely went out with friends. And one thing I did get to do was youth group that was like, you know, going to praise the Lord. So that was like one of the things that I did get to do but even then I got like guilt tripped when I went to do that. So yeah, I definitely do. I could have done so many more things like I remember sophomore year, I was the first time I did cross country since seventh grade and I really enjoyed that. But when I got my job it was pretty much me going to work taking care of the girls. And that's pretty much all I had time for and like school of course. But even then I didn't really have that much time for school because I had to do my school work downstairs. I wasn't allowed to do it in my room, so I'd get off really late from work and then get home at like 11 and have barely any time to do my homework where I had to go to work or before I had to go to bed. So it definitely did take away from me being able to be a teenager and like, you know, make a couple

mistakes and learn from them. I think I definitely had to be way more mature than a lot of people our age.

Serena Vasudeva: [00:21:17:09] Why weren't you allowed to do your homework in your room?

Sammie Stewart: [00:21:21:02] I don't really know. That was just a rule that John and Shannon had. We had this bar above the stove. It was like between the den and the kitchen, so anywhere they were, they could watch me. It was just this thing where they didn't want me to do my homework upstairs. So, like I had to do it at the bar. Wasn't allowed to do it anywhere else. I do remember sometimes, I worked at Snappy Tomato Pizza in South Jackson, I know you don't know where that is but some people might. It closed down, but when I worked there, I would get off super late. It was like 30 minutes from my house. And so I'd get home. I mean, I'd be stinky working in a pizza place, and I'd sit there for a little while being exhausted and they would sit there like one of them would be sitting in the den in the chairs until I went to bed. And so my people pleaser person was like, well, they're waiting up and are going to be super exhausted, I better just go to bed. You know, sometimes I would sneak like if I had like some paper homework that I needed to do, I would sneak it upstairs while they went to bed and do it in my room. Technically that wasn't allowed, I wasn't allowed to do that. I would've gotten in trouble if I got caught.

Serena Vasudeva: [00:22:44:05] I think you're the only person I've ever met who's had to sneak to do their homework.

Sammie Stewart: [00:22:50:02] And honestly, I think a lot of people around us, like families around us, didn't realize how much control they had over me. I think they still kind of don't, which is weird. From the very moment I moved in with them, it was very clear that I was supposed to be the good kid and the example for the little girls. And so a lot of times, even when I was pissed off, when I wanted to, you know, throw shit and be rebellious and just fucking like be done with it, I didn't because I cared so much about how the girls saw things. And I think, honestly, there's a little piece of me that was like, only have a few more years left, I've dealt with so much stuff before I moved here. Like, this is a few years. I'll just, you know, I'll go to college and have some freedom and I'll just live then. So yeah, I do remember getting in arguments with Shannon. One time she told me I could go to a basketball game. I stayed after school. I left my phone in my car and went to go talk to this girl I was having a conflict with. I talked to Shannon about it. I was like, 'I don't know what to do.' She's like, you know, 'just talk to the girl, resolve it.' It'll be fine. And so I did. I stayed after school. We talked for like an hour after school, just in her car, fixing stuff. When I got home, Shannon was pissed she was like, 'where the fuck were you, how could you be in school that late? Where were you really?' And I was like, 'I was fighting this conflict like I did exactly what you told me to. I'm sorry I didn't relay that to you, but I was in the car with her, like trying to fix stuff.' And she was

like, 'you can't go to the game.' And I remember arguing with her like, I'm like 'I literally did what you told me to do with this girl. What more do you want from me?' I got home, I remember crying and actually later she had like, I guess she was on the phone with Johnathan and she came into my room after I'd like stomped up the stairs. It was like the most rebellious thing ever did was like, 'I'm going to my room, I'm gonna sit on my bed.' You know, it was like the only rebellious thing I ever did was stomp up the stairs.

And she came up and was like, you know, 'I just got off the phone with your dad and I'm sorry, you can go.' I was like, 'I can go?' And she's like, 'Yeah, you can go. You just do what I told you to do.' So I guess in that situation. Jonathan was like, 'Just let her go to the game. It's not a big deal, she was literally listening to what you told her to do'. And so every once and a while Jonathan would step in and most of the time it was straight control for Shannon.

Serena Vasudeva: [00:25:38:20] So at 16, your grandfather died. Tell me about that.

Sammie Stewart: [00:25:43:11] My biological grandfather. Oof, that's a rough one. I remember one night after the girls had gone to bed, I'd help Jonathan put the girls in bed. Shannon was at some event and apparently my sister, my oldest biological sister, called Shannon said my grandfather had passed away and she wanted to be the one to tell me. And so, you know, Jonathan waited until after we put the girls to bed. He was in the den. I came downstairs, he goes, 'Hey, sadie wants to call you. She's going to tell you that



your grandfather passed away.' I said, 'Um, okay.' At that point, I was like, why are you lying? You know? And then you know, my sister called and she goes, 'Hey Sammie, Grandpa passed away. I'm sorry that you didn't get to say goodbye.' She was like, 'There's going to be a funeral. I'm not sure Shannon's going to let you go. And so I'm sorry.' Oh god, um, I told her I loved her and I went to my room. I cried for a while. And I guess Shannon, she got home from her event. She came upstairs and she even held me for a while. She gave me a hug and she's like, 'I'm so sorry.' And then she, you know, went in, she was like, 'so who, who was that?' I was like, 'my grandfather.' And honestly at this point, my family has this thing of like mixing up the truth. And so at this point, I thought that my father was adopted. And so at this point, I was really confused on like if my grandfather, who actually is my biological grandfather, if he actually was biological. Right. And so I'm kind of explaining that to Shannon and she goes, 'Oh, so he wasn't even your real grandfather.' That was a real turning point for me because Shannon adopted me. So her saying that he wasn't my real grandfather kind of clicked with me as, 'oh, so like, I'm not your real daughter. You're not my real mom because you adopted me.' So that was really a pivoting point for me in our relationship and my life at the Stewarts' house was really me realizing that and all the tiny little comments that like they only got me because they needed a nanny and a cook. Her saying that was some bullshit, you know. So they didn't let me go to his funeral because they didn't want me around people who could possibly influence. It was after I moved out that my sister took me to his grave so I could say goodbye.

Serena Vasudeva: [00:28:37:21] The comment and then not even letting you go. That's just uncalled for and so crappy.

Sammie Stewart: [00:28:47:18] I think actually the next day I was obviously still upset and she told me to get the chip off my shoulder and let it go. So, I mean, at that point I was like, well, I need to let it go. That's what I meant. Like, I couldn't, I didn't have time to grieve him. I wasn't allowed to grieve him, really.

Serena Vasudeva: [00:29:08:25] I'm so sorry that nobody was there to comfort you with that.

Sammie Stewart: [00:29:12:24] I will say, my godparents, David and Allie, they've always been very instrumental in me being able to tell my emotions. My godmother's actually a social worker. She's a licensed clinical social worker. And so she's always been, both of them, they've always been very loving towards me and caring and have always let me talk about what I need to and, you know, help me through things. And so they were there when that happened and they were helpful. I don't think, I honestly can't remember if I told them that happened. I don't think they knew that happened until after.

Serena Vasudeva: [00:29:54:07] Was there ever a point where you confronted Shannon about that comment and asked her about it?

Sammie Stewart: [00:30:01:00] I never talked to her about it because I think at that point I was just ready to move on. I think I was ready to just, you know, I'm going to get through this last couple of years. It'll be fine. I think, honestly, I also was like, I've lived through worse than this, so I can make it a couple more years and it'll be fine.

Serena Vasudeva: [00:30:24:11] So at 18, you decided you wanted to leave your adoptive parents and move out. Tell me about that process.

Sammie Stewart: [00:30:32:11] Oh, gosh, it's like a four month process honestly. When I was 18, my birthday's in July, and so about two weeks after my birthday, I sat Jonathan and Shannon down and I told them, 'Hey, I'm gonna move out. There's so many things happening and they're just, you know, pushing me and I'm going to leave.' And basically Shannon was like, 'That's not how this works.' Literally her words, she said, 'That is not how this works.' And I was like, 'okay, all right.' And so, you know, they were like, so what's going on that's making you wanna leave? I remember, you know, Jonathan literally at that point hadn't given me a hug or told me he loved me in like six months. So that was one of the things. And I was like, 'You know, I literally watch the girls all the time. I have no life. I'm a teenager. You act more like a teenager than I do. And they're like, 'All right, we'll fix some of that stuff.' And I was like, 'All right, whatever.' And, you know, it get better for like two weeks then it was right back to their old shit. What I

didn't know at that point was that literally the day after we had that conversation, Jonathan went to our bank. I was still a teenager and we had changed my account over to like an independent account. And so his name was on my account because he was my parent. He went to my account and took most of the money out and put it into an account I couldn't touch and I didn't know about it, didn't have my name on it. I didn't know he had taken money. And I didn't find out until October during fall break. I'd gone to Georgia with my best friend at the time, Maddy and her parents. My phone had broken before we left. And so Jonathan had just upgraded his phone, but his old phone he'd given me to take with me was like shorting out anyways. And so it broke while we were on vacation. And so when I got back and we sat down and I was like, 'you know, I need a phone. I can't be driving without a phone. What if something happens?' I was like, 'I will go to the bank after school tomorrow, get like \$1,000 out. I'll meet you at Verizon after you pick up the girls. I'll pay for my own line, my own phone, everything. I'll pay for everything.' Now, Jonathan said, 'Well, you don't have that much money in your account.' And I was like, 'Hold up. Like what are you talking about, dude, that account has all the money I've saved since I'm with you guys. It has plenty of money in there.' And he goes, 'Well, we took most of that money in and we put it into an account.' I was like, 'what are you talking about?' and he's like 'Well, when you said you're going to move out, we didn't want you to do anything crazy and so we took that money.' And at this point I was like, woah, are you joking? Like, that's not a parent thing. That's like, what are you talking about? And so honestly I left it at that. I just, I mean, I was stumped. I just went to bed. I was like, well, whatever. I went to school the next day and I used my friend's phone to go on Instagram to find my godmother. Because I was like, Wow, I

don't know her number. But I know she has Instagram, I'll find her. And so I messaged her and I was like, 'Hey, this is Sammy. Like, I need to talk to you. Can I call you? Like, It's an emergency.' She's like, 'okay,' so she sent us her number. I called her during lunch or something and I told her what was going on and she was like, 'Is there any way you could come to the house after school? You know, we can talk about this after school.' And I just happened to have play practice. So I went to my director and I was like, 'Hey, man, some stuff has gone down like I have to skip today, but I'll make sure you come like the other days.' He's like, 'oh it's fine,' you know? I kind of explained what was going on. And so I went to her house. I kind of, you know, I was like, 'man, he took my money. Like, so many lines have been crossed. Like, I don't know what to do.' She was like, 'You know, we've always had this room for you since we bought this house. We knew that room was going to be yours.' She was like, 'What do you want to do?' I was like, 'I gotta get out of there. Like, if I don't leave. They're never going to let me go. Like I'm stuck.' She was like, 'I mean, the room is yours when you want it.' So I used your phone and I called my friend Gabby. She was like, 'Yeah, I'll meet you at your house.' And I was like, 'Well who else is going to help me? Like, I need help moving all this stuff.' I called, his name is Jake Stewart. Funny enough, we have the same last name. He was a man that went to church with us and he kind of took me under his wing, always been there and was always super real with me. I called him. I was like, 'Jake, I need help.' He's like, 'I'll be there in 15 minutes.' You know, he came. So I knew they were going to take my car. So I took all my other keys off of my keyring. I drove into the driveway and parked my car and hung up my keys by the door. My sisters were in the chair with Shannon looking at something on the phone and I walked right past them. I opened the

front door and let Gabby and Jake in and we all went upstairs and started packing my stuff. Shannon comes there and yelling about 'What the hell are you doing?' And I was like, 'I'm leaving. And she was like, 'You can't.' And I was like, 'The hell I can't. Like, I am leaving Shannon and like, I'm sorry, but I am going.' She was like, 'Well, you can't pack anything we bought you.' I was like, 'All right. I'll just take stuff that I brought with me or the stuff that I bought myself or stuff other people have bought for me.' You know, she stomps away and runs downstairs or whatever and we're packing clothes. And my sisters are, you know, watching. And I know I shouldn't have done it that way, but honestly, I knew they wouldn't let me leave in a different way. So I was just getting out when I could and I know I hurt them. And it was never anything about the girls. But I am, you know, I packed some stuff and Shannon back up and she was like, 'Well, your dad said, you can take whatever you want.' It's like, all right, man, whatever. I guess he'd come home, but her car was blocked, so she took the girls in his car, and I don't know where she took them, but they left. Jonathan didn't say a word to me. He sat downstairs while we were bringing boxes in and out, and I finally came downstairs after I'd gotten everything. And he goes, 'Do you have your Social Security card and your birth certificate?' I was like, 'Yep.' And that was all he said to me. I remember leaving and Jake said, 'That man looks like he just lost a million dollars.' But that's how I left and I moved in with David and Allie. A lot of things happened after that. It wasn't that I didn't want to be part of their family anymore. It was that I needed space from them. But it was pretty clear after I moved out that they weren't wanting me to move back in. It's pretty clear even to the girls that I wasn't really welcome back. And I tried like I arranged a dinner for us to have at a friend's house, like a family friend. I mean, it was just pretty

clear after all of that that wasn't really welcome back. So I mean, that's how that happened. I did eventually, Jonathan eventually did give me the money back. I definitely didn't do it the way I should have but it was something that I really didn't know what else to do.

Serena Vasudeva: [00:38:34:20] They didn't give you much other choice.

Sammie Stewart: [00:38:37:12] As an 18 year old, I didn't really see a better way to do it. Honestly, I really didn't think they would let me leave because I tried. And she said, 'That's not how that works.' You know, like I really do wish I didn't have to do it that way because I know it hurt my sisters and that was not my intention at all. I know they're still mad at me about it, and that's okay. They can be. They have every right to be mad at me about it.

Serena Vasudeva: [00:39:03:24] How much money did they move?

Sammie Stewart: [00:39:08:23] Oh, it was like \$3,000 dude. It was so much, but it was I mean, it was most of it because I had over \$3,000 in there. And I do remember this past summer I was talking to Jonathan about and we sort of reconnected for a little while. And I even asked him, I was like, 'Do you even know why I moved out? Do you even know? Because no one has ever asked me, why did you move out? Why, what happened?'

People have you know, 'Do you still talk to your parents?' They're not my parents anymore. They've made it very clear that they're not my parents. I've chosen the people I want to be my parents. I did. I asked him, 'I was like, Do you even know why I left?' He was like, 'Oh,' I was like, 'A, that's because you haven't asked me. B, it's because you took my money. And he goes, 'I forgot about that. Honestly, \$3,000 is like pocket change.' I was like, 'What the fuck do you mean pocket change?' Excuse my language, but that is crazy. You're a lawyer. You don't make that much money, though. Like there's no way \$3,000 is pocket change. That was a shitty thing to say, especially if it's the reason that I moved out and you're over here like 'ah, pft, pocket change' right? Yeah. So he didn't even know that until this summer, which honestly amazes me, because in October it'll be four years.

Serena Vasudeva: [00:40:33:04] And even if it was a smaller amount of money, it's your life savings at that point. You gave away like part of these really young formative years to work at a pizza parlor to get that money. So I'm definitely glad you got it back.

Sammie Stewart: [00:40:52:11] Yeah. And it was like me babysitting, like other people's kids. They'd given me money and I saved most of it because, I mean, it's not like I went out and did things. So most of my money was saved. Every once in a while I'd stop at like Walgreens before school and get candy. But I paid for my own insurance and like some of my gas for the month. So some of my money also went to that, but most of it went to savings.



Serena Vasudeva: [00:41:16:23] Did your experience with your caseworker change your opinion on CASA?

Sammie Stewart: [00:41:22:03] Definitely not. I think every case is different and in some ways I feel like mine was definitely very different because my CASA worker adopted me. Um, but no, the way that I was treated the actual workings of Casa was amazing. I mean, you know, Shannon wasn't the greatest, but we did have somebody there that was trying to see that we were okay and I love CASA. honestly, it's a very great organization and I would never speak ill of them.

Serena Vasudeva: [00:41:56:06] What was it like moving out at 18?

Sammie Stewart: [00:41:59:14] Definitely scary for sure, but it was also so really freeing because I found myself in a place where I knew I would be safe and David and Allie they weren't going to, you know, tell me to get a chip off my shoulder. They would let me feel the feelings I had. And honestly, I was really lonely, really lonely. I recently actually have gone through documents on my computer and there is a document in there where I think I was meaning to it's like a sort of prayer type thing me talking to the higher being, you know, God and asking why so many things have happened and, you know, just not really giving a shit anymore about what happened to me. I think the only reason I'm still

here today is because of my best friend, Cooper. He passed away when we were sophomores. He killed himself. Seeing what that did to his mother and his family is probably the only reason I'm still here. So.

Serena Vasudeva: [00:43:18:06] Yeah, I'm so sorry for your loss.

Sammie Stewart: [00:43:20:29] Yeah, it's okay. He's definitely the reason I'm still here. And I think this might be mushy gushy, but also my boyfriend. Because we've known each other since fifth grade. We reconnected in January after I moved out and that was a really low, really low place. And he brought a lot of purpose back into my life because at that point I was thinking like, I'm just going to go to the military and, you know, whatever happens there, like I'll be a hero if I die. Like it won't be that big of a deal. At least nobody will think it was their fault. And he talked me into going to community college in Jackson, you know, getting back into the groove of enjoying life. Honestly, her, him and my best friend Katie, because I moved in with her family. She was definitely very instrumental in that as well, just, you know, hanging out with her and going and taking pictures and flower fields. And, um, when COVID happened, we went to a few picnics like the back of her truck because she had a pickup truck, both of them were definitely very instrumental in helping me start living again. It was really hard moving out. I think what was mostly hard about it was how alone I felt, because I'd been with three little girls who were always in my space for, you know, five, six years. And they weren't talking to me anymore. So it just didn't feel like life was that important

anymore. But it does now. Kinda better. Moved on a bit. I still miss my sisters, but I'm hoping that they move out and when they go to college that they'll, you know, realize that maybe I wasn't such a bad guy. Maybe I was just doing what's best for me at the time.

Serena Vasudeva: [00:45:28:12] I think they'll know. I think that as they grow up, they'll sort of put things into perspective and maybe even reach out to you.

Sammie Stewart: [00:45:43:18] I mean I hope so, because I do love them. You know, I watch from afar and talk to them every once in a while, you know, but they're not very open to talking about many things with me right now. And that's okay. I can wait. I will wait because I love them.

Serena Vasudeva: [00:46:05:07] I'm certainly glad you're still here.

Sammie Stewart: [00:46:07:08] Yeah, me too.

Serena Vasudeva: [00:46:09:04] That is so much to go through in, like, high school, early college.

Sammie Stewart: [00:46:15:13] Yeah, definitely was. But I do think all the things I've been through have made me the person that I am and I feel like I'm definitely stronger on this side. And I've met so many people since moving out. Actually one of my best friends, her name is Chelsea, I nanny her daughter Evie, who's literally my favorite kid ever. I friggin love that kid I would totally kidnap her if I could. Friggin love her. But my best friend, Cooper, that passed away, His brother Matt married Chelsea. And so Evie is his niece and Chelsea is his sister in law. He never got to meet them, of course. But yeah, she's definitely one of my closest friends. And it's just crazy how much of Cooper I see in her son, you know, and even her daughters. And so I just grateful to still be here. It's very crazy to look back and read things that I wrote back then about how alone I was when I know now I'm not. I have so many people that I just love and would hate to have missed opportunities I have right now.

Serena Vasudeva: [00:47:36:24] With your experience in mind, what advice would you give to adoptive parents with teenagers?

Sammie Stewart: [00:47:43:21] Make sure that if you're going to adopt a teenager, they know you're adopting them because you know them, not because it's like something you need to do. Make sure they know that they are the reason you're adopting them because you love them. You need to make sure you listen to the kids when they're talking to you because that will take you so far, just making sure that they know that it's an open communication that you will listen to them when they talk and you will hear what they're

saying. I think definitely making sure that if there is family, that they're not cut off. I think that was something that was really hard for me was immediately being cut off from everything I ever knew. So definitely, you know, keep it healthy. Of course, you know, whatever is best for the kid, but don't base what is best for them for what best for you, because that is different. What you feel is best for you may not be best for the kids. So definitely make sure you're keeping the kid's feelings and, you know, thoughts in your mind.

Serena Vasudeva: [00:48:55:06] I think that all of foster care as a system has the issue of saying something is best for the child, but they really haven't considered it. And it's more of a guise of, 'Oh, well, this is what I actually want. This is easier for me.' Obviously you can't say that, so they just say this is the best for the child. And it's almost like an excuse almost because you'll be put in this awful situation and they say, well, 'there's no other options. So this is what's best.'

Sammie Stewart: [00:49:31:17] I definitely agree with that. I feel like a lot of times, I mean, there's so many cases out there, so you don't really have a whole lot of time or a whole lot of resources, honestly, to take care of each kid. And so you just kind of, "Oh, that'll be good enough, time to move on to the next kid." And so I feel like that's definitely something that we, you know, as social workers, need to work on in the in the foster care system, for sure. That's something that I'm hoping to fix or help, you know, fix one day.

Serena Vasudeva: [00:50:06:10] Yeah, it's such it's not even like an individual social worker's fault. It's a huge systematic issue. It's this dance between a lack of funding, a lack of resources, overworked social workers, inappropriate placements. It's very complex.

Sammie Stewart [00:50:25:08] There are a lot of policies that have to be followed and so that makes it really hard for you to really sit down and care for each kid because you have to do all the paperwork. You have to go to this amount of kids, you have this many cases and if you don't do them right, you know, you're gonna get in trouble. I'm sure it's really hard for the workers as well.

[Music]

Serena Vasudeva: [00:50:57:23] If you would like to reach out, please send an email to [exfostervoice@gmail.com](mailto:exfostervoice@gmail.com). If you'd like a question to be answered on the show or just want to voice your opinion, send a short video attached to your email.

[Music]

Serena Vasudeva: [00:51:22:14] So now that you're older, how do you feel about adoption? Do you think it's a good system? Do you think we should implement some sort of alternative?

Sammie Stewart: [00:51:26:02] I do think we definitely need to vet people that are wanting to adopt more. But I feel like there are so many parents out there that want to adopt and they're just not able to, like I've heard a lot about same sex couples that are wanting to adopt kids and it's become really hard for them or has been really hard for them. I think that's just wild. Just because they're married to the same sex doesn't mean they won't be good parents. Honestly, I think adoption is a great option. I think it is really hard to adopt a kid and do it perfectly. But even when you have a kid and you're a good parent, it's hard to be perfect. I just feel like maybe more people need to be exposed to it and maybe we might have more good people that are willing to adopt.

Serena Vasudeva: [00:52:16:15] What advice would you give to teenagers on the adoption list?

Sammie Stewart: [00:52:21:07] Don't lose hope. Gosh, it's so hard as a teenager to be adopted. I think my advice would be if you feel like something is off, say something about it. You don't have to hide it. If you feel like something in your gut is off with the people you're with, say something. Don't keep quiet, you know. Don't think this is your

last chance because that might not be the case. But it's so hard because I feel like, you know, a lot of teenagers just like I felt, you know, it's kinda your only choice, but you just gotta keep going. Just keep going. I will get better. I heard this one thing, you know, my grandpa used to say it I think. Sometimes the hardest things are taking you to the right path.

Serena Vasudeva: [00:53:11:06] How does being an adoptee affect you now that you're older?

Sammie Stewart: [00:53:15:10] People talk about their parents all the time and, you know, siblings, and that's kind of a hard topic for me because I mean, I've found the family that is important to me now. You know, at the age of I was almost 19 when I finally found like what I call like the final group, you know. And so sometimes it's hard to listen to people talk about how good their families are. But also, I'm happy for other people that have, you know, loving parents that are like goofy and protective. So I don't know. Sometimes I guess it is hard. But now that I've like come to terms with, you know, the state of how things are with my adoptive parents, I think that it doesn't really affect me as much as it used to, but I don't know. I feel like this is a hard question to ask because being adopted is definitely part of who I am. But I guess I try not to think about it that much because of how the situation ended. It's definitely made me as an adult want to fix the process and help kids that are going through stuff like this now for sure. That's



definitely how it's affected me I think in the biggest way is me just wanting to help other people.

Serena Vasudeva: [00:54:33:19] I mean, being adopted is like such a big thing for sure. So how do people react when you tell them that you're adopted?

Sammie Stewart: [00:54:42:09] It's a different reaction depending on like the group I'm with sometimes. Like for example, the people in the social work building, when I tell them I'm adopted, they want to know like, 'Oh, like, do you still talk to that family?' I get that a lot. Which of course, I don't really talk to my adoptive family. So it's, I think it's just more curiosity from everyone. And some people will be like, 'really like, oh, you don't look like somebody that's adopted.' What is that even supposed to mean I don't look like I'm somebody that would be. Well, what are we supposed to look like? I'm a person. I'm just a normal person. I don't understand. What am I supposed to look like? A hobo? Like, I don't, what are you expecting? So that is very confusing. That's a reaction I get, you know, I've gotten a few times now, so that is a confusing reaction to me. But most of the time it's just curiosity of like 'so like, where were you before you were adopted? Like, how old were you when you were adopted? Was it a good environment? What was your environment before like?' So it's just I get a lot of weird questions and curiosity for sure when I tell people that.

Serena Vasudeva: [00:56:03:27] Wow, I've definitely gotten like the implication of, 'wow, you don't look like an ex-foster' but nobody's ever come out and just been like, said it word for word. Like, people are usually a little more covert than that.

Sammie Stewart: [00:56:17:10] I think a couple of times I've had people who don't really know anything about the foster care system and have preconceived ideas that it's just this great thing talk to me about it. And so they kind of want to argue that it's like this great thing, like when it's not, you obviously don't know. You don't have any research that you have done. I myself, I am the research. I am the statistics. Like I, I've been in it and I've witnessed things, you know, I am a foster kid.

Serena Vasudeva: [00:56:49:29] Talking about it can allow you to like, educate people and give your perspective. But you can also have that like minute chance that somebody's going to be like, 'well, I disagree with you, even though I never went through it and have never met anyone else and I don't know that much.'

Sammie Stewart [00:57:09:12] Yeah, I do like the education type of thing because a lot of people really don't know that much about the foster care system. And I feel like the more we talk about it, the more people will understand how bad it is and try and help because we need a lot of help to fix it. So I don't know, I'm okay telling and talking and you know, letting people be curious about my experiences.

Serena Vasudeva: [00:57:33:09] So now you're in college and you're studying social work and you told me you want to go on to work for DCS. Why?

Sammie Stewart: [00:57:39:28] I think it all goes back to how I was raised. I think just hearing how many kids are in the foster care system and are going through things worse than what I went through is definitely why I want to work for them. Of course I'm going to start out as a case manager, but I'd like to move up a bit and try and change policies on how kids are treated and how each case is treated and how many cases each case worker gets. You know, I feel like there shouldn't be any kids out there that are going through the things that I went through or worse. I mean, they're just babies. Someone needs to advocate for them. And who better than somebody that's been through what they're going through?

Serena Vasudeva: [00:58:27:07] For sure. Could you name a couple of things that you think need to be changed?

Speaker 3: [00:58:33:27] There's so many things girls. There's so many things. The way kids are treated in foster homes, people who are allowed to be foster parents. How are they slipping through the system like there's so many bad foster homes, how are we not catching it? Like there are kids being treated poorly because we allowed somebody who

should not be fostering to foster and adopt children. So it's just there are a lot things that need to be fixed. I could go on a whole podcast, like the whole podcast could just be about things they need to change. Yeah, there's a couple for you.

Serena Vasudeva: [00:59:13:26] You've hit the highlights. You've definitely hit the highlights. I've seen instances where you can have people get rejected for like really like minor reasons or you can have people pass who should definitely not be passing. And then you have these awful homes and I feel like we definitely have an emphasis on quantity over quality.

Sammie Stewart: [00:59:37:23] Just because there's a bed doesn't mean that it's a good place for a kid to be, so.

Serena Vasudeva: [00:59:41:14] I actually I slept on the couch for like a week because I was like on emergency placement and that is like not supposed to happen like, at all. Like, you're not supposed to sleep on a couch, but they literally didn't have another place for me to go. So it's like it's a balance for sure, because on one hand you're like, okay, you have people sleeping on couches, but on the other hand it's like, okay, well, if you give someone a bed and that bed ends up being a hell hole, what have you really done for the child? It's so outrageously complicated.

Sammie Stewart: [01:00:10:04] It really is. But that doesn't mean It's not fixable.

Serena Vasudeva: [01:00:14:26] What has your education taught you so far about yourself or your experiences?

Sammie Stewart: [01:00:21:00] I think it's definitely opened my eyes to the other side of foster care for sure. Like talking to like some of the professors that have actually worked on other side has definitely opened my eyes to that. It's also awful for the workers not just the children. Like a lot of the workers really do want to help. They just don't have the resources. One thing is I was in a human behavior class, which is really great, and it's from conception to adolescence. That's the first half of the class, the other half I'm taking next semester. So some things we've talked about is like child abuse, like ways to see, like to catch it before it gets too late. And it's very weird because a lot of the things we talked about is like kind of markers. I having those markers when I was little, you know, like. One of them, like bruises that, you know, the kid won't like explain that happened. Like I remember when we lived with my birth father, I would go to school with, like, bruises, like black eyes, because my father would, like, kick me with his steel-toed boots in the face. So I would have bruises on my face and black eyes. I was in kindergarten and my teacher would send me to the nurse and the nurse would be like, what happened? And I knew I would get in trouble if I said anything. So me and my sisters had come up with we were just playing and Sadie pushed me on accident and I just, you know, I landed wrong and a bruise on my face. I just bruise easily. And, you know, she couldn't really do

anything because I wasn't tattling, I guess, you know. So it's very weird being in class and her teaching these other kids, like the other students, about what to look for. And me sitting in class thinking I was the kid she's literally describing, me as a five year old, like all of the markers she's talking about. I had all of them. It's really weird to sit in class and like, she's not talking about me, but she is talking about me. She doesn't know she's talking to me. So I feel very like on the spot sometimes in class when we're talking about things like that. I guess in that way I've kind of learned about my experiences through the eyes of a social worker. It's really cool, but it also you know, kind of hits home a little too much sometimes. I'll leave class and I'll be like, I need to go sit by myself for a little while because that really oof, like that really hit home today. So it is very interesting.

Serena Vasudeva: [01:03:12:22] Well, Sammy, thank you for sharing your story and talking to me. It was really good to talk to you and I enjoyed it.

Sammie Stewart: [01:03:18:25] It was really nice. A lot of very good questions. Yeah, I'm glad to get information out there and my story and hopefully it'll give some kids some hope if they hear it. You're not just what's happening to you, you're also a whole other person that's going to live a whole life and things will get better.

## Episode Three

### Adoptee Perspective: Talk About Adoption Early

Episode Description: Listen in as Melissa Nelson, who was adopted at birth, describes how adoption can be a blessing and a curse. While her own experience being adopted went well, her childhood in activism exposed her to other adoptees who were treated poorly. Melissa went on to work for CASA for two years. She shared an inside look at family court and the injustice it can cause.

[Music]

Serena Vasudeva [0:00:06:08] Hey Y'all. Before you get listened to this episode, I just wanted to let you know that suicide is discussed around the 40-minute mark of this episode. If you're having suicidal thoughts, please reach out to the National Suicide Hotline at 988. The Trevor Project also has a helpful number for those in the LGBTQ community who may be experiencing a crisis. That number is 1-866-488-7386.

[Music]

Serena Vasudeva: [00:00:24:22] Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-

foster youth and your host. Today we'll be hearing from Melissa Nelson who was adopted at birth. After getting her master's in social work, she went on to work for CASA. Before we get into this episode, I'd like you to know that Melissa is in Kentucky where CPS handles foster care instead of DCS. So when your mom got pregnant at 14, what happened.

Melissa Nelson: [00:01:08:05] When she got pregnant at 14? Her mother essentially kicked her out and she was placed in an unwed teenage mother home. It's something that I'm not really familiar with. It's something that doesn't really exist now or that I know about. So it was an interesting thing to find out about. But essentially, she went into kind of a foster home for unwed, pregnant mothers. The whole process was kind of like, you know, if she gave me up for adoption, she would be able to return home. And then she didn't really know, I guess, what would happen to her if she kept me. And so, you know, she had to weigh her options, which is a tough decision for a 14 year old to make, you know, on her own. And so she made that decision. And it wasn't an easy decision to make. But I'm very thankful that she made the decision to give me up for adoption.

Serena Vasudeva: [00:02:00:06] So tell me a bit about the organization that connected you to your adoptive parents, One Church One Child.



Melissa Nelson: [00:02:07:07] So One Church One Child was a really interesting adoption agency. They were an all black adoption agency that looked to put black children with black families. They wanted to make sure that children that were going into the foster care system and especially during the 1980s, there weren't a lot of white families that wanted black or brown babies. And so One Church One Child was an agency that developed because they wanted to find homes and placements for these children so that they wouldn't have to go into care or facilities and had loving homes for them. I think my family found them through church. They are a very religious Christian family and so they kind of got connected through that. And once I was adopted, we kind of became part of the One Church One Child family.

Serena Vasudeva: [00:03:06:22] Tell me about how your biological mom met your adoptive parents.

Melissa Nelson: [00:03:11:14] So One Church One Child, The adoption agency, made the connection between my birth mother and my adoptive mother. I guess being in Lexington and she was a young black girl they connected her with this agency and so they started to find foster homes or adoptive homes once she decided that she wanted to adopt. And so I believe her name was Judy Jones. She was the director of the program at the time and she kind of asked if she wanted to kind of meet them, or at least this is what I've been told. You know, my mom said they went to Lexington and they kind of had this meeting with her. It was very brief. And they don't really they didn't really remember

much about her, but they met her very briefly. She seemed really nice. And then, you know, they came back home and then that was kind of it. They didn't hear any more, didn't hear anything else. So they had kind of put it on the back burner until they got a call in November that a baby was being born and they had been chosen.

Serena Vasudeva: [00:04:19:00] Tell me a bit about how your parents told you you were adopted.

Melissa Nelson: [00:04:23:20] So I don't remember how old I was, but I remember being very little. And the way that they explained it to me, like thinking back now, it was just a very beautiful way to explain it. Essentially, it was that they were given the opportunity to choose a baby, which was different from how other parents had their babies. And so in my mind, I saw it as they went to a store and they got to see like, babies. So you go to the store and you see like, doll babies on the shelf. And so you pick out the one that you like, right? And so in my mind, that's what they kind of did. They went to a store, a baby store, and they picked out the baby that they, you know, thought was pretty or that they liked the best. And so they chose that baby to provide love and care. So, of course, that's not what they said, you know, they just said that they chose the baby that they wanted to love and provide care for for the rest of their lives. And so they brought that baby home and that baby was me. I always kept that image with me of like me just being a baby in like a store, kind of packaged up all nice and pretty, you know, looking at them and them looking at me and them reaching down and like, we want that one. And I don't know,

like, I had like an image of like, okay, that'll be like \$9.99, you know. I don't know how much a baby cost, but I'm like, I'm sure I had some cost. I remember asking them, 'So can you return me?' And they were like, 'Oh, no, no, we can't return you. You know, we'll never return you, we love you. You're ours for the rest of your life. Like you're ours forever. I was like, 'Okay.' But that always kind of stuck in my head. I'm like, everybody doesn't get to choose their baby. That makes me special.

Serena Vasudeva: [00:06:19:12] If you had to guess, how old were you when you were told you were adopted?

Melissa Nelson: [00:06:26:06] It had to be probably before I was four.

Serena Vasudeva: [00:06:30:27] Would you say that most adoptive parents should do this? That they should tell their child if they are very young that they are adopted?

Melissa Nelson: [00:06:38:22] So my parents and I have talked about this quite a bit because they were unsure if that was the right thing to do. But in my mind, it was. I would definitely suggest telling your child early on. I've known people that did not know and found out later and the heartbreak that they felt, they just really felt betrayed. I mean, to find out that the people that you thought were biologically yours are not the people that are biologically yours. And it really shouldn't matter because they are still your parents,

but it's just like an added layer of like, you hid something for me. I'm just really glad that I was never put in that situation. So I've always appreciated how honest my parents have been and I think it is just something that has kind of pulled us together and not really pulled us apart, you know. I think with the exception of maybe teenage years, when I think every teenage child is going through something and looking for something. I will say like my teenage years, not necessarily that I was looking for like different parents, I was mostly looking for someone who looked like me. It was hard for me to see, you know, myself in my parents. I wanted to see, you know, where I got my eyes from or my nose from, just kind of wondering like those things. And I think it really sparked from like seventh grade we were doing like genetics, right? And so I think from that point I was like, well, genetically where I am like, where do I come from? Where does this come from? Like I'm supposed to get genes from somewhere and I'm not getting that from these people, so then where does this come from? But now like as an adult, I actually look, and especially since I found my biological parents, when I look at my adoptive parents, I actually look like them. I look like my adoptive family.

Serena Vasudeva: [00:08:45:27] Overall, you would say, though, that those questions that you had in your teenage years didn't outweigh the benefit that you got?

Melissa Nelson: [00:08:53:12] Absolutely not. I mean, even when we struggled and I wasn't as close and I would say like my struggle was probably more with my mother, which I think is common between teenage girls anyway. You know, you kind of go

through that period where you just you're figuring yourself out and you're growing, right. I never once questioned whether they loved me, whether they wanted me, or whether I belonged there. It was more of a physical thing for me back then. And I think, especially as I got older, those questions really did go away. The crazy thing about it is I really do look more like them than anything. And like now that I have children, my children have physical qualities of them. Like, I could put up a side by side picture, I have twin sons and one of them has like my dad's birthmark. It's crazy. Like, it's crazy. My daughter looks a lot like my mom. There are just there are a lot of things that have come out like now that I see. And it's just weird.

Serena Vasudeva: [00:10:08:09] The birthmark thing is kind of crazy. That's sick.

Melissa Nelson: [00:10:11:19] Mm hmm.

Serena Vasudeva: [00:10:12:21] So when you were young, you started volunteering for One Church One Child. Tell me about it.

Melissa Nelson: [00:10:18:23] The very first thing we did for the agency or I don't even know if it was for the agency or for my mom's job. They did like a newsletter article at her job to talk about the agency and our adoption, and they put us on the cover of it. So they just like a picture of me and like my dad holding me and I'm like pointing at him. It

was just really cute. And then like after that, we would just kind of go around to like, their events and people would talk to us and ask us about like our experience. A lot of it was, you know, especially when I was younger, 'How do you like it? Do you love your parents?' And then as I got older, they would ask me to give speeches. And so I would stand up there and talk about my experience as an adopted child and my family. I would go to different events at churches or I guess like conferences and just talk about like what that was like. And so it was always like a good thing for me. Like, I don't, I didn't ever feel like I was just being put on display or exploited, but it was like always something that I felt proud to do. It felt good to give back to this agency that helped me.

Serena Vasudeva: [00:11:35:13] You met other people who were in foster care and had been adopted through this organization, correct?

Melissa Nelson: [00:11:41:04] Yes. They would be at these events frequently as well. They wouldn't always get the opportunity to kind of speak or do things, but they would usually be at the events and we would always kind of hang out. So we would spend a lot of time.

Serena Vasudeva: [00:11:57:15] How did that affect you?

Melissa Nelson: [00:11:59:08] I think it made me appreciate what I had because I noticed how some children were treated and they weren't all treated the same way that I was being treated. I was always treated like I was their child and I could tell that other children weren't treated like they were someone's child. And that always kind of upset me. I think that's why like even now I get so upset when I see like those foster care signs, advertising, like, you know, we need foster foster homes for money, like advertising for money because it just really triggered something in me like that experience of like seeing kids and knowing that they were not treated with the best experience or with the love and respect that they always deserved, because sometimes it was just for money, monetary purposes.

Serena Vasudeva: [00:12:52:29] Tell me a bit about the O'Neil family.

Melissa Nelson: [00:12:56:09] So the O'Neil family was a family that adopted a bunch of kids from the agency. It was like a really good first hand experience of how this can sometimes work to a disadvantage. I won't say that every child that went through this family wasn't treated with love and respect, but I know that a lot of them didn't feel that way. I know that they didn't and it was hard to kind of watch them go through experiencing the things that they did. And like, one thing sticks out in my mind. Like, I remember seeing one of the children and I asked her like why she looked unhappy and the mother kind of like snapped at me and she was like, 'There's nothing wrong with her.' You know, she was just really nasty about it. And I was like, I'm not, I'm just trying

to show her love like she seems unhappy. Like I just like, I care about her and I just wanted to know, like, how I can help, but it was like even just asking her something like that was frowned upon.

Serena Vasudeva: [00:14:02:18] If you could sort of give me a ballpark number or an estimate of how many children had experiences with the O'Neil family. Do you have one?

Melissa Nelson: [00:14:12:05] It was like ten. And I don't know if they were all adopted or if they were adopted and fostered, because I feel like there were some that came later. So there may have been more, but it was just a lot like to the point that they had to go out and get like a van to carry them and transport them all.

Serena Vasudeva: [00:14:31:00] So some of these kids were adopted, but they were also adopted at an older age. Correct?

Melissa Nelson: [00:14:35:23] Yes.

Serena Vasudeva: [00:14:36:24] Tell me a bit about the names of these kids.



Melissa Nelson: [00:14:40:14] That was also like a really interesting thing because although they were older and they were adopted, they changed their names. They were like 10 or 12 years old when they were being like adopted and their names were being changed and that was not what they wanted. It's not like they chose these names. They were names that were forced upon them. So it was really weird to like one day call them by like their birth name and then the next day we had to call them like their adoptive name. It's like if you didn't call them by their adoptive name, the mom would kind of fuss at you and kind of snap at you and kind of fuss at you and say like, 'don't call them that. That's not their name.' But like in secret, we would kind of sneak and call them, you know, like their birth name. You know we'd kind of sneak around and say and it was kind of like our way of like, I see you, I respect you. Like, you know, I kind of think about it as like now, like inclusive practices, you know, like we try to call people by the name that they choose and they were choosing their birth name, but that was not the name that they were being publicly allowed to be called. I never really knew what to make of it, especially as a child going through it. But I know now as adults, many of them have gone back to their birth name.

Serena Vasudeva: [00:16:06:06] I really just couldn't imagine it like I was. I went into care when I was 16, but if I went in when I was like 10 and got adopted and someone said, 'Hey, your name is no longer Serena,' it's whatever name they chose. I don't know how I would react to my first name just being changed like that. That, it feels depersonalizing to me.

Melissa Nelson: [00:16:27:09] Mm hmm. Yeah. I mean, that's how I imagine it to be.

And again, that hasn't been my experience, but I assume that that's how they felt based on, like, us kind of doing that in secret. And then them as adults going back to their birth name.

Serena Vasudeva: [00:16:46:21] So the O'Neil family had biological children, too, right?

Melissa Nelson: [00:16:50:26] Yes. They had like two.

Serena Vasudeva: [00:16:53:11] Did you ever notice a difference between the way that their biological children were treated versus the ones who were adopted?

Melissa Nelson: [00:16:59:27] Of course, I mean, they had all the things that they kind of wanted, and it was never really a question. But when it came to the other children, like there was the hesitation between, 'Why do you want this? What? What are you asking for? And the attitude, like it was just, it was always just a very different attitude, you know, looking back on that and kind of processing like what you see as a child, you know, it was just a really messed up situation. You know, you don't really know the words for it when you're that age because, you know, I was the same age as them and I

was going through it. They didn't have the words for it and they were experiencing it. But it was really like my introduction to like, I don't think this is what this is supposed to be. This is how you shouldn't treat foster or adoptive kids, you know, and this is different than how my family treats me, but why? Oftentimes they appeared sadder than the biological children. Looking at them now, they're in different places. And I have to believe that that's part of like the love and nurturing that they kind of received.

Serena Vasudeva: [00:18:17:28] You have, any sort of specific memories of going and visiting the O'Neals, like any specific story that sticks out to you that sort of illustrates what you've been saying.

Melissa Nelson: [00:18:28:12] I would come over to play and I would begin to play with a lot of times the adopted children. I would just play with them like, we'd all just kind of run around and play. They had like this kind of playroom in the basement. I remember her kind of like, 'Why don't you just come back upstairs with the girls, the other girl?' And I was like, 'Well, no, I like, want to stay down here with them. Like, the toys are down here. I'll play with them.' And she's like, 'No, why don't you come back up here with her.' A lot of times I could see how the mom would kind of push me to kind of play with the biological children instead of the adopted children. Like it was always like this kind of separation and it got different like as they got older and some of them kind of gravitated towards staying kind of together with each other and then like, I guess assimilating into like the family culture. I mean, I think even now there's still this divide

between them and it's kind of really divided between like the adopted children that really are assimilated into the family and really took hold of like that adopted name. And then those that have like chosen to stick with like their biological name.

Serena Vasudeva: [00:19:49:02] I think something that's really interesting with what you've just said is that you have you and a good example of how adoption is supposed to work and the love that it can bring to somebody. And then another example of how it can sort of be something that it's not supposed to be. It can be something that's bad for someone who is growing up.

Melissa Nelson: [00:20:10:06] Yeah, it definitely is. You know, you can see kind of the backdoor of it, the inner workings of it and I really think that that was kind of like the basis or the foundation of like the work that I kind of do and getting my start and even social work and working with children and families.

Serena Vasudeva: [00:20:30:25] So as you got older and you were a teenager, you got curious about your biological family. Tell me about that.

Melissa Nelson: [00:20:39:15] And I really say it started with that really biology class and learning about genetics. You start doing like those little Punnett squares and trying to figure out like recessive genes. I'm like, I have no idea. I remember being in class and

they would say, you know, 'what color is your mom's hair and what color is your dad's hair?' You know, you have to put it in squares and that's, you know, make these things up and I'm like, 'I don't know. I can say black, let's assume black. I don't, I don't know.' Or going to the doctor and they ask you for your medical history. And I say, 'I don't, I don't know. I'm adopted.' And I became curious, what have they passed on to me that I don't know about? You know, there was limited information that they were given because the source was coming from a 14-year-old and she didn't know a whole lot. And so they weren't given a lot of information in my adoption records. So when I became, I believe, 18 or 21, I decided to go ahead and petition the court for my adoptive records. And I was granted those records. And so I started to look through those records. I thought it was interesting that the signature on the adoption record wasn't my grandmother. It wasn't my maternal grandmother. I didn't have any paternal information, but I was really curious about that just kind of random person that signed it as kind of the guardian. And so I reached out to this agency, I believe they're like Angels of Kentucky, that will help you kind of look into your adoption stuff and see what they can find. And they can only find like one number. And so when I'm talking with my mom and I'm like, 'Well, I've got this record.' I'm showing her all this stuff, and I'm like, 'I don't really know what to make of it,' you know, at the time I don't really know how nervous that she is. You know, she's really playing it cool and collected and she's really holding it together and she's being very supportive. And when the Kentucky Angel people come back, they have this one number and she's like, 'Well, why don't you just call?' And I'm like, 'Well, I don't know. You know, I'm really nervous.' And she's like, 'Just call the number.' Call the number. And it's like a fast food restaurant I think it was like a Wendy's or Hardee's number. So, I

mean, I was like, oh, you know, oh, well. They did have some pictures, like some I guess like some Google images of some houses that she lived in and just like some random information about her. So, you know, I was a little disappointed. And then my mother confesses that, you know, she's always been afraid that she's going to lose me, that this woman is going to come back into my life. And, you know, she's my mother, how can she compete with that? Which, you know, really shocked me because I'm like, 'No, like you're my mother. You have nothing to be worried about. You've raised me. You've loved me. You've cared for me. You know, when I was sick, you were the person that was there. Like you are all that I know, you know, I don't know this person and I don't know what I'm going to find. And, you know, she can't replace you'. And so, you know, that made her feel good. But yeah, I was just like, I don't know, do I want to know her? Like, so one day I just, like, got on like Google and I just Googled her name. I was like, I'm going to be like them on catfish and I am going to hunt people down like, let's just do it. And I was like, yes, like Google. And I found her on like MySpace or like her old MySpace and then like her Facebook. And so I friended her on Facebook. But I mean, what do you say to somebody in that situation? So I didn't say anything at all. I just sent a friend request. And then like I said nothing and just kind of like looked at her information. I found out that she had more kids, the oldest one she had like a year after I was born. So I was like, I don't really know how I feel about that. And that brought up lots of questions and feelings for me on that regard. And then eventually I reached out to her through messenger and was like, I don't know if you know who I am, but I think you had a child back in 1982 and I'm that child.' Very awkward. I don't know what to say. And she responded and she's like, 'I thought that was you.' And she was like, 'I didn't

want to say anything, but, you know, I was just going to wait for you to say something and to see if it was. I'm glad you responded.' And so, you know, it was my opportunity, like, to ask the questions, you know, like, who's my dad and what is with this random person on my birth certificate? What happened? And so she starts to tell me that her mom kicked her out when she found out she was pregnant and that she's placed in this home. And that's kind of how I got that information. She gives me my dad's name and she's like, 'I don't think he's on Facebook,' but his sister was. She told me that he didn't know about me and he was slightly older. He was her brother's best friend. He was like two years older, not like super old, but, you know, slightly older. And so hard question: 'You had a kid like a year later, why did you keep that kid?' And she was like, 'I'm going to be honest. I didn't know what to do with you and like, I thought I could go back home and I didn't want to stay in foster care. And, you know, I thought that was the best thing for me to do. And she's a I've wondered all these years if that was the best thing for me to do.' And I was like, 'well, it really was. I appreciate it. Like, you know, if this is my opportunity to say thank you, then let me say thank you. You know, I don't want you to second guess your decision because I do believe wholeheartedly that the people that you chose made me into the person that I am today.' And I don't think I would be the same person that I am had it not been for them. And not just my parents, but my grandparents, my uncles and aunts like my tribe of people that came around me and wrapped around me and showed me love and care and support and nurtured me until this day. She was like, 'that makes me feel so much better.' She offered to meet me if I was interested. I have not taken her up on meeting her because I don't know how I felt. And looking at her pictures, I think had I seen myself in her, I think I would have been more inclined to meet

her. But that thing that I was searching for when I was a teenager, I didn't find. That thing I had been looking for aside from like maybe my hair color, my complexion, but like who I look like and the person that I am. It made me realize that this that I have in front of me is because of the people that I have in my corner. And it just really solidified that love and that support I have from our parents.

Serena Vasudeva: [00:28:38:25] Your biological half siblings, how many are there? And tell me about them.

Melissa Nelson: [00:28:47:01] Oh, I believe there are like five of them. I think all except for maybe the youngest were aware of me and not their whole entire lives. And there's a funny story about it because the oldest, he found out in a really weird way. So he's older and he's with his now wife and on some day or something, she shared something on Facebook about the second child and tags him and she's like, 'Haha, this is you.' His wife goes, 'What do you mean the second child?' And she's like, 'Yeah, because he's my second child' and she's like, 'What? What do you mean? Where's this other child?' And so she's like, 'Yeah, like I had another child. I gave her up for adoption.' So I mean, they found out kind of that way. So I reached out on Facebook and like friended him and like had a conversation with him. And then the second oldest daughter, friends with her on Facebook. They seemingly had a difficult life or had struggles. They apparently went in and out of Foster care, too, which also, you know, kind of lets me know that it was the right decision. I think she struggled early on. I mean, she was still a very young mother,



whether she was 15 or 16 years old when she had them. You know, they had their difficulties with her and have, you know, had to overcome some things with her. He encouraged me to go ahead and meet her and that she's a better person for all the things that she's kind of gone through. So, I mean, again, I'm still open. I'm just very slow at it. It's been very difficult because he's been very like, 'yeah, sis, I'm gonna call you sis.' And I'm like my entire I've been an only child and I don't know how to respond. I haven't had like siblings, so I don't know. Like, that's a different realm for me. Not only do I have half siblings from her, but a large group of half siblings from my father as well.

Serena Vasudeva: [00:31:03:14] So in 2018, you get your master's from the Kent School of Social Work at the University of Louisville. You apply for jobs and you get accepted for a position with CPS. Tell me what that was like.

Melissa Nelson: [00:31:14:13] That was an experience that was probably one of the hardest decisions I had to make. You know, I had like three different job opportunities and choosing which one I was going to take. I didn't want to start my career off wrong, but I also wanted to make the right decision for myself and my family and make the most impact. I had the opportunity to work for CPS, but as I started to think about that decision, I really knew that that was not the right decision for me. I was talking with my mom about it and I told her that, you know, I'm offered a position with CPS and she's like, 'I don't think you're going to be able to do that job.' And I'm like, 'Why?' And she's like, 'Do you remember when you watched the movie Dumbo?' And I'm like, 'Yes.' And

she's like, 'Do you remember what happened when you watched Dumbo?' And she's like, 'Specifically the part where Dumbo goes and they like taking Dumbo away from his mom.' And I'm like, 'Oh, I cry.' And she's like, 'What do you think is going to happen when you have to take a kid away from their mom?' And I'm like, 'You're right, Dumbo is the reason I can't take a kid away from its mother.' And I think about that constantly. When I watch Dumbo, I cry when I watch them take Dumbo from his mom. For me, that is much like CPS coming in and taking a kid from its mom in the process is not very different. Even when it's warranted, it's still a dramatic process and no child wants to leave their parent. And so the parent is crying and the child is crying and it's just a very emotional scene. And as an empathetic person, I want to cry. I can't do my job if I'm crying and I want to leave that child and I want to wrap around them and support them. Because in my mind, we need to be providing them services to prevent that from happening. Now, again, if that's warranted, if there's something that's happening that we need to remove that child, then that's one thing. But in most cases, that's not the case that's happening. There are things that could be done to prevent that from happening or it doesn't actually need to happen. I've seen it from many cases that I've worked with in CASA, and so I knew that CPS was not going to be the right fit. And I'm glad my mom reminded me of Dumbo.

Serena Vasudeva: [00:33:45:06] So from there, you make a pivot in your career. Tell me about it.

Melissa Nelson: [00:33:49:10] So I decided to work for CASA instead of CPS. So on the other side of that coin, I want to protect children in their families. I want to be the voice for a child if they deserve to still be in the home, I want to say yes, let's keep this child in a home and this is how we can do that. I want to be able to support these families and helping them throughout their CPS cases and so I decided to take that position instead. And so as an advocacy supervisor, I was appointed to two different courts, and I would go and sit in that court basically all day and listen to all of the CPS cases. It was lots of heavy material, but I would be there with the attorneys conferencing the material with the social worker, the Guardian Ad Litem, or the children's attorney, the parents attorney. And then we would go before the judge and speak. Oftentimes, we would have to prepare reports for the judge. And the judge would ask me my opinion if I thought CASA would be a good fit for cases. I appreciated the opportunity to do that job because I hold that job in a high, high regard. It's a much needed job. And, you know, they rely on volunteers to go out and see the children. And then I oversee those volunteers and make sure the court is able to run smoothly and that things are done to the court standard.

Serena Vasudeva: [00:35:20:00] Tell me a bit about what CASA is.

Melissa Nelson: [00:35:23:29] It's an advocacy organization that acts as the voice for the child. So in many instances, children are not allowed in the court when they are put in the child protective systems when something happens. So if they get a CPS case, oftentimes children are not allowed into the court, although they are very much involved and it is all

about them. They mostly don't get to have a say in what happens with it. And so CASA's there to say let's make sure that children do have a say, let's make sure that their best interest is heard and that we can serve their best interest and make sure that they are taken care of.

Serena Vasudeva: [00:36:08:13] What was it sort of like to be in court and hear these child abuse cases?

Melissa Nelson: [00:36:14:16] It was heavy. You are hearing day in and day out some of the worst things that are happening to children. You don't hear all of the reports that are happening, not all of the child abuse reports, but the ones that are making it to court. But a lot of it was just really heavy. So a lot of secondary trauma because you're absorbing all that information. And it would be case after case after case after case every day.

Serena Vasudeva: [00:36:43:15] Sort of paint a picture for me of who's in the court with you and who might not be in the court with you.

Melissa Nelson: [00:36:50:02] Family Court is a very interesting dynamic. It doesn't necessarily go the way that you think it should go. Most cases are really figured out before they actually make it into court. So essentially, parents or families or caregivers are waiting in the lobby behind the court doors. And then between that door and the court

door is usually a conference area where the attorneys, social workers and anyone else that may be assigned to a case are conferencing, what they call conferencing cases. And this is where everything is really decided on a case. And so you'll have a social worker, you have the attorneys. And so everyone on the on the case gets an attorney. So each parent or each caregiver gets an attorney, the child gets an attorney and that's usually called a Guardian Ad Litem or GAL. And then you have CASA if they're appointed a CASA. And so we're back behind those doors discussing what should happen on a case. And so usually that's whether parents have done what they're supposed to do. If we have a report, we're discussing what the children say and what they want the court to know. Oftentimes no one has talked to the child except for the social worker and us, and that includes the child's attorney. Now, that may be different in your state, but I feel like that's kind of across the board how it happens. But in Kentucky, or at least in Jefferson County Family Court, oftentimes the Guardian Ad Litem don't necessarily talk to the children unless it's a particular case in they have to talk to him. But we talk about whatever has happened between court cases right. And then the county attorney will say, 'well, what did we want to happen at this court date?' Then write up some court orders. The parent's attorneys will take it out to the parents in the lobby and discuss it with them and say, 'Are you in agreement with this?' If the parent is not in agreement with it, then they'll give you a hearing. Sometimes that hearing is the same day and sometimes it's not. But oftentimes the parents aren't even really getting a saying. It's all really decided between those parties, between conferencing. And so that's what really family court kind of looks like. And I don't think that's really the ideal situation, but that's how it operates. That's what it looks like.

Serena Vasudeva: [00:39:34:01] What do you think the ideal situation would be?

Melissa Nelson: [00:39:37:12] In a court system that should be based on the best interest of a child, I don't think the only people that should be talking to the child should be the social worker. And then if they have a CASA, CASA, because CASA is not assigned to every case. So if you don't have a CASA, the only person that's talking to the child really is the social worker. The GAL, they're getting paid to represent this child. So they should be talking to that child as well as the parent's attorneys. They should really be seeing their clients before they get to court that day. But that's not what really happens.

Serena Vasudeva: [00:40:19:16] So over the two years you worked for CASA, how did you recover from seeing all of these child abuse cases? How did you sort of keep up with yourself and make sure that you were okay?

Melissa Nelson: [00:40:34:02] In the beginning, it was really difficult. I would come home and I would literally just kind of ball up in like a little ball and just kind of cry. I was hearing things that I did not think any child should experience and then I sort of detached. You know, you learn how to kind of separate things and just kind of those coping mechanisms, right? I would say as a social worker, it's really embedded in us about self care. We are prone to secondary trauma in itself because of the nature of our

work. Whether you're a therapist or you're case managing or doing things like working with CASA, you are exposed to these types of situations on a consistent basis and so you have to know like what works for you. And so for me that looks like sometimes writing in silence, taking moments to kind of process and kind of put that out of my mind so that I can transition to home life. There's that work life and then there's home life and I have to keep those two separate. So when I come home, I don't want to talk about work. I don't want to talk about that until I have to think about it again. I want to come home and I want to be able to enjoy my kids. I want to be able to, you know, love them. But I would be lying if I didn't say there were times when I came home and I did not just hug my kids really tight. We would talk among each other at work. We would talk about our cases so that we could debrief with each other and kind of have someone to kind of bounce those two things off while keeping in like confidentiality.

Serena Vasudeva: [00:42:17:00] What did your experience in CASA make you realize about the legal side of foster care?

Melissa Nelson: [00:42:22:29] I would sit in court day in and day out and watch these cases and one, you know, I would see a disproportionate amount of black and brown people coming into court and I knew that that was wrong. A lot of times things weren't necessary to be in court. Again, they could have had some wraparound services and it would have been better served, you know, had they had check ins or therapy or anything else, it would have been helpful to keep children out of care. I remember that there was

one particular case. It was the nail in the coffin for me because it just really highlighted some really bad disparities, and in part because it was just wrong. And as much as I wanted to help, there was nothing that I could do. In this particular case, we were not assigned. So the kids did not have CASA and so I'm just a spectator. And essentially it was a black father, a white mother, biracial children that were placed with an older white couple that the mother met at a church. It was the weirdest situation. I'm not exactly sure how they got close with these people, but once they got placed with them, they did not want to let the children go. The mother had used drugs and I believe the father initially had and there was some domestic violence instances with them. But he was doing what, he had met all requirements. He did everything that the court had required of him. And then this placement, basically, the foster care family started making claims about him. So he was having a visitation with his children. Well, only one of the children was his and it was the youngest child. He was meeting up with them and meeting up with them in public. He goes to meet up with them and this foster dad starts saying that the dad is being very belligerent. He's yelling, he's cussing. He's scaring him. He saw what he did to the mother. He saw the pictures. But he claims that he is a former or retired sheriff or something, but he's scared. The judge believes him and basically starts to walk Dad's rights back. So now he has, like, supervised visitations at a facility. And of course, the dad is like, 'That's not what happened. I did not do that. Yes, it was hot outside and I was frustrated because I shouldn't have to do this. Like I've done all the things that I should have done. I'm clean and I've been clean and I'm not doing anything with her. Just give me my child.' He goes to the visitation center. At the visitation center, what happens when you go to visit, you're supposed to, whoever's dropping the kid off is supposed to



drop them off 5 minutes early. The center is supposed to take that child. That person then leaves. The visitor comes in, visits with the person. They never see each other. It's just that exchange. There's always like that five minute window of non overlap. On this particular day, the visitation center was delayed. They weren't open. When the foster dad shows up, the center isn't open. The dad shows up at his scheduled time to pick up his daughter and he's like, 'Well, it's not open, but you're here. Why not just go ahead and give her to me?' And he's like 'Oh my God, I'm so scared' and starts running through the building frantically and he's knocking on all the doors and frantically calling like the supervision center people. And they finally get ahold of them and they're like, 'Oh, well, she's running a little behind. She's on her way.' And he's like, 'I'm scared for my life.' And they're like, 'We'll just get in your car and leave.' So he does but he takes the little girl with him. So of course, the dad's upset. He's like, 'What are you doing? Like, give my child.' So now the visitation centers like, 'We can't see you all anymore.' The judge believes the foster dad. Dad ends up losing visitation rights. They end up having a hearing and what should be returned to a parent, he ends up losing custody of his child because of the testimony of these foster parents, based on their testimony alone. While dad and his dad, so granddad of the child, both black men, are sitting there like, you know, like this is ridiculous. This is basically racist. You're being racist at this moment because you're believing him and you're not believing, you're not believing us. We're trying to tell you what's happening. He's not scared. You know, he's a retired sheriff or whatever he is. He has a gun. What is he scared of? My son? Like, what's he going to do? Son doesn't have a gun. He's never raised a hand to him. He's never done anything to him and now he's lost custody of his child. Every black person that was in that court that day,

we all looked at each other. And, I mean, we looked around like our eyes were, like, wide, and our mouths, like my mouth was open. I know it was, I couldn't hide my expression. I looked like the social workers from CPS, I turned and I looked at them and they were looking at me. And I look at the judge and I'm like, I look at the dad, the granddad. And all I could say to him was, I'm so sorry. By the next court date, the dad committed suicide.

Serena Vasudeva: [00:48:52:05] Oh my God.

Melissa Nelson: [00:48:55:17] He went from believing that he was walking into court to get his child back to losing his child within like a month span.

Serena Vasudeva: [00:49:07:12] And the child wasn't represented through all of this, they weren't asked questions?

Melissa Nelson: [00:49:13:02] It was a little baby. She was maybe two. They had her for basically her first two years of her life. And all he wanted was his child. He did everything possible to get his child. And at that point, you know, I'm like, this system is broken beyond repair, because if you're telling parents that the whole point of court is to return children to their parents, that's not what happened. If you tell a parent, all you have to do is complete these court orders, go to therapy, do drug testing, do anger

management, do the domestic violence training, do all of these things. And you do all of that and you do the supervised visits, even though you don't need to be supervised with your child, and still lose custody of your child because they would rather believe this white man over this black man. There is no jury of your peers in family court. It is just the judge makes a decision. I mean, these foster people that came from whatever church had money. So they had a private attorney that holds more weight. When you have a private attorney, you get pushed to the top of the line, you to go first. You get to go at the head before everyone else. I mean, and I'm sitting near his dad and I look at his dad and his dad is just like. They wouldn't place a child with him. He's a relative. Didn't consider it. So when we came back to court and the judge was like, 'where's dad at?' And they said 'He's no longer with us.' And his dad said, 'you killed my son.'

Serena Vasudeva: [00:51:04:17] What happened after?

Melissa Nelson: [00:51:06:27] Basically nothing. I mean, case closed. He's deceased. What is there to do? There's no person left to challenge. When Mom gets ready and she gets herself together and she's ready to try to get custody or whatever, then she can appeal. I came home and cried that day. There are few days that I came home and actually like legit cried, but that was one. At that point I didn't really know what else I going to do or how I could do anything after that, you know, take a hard look. I mean, the writings were there. You know, I am a little black woman going to court every day and even though I am there every single day, they really didn't know my name. They would

often confuse me with other people, like, 'Why are you here? What case are you on?' Like, I'm not on any case, you know that, I'm CASA, I'm just here. I'm your CASA. I'm in this courtroom all the time. How could you forget? You know, you just kind of observe those things, and you're like you know what? I'm not making an impact, but how can I in this system? I'm going to do the best that I can on the cases that I can. I'm going to stand up and try to say what I can, so. I don't want to be held in contempt and not be thrown in jail. So when I'm, you know, when I'm assigned to cases and I'm allowed to speak. You know, in that particular instance, I was not allowed. And so that's why I made the transition to policy work. I don't want to just help children and families on a smaller scale. Let me focus on these policies. The things that are really holding children and families back. I need to work on those things. We know that these policies, these systems are the real issue.

Serena Vasudeva: [00:53:09:09] My heart goes out to that fucking girl. Like, what is she going to do when she grows up?

Melissa Nelson: [00:53:14:05] I'm sure she's going to have a lot of questions. And I don't know if she's going to have access to her biological family. I know her mom was heartbroken, but even by the end of it, the mom even lost custody of her. In mom's defense, she was not doing what she needed to do. She was not where she needed to be. So he was. But she was not.

Serena Vasudeva: [00:53:40:16] My goodness.

Melissa Nelson: [00:53:42:04] And I mean, the speech that he gave and it was the speech as he told him he was losing custody. I mean, this judge stood there and sat there and just belittled and berated him and told him he couldn't, he cannot be this aggressive. And, I mean, for me, it was like, you can't be this thug. There was just, there was nothing I could do. And I didn't. And being the spectator to this horrible event.

[Music]

Serena Vasudeva: [00:54:29:08] If you would like to reach out, please send an email to ex foster voice at gmail.com if like a question to be answered on the show or just want to voice your opinion, send a short video attached to your email.

Serena Vasudeva: [00:54:47:16] What people do you think are good for CASA?

Melissa Nelson: [00:54:49:29] All kinds of people. They really need people of color because that's usually the demographic that's lacking, but really, anyone who has a firm belief or care for children and has the time and the energy. When you volunteer for CASA, you're usually appointed to one case, so it's not quite overwhelming. But if you

want to help a child that needs someone to speak up on their behalf, definitely look into it. If you've got, you know, an extra hour a week and maybe you can take off a little bit during the week if you have like a court case, that's usually all it takes.

Serena Vasudeva: [00:55:31:08] What do you think would help support adoptive kids?

Melissa Nelson: [00:55:36:16] I think more education. The way that they are doing adoption, it doesn't necessarily need to be like an adoption mill. Like, you know, you pay some money and, you know, you get a child. But actually having trainings and informationals, you know, how to support children that are adopted, providing them with some therapy, some family therapy, ways to connect with children, just really wraparound supportive services and of course, giving it time. I think it is helpful if you foster a child and develop that relationship and really get to know them and what they need. The more that you get to know what that child needs, the better able you are to support them.

Serena Vasudeva: [00:56:26:23] You used this term wraparound services. For someone who might not know, what is that?

Melissa Nelson: [00:56:32:04] So wraparound services is really services that kind of go around a child and not just come at a child, right. So if you think of like therapy, that's

one aspect of it. And so in addition to like mental health, maybe you need some, maybe they have some learning disabilities and they need some assistance with that. So that's another wraparound service. You want to provide supports that support the child from every angle and not just one angle.

Serena Vasudeva: [00:57:02:26] Well, Melissa, thank you so much for coming on the show. And I think that your story really speaks to how important it is to have people who have been adopted work in the foster care system in some capacity. It's so important and it helps people be represented.

Melissa Nelson: [00:57:18:21] I appreciate it. Thank you for having me. And I completely agree. I don't know. I mean, I know it's not for everybody, but I'm here. You know, we're going to keep pushing through hard, hitting all.

**Episode four**  
**Former Foster Teen Won't Get Her Childhood Back**

Episode Description: Listen in as Heaven Hampton, an ex-foster youth, talks about her experience in four different Youth Villages foster homes across Tennessee. She entered care at 15 with two younger siblings. Even though her older sister had already been placed in foster care, visitations were never scheduled and they were never placed together. Fearing further separation, Heaven began parenting her siblings to prevent disruptions. In the face of mistreatment by her foster families, she was ignored by her DCS caseworker. Heaven believes life skills such as digital literacy and driving should be prioritized by foster parents.

Despite foster care regulations mandating children and teens have beds to sleep on, Serena and Heaven talked about their experiences with couches being used as beds.

The names of foster parents in this episode have been altered.

Financial disclosure: Since the recording of this episode, Serena has received monetary assistance through Youth Connections' Opportunity Passport in order to buy a car. The assistance she received was not dependent on favorable coverage.



[Music]

Serena Vasudeva: [00:00:06:17] Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster youth and your host. Today we'll be hearing from Heaven Hampton, who went into foster care when she was 14. Now she's a legal assistant with three children living in Nashville. So heaven, Let's start with your living situation before foster care.

Heaven Hampton: [00:00:28:20] Yes. Before foster care, I stayed with my parents, my grandparents, because I got custody taken away from my biological parents. I was adopted by my grandparents. And when my grandparents could no longer take care of me due to a series of bad events, I stayed with my uncle and after staying with my uncle for about nine months and he couldn't properly take care of me, I went into the foster system.

Serena Vasudeva: [00:00:51:20] Tell me a bit about your four siblings.

Heaven Hampton: [00:00:54:10] I have an older brother who never entered foster care. I have an older sister who was in foster care six months before we were. Then I have two

younger siblings, a brother and a sister, and they answered care with me and they stayed with me throughout my whole time in foster care.

Serena Vasudeva: [00:01:09:18] When did you enter foster care with your two siblings?

Heaven Hampton: [00:01:13:12] I entered foster care two weeks before Christmas in December of 2016.

Serena Vasudeva: [00:01:19:05] That's one time to enter foster care, Christmas. Oh gee.

Heaven Hampton: [00:01:21:21] Yeah, it was horrible. It was terrible.

Serena Vasudeva: [00:01:25:24] I bet. What age were you and your siblings?

Heaven Hampton: [00:01:29:07] I was 15. My younger sister, she was 12 and then my younger brother, he was 11.

Serena Vasudeva: [00:01:37:17] So when you first enter care, you're taken to a DCS office, you're asked some questions, and then work begins on placing you into a home with a foster parent. What was this time in the DCS office like for you?

Heaven Hampton: [00:01:51:19] It was very scary. I didn't know like what was going to be of life, but at the same time it was scary. But it was like a time where I was like very curious and I knew like in my heart that it would be like a fresh start for me. Like from everything that I had been going through. So I was optimistic. Like I was trying to make the best out of my situation then, but it was like very scary because like, you're going to go live with some adults that you don't even know them. I guess some people that you never meet in your life, they don't know you, you don't know them. They're always scary like meeting a stranger, and especially like the way that I was raised. Like I didn't grow up around a lot of people. I like never went like anywhere outside of the house only place we really went was like school to home. So it was like very socially it was like scary too. So it was a lot of like fears coming in from like changing schools, having to start over like me and new kids. So just it was just very scary, just just knowing they like life was going to change a life.

Serena Vasudeva: [00:02:49:01] Yeah. And it can be really intense, not only because you're meeting the stranger, but then you're living with the stranger and it's like, oh, boy, you know, like.

Heaven Hampton: [00:02:57:15] Right, and it's like especially like when you're that young, you don't know, like you don't anybody. Like, I feel like it really damaged my trust with people because it's like, I really can't trust you. I really don't know you and it takes time to build trust. You're not gonna trust somebody you just met, so it's like you're sleeping with, like, one eye open like this. That's how I feel like most nights of living with a respite or a permanent placement. And I always feel like, you know, like I got to get my feel for the place before I can even all the way go to sleep. I mean, it can be very scary for sure, but at night it is so scary.

Serena Vasudeva: [00:03:30:20] They couldn't find you a permanent home at first so you stayed in something called a respite home. A respite home is temporary care for foster children and can be used when a permanent home can't be found or when a foster parent takes a vacation. Tell me a bit about your respite home with the Ross family.

Heaven Hampton: [00:03:46:14] The Ross family was very welcoming like it was as it was a single family household. But she was very sweet and she was very nice and I enjoyed being a part of the family. I was sad to go, my siblings they didn't even want to go, but they were telling us that it was like not the right permanent placement for us. So we couldn't stay with the Ross Family but I really enjoyed it. But we were only there for

like two weeks and it's like really had to be in a foster home longer than two weeks to get the full feel. Like by month two, you're both very cozy with each other, so you can really see things that they're really going to be doing because people reserve themselves, even adults. I mean, we just got to be honest here. But she was nice. And I still to this day see her sometimes, but she was very sweet.

Serena Vasudeva: [00:04:34:12] Was there anything that she did in particular that made you feel comfortable or safe?

Heaven Hampton: [00:04:39:10] Yes, she gave us a tour around the house and she explained to us the rules and she explained to us of how she does things, how her days go. And she just got really cozy with that. She said, Nana, really just talk to us and just talk to us about everything. And she was comforting to like she wasn't mean. And by then, like I was just, I was so sheltered, like younger. So I was like, so used to people being one kind of way, like one type of, like discipline treatment and one type of everything. So it was, like, refreshing to get like a new type of parenting in my life. Like, and she even went out of her way to make sure we had the things that we needed, like when we first got in care, we didn't have a lot of things. So she would go out of her way to make sure that we had everything that we needed and make sure that we were comfortable. Even at night like she asked how our pillows was and how our bed was and did we need more pillows. Like she was very sweet.

Serena Vasudeva: [00:05:35:02] It sounds like she really did go right out of our way.

Wow. So my next question, could you elaborate a bit about the parenting?

Heaven Hampton: [00:05:43:28] I would say, like she was a gentle parent and like, if something would bother her or something will go wrong because it's like your kids and you know, your kids even no matter what age you're going to need correcting like that's standard. So if it was something that she had an issue with, like she would just be so calm addressing either, like to calmly, you know, address each situation like and I wasn't used to that. I was used to erratic behavior. I was used to just, you know, yelling and screaming and, you know, physical discipline. I was never used to someone just talking calmly to me like it took me off guard. Like, 'Wow, you're so calm. You're so nice and patient.' I think that's what she was. Patient.

Serena Vasudeva: [00:06:27:28] So after this two week stay with her, you know, because it's a respite, it's not meant to be permanent. You told your DCFS worker that you wanted to stay. What happened there?

Heaven Hampton: [00:06:39:14] She told us that she was not the right family for us. And I really think the only reason why she said that is because I'm African-American and she was Caucasian. And most of the time in my foster care experience, being with my three

siblings, they always would try to place us with people that were African-American too. I don't know why this is a standard, but this is really what I was told by my caseworker. They try to make it, you know, I guess where things are easier. I don't know what their idea behind me is, to be honest. But this is just what I heard. She was just basically saying that she wasn't the right for us. We need to be with a bigger family and of African-American descent.

Serena Vasudeva: [00:07:20:26] So do you think that this choice ultimately hurt you?

Heaven Hampton: [00:07:26:01] I do, because the next time that they put us in a permanent placement, I mean, yeah, they were African-American, but it was a bad experience. I feel like the connection shouldn't go off race. I should feel like when it goes off, like family dynamic, like how do y'all hit it off or how do you communicate with each other? How is the energy? Like I feel like it shouldn't just be based off that, that is like very, very weird to me. Like, because if you're happy and things are going well, then why interfere? If it's going good. That's not going to just automatically make you a fit. You know, I just think that's wild.

Serena Vasudeva: [00:08:03:26] So at this point you get placed with your first permanent family and you entered the care of youth villages, correct?

Heaven Hampton: [00:08:10:07] Yes.

Serena Vasudeva: [00:08:11:22] How did your DCS worker inform you of this?

Heaven Hampton: [00:08:14:24] She just told me she was like, 'well, it's going to be easier if you guys get placed into Youth Villages because they're going to be able to see you more. And I won't have to see you as much. And they have more services.' And that's pretty much all she said. She didn't really go in the depth of explaining anything about it.

Serena Vasudeva: [00:08:32:26] She didn't really explain what it actually meant? That Youth Villages is a nonprofit organization that has specific training for foster parents, that the homes that youth villages creates are supposed to be therapeutic and provide a higher level of care and therapy?

Heaven Hampton: [00:08:47:05] I didn't even know some of the things you just said and I was in Youth Villages from almost the beginning of time when I was in custody until I age out and I didn't know any of that that you just said. I didn't know that they're supposed to be therapeutic homes because it was not giving therapeutic. It was not. You know, I find that cute that that's their mission statement. But it was definitely not giving what they're trying to. They need to, you know, probably incorporate some new things in



there. So even with their staff, like they could definitely do better, not just with the foster parents that they have, but the staff training. They probably need a lot more in that area because the staff was not given what it was supposed to be.

Serena Vasudeva: [00:09:29:12] Let's talk more about this in general. So your first permanent home with the Williams like this is really when you started to get into the meat of foster care. How long did it last?

Heaven Hampton: [00:09:41:27] Probably like a month and a half. It did not last long.

Serena Vasudeva: [00:09:46:16] So you're originally from Nashville, but for this foster home, you moved to Pulaski, Tennessee, about an hour away. How did such a big move affect you?

Heaven Hampton: [00:09:56:04] It was like probably more like three or 4 hours away, but it was almost like in Alabama, like it was like a 30 minute drive to Alabama from there. And it was like a probably like an hour and a half drive from Atlanta. So it was very, you know, down there. It was nothing like Nashville, it was a complete culture shock. And I'm from Nashville, Tennessee, and I've lived here my whole life. So when they took me to Pulaski, I was completely caught off guard. I was like, hold on, y'all don't have a Kroger's? Y'all don't have a mall? Like, it was like a shell shock. Like I don't even

know people were out here living like they're living in those small towns. Like, I was completely shocked. I did not know people live like that. And I honestly still to this day do not know how they do it. Because I would go crazy if I couldn't go to, you know, like Kroger or just all the general places that we have to go in Nashville and we have downtown and we have more people to socialize with and different people we can meet. In a small town you just meeting the same three people. You have the same two stores. And it's just, I'm sorry, I'm just a city girl. That's what it is. I'm not judging anyone who likes the small town life, but I just could not do it. It was too much. I was just too used to living in the city. And I feel like they should really have to where like you're from a certain place just try to keep them in the place with their friends. Why move them around all these crazy different directions and places? And I know homes are scarce, but wow, cuz that's a big change for someone to have to take and you're so young.

Serena Vasudeva: [00:11:23:29] So the room that your little brother stayed in in this foster home, it had antique dolls in it. Tell me about that.

Heaven Hampton: [00:11:30:14] The woman in the foster home of the Williams family, she would collect dolls like Barbie dolls. And it was a lot of them, it was probably like over 100 dolls, a variation of sizes, variation of what they looked like. But it was so creepy. And my little brother, he had to sleep in there. Mind you, he's ten like I was telling out early. He's ten years old so he's completely terrified of these dolls. Looking at him, 100 of them at night, he was scared and he didn't want to go to sleep. And he came

out, I guess, and woke them up or had the light on. It was something because his room was right next to theirs in the husband of the Williams family. He got mad and he pushed my brother on the bed and told him to go to sleep. Was very impatient with him and they were very, rude. You're not even supposed to push, how is that therapeutic? That's not therapeutic, to be pushing somebody on the bed. That's traumatizing! And he barely even knew him. We were only there for, mind y'all I just said a month and a half, and this was probably like a week. It's only been one week and you're already getting tired. You shouldn't be no foster parent. I feel like people people a lot of times ignore the kids can pick up on feelings. Like yes, we're kids, we're young and we're we haven't been on the world that long but we can still feel feelings and we still have a right to our feelings and our feelings do matter. So yes, you pushing me on the bed is going to make me upset, it's going to effect my mood. I'm already going through a lot and I'm scared. I need comfort right now, not for you to get mad at me. And this goes back to what I was saying, like if you know you're not ready for patience and kindness and to take your time, then do not become a foster parent. Don't do it. It's not for you. And you know, I know people are going to be like you at her house. She can have like what she wants out in her house. And, you know, I completely understand it. And honestly, I would respect that if we weren't dealing with kids and you made the decision to foster kids into your home. When you make the decision to foster kids into your home, you make the decision to make them feel comfortable. Quit making decisions to foster kids if you're not ready for all that comes with me, because I completely understand you don't want things in your home and that's completely okay. But if you know that and you know you're not comfortable with fully opening up your home for others, someone else's comfort, then do not accept foster

kids. Save me a heartache and mentally drained, you know, from trying to move, adjusting schools and feel comfortable because I'm going through a traumatic life experience, being moved from home to home, trying to find love and just save you the struggle of being upset and just don't become a foster parent. It's just that simple.

Serena Vasudeva: [00:14:17:27] So at this point, you've been in foster care for a little bit, at least over a month. So what did it start to mean to you? What changed now that you were in foster care? Was there anything that you were missing?

Heaven Hampton: [00:14:32:29] I can say that I could be more focused on school. I was eating way better, but at the same time, I felt like life wasn't normal because I knew at any moment of the instant I could be like taken out of that home and my life would change all over again. So at the same time, I was on edge. Cuz it's like I'm life, yes I'm living, you know? But at the same time, in the back of my mind, I'm like, okay, today the DCS worker could come today and say, I have a permanent placement and I could leave, or that I need to be moved and I have to go, or my brother or sister could get in trouble and then we'll have to go. And I just never knew what could happen, anything can happen. Life was very unpredictable and I will still lacking stability and the emotion that I had attached to, you know, wanting to be with my real family and having to accept that life is not normal for me. Like this is my normal, to be living like this. So it was a mental adjustment that I had to make in the beginning.

Serena Vasudeva: [00:15:30:08] Did you trust the Williams?

Heaven Hampton: [00:15:33:09] No, I did not. That was probably the beginning of when I started sleeping with one eye open. I didn't trust those people. My brother told me someone pushed him. So I'm like, Yeah, they could wake up in the middle of the night and try to do something to him. And I just I didn't feel comfortable there. They weren't welcoming and they were just nosy, all trying to figure out about my personal family business, which I feel like should be illegal. They shouldn't need they don't have to know all that unless they're at risk. Why do they got to know all of our business so they can be talking about us and putting us down? And I've had more than one incident and occasion of living with foster parents where, you know, I'm not trying to, like, bashful or anything, but like they they ended up telling other people, my personal business and I just like that's inappropriate.

Serena Vasudeva: [00:16:20:00] And at that age, it's got to be so awful for your self-esteem.

Heaven Hampton: [00:16:25:04] Yes. And that's so funny because in my second respite home that I stayed in for the long stint, I was in school for there for a long time. But when I first got enrolled in school, my foster sister, the one they had adopted, I'm trying to put

in my lunch pin. I don't know if everybody's familiar with like lunch pins, like you have to put them in to get your lunch. She literally blurts out in the lunch line, because I'm having trouble with my number, and she's going to say, 'it's okay. She's a foster kid she gets free lunch. To everybody in the lunch line. I thought, 'okay, this is very embarrassing.' You did not just have to tell everybody. And we living in a small town and so the school was smaller like, word it gets around quick, there's a lot of gossip. And so she's just telling my business and I'm like, 'why is she telling the whole lunch line that I'm in foster care. I'm already up in here feeling embarrassed.' I'm coming in here knowing every day that life could be going crazy and I'm up in here looking crazy, too, because I'm a foster kid, you know, I'm getting what I can at this point, you know? So I'm already feeling like, confidence broken. I'm down, I'm down bad, like, and you're gonna come in here telling everyone I'm in foster care, that's just horrible.

Serena Vasudeva [00:17:39:29] Oh, yeah, I know. And I was, my last foster home was out in Collinwood, which is a really, really small town and there's one foster home. And so everybody knew the other guy who was in foster care in our school because there was only two, me and him. He was my brother and he started introducing everyone as like, 'Oh, that's my sister.' And I was like, 'Please stop. They're going to know I'm in foster care because I'm coming in the middle of the year, in the school year, right? That's sign number one. And then the only other person who's in foster care in this entire town because it's so small and now suddenly you got a sister that's 16 and nobody's ever heard of her. Yeah, okay. That's. You're in foster care. Cool.'

[Music]

Serena Vasudeva: [00:18:30:27] If you would like to reach out, please send an email to [exfostervoice@gmail.com](mailto:exfostervoice@gmail.com). If you'd like a question to be answered on the show or just want to voice your opinion, send a short video attached to your email.

[Music]

Serena Vasudeva: [00:18:53:13] So when you're in foster care, you're supposed to receive a dollar a day as an allowance. What happened with that money in the Williams' home?

Heaven Hampton: [00:19:02:29] Ms. Williams told them straight up, I had a male Youth Villages worker coming to visit me every week, she told him straight up. She said, 'I'm going to be taking that \$30. They will not be getting it, they will have to earn it.' It's mandatory that we get our \$30, it's like an allowance and they're not supposed to withhold it. But he literally like listened to her saying literally like they're not getting their money and he just went along with it. I'm like, 'This is crazy. You supposed to be the one advocating for me. You're just going to let her mistreat me and I didn't even do anything.'; Even if I did that's not the way to handle it. Because like I said, you're

supposed to be giving us the \$30. It doesn't matter, that don't have to do it. That's all we get literally to spend and buy stuff with. Some of them won't even do your hair, get your hair done. So it's like this is what I'm using to maintain myself. And even though you're supposed to be doing it, you're not doing it, which is wild. You are really getting paid, so why are you doing this, why are you taking my money? It's just like that's betrayal. That's why the trust messed up, boom. Seriously.

Serena Vasudeva: [00:20:10:26] And \$30 doesn't sound like a lot. But first of all, like you said, the parents are getting paid for what they do. They are getting paid a lot, hundreds of dollars already to have you. And when you're young like that, \$30 is a lot. And most of the time when you're in foster care and you have that money, it's usually just for a bag of chips or something, or a special snack, or hair care, body care, soap, whatever you need. Because sometimes your foster parents don't go out of their way to buy you the food that you like or the treats that you like. I've had ten foster homes and I've only had a single one that asked me, 'Hey, what do you want on the shopping list?' And that was it. Like that \$30 was what got me what I wanted.

Heaven Hampton: [00:20:55:20] Wow. And I feel you because when we lived with the Williams family, they were the same way. They would not buy us anything we wanted. We had to eat exactly what they cooked. If we didn't eat exactly what they cooked, go hungry. That's exactly what they said. They said, 'You've been hungry before, you can be hungry again.' I was like, 'Wow.' So now you're going to take advantage of a



vulnerable situation. That's why I said they should not be telling people our business, because some people are going to use this as ammo. And they were using it as full fledged ammo, they were not holding anything back. They said, 'you been hungry before, you weren't really hungry if you don't wanna eat this.' That's literally what they say. And not only that, the Williams family, the next day, like when went to their church, the husband of the family, he literally stood up and said 'Kids are so ungrateful. They don't want to eat oatmeal.' Because we told them we didn't want to eat their oatmeal that day because it was so nasty. And I love oatmeal, but it was disgusting. Like it was bland, didn't have any flavor. It was like slop. And I was like, 'No, I'm sorry, like, I really can't eat it.' And I don't know if they just expect us to be really just eager to eat everything. We're kids, we're going to be picky. And I still to this day feel like I wasn't being super picky, I just didn't want to eat it. It was so nasty. And for him to stand up in the middle of the church and to be telling everybody our business like that was very uncomfortable, like that's crazy. This, they like they're attacking some kids like how big do you feel sitting right here 50 years old, attacking some little kids that is so horrible. They already knew in town. They already barely even had foster homes. They're still fresh to foster care and you're going to stand up and attack them, that's just crazy.

Serena Vasudeva: [00:22:40:25] That those comments are just so disgusting. And the information that they were getting was coming from your DCS worker and your foster care file that follows you home to home. It's not like you could have even prevented that

by just being guarded. It's something that's given to foster parents as soon as you get in the door, and sometimes it can be a real challenge.

Heaven Hampton: [00:23:03:09] I completely agree.

Serena Vasudeva: [00:23:05:05] Obviously, this home is not good. And you talked to your DCS worker about these issues you were experiencing. What was her reaction?

Heaven Hampton: [00:23:15:15] Well, when we finally did come back to Nashville, it was for our first court meeting from the permanent placement. They were setting up a perm plan, and I don't know if you're familiar with that, but is where they set up your permanency plan from here going out so they can see what your future will be in foster care, like whether you'll be adopted or whether they'll find you a temporary placement or whether you're going to go back with your family. So that's what the perm plan was, we was going to get it approved in front of the court. And we went there and we were really telling the lady, our DCS caseworker, all that we've been going through. Like basically what I was explaining about how they pushed my brother on the bed and how they were doing stuff to us. And we told her everything and she was like, 'It'll get better. It's okay. You're going to go back. It's going to be fine.' Like she completely disregarding everything that we said. I'm like, 'Wow, so you're really not going to try to help me? You were going to disregard everything that I have to say. This is horrible. Like and that's

when the, okay I have no voice, I have no say, so my life is going to be thrown all apart, really sunk in for me.

Serena Vasudeva: [00:24:14:12] And your DCS worker is your first line of defense when it comes to foster care. Those are the people like, if you're going to get removed from a home, they're the people who are going to do it, right.

Heaven Hampton: [00:24:25:07] And mind you, I feel just like when you get released into Youth Villages and your DCS workers signs you up for like the therapeutic services, I guess that they claiming they offer and all the things, the benefits, the perks that they say they offer. When they signed you up for Youth Villages they they just don't have to see you like every week anymore. They can do like 30 days because your Youth Village worker is supposedly supposed to be coming and checking on you. So we hadn't even seen her in a long time, like since she had dropped us off to Pulaski. So we hadn't seen her in a long time. So it's like when we did see her and we were telling I was like, 'Wow, you really don't care. You just abandoned us, dropped us off and you're never going to come back.' And she did do that.

Serena Vasudeva: [00:25:08:10] Speaking of that, how often did your DCS worker see you, considering she's supposed to see you every 30 days?

Heaven Hampton: [00:25:15:10] I would say once every 2 to 3 months and that's when my life scarier because I knew, like if something did go down, that it's not going to be good because my DCS worker doesn't even come see me.

Serena Vasudeva: [00:25:28:09] That is just such a risky situation, especially like she knows that there's been an incident where, like, your foster parent put their hands on your little brother, that's already a big red flag, and then you're not going to check in every month. That's really dangerous.

Heaven Hampton: [00:25:44:22] Exactly. So it was like you're abandoning me. I'm going through a lot and you're not even listening to what I have to say when I do see you. How do you think that makes me feel? Then you're going up here in this permanency plan telling them that these people are my permanent placement and I'm not going to be going anywhere else. What? I'm gonna have to stay with these people and they're being very violent, very confrontational, passive aggressive. I can't live like this. This is not healthy.

Serena Vasudeva: [00:26:12:20] When you were in that courthouse, or after, and this reality is sort of setting in, or even looking back now, did you ever question why you were removed in the first place if the places they were putting you in were subpar and bad?

Heaven Hampton: [00:26:30:00] Yes. And that was the question I asked my GAL, my Guardian Ad Litem, and they introduced me to a CASA worker, which is a court appointed advocate. I was asking them like, we want to live with the Ross family. I'm like, why can't we live with the Ross family? What's wrong with that? And they were like basically telling us, you know, it's not a good fit, It is not going to be good in the long run. And I'm like not even understanding. But then by that point I'll understand, okay, it's a race issue and I'm like, okay, I understand what's going on because just the way my DCS worker was talking, I could basically understand what she was trying to say by this point and period of time. So I'm just like, okay, it's apparent what's going on here, you know? And I was just like, this is really ridiculous because it doesn't matter.

Serena Vasudeva: [00:27:13:08] So toward the end of your stay with the Williams, you and your foster family took a car ride. What happened?

Heaven Hampton: [00:27:20:03] When we took the car ride, it was back home from the courthouse on the same day of the incident that I'm describing it when I told my DCS worker about what was going on, and they were saying that my permanency plan. Mr. Williams he was driving the van that they had and me, Ms. Williams, and my sister, we were having a conversation about what had happened and she was wanting to know more information, and I didn't want her knowing. And so my sister wasn't telling her. She was wanting to know about what happened, what my family members were saying, because I had my uncle, he was supposed to come to the court date or something. I was like, she

was wanting to know what he was saying, when he was going to get us back or whatever. And I'm like, 'Why are you trying to be nosy? Why are you being all in our business? Why do you want to know so much about what's going on? It's not your business, and I don't feel comfortable sharing that with you. And you need to understand it's a boundary for me.' So she was already looking at my family members on Facebook, asking me what their names were. Like, why are you trying to look them up on Facebook and add them on Facebook? That is so weird. You're supposed to be caring for us but instead you're trying to be nosy. I just feel like that was a violation of privacy. And after that I was like basically telling them like, this is not your business like why are you trying to ask my siblings what's going on, like that's inappropriate? And I was telling my brother and sister, she asked you a question, do not answer it because it's not her business. And if you don't feel comfortable answering it, you don't have to. And she basically was getting upset and she was yelling at us in the car. And we got into an argument that almost turned physical and Mr. Williams ended up wrecking the vehicle, rear ended someone on the street.

Serena Vasudeva: [00:28:59:22] The police were called afterwards, right?

Heaven Hampton: [00:29:02:27] Yes. The argument ensued and it got worse. After that, she ended up calling the police because threats were made and she just called the police and they ended up showing up.

Serena Vasudeva: [00:29:14:27] So this is obviously a very tense and stressful situation. Youth Villages definitely got involved with it and what happened afterwards?

Heaven Hampton: [00:29:24:18] Our Youth Villages worker came to pick us up and drop us off at our new foster home that same night, like in the middle of the night probably like at 2 am, we were staying with the new family after that. They came, he showed up, they was like, 'We don't want to have them anymore.' And they came and picked us up and they took us to our new foster home, probably like 40 minutes away from there in Columbia, Tennessee.

Serena Vasudeva: [00:29:49:29] So this foster home was obviously quite the train wreck. What do you think it needed?

Heaven Hampton: [00:29:56:10] They were not genuine people at all. They were just going straight for the check. And you could totally tell they were trying to take our \$30. They tried to take everything. They were not in it for kids. They were in it for themselves.

Serena Vasudeva: [00:30:09:10] So what can people learn from your experience with the Williams?

Heaven Hampton: [00:30:13:17] Don't get into foster care if it truly not your calling and you don't want to take your time and be patient with kids. If you don't want to do that and that's not your true meaning and intention behind doing this is not going to work out anyways. Let it go, baby, don't do it. Do it out of the kindness of your heart, not because you're trying to get money or because it's not going to get you rich and, you're going to be, it's just not the right thing to do. It's about people who love kids. The experience is not going to be good.

Serena Vasudeva: [00:30:39:06] So from the Williams you were placed with a respite while you waited for another family. Tell me a bit about what this respite with the Long family looked like.

Heaven Hampton: [00:30:48:06] Well, they were older, like 80, 80 years old, and they had three kids already, one that was younger and he had a lot of mental health issues. And then an older one was in the same grade as me. She had a lot of I mean, they all did. They all had been through a lot, but they were adopted, all of them. But I was the oldest out of all of us. But it was, it was a wild experience living with three adopted kids that they had, and then living with my two siblings and them. And so it was wild, just all of us together. It was like living a different life.



Serena Vasudeva: [00:31:25:18] So what was this respite home like for you?

Heaven Hampton: [00:31:29:11] It was weird, but it was a time where I feel like I was going through a growth period at my age. So I was turning from 15 to 16. So I was working, I was going to school. So I was doing good and I was very focused and I could just, you know, focus on my school somewhat because it was still stuff going on.

Serena Vasudeva: [00:31:49:09] How long did you end up staying there?

Heaven Hampton: [00:31:51:15] Around nine months. It was a long respite home like it was very long.

Serena Vasudeva: [00:31:57:28] So tell me a bit about how the Long family treated their adopted kids.

Heaven Hampton: [00:32:03:14] They were verbally and physically abusive and they were trying to adopt us. I knew something was up because like the second day, rather like the third day, they called me and they were like, 'Hey, if you want to get adopted, you can get adopted.' I'm like, 'Well, you barely even know me.' I told them no, but I was like, 'Let me see how they treat their adoptive kids.' After two months of living with the

foster family, you get to see, like the real behind them, the genuine of how they really are. Because, you know, someone could put up a front for two weeks, but after two weeks they're going to get tired of putting up their front. So it's like they get to see the real you and you get to see the real them because y'all both have gotten comfortable. So it was like, it took me a while just to adjust to see how they really were.

Serena Vasudeva: [00:32:46:07] So obviously in foster care. When you're adopted, you usually don't re-enter foster care.

Heaven Hampton: [00:32:53:03] Yes, but one of their kids actually re-entered foster care. When we left, they reversed the adoption. Yes, she was a teenager. She made teenage decisions. But at the same time, you got to know how to support teenagers If you're going to have them living with you. And I feel like they didn't know how to really support her emotionally and they put her down a lot. They really mistreated her. All of them. They really mistreated them. They didn't, they were 80. Like, how is an 80-year-old going to be having the patience and the time and even the know how to raise some kids in around like you know 2018, 2019.

Serena Vasudeva: [00:33:26:26] And their oldest was sent to a facility, correct? Like a residential.

Heaven Hampton: [00:33:31:23] Yes. After we left she was sent to a residential facility.

Serena Vasudeva: [00:33:36:07] This house was eventually infested with bedbugs, correct?

Heaven Hampton: [00:33:41:01] Yes. Probably like I want to say, around seven months of us living there, I noticed that it was bugs that were crawling on me and biting me. And at the time, I didn't know anything about bedbugs, nothing at all. But I was like, 'no, what is in this house, like what's going on for real, like because it's like something in here biting us.' And that's when one of their daughters came and was like, 'there's bedbugs here, they're treating it.' Because she used to know everything I knew would be going on and she was the one who got sent to the facility. But she was like, 'They're treating it and there's bugs in here.' I'm like, 'What? They got bugs up in here and they got us up in here? This is ought to be illegal. What? This is ridiculous.' We had to stay at a hotel for like a week while they were treating this home and even when we come back, it was still bed bugs and they were still treating it. I'm like, 'This is crazy. They should have removed us from his home and they still got us here.' And I'm like, how do nobody, none of these people know they got us foster kids living in a hotel? And me and my sister, we were sleeping, we were sharing a bed. And I'm pretty sure that's against foster care regulations and rules.

Serena Vasudeva: [00:34:46:16] You're not supposed to share a bed with somebody. I ended up needing a home in the month of November around 2018, and that's a really hard month to get placed because of Thanksgiving. Nobody wants to introduce new kids to their family and just travel, things like that. People don't have the time or the availability to take on a new kid. And so I was bouncing house from house and they couldn't find me a place. They just set me up on a couch with someone who had like three foster kids. It's something that happens a lot where like that bed rule where it's like, you have to have a single bed and there can't be anyone else in it and it has to be a bed in a bedroom, that that rule is broken all the time. It's unfortunate, but it is.

Heaven Hampton: [00:35:22:04] Sure is, because my little brother, he was sleeping on the couch, just like how you said you were. He was sleeping on the couch in their basement. Not even in a bed.

Serena Vasudeva: [00:35:30:27] And that's long term. I was at least only there for like a week. That's awful.

Heaven Hampton: [00:35:35:20] Yeah, it was horrible.

Serena Vasudeva: [00:35:37:14] So my question, how long did you have to sleep in a house with bed bugs before they were all gone?

Heaven Hampton: [00:35:44:25] I believe until we left. When we received our Christmas gifts and we left their home literally like the 29th of December. I still remember to this day our Christmas gifts that they gave us on the 25 had dead bed bugs in them. There was dead bed bugs in the packaging.

Serena Vasudeva: [00:36:04:05] Oh, God.

Heaven Hampton: [00:36:05:14] There was dead bed bugs in the packaging of the stuff. It was crazy. It was just ridiculous.

Serena Vasudeva: [00:36:12:09] How did this all affect you?

Heaven Hampton: [00:36:14:26] Well, like I said, I never dealt with bed bugs ever in my life. So I was paranoid that they would be in my nose, it would be on my clothes in school. I would feel one crawling on me. And I don't even know that they can easily spread, like you can give them to people in school. So I could of gave some to somebody in my school and not even know it. That just, oh my God, I would feel horrible. It took down your self-esteem, your confidence, made you paranoid.

Serena Vasudeva: [00:36:40:29] Let's talk about your siblings for a moment. How did having siblings in foster care affect you?

Heaven Hampton: [00:36:46:23] Well, being the oldest, it made me feel like I was their new mom. I already felt like I hadn't been a kid ever in my life so now I was like, I'm going in with my younger brother or sister. I have to protect them because not everybody's going to be nice and they do one thing wrong, we could be split up. One of us could be sent to another home one could be sent to another home because we are three siblings, they most likely are not going to get placed because the larger the group, the less likely it is for a home to want to take you in because they don't have many beds like you were just saying. So like they already probably want to split us up so we can get placed easier. I don't want to do anything and I don't want you to do anything so you can get removed from this home because I want us all to be together.

Serena Vasudeva: [00:37:28:01] So in your sort of biological family, you have your two younger siblings, but you also had an older sister. Tell me about her.

Heaven Hampton: [00:37:36:01] Yes, my older sister, she was placed in foster care before we were probably like, I want to say six months before we were she was placed into care. So she was already used to like foster care. But we barely even seen her after we got placed in foster care. We're all in foster care, but we're barely seeing our other

sister. If it goes down and we get, like, separated, I know for sure I'm not going to see you because I'm barely seeing her. So I'm like, we don't need to get split up, I'm telling like, you got to be good. You got to do this, you got to do that. You can't make them mad. I'm just trying to do too much and worry about things that a kid should never have to worry about while they're going to school and just trying to live their life. Like it was just too much that I was having to go through mentally in that time.

Serena Vasudeva: [00:38:19:19] Did they ever attempt to place you in the same home as your older sibling?

Heaven Hampton: [00:38:24:20] No.

Serena Vasudeva: [00:38:26:14] So when you were at the Long's house, you started working. Tell me about that.

Heaven Hampton: [00:38:31:05] When I started working for the Longs, this was my first time ever having a job and I was 15. I was so persistent with the job. Like I really wanted the job bad so I could have a way to like buy the things that I wanted and things that I needed. And I would work like 3 to 2 days out of the week, but it would still be like a way of escape for me to feel like I'm a normal person, a normal teenager, and I really enjoyed it. It was a lot of community at the job that I worked in and everyone was so nice

and friendly and I just really loved it. They just gave me a way to escape everything that I was going through at that time.

Serena Vasudeva: [00:39:04:07] So your foster parents were supposed to be receiving hundreds of dollars from either the state or youth villages or to take care of you. Did you ever see any of that money, like in clothes, food, the things you need, or were you providing for yourself?

Heaven Hampton: [00:39:22:26] Mostly when I lived with the Longs, we hardly ate home, they always would buy us food. And it actually took a toll on my health. I was like, I gained like 80 pounds. So we went out to eat a lot and they frequently bought me clothes. But the one thing that I can say is the \$30 allowance that I was supposed to be receiving, Instead of giving it to me, they took it for a gas money to pay for taking me to work in my caseworker even called me out on that and was like, 'Hey, you're not supposed to be taking that money, you just supposed to do that.' And she was like, 'Well, she told me to do it.' Which is not true at all. But, you know, that's what ended up happening with this situation. It was really wild because I'm like, yeah, I'm still supposed to be getting my \$30 just because I'm working doesn't mean I don't receive was entitled to me, you know?



Serena Vasudeva: [00:40:11:12] So eventually you were moved into a second permanent foster home with the Trent family. What was that like?

Heaven Hampton: [00:40:18:22] That was my best placement of them all. They were very sweet and nice. They shaped and molded me to be the person I am today. But at the same time, like I'm saying, like it still was an adjustment period. A lot to get used to and it takes a lot of time to feel people out, but we stayed with them the longest out of any foster parent.

Serena Vasudeva: [00:40:40:01] So what did this household look like? Who lived in the home with you?

Heaven Hampton: [00:40:44:00] So it was Mr. Trent, Mrs. Trent, and then they had a younger son who was around four years old.

Serena Vasudeva: [00:40:50:12] What strategies did they use to help you?

Heaven Hampton: [00:40:53:23] Mrs. Trent, we used to go to therapy, like we had therapy sessions together and they really tried to implement a lot of the things that they said. They actually tried. I could tell that it was effort on their part, so things were

definitely better there. And I knew that it wasn't just for a check the way they wanted to help kids. I knew they really loved people genuinely I knew wasn't fake.

Serena Vasudeva: [00:41:14:27] So eventually down the line, your foster dad taught you how to drive. Tell me why this is important.

Heaven Hampton: [00:41:21:07] Yes. And let me just say this, no foster parent really is going to be teaching kids how to drive. So this was, definitely made him a top tier foster dad. So most of the time when you're in care, you're not going to get taught how to drive. You're not going to get a driving license and you're definitely not going to get a car, like because they're already policing you, like basically trying to make sure you don't run away. They're trying to make sure someone is accountable for you and for you to get even a permit, you have to have someone sign to say that they're your legal guardian. And most foster parents don't want to do that. But they signed me up for driving school during the summertime. For a month, they drove all the way from Hermitage to Franklin. I think, or was it Brentwood? I think it was Franklin. And then he took me to drive around a school when it was closed and literally took his time every day and taught me how to drive and so I learned how to drive. My brother, he's like four years older than me. He never got taught how to drive and he's like 25. He never got taught to drive. So this was big for me because a lot of like foster kids don't get taught to drive just based off the fact that no one is going to take ownership of you and no one even really probably will want to foster kids that know how to drive because they don't want them to probably

run away or something, just crazy. But yes, it was definitely an advantage for me because when I was I knew how to drive. I had my license and I had experience using a car. So it made my life much easier for me being an adult.

Serena Vasudeva: [00:42:55:2] Yeah. When we first met and were originally talking, that was just that was something that was so shocking to me because I was never taught how to drive because I was living in a group home. And so when I got out, I had one of my 18 year old friends who was technically a couple months younger than me, start teaching me how to drive. And I'm still like learning from people who are either my age or younger. And that's kind of how it went. Like I did also go to driving school and it was very much like, okay, I got to learn from whoever I can and see if they'll let me borrow their car. And it's very difficult to find a job if you can't drive and you certainly can't get a car if you can't drive. So it's like you have all these barriers on top of the other barriers in foster care. But what you were saying is 100%. It's something I haven't considered before, but it's very correct. Nobody wants to have to teach a kid how to drive, and then that kid uses that skill to do something bad. Even if it's not going to happen. It's something that foster parents are definitely considering and thinking.

Heaven Hampton: [00:43:56:07] Definitely. And not only that, no one wants to take ownership and be like, 'Okay, if something goes down, I'm going to be the one who's responsible.' No one is going to want to be like, 'I'm their guardian. I'm going to be the one responsible if you do something wrong.' Because by law a minor is under their

parent's care, so if they do something, then you're responsible for it. So they're not wanting to take their legal ownership of saying, 'okay, if something goes down, then I'm the one responsible.' Which is understandable. I completely understand foster parents who don't want to do that because not everyone is going to be okay with that. But at the same time, I feel like they should have someone, you know, teaching foster kids how to drive because when they age out, it's a little likely chance that they're able to learn. It will take a long time before they get to learn a skill because there's so many hoops you have to jump through just to even get your driving license.

Serena Vasudeva: [00:44:39:27] There's so many hoops. I'm lucky that I had a friend, and a couple friends, who have like actually taken me aside and been like, 'I'm going to just give you like a basic crash course in driving. We're going to take you out and do driving stuff.' But I'm 21 and I still have a pretty, I'm okay driving but I'm not the best at it. But it's like 21 is not a time that you would usually expect someone to not have like a ton of experience driving, you know, and that can be really, like, you need to drive to get to your job most of the time. So it can be very hard.

Heaven Hampton: [00:45:14:21] Definitely, get to your a job, your schools, your doctor's appointments, all those things that you need to know how to drive to get there. And the bus, after a while, its like, okay, this is stressful. This is causing more stress then it is, you know, happiness. It's better to you know, be able to get up and go, I don't have to plan so

many things around this and what if you have kids? It takes the complication out of a lot of things if you have a car.

Serena Vasudeva: [00:45:38:05] And not every place has somewhere that, like a bus. You know, Nashville has busses and sometimes they run into Murfreesboro. I've seen them three or four times, but usually you don't really get that many buses.

Heaven Hampton: [00:45:49:26] Right, you made a very good point that not every place even has a metro transit. So that's crazy, not every place has transit, public transit. And actually that's one of the things that I realized when I got shipped to Pulaski.

Serena Vasudeva: [00:46:06:11] Yeah, Can't just hop on a bus in a small town, but yeah, it's really a big issue and I feel like it's not talked about a lot. You have these people who are turning 18 and they need food, they need support, assistance. They need to go to doctor's appointments, like you said. And they have absolutely no way to get there because they can't drive.

Heaven Hampton: [00:46:27:29] It also is like, man, I'm looking at other kids in my grade, they know how to drive. I want to know how to drive. I know like at that age, everybody's like my mom and my dad, they're getting me a car. I know how to drive. So it's like you take away from the teenage experience too and the feeling like you have a

regular life. It's like you're so restricted. So it's like, almost like you're not living the life that you should be. Like, I'm a teenager. I should be able to enjoy that, the life of a teenager, this teenage life.

Serena Vasudeva: [00:46:51:04] Yeah, there's, there's so many experiences that you miss out on when you're in foster care. And one of those things is, you know, 'oh, I'm going to, you know, take my friends out driving to get some sonic.' Like, you never get that if you're in foster care. And then when you're older, right, when you're 18, 19, you probably don't know how to drive. And if you do, you probably don't have a car. And so there's that aspect of not only do I not, like, miss out on these things I really need to do like, like a job possibly. You know, I'm missing out on the fun stuff of going and driving and picking my friends up and going to town or doing fun stuff. The museum, you miss out on things.

Heaven Hampton: [00:47:29:13] Yes. And I can say my time with the Trent family, they really made sure that I would always, even when I didn't have a car, they'd make sure I would always go to like social events in school or with my friends. And that's why I say they made me feel the most like a teenager, more than any other family, because they were okay with letting me do those teenage activities. Mind you, when I was with the Long family, they're 80 years old. I'm not going anywhere. I don't have access to technology. They're not taking my personal social needs seriously. They're old school. So it was very refreshing to be with a family, to be able to experience, you know, life less

reserved and, you know, less not like today's world. Because I feel like that's going to give you like a big social shock, because today technology is so using socializing with teenagers is very important. So I just feel like it took away from my life as a teenager. I feel more like a, you know, Oh, woman, I'm going to school, work, home and that's it no interaction with my friends. Like, man, teenagers don't live like this, and it made me feel more like, you know, I'm in foster care. It was a constant reminder to have that.

Serena Vasudeva: [00:48:33:17] What should foster parents take away from your experience?

Heaven Hampton: [00:48:37:20] To offer more support to teenagers that are working because it's hard to work and be in school at the same time. And I feel like, you know, lessen the load that they have, you know, like don't pressure them with financial stuff. Like I shouldn't have to pay for gas to go to work and you're already getting money for me to provide those types of things for me. So maybe just thinking of new ways to relieve more pressure off the child instead of, you know, adding more.

Serena Vasudeva: [00:49:02:03] So kind of going off of that question, was there anything physically or emotionally or psychologically that you weren't receiving in foster care?

Heaven Hampton: [00:49:11:27] Yes, I didn't receive the proper emotional and social support I should have because I couldn't communicate with any of my friends. I didn't have a social life outside of school and work. So it just made my life very dull and it didn't feel like I was a teenager, feel like I was an old person. I went to church, home and school, so I was like, I don't have any, you know, social life with the students in my school with my peers. So it just took a toll on me. And even today, like the way that I communicate with other people is like, I have social anxiety. And due to the lack of technology that I had while I lived there for almost a year, it set me back technology wise and know how to use computers and phones. So even like now when I'm working, it's like I have to learn how to use a program or something. I could have learned when I was in high school, but I was just set back on it because I didn't wasn't able to access technology living with them.

Serena Vasudeva: [00:50:05:18] What reforms should Youth Villages consider?

Heaven Hampton: [00:50:09:06] I say they should consider the age of the foster parents, like after a certain age, there should be a cut off. And I only say this because some things they, like older people, do would not be fitting for a child in 2023. And that's the case in when I was living with the Longs, it was like they were 80 and it's like a lot of the things that they did when they were kids, you know, we don't live in their same world anymore. The world is completely different and the support that they would need in their day has dramatically changed from the support that I would need today in 2019 or 2018. And I



also feel like the technology rules should be different. If you don't have any reason, you're not a flight risk or anything, I feel like everybody should be entitled to technology because I feel like its something that's only holding us back, technology plays a big part of the world that we live in today. So we should definitely be incorporating to the teenagers, and even the kids lives, just so they can feel normal and just feel like a part of society.

Serena Vasudeva: [00:51:11:12] That actually segways really nicely into my next question, which is how can foster parents promote normalcy in the life of a teenager?

Heaven Hampton: [00:51:19:24] I say let them have a social life, let them work. Don't put any pressure on them that shouldn't be on them. Don't worry them with things that are going on in the foster care, you know, like give them the \$30. I mean, if that's their money, give it to them and try to try to make things as normal as possible for them. Like don't constantly remind them you're foster care kid, because that's what they're trying to get away from. Let them have technology. Just try to incorporate anything that a normal teenager would do. If a normal teenager would do it, hey, put it in their life, because that's all that they want is normalcy. That's what I wanted so bad to feel like I wasn't just an outcast because it's like, yeah, I'm walking around and I'm going to school, but I have this constant reminder in the back of my head like, 'Hey, I'm a foster kid. I'm going to go home to a family that's not really my family. I'm going to feel left out. I'm going to feel like I don't belong and I'm not going to not have anyone to talk to when I get there. So it's

like, try to make them feel comfortable, talk to them, bond with them, just trying to make them feel normal. Another thing they would be like very socially awkward is if you would see someone at your school and then you would go to like a Youth Villages meeting where they're having like a parent training and they have all the kids together too. Oh my God. It's like, okay, I just seen you in school, but we're both foster kids and we don't even want to talk to each other because it's so awkward.

Serena Vasudeva: [00:52:38:24] I remember going to the office in Nashville. There's three group homes and one of them I was in and so like a couple months or so they'd get all of the kids together in the office. It was really awkward because the other two group homes were for boys and the staff were really weird. Like they were like, 'Oh, you can like talk to them and stuff, but don't talk to them for too long because they're boys. And we can't trust you guys to be normal.'

Heaven Hampton: [00:53:06:26] That makes you feel more not normal that you just treat this like this weird. Oh, my gosh.

Serena Vasudeva: [00:53:13:04] Exactly. I know you never lived in a group home, but that is how they are. They are very much like no boys, no girls. Like, don't even think of them. It's completely abnormal for teenagers to think about the opposite sex. That's so out of control and so weird. You must have 14 mental disabilities. Holy shit.

Heaven Hampton: [00:53:33:26] Seriously. And I'm saying that it makes you just more so want to do it. I don't think people realize it's like reverse psychology.

Serena Vasudeva: [00:53:43:28] So something interesting between us is aging out or turning 18 and leaving the foster system. I aged out on May 21st, so I graduated high school. You, on the other hand, turned 18 in the middle of your last year of high school. I'm really curious to know how that affected you in your schooling.

Heaven Hampton: [00:54:01:23] By the time I was just ready to not be a part of the system anymore and I feel like I really shouldn't have left my foster home when I did, but I was just so tired of other people being in control of my life, my whole life. So I was just ready to take control a little bit. I know I really wasn't ready for that. But when I aged out and went to independent living, it was a whirlwind. It was like the first week was like a shocker to me, like how life really was, you know, just being on your own. And I had to really, like, get in my mental mindset, like, hey, you have to move a certain way, otherwise you will not be successful. I knew I wanted to graduate high school. I knew I wanted to go to college. So it's like I had the lock in with myself, you know, like this is what needs to be done so you can be successful. And it was so scary. And it's like even though like you have like your caseworker and your therapist, it's like nothing that they can say or do is going to prepare you for being out in the real world. So it was just a lot to

deal with, a lot of emotions that I had to process over the months. I probably didn't get used to like living on my own until probably like six months after I aged out of care.

Serena Vasudeva: [00:55:07:08] Yeah, so independent living, it's basically where you can go when you turn 18 if you want to or don't have another place to go. It's sort of like this big apartment with a bunch of people who have aged out of foster care. You all have staff and counselors to help you and, yeah. You all basically just live there and learn how to learn different life skills. The one that you went to is Monroe Harding, which is in Nashville. Tell me a bit about how Monroe Harding works and operates for someone who's never been to independent living.

Heaven Hampton: [00:55:38:17] When I went into Monroe Harding, it was like it was easier for me because I had already been in Youth Connections for years, so I already knew like most of the staff. And the staff was very supportive, like they check on you, they have security, like you're going to feel safe. But you're also going to have like roommates. So you have your roommates, you know, and you don't know if you're going to be getting along with them. You don't know how the dynamic with that is going to be. But I feel like everything is really good. But I feel like you never know, like who your roommate is going to be, you know what they're going to be into. So that's the only point I can say I was really worried about. But I do like the support and I like, you know, like that they try to make you feel special. Like on holidays they'll come and bring you something for like the holiday and then for your birthday. They try to make you feel like,

you know, you're not alone, you know, you have people to come and talk to. You have people to reach out to. So you have resources. And even after leaving independent living, I still you know, I'm still plugged in with Monroe Harding because they have so many resources they can help young people.

Serena Vasudeva: [00:56:37:07] So you mentioned Youth Connections, kind of talk a bit about that.

Heaven Hampton: [00:56:41:24] Yes, Youth Connections. I feel like the best way I can describe it is like training, education and empowerment. They prepare you. If you're enrolled in youth connections, they prepare you. You can be enrolled I think at the age of 16, I came in at 16 and they prepare you and teach you a lot of things that you need to know about the real world, things that your foster parent is really not going to teach you. So I feel like they really prepared me very well, like for like filling out like college applications, filling out housing applications and things like that, things that like your foster parents wouldn't really have time to, you know, teach you. I just feel like it teaches you so much. And not only that, like it's community. It's a place you can go and you can see people that are, you know, foster kids too, age out of care too, or still in care. And you can just be like, okay, we can relate to one another because sometimes it can be scary, you know, like being out in the world and you can't see anyone being successful that's like you. Or see anyone that's making it like you and I feel like it also gives you hope to know, okay, I can do this. When I was 16 and I was going to Youth Connections,

seeing like other people who aged out of care, like in college and doing well, you know, advancing with their life, It gave me encouragement and it made me feel like, okay, I can do this too. And it also gave me like people to talk to that have been through things that I've been through to like I know that I'm not out here alone. I know there is support out here and it just was very encouraging.

Serena Vasudeva: [00:58:06:12] Youth Connections physically, is this place in downtown Nashville and they host all sorts of programs and services out of it, right. They have Works Wonders, which is basically for job training, education, all of that, and they kind of help you with job interviews and visits to industry sites. They also have she, which is a sexual health education group for anyone who's a woman. They have opportunity passport, which helps people save money and they help, eventually, once you're done Opportunity Passport and you've gone to all the lessons, they help you get a car, or pay for school, or medical bills. It's really helpful for sure, and we're both in it. It's really cool. And yeah, like you said, you get to see a lot of people climbing up and doing things and going to school and getting jobs and it encourages you, because when you're in foster care, it's just, it's usually just you and maybe your siblings and you don't have those role models that have actually gone out of care and gone on to do great things. And so you all get together for Youth Connections and living at Monroe Harding possibly, and then get to see each other do great things. What did Monroe Harding help you with?

Heaven Hampton: [00:59:15:13] For one they helped me finish my high school out, because I could contact someone and, you know, be like, I need help with this. They provided me housing so I could finish my high school. And then when I graduated from high school, I got support from the education staff to start college. I was having trouble like finding a job. I got more education provided through Monroe Harding and they paid for me to be able to get my legal assisting certificate. When I got my paralegal certificate, like I didn't know what to do, I didn't have any experience so it was so hard for me to be able to even go out and get a job. And it's like they helped me you know, find out what my next steps were going to be. They helped me develop my resume. They help me develop my portfolio and, you know, like, no one is going to really help you do that. Like, and it was just, it's just still special to me to this day. And I wouldn't be the I wouldn't be in the position that I'm in today without them and so I'm forever grateful. And they just provided me just so much support. Like if I need something, I know I can reach out and they'll plug me in. If they don't have it, they'll plug me in with another resource that does have it and it just feels so good to know that I can like have to lean and fall back on like if something goes wrong because I really don't have family or support. So it's like I look at Monroe Harding as my family, as my support, as my community, as people that I can come and reach out to and just tell them like, hey, I'm going through a tough time right now. That's so important.

Serena Vasudeva: [01:00:42:23] Tell me why you decided to pursue a career in law.

Heaven Hampton: [01:00:45:21] What made me want to be in the legal system is just going to court as a child and seeing like how the legal system is. And just having my believe just in the justice system, in how things could work, you know, if the right people were in the right positions. And it just inspired me to be able to have an impact on other people in their lives and to be able to show them that, hey, it is some good in the justice system and it is ways that we can use this to our advantage. So it just inspired me to be able to, you know, like have an impact, to be able to explain things to other people who don't understand about the legal system and to just be able to put in that work myself and not through other people.

Serena Vasudeva: [01:01:22:27] Is there anything else you want to add or that we didn't touch on that you want to talk about?

Heaven Hampton: [01:01:27:27] It's okay if you're not wanting to put in the work for foster kids, that's fine. But I feel like it is very important as a foster parent and if someone is trying to work with foster kids or kids aging out for you to realize, you know, I'm not ready to put in this work and I'm not ready to do what all it has to offer. Because I feel like a lot of foster parents and a lot of people that are doing the work, like DCS workers, they're not really passionate about it. They're just doing it, you know, just to do it like it's not something that they're really passionate about. So do not get into, you know, foster kids or, you know, like DCS work or casework, if that's not really what you're passionate about, because foster kids can tell. We know when it's not real and and we know when it's



not genuine. We know when you're not being you know you and you're not being authentic. And that's okay because someone else is going to, you know, want to put in their work and they're going to want to be with foster kids and they're going to want to help them. But I feel like know your calling, you know, know what you're, you know, set out to be. Don't just try to be something else because you feel like, hey, this is going to get me to the next step, this is a career that I can use to make money like, no, don't do that. Do it because you really care about it and do it because it's really in your heart.

Serena Vasudeva: [01:02:36:01] So for community members who aren't all involved with foster care, how can they support people who are aging out and becoming adults after foster care?

Heaven Hampton: [01:02:47:14] Actually, they could give to Monroe Harding or other organizations that are, you know, lined up to help foster kids. And if you can't give, at least volunteer or offer your time. Because it might not always be, you know, a monetary thing that you can give, but sometimes it's time for Youth Connections they used to have people just come talk and come educate. Maybe you have something that you can come talk and educate us about maybe you have something that you could help organize or, you know, something, something to just give back to organizations who are already, you know, in the position to help us. And that'll just go a long way right there.

Serena Vasudeva: [01:03:25:21] So your time in foster care, how does it shape your parenting now with your two twins and your two year old son?

Heaven Hampton: [01:03:32:15] Well, I can say for sure, living with all those different foster parents helped me get a good idea of how I want to parent my kids. The family that had the most impact on me was the Trent family. Just seeing the way that they parent and the way that they treat their kids helped me really get a good idea of how I wanted to treat my kids and the things, the values that are important to me, and helped me realize what kids actually need and want. I just feel like it really gave me perspective on what to do and what not to do and what I was comfortable with and what I'm not comfortable with. Because before entering foster care, my idea of parenting would not be what it is today. I didn't have a good outlook and see a good example of how to really treat kids. So I just feel like it really gave me perspective on, you know, like this is how I want to parent and this is what I know I can do so my kids can flourish. So I'm really grateful for, you know, some of my foster families because they really gave me, you know, like a outlook on life in how I want my life to be and how all my kids like to be and what I can do to benefit their lives. So I'm really grateful for that.

Serena Vasudeva: [01:04:39:20] Well, thank you so much for meeting with me today, Heaven. Your story really shows what people can accomplish when they age out of foster care.

Heaven Hampton: [01:04:47:01] Yes, I was so excited to age out of foster care and I'm so excited about all the things that I've got to accomplish after exiting care. And I just want everyone to know, like after you exit care, there is life after that.

## **Episode five**

### **Residentials: Not a Moment Alone, Retraumatization**

Episode Description: Listen in as Michelle and Delaney Cain talk about their experiences with the foster system and adoption. Navy veteran and adoptive mom Michelle has experienced living with PTSD first hand. Eye movement desensitization and reprocessing therapy, or EMDR, reduced her flashbacks and helped her recover. When she became an adoptive mom to Delaney, she paved the way for her to receive EMDR for her PTSD as well.

Delaney, an adoptee, gives insight into the practices of multiple residentials including Mountain Youth Academy, Parkwood Behavioral Health Systems, and Rose Center. Though these residentials are meant to provide mental health services for foster children, Delaney's testimony reveals allegedly chaotic and unstable environments. Delaney shared what strategies helped make her adoption a success.

Both Delaney and Serena lived at Wallace Group home together before Delaney's adoption and shared memories about the placement.

[Music]

Serena Vasudeva [00:00:05:00] Hey y'all. Before you listen, I just wanted to let you know that suicide, self-harm and sexual harassment are all discussed throughout this episode. If you are having suicidal thoughts, please reach out to the National Suicide Hotline at 988. The Trevor Project also has a helpful number for those in the LGBTQ community who may be experiencing a crisis. That number is 1-866-488-7386.

[Music]

Serena Vasudeva: [00:00:40:11] Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster youth and your host. Today we'll be hearing from Michelle and Delaney Cain. Michelle is an adoptive mom and Navy veteran. Delaney has lived in multiple residentials and a group home before being adopted by Michelle at 17. So Michelle, let's start with something you think is a very important aspect of being a foster parent working through your own trauma. Tell me a bit about your PTSD.

Michelle Cain: [00:01:10:22] So I have some childhood trauma, but then I also have medical PTSD. So most recently, the most severe has been my medical related, though I do have some sexual abuse in my family history, just a very volatile childhood. You know, healing is a very strange thing. It's one of those things where you think that you've made a lot of progress, you're doing well for a while, and then something might trigger it

and you might kind of regress back. So, of course, I do have some moments, some things that might pop up, and then I'll get recurring nightmares or irritability. But I don't necessarily experience flashbacks anymore after going through some EMDR. But my husband and I, we both have experienced PTSD. We both understand that. I don't think anyone can truly go through life without any kind of trauma at all. Whether or not they experience the severity of flashbacks, you're going to go through things that are hard if you're living. Sometimes what we go through as young children just changes the brain a little bit differently than it would say, as adults.

Serena Vasudeva: [00:02:20:03] So you mentioned EMDR. Tell me a bit about that.

Michelle Cain: [00:02:23:14] So it's just a way to pull two sides of the brain back together. So you're moving your eyes or tapping different parts of your body to activate those both sides while you're reliving a memory. And so with the therapist, they'll just go through and we'll, I'll kind of get pulled back into a memory and re-experience it. Think about it as I'm kind of activating both sections of that brain, and what's really interesting about it is the connections that are made and the things that, you know, that I remembered during EMDR that I had blocked out. It's actually pretty incredible because of the simplicity of what it does. But it lessens those emotional responses, it lessens those, the flashbacks. I don't really experience those as much anymore, but I just finished that up within the last few months. I finished my EMDR therapy.

Serena Vasudeva: [00:03:17:15] So where does this all tie in with foster care?

Michelle Cain: [00:03:20:29] When anyone's going to enter into your life, no matter how they enter into your life, they could trigger memories, hard feelings. You can get secondary trauma as well. But when you're living with someone and taking care of them fully, there's more of a chance that they can trigger some things from childhood. And the reactions that can happen actually make things much worse if you haven't healed from it yourself. So from a foster and adoptive parent, my husband and I both had to kind of work on our own trauma first and thankfully we were doing that already. To kind of put, I would say put perspective around it too, because how can you lead someone into healing if you haven't done it yourself? It does allow us to understand where our own emotions are. We give ourselves a lot more grace than we are able to give other people grace as well. So as the kids or the teens or in this case, you know, Delaney entered our home, her PTSD flashbacks were not shocking or surprising because we've experienced that. So we actually had a kind of empathy from an actual understanding perspective that I think was beneficial in a way, but not to where it was triggering us, and we were all falling down into that dark place.

Serena Vasudeva: [00:04:31:23] I think it's really important that, you know, people who have been through what these kids are going through, foster and adopt because you

literally get it. It's something that you've experienced in your life and I think that's something that really needs to be considered.

Michelle Cain: [00:04:49:15] I would say yes, only if they have gone through the healing process and understanding how the brain works. If they haven't, we've unfortunately seen a lot of people that get into social work because they have their own trauma, but they've never actually worked through it. And because they haven't worked through it, they end up doing a lot more damage and the decisions that they make are not good decisions. They may overreact. They may believe something that's not actually true because their judgment is clouded due to the lens of their own trauma. So I do want to say that unless there's actually emotional maturity and there's been healing, I would say they can actually do more damage.

Serena Vasudeva: [00:05:31:17] Oh, yeah. Thank you for mentioning that, because that is also very important. That is a caveat on top of that. Very important. So you weren't originally really thinking about fostering, but you ended up seeing Delaney's video on AdoptUSKids. Tell me about that.

Michelle Cain: [00:05:47:28] A little over a decade ago, our eyes were opened to the foster care world in a new light and we became involved. We were not expecting to foster or adopt a lot of that's due to my chronic illnesses, I can get really sick. It's extremely



unpredictable. I can go on bed rest. And so taking care of a child just really doesn't seem like, especially from a young child, it would really be in the cards. But a whole bunch of things happened in our lives. There was a night God just put a lot of things in place, a meeting that we had, a conversation that we had with our life group where another couple was asking for prayers on potentially fostering and adopting a teen. And then a movie that we saw that night. So I went on there just to kind of look through the profiles and to pray about it. And Delaney's was the last one that I was about to click on. I almost didn't click on it because I was so tired. I was falling asleep on the couch and about to go to bed. And I clicked on her photo and then the video started playing and immediately felt God call me and tell me that that's my daughter. And it was very urgent. I didn't say anything, but I did ask Nick to look and I just gave him my laptop and he watched the video and he felt the same thing. He turned to me and the only thing he said was, 'okay, let's do it.' And so that kind of kicked off that night. I was in a lot of pain and I was sitting in the bath at 2 a.m. and I started reaching out to my network. So we started that process. I think I realized that with the age that she was, that I didn't have to care for her the same way as like, say, a toddler, a small child, that it was a very different kind of caring. And we had already, we were already hoping to kind of have an inlaw suite or a place where teens who have aged out of foster care could come and we could mentor them. And that was a future plan that we had. So in our minds, she's getting to that age anyway. So whether or not she wanted us to adopt her, whatever her needs were, we just felt like we had to be part of it. Now, I did know from her caseworker that they weren't sure that she was even going to be interested in being adopted anymore. So we were told that there's a possibility she didn't even want to move into our home. And so we had, as

we were going through the foster parenting classes and then once we were licensed, you know, they did give us that heads up. Just be prepared that Delaney might not want to. And, you know, obviously, in that case, that's her decision and her choice. So we weren't really sure what was going to happen. But after she moved into our home, she had told us that she did want her video removed, that there were several other families that had put in interest with her, then learned more about her and then backed away. And unfortunately, she was told about this and so if it had really hurt her and so she just started giving up.

Serena Vasudeva: [00:08:45:00] So tell me a bit about what happens after you see this video. What kind of work went into this?

Michelle Cain: [00:08:51:08] Because we were so involved and had such a big network here in Middle Tennessee with a lot of different agencies, it wasn't as difficult for us to get the process started. I did reach out originally to Bethany Christian Services because I saw that they had a home study program for foster care. Unfortunately, that actually costs money out of pocket. So I reached out to DCS and asked them. They told me to go with Youth Villages. Turned out that Delaney was with Youth Villages, so we would have had to redo the home study anyway. So I reached out to youth villages and it was within a few days that we were able to get in and sit down with someone and we started filling out all of our forms, getting fingerprinted. There was a lot, a lot of paperwork and then getting the home ready to meet all of the qualifications for that higher level of care. So they did have to come through the home. We started classes in February of 2020. We

only had about two or three classes before COVID shut down and then the rest of the classes were on Zoom. None of the classes, I would say none of the classes really had any information that we didn't already know just because we had been so heavily involved in so much that a lot of it was pretty easy. Then of course, from being veterans, there's parts of it that we already knew just from our, you know, from like a first aid CPR. We, those were all pretty routine, but there was a lot of paperwork that was the biggest thing, having to track every single medication. When you get the medication, you have to count every single pill out because if you think that the pharmacy gave you the exact amount but they didn't then were on the hook. The allowance forms, I think all the different forms and then finding out that there's not just the counselor with Youth Villages, there's also the DCS counselor and both of them come into the home and they're all at different times and sometimes you don't really get much of a heads up. Those were some of the biggest, I think, obstacles. It's very, very difficult to get into a routine. I mean, with Delaney, she had, it was termination of parental rights. So she didn't have any parental rights and visitations in place other than what we would do with her siblings. And those are ones that because of COVID, you know, we really kind of pushed for. Didn't have to go through the system for that, thank goodness.

Serena Vasudeva: [00:11:18:01] So you found out that Delaney was involved with the foster care nonprofit Youth Villages. You had to do two things: a home study and training. What was the home study like?

Michelle Cain: [00:11:27:29] The home study they would interview people that are close to us. And so we had several people that they would call and they would do deep dive interviews with them. They'd do psychological deep dive interviews on us, things that we went through when we were younger. It, asking a lot of questions about our home life, our marriage, our routines, I mean even to the kind of household we have, what we could even care for, what are our preferences and what do we have the ability to care for what could be triggers and non-negotiables. So in our case, you know, we had two dogs in the house at that time. So animal cruelty was not something that we could take on in our home. And then they do a walk through the home to make sure that we are, we did everything necessary to keep the home safe. Check off all those boxes, child locks, even though she's not a child, carbon monoxide detectors, even though we don't have gas in the home. But some things are just blanketed. And then other ones that were Youth Villages specific. So some of the things that had to be locked, locked up or double locked up because it's Youth Villages in order to keep the children safe. And then, you know, your fire exit plan, what's the strategy? If something were to happen, what's your emergency exit? And so I do remember that when Delaney first moved in with us, we were required to do that immediately. When she came to the home, we had to go over with her. We joked about it. Oh, yeah, this is hot, ooh, you know, because it's pretty simple. Our home, the way that it is set up, you know where all the doors are, like, you can basically see it. But we had to go through the motions. It was a bit of a deep dove. I can see exactly why it's necessary. And of course, if there was anything that could be triggering for me and Nick, we would hope that people would look at that and not place us in a really hard situation that's not compatible, though we know that doesn't really happen. But I would

also say that there are a lot of questions that would be very easy to lie about that if you didn't want to answer about your childhood trauma or things that had occurred, if it's not on record and its not going to show up in a background check or with interviews with anyone, why would someone bring it up, right? We were required to have a list of rules and I can't remember how many they said was like the minimum. I think it was like you need to have like 8 to 10 rules written down and then you need to have the chores that they're responsible for. And I remember fighting back, or like argued, I tactfully argued, can we not put these together as we go? And they said, 'No. The child needs to know exactly what to expect when they come in the home immediately when they come in the home and it needs to be posted in a common area up on the wall where everyone can see it.' And so we actually had to do that for a respite before Delaney as well. And the respite, she was only 11 years old. And I remember that when she came into our home, we had it all up there in the kitchen. We went over it with no one telling us that she couldn't read. So that was, that was fun. Now she was a respite, so it was only a weekend stay, but it was still a requirement for us to have that, too. But we did. I mean, we told Delaney, even after the case worker, we said, you know, we're not going to stick as stringent to this. And some of it was stupid. I mean, just stupid things. I don't I can't even remember what any of them are because they were just things that almost every single person would expect anyway. When you live in a home as adults, we have a hard enough time sometimes living together in a home and doing everything right. And it almost seems like they wanted us to catch every single little thing and modify, modify behavior, even when adults aren't really held to that standard.

Serena Vasudeva: [00:15:20:13] What I feel like you're trying to get at there is sort of a standard of perfection.

Michelle Cain: [00:15:25:22] Yes, there was a lot of focus on the outward behavior.

Serena Vasudeva: [00:15:28:29] So do you think that there might be an issue with that focus?

Michelle Cain: [00:15:32:23] I do. And we did, and you know, and I did talk about it with Youth Villages specifically. We had one of the counselors, which we then, you know, found out that they're not trained counselors like psychology degrees. And they were nice and they were open and honest about that when I finally asked. But they wanted us to discipline a PTSD flashback, like something that happened during a PTSD flashback. And I said I would not. And so I printed out, you know, stuff and gave it to them and, you know, brain science. Right. I know a lot about trauma. I know a lot about mental health in the brain. It doesn't mean I do things right all the time. I don't. I screw up all the time. But it didn't make sense to me. It actually made me really angry that they were so focused on that instead of what was causing it or that she has no control over it. So if there's no control, why am I punishing or disciplining something? That does make sense to me. That doesn't seem to be a safe space then, right? And of course, if there were other children in the home, you would have to do something for safety measures. There

weren't. It was only Delaney at that point. So I you know, I did also argue to that, because it's only her, you know, I feel like what we are doing and how we're handling it is appropriate. And at that time, we were paying out of pocket for her trauma therapy because they would not allow us to use any kind of insurance for therapy. But they weren't providing her any other than psychiatric medications which she was misdiagnosed with those anyway.

Serena Vasudeva: [00:17:10:25] So the second half of this, the training, tell me a bit about it.

Michelle Cain: [00:17:16:06] I remember that we went through one or two classes on trauma and they talked about like blowing your lid, like when it's your amygdala that's more active and they're trying to explain when a child's over threshold, you're not going to be able to reason with them. The reasoning part of the brain's not there, and that's true for adults, too. We still get over a threshold. I mean, the past couple days we've been irritable in our household, so all three of us have blown our lid a few times. So it's, you know, some important things like that. Then you've got your CPR and first aid, you've got your safety, what's expected of you, who they can go to. So one of the trainings that we had was based on not touching the child. Now this is has to do with disciplining, so you're not going to spank them. You're not going to smack their hand, you're not going to take their arm. But it goes even deeper than that. So it can go towards not giving hugs or any really any kind of touch. So they scare all the parents into don't touch these children.

Right. And so one of the questions was, 'if they were going to run out in the road in front of a car, what do you do?' And the answer is you don't stop them. I sat there and I kind of rolled my eyes and I'm like, no, I'm going to get them out of the way. And so even if you're going to arrest me later, I'm going to make sure that they're alive. So that means I have to move them out of the way of a car, I'm going to move them out of the way of a car. However, one of the things that I do not recall ever being talked about was in terms of consent and teaching consent. So in Delaney's case, needing and craving that human touch and because of her history that was so, that was necessary for her healing, was to have that compassionate, caring touch that could be trusted. That's not going to harm her, right? And so I really, really struggled with that because on the one hand, if you know the child's history, you would know whether or not it was acceptable or what might cause it. Now, you don't always know the child's history or what has occurred to them. I understand that. But you should be able to go guide by reactions right? What they're looking like they need what they don't need. She craves touch to calm her down. So I actually gave her back some massages. I broke the rules with that. Now we were going towards adoption. So in that case, you know, even the caseworkers were a lot gentler with us because we were bonding in a different way than I think other foster parents and children do. But human touch is very important and there's so much science that backs that up. Now, I do understand that it can be a trigger, especially if there's been abuse, and they don't always know about what kind of abuse it is. However, I think it's really important and especially knowing other foster parents and other adoptive parents from foster children to teach consent and to teach reaction. So since you don't know what the child's been through, you don't know if a certain touch might be triggering for them, even



if it's not disciplinary, even if it's supposed to be comforting, it might not be comforting for them, you know. To teach the responses, how the brain works, but teach consent. And that's also having the parents, teaching the foster parents how to teach the children to give consent, right. Because children that have had their personal space invaded and have never been able to give consent or never had body autonomy will also do that to other people and other children because that's all they know, right. So teaching anyway, whether we're an adult and we're learning it for the first time because we didn't as children, or we're teaching it to the children, helps everyone in the home to feel safe. We're teaching. Do you want this? It looks like you're upset. Can I hold your hand? You know, whatever the case may be, right. Appropriate, what is appropriate? Touch that can be healing and calming. And why? And what does consent look like between the parent and child at different stages of development?

Serena Vasudeva: [00:21:17:13] So in these early days before Delaney sort of moved in, what was it like working with Youth Villages overall?

Michelle Cain: [00:21:26:02] So I do want to state again that we'd started right at the beginning of COVID, so we started in February of 2020. So within a month there were the COVID shutdowns. Youth Villages fast tracked us, so we, when we sat with them, we were able to start foster parent classes immediately, before we even had some of our paperwork done. We were able to start the training classes because of Delaney's age, and that was in order to get us in the home and have the possibility of adoption before her

18th birthday so she wouldn't have to age out. And I don't know if this is because of COVID, I do hear that this happens quite a bit. There were caseworker changes, counselor changes. There were a few times where I had to call to report something and had no idea what to call because the number I called was not in service or, you know, voicemail's full for whatever the case may be. And it was extremely complicated understanding what had to go to DCS and what had to go to Youth Villages. So I would report something to Youth Villages and then I would get yelled at by DCS that I didn't report it to them when I thought that Youth Villages would report it to them like if they had to know. So it was extremely confusing where the lines were drawn. And then when something changed, if we were even told that something changed. So I can't remember how many counselors Delaney had with youth villages alone while she was with us. I want to say it was three. It was only five months before we adopted her. So from June to November. So she had a hard time even letting her guard down with them. But so did we. Because any time that someone new came in, we had to start all over again. It was very difficult from a parent perspective as well.

Serena Vasudeva: [00:23:16:29] So when did Delaney move into your home?

Michelle Cain: [00:23:20:16] It was in June of 2020. It was actually on Nick and I, our wedding anniversary.

Serena Vasudeva: [00:23:27:16] Oh, that's sweet. I didn't know that.

Michelle Cain: [00:23:30:10] She did not know that either. And she was actually pretty upset at first.

Serena Vasudeva: [00:23:34:12] Why?

Delaney Cain: [00:23:35:19] Because that was their day and I didn't want to ruin it.

Michelle Cain: [00:23:39:10] And Delaney also loves to celebrate every single little thing that she possibly can. It's not just the birthday, but then there's the moving in day, then there's adoption day, and then there's, what else? I don't know. She keeps days, but I think they're just all excuses to go get something to eat. So when we told her we don't need to celebrate the same day that you moved in, you don't get our wedding anniversary the rest of your life. She wasn't too happy about that. We're not big on holidays and celebrating all the different little things. We don't do that. We don't even do Valentine's Day. Well, Delaney does, she love celebrating everything. And I do think it's important to note that, you know, as an adoptive mom, just because we don't see the world in how we want to live the world all the same doesn't matter. Delaney is going to grow up and she's going to create the life that she wants. And we want her to create the life that she wants. She doesn't have to assimilate to what Nick and I hold as, we don't need to celebrate

Valentine's Day. We, most years, we don't even celebrate our wedding anniversary. And we're just the kind of, we go day by day and we're good with that. It's calm, it's stable, it's comfortable, and we have a very strong marriage. But for Delaney, with her like desire to celebrate and have parties and holidays, we have no problem with her doing that. It's just that I can't provide all that she would want and desire, right. But that's okay. So really, as parents are were to be that foundation and provide opportunities for them to launch. But she shouldn't have to have her life look like ours. That's not necessary. Delaney is an individual. Delaney, It's not about us. Now we still have to live our life so we still have to work. We still have to, you know, we still pursue our own interests. And I really do believe that foster and adoptive parents and parents in general, all parents across the board have things that you like to do, have a life, because then what are you showing the children? That they don't have a life once they have kids? That's not true, right? However, Delaney is her own person. Delaney has siblings. She has biological family, other family that loves her. They are all important and it's important that she is able to process through that. So I do see parents and foster parents, adoptive parents that want a shield, the children from hard things and so they want to cut out anything that could be toxic, anything that could be painful. But we're not shielding children from pain. They're not saying, we're not talking about Peter Pan here, right. It's not, they're not going to say and never, neverland and never grow up. And so being there and able to allow them to process through hard emotions and of course, make decisions. Maybe they do want to see someone, maybe they don't or they don't right now but in a couple of months they might change their mind, right? If it's safe to do so, they should have that openness to have that communication and have that relationship with those people. They want to have that

relationship with that kind of stability. And I think a lot of times I'm seeing a lot of parents that want to just help their children push forward and move forward and forget the past or cut out anything that could be painful. And I've heard that from foster parents, 'Well, they shouldn't go and visit that family because it's painful for them.' Why was painful for them? Is it because they missed them? So because they missed them, they shouldn't see them? It doesn't make sense to me.

Serena Vasudeva: [00:27:20:07] So something you kind of have mentioned as relevant is overmedication in foster care. Can you tell me a bit about that?

Michelle Cain: [00:27:27:28] Just about every foster child and adoptive child from foster care that I know has been on psychiatric medication, medications for mental health. And what I found with Delaney and even with her friends, that we knew there was a lot of sedation type medications. But Delaney was not medicated properly. She was on a lot of different meds. When I look back, they changed it constantly. Every time she would be, she would go to the hospital or a psychiatric hospital, they would change it again. So she'll be withdrawing from one medication, on another one, and never coming to any kind of stabilization. Not only that, but they were actually treating her for a wrong diagnosis. They were treating her for bipolar. She's not bipolar. That medication did a lot of damage to her and made her very unsettled. I noticed the times of the day when she was struggling the worst and what medication it was that she took. So what we did was we called the med provider, the psychiatrist, and we asked for her counselor from Youth

Villages and the DCS caseworker to be there with us and I told them what I was noticing. I told them, I showed them the file and all the different changes that were made. And we sat down with this woman that Delaney hated. She did not like this woman at all. This woman did not even really know her, but had been prescribing her medication for a while and just kept changing it. And so then we're sitting down there to bring things up about Delaney that were not even about Delaney, like she's almost, like she had her confused with someone else. Delaney was scared. She was cowering into me. She was shutting down. She, the way the woman was talking to her was as if she was this almost like a criminal, not sympathetic. And so I spoke up and I was fighting for her and putting in my own recommendations, even though I wasn't her adoptive mom at that point. Normally, the foster parents aren't even part of these, but she had termination of parental rights from anyone else, so I was able to be part of it. I just, I was so angry and so I was fighting for her. And I had to talk with her after that. After that, I did notice that this was also with some of the regular doctors. We had the same kind of interactions. You know, when we were able to take her to doctors we chose and change her psychiatry, and even with her trauma therapy, the first five sessions, she didn't talk at all because things have been used against her before. Well, I made sure that with the trauma therapy, it would be a safe place. And her trauma therapist knew that when she's talking to Delaney on her own, I don't even need to know anything that they're talking about. I don't have to be involved unless they feel that I need to be involved. And I told, we told them not to tell DCS anything. And I told DCS and Youth Villages the same the same thing. She's going to be adopted in our home. She's almost 18. We're not signing any kind of release form for them. So it's going to be something where she can actually learn how to trust. And so she

did. She finally learned that she had a trusting relationship there that wasn't going to be used against her. It doesn't mean that Mary Anne didn't have to call an ambulance a few times because she still has to report certain things. But then for that, this psychiatrist, we found another one because of this awful, awful experience that we had. And I put in a complaint about it I was so angry. We finally made some adjustments and she was able to get stabilized. And then when we met the new psychiatrist, Delaney was scared. And so I went in with her and I was talking to them and I explained the background to them and the reason why she was nervous and that it was going to take time. But we also had the talk with Delaney that they're on your team. They don't force anything on you, especially once she turned 18. She was still feeling like doctors, this is the way it works with doctors, right? And it's not. And I'm like, no, they're actually on your team. This is to treat you, to help you to feel better. What do you think we can do? But when she would want to just stop taking medication, you know, of course we can't do that because of withdrawal. So my response was, 'If you want to stop a medication, talk to your you know, talk to your psychiatrist and talk about how to wean off of it properly. And then if we see that you're getting worse and you need to go back on it, then we can do that.' I'm like, 'But if you want to, do it the right way, right?' So it took her a little bit of time, but over a couple of months with each doctor and with her trauma therapist, she was able to get into a trusting relationship where they're actually part of her team. And she was the one in control. Like, she was in the driver's seat for what was going to work for her to give her back control over her life.

Serena Vasudeva: [00:32:14:21] And I mean, I can add to that, too. This is very, very, very typical in residential and group homes for them to try to medicate whatever you're feeling. I mean, I literally complained to my psychiatrist. I was like, well, I can't sleep. And it's not that I need to be medicated. It's that the staff are playing their tiktoks and their phones out in the hallway. They keep the bathroom light on sometimes. I just can't fall asleep in that kind of environment. And she was like, 'We need to put you on melatonin. We need to put you on this sleep aid.' And I'm like, 'Woah, hold on, hold the phone. We don't need to medicate something that's literally just I can't sleep if there's a light in my face.' Like, it seems so counterintuitive that she would just jump the gun and be like medication instead of, let's try to control the environment. Let's try to change what the root of the issue is. So what you're saying is exactly what is going on here.

Michelle Cain: [00:33:05:01] Or teach what's normal. I feel like they want to talk about emotion sometimes, but not. But it's almost like if you have a negative emotion now you have to fix that with the, with the magic pill. And so Delaney got to the point where she would actually ask for medication if she was having a negative, like any kind of negative feeling. And so we really had to deep dove into that. 'Well, what do you think is causing that? Do you think it's something you know, let's ask ourselves, is there something going on that's chemistry, right? Things are out of whack and it's not situational. Or is there something that we need to deal with that we need to process through? Is there something that we need to, you know, just ride through?' We talk about that a lot now. So she's you know, she used to have just a tiny little bit of pain and she would need ibuprofen because



they would just give ibuprofen like it's candy. Saying what is normal for the human experience and what is expected, I found that Delaney can calm down from an anxiety attack when she knows that something is normal and as expected. She never used to be told what was normal and what's expected. So anything that would pop up would almost shock her. And she feels like she has to deal with it.

Serena Vasudeva: [00:34:21:16] Even more infuriating is when you live in a group home and they sit you down and they tell you what normal behavior is, they say, 'Oh, you know,' like this is a good example of something they've done is, 'oh, you know, at your age, it's very normal to, you know look boys and want to date people. And, you know, this is normal teenage behavior.'

And then when you do the normal teenage behavior and you start looking at boys and talking about boys, the staff immediately shut it down like you are having a full crisis. They are just like, 'no, you're not allowed to talk about this. You're not allowed to talk about that.' Well, you just told us in group it was normal that it was normal for us to.

Michelle Cain: [00:34:59:13] It is normal. You know what? That actually brings up something. So Delaney was older in our home, so this has never been an issue in our home specifically with her, but I do want to say what I've noticed from foster and adoptive parents who have never had other children, they do not really understand normal child development and sexual development. So if they see a three or four year old doing

normal sexual development behaviors, they immediately think that there's been abuse when no, they're just learning about their body. I can't you know, I can't remember if they went over this at all in the training. I do know that I've had to step in on a lot of even, you know, online support group things to say, 'No, that's actually very normal. Here's your studies on that. This is okay. This is okay and expected. This is when if it goes to this line, this is when there's concerns.' Right. But the amount of people that freak out because they don't know how to handle it is concerning to me. There's a lot of abuse. Children have gone through a lot of different abuses and neglect and or have had their eyes open to things that they may not have, whether it was in their biological home or the home that they were removed from, or it was in their time in foster care or residential or group homes that they they see or experience something, right. But the people that are involved need to be educated really well on this and then how to respond in a way that's not going to shame and embarrass the child because shaming and embarrassing a child doing normal behavior will scar them for life. If you've never experienced this before with your biological children, or if you're going through it with any child that's in your home, even if they're biological, please learn what's appropriate and then what might be concerning please. And please use accurate names for body parts so children can actually speak.

Serena Vasudeva: [00:37:12:04] So what were the first few weeks like when Delaney moved in?

Michelle Cain: [00:37:18:18] I know some people talk about a honeymoon period, and I think we did to a certain extent. She got along really great with friends and she wanted to just jump in the kitchen and try to start cooking and she really did put in a lot of effort. I will say it was also very difficult. We could tell that she was trying to force belonging, but she also struggled. So I did not sleep in my room for about 2 to 3 months. I was in her room every night and it was 24/7 eyes on supervision and the nights were the hardest. I did not get much sleep and I think about a week in I started questioning if I could do this. I had a breakdown and a lot of it was sleep deprivation. I had a breakdown and I wasn't sure because we were also on a roller coaster, so her, she was very dysregulated. And so there was a roller coaster in different parts of Delaney that were coming out just because she was on the wrong medication. She also didn't feel safe yet. I will say, because she came from a group home and residential, there were some behaviors and ways of her talking that were not, that made me very uncomfortable. And so we did work on those with her. Some of it was just because of the culture of what she was around, so there were some crude things that she thought was funny and we did notice that. And it wasn't, it's not just her, it's just because of the different residential that she had been to. It was hard. The more we dived into her history and navigating a lot of that was very difficult as well. Some of her PTSD flashbacks would last quite a while. I never knew how long it would take to ground her back. Over time, they it was easier to pull her back getting into a routine. It didn't feel real. She didn't want to sleep in her bed. I do remember that she just had a hard time getting comfortable. We spent a lot, a lot of money on different things and different tools to help her. Things came in and out of the house, things that we thought would help that didn't. Things that she thought would help her that didn't. I think

what really helps all of us having our dogs, they helped us throughout the day. So if things were really stressful, they gave us kind of that little bit of an escape. But in August, so she moved in with us in January, in August we adopted her dog Winnie and Winnie became her emotional support. And Winnie has been incredible for her. She was such an answer to prayer. Delaney did pick her out herself and she would lay in bed, and at first Delaney didn't want to didn't want to snuggle with her. She still wanted me in her room with her. She wanted to ignore Winnie. And I'm like, No, this is why your dog's here. You don't need me, you know? Here's Winnie, right? And little by little they really bonded. I could tell because of Winnie, I could actually tell when she was not doing well. She would start shoving Winnie out and she would avoid Winnie to try to, in Delaney's mind, she didn't want to hurt Winnie. So if she wasn't going to bond and connect with her and she was going to cut her out a bit, it will make it easier when she's no longer there, right? So I could kind of see with the way that she was treating Winnie if there were things she wasn't telling me.

Serena Vasudeva: [00:40:57:26] So when you're in foster care, you basically have this file. We've both sort of alluded to it. This, it has all of your information in it. It has, you know, where you've been placed, what your school is like, like what sort of behaviors you might have, triggers, things like that. What did you learn in these first few weeks about Delaney that wasn't in this file?

Michelle Cain: [00:41:20:17] So we didn't actually have any file on Delaney until after her adoption. We received her books from her caseworker and thankfully, we received both. We received the one from when she was first, when she first entered care as a child. And that was supposed to stay with her previous adoptive family but when they terminated rights. And then we had her book from her second time in foster care after the termination of rights. And we didn't have any background on her and I don't know what part of that's because of COVID. I know that when we had to sign up for school, I didn't even have all the paperwork that I needed for her to get her registered. So I had to track down every one that I could to even try to get her registered. And then I was trying to get her into a different school but I wasn't able to. It was a complete headache. We were seeing the behaviors, we were told verbally about some of the behaviors that we would see, and it may have been written down. Okay. So we may have had like one small little paper. No, you know what? It was verbal because I remember that I wrote it down on the phone that she had reactive attachment disorder. We actually went through the books after the adoption. Delaney wanted to burn them or throw them away. And I told her, 'you know, let's just put them aside because you might want these one day. You might want to look back and see how far you've come.' Or Delaney's a natural caretaker, and we saw that from the beginning. You might want to help someone else who might not believe you about your past, and you could point to it and say, 'Oh, actually, let me show you.' But they didn't tell us. You know, we didn't know the circumstances of her early childhood. I actually found out more from her previous adoptive family and then I was able to dig in even deeper to learn more. I asked a lot of questions with her caseworker. A lot of, I asked a lot of questions of Delaney. The story's changed on some of it. Delaney

used to think that she had to say what she thought people needed to hear to get the kind of reaction from them. Once she had felt safety with us, she realized that she could be honest and truthful. And even if she had told us one thing before, she could come back and tell us the truth when she realized that we weren't going to give up on her. There was a lot more that came out, but truth and honesty were able to come out. So I don't think her caseworkers, I don't think anyone really knew her history. I think because she had started having mental health struggles with her adopted, her first adoptive family. They were sending her into psychiatric hospitals and residential treatment facilities. And then the method of them terminating the rights, she had already been in and out of all of these places, I don't think anyone actually knew her outside of that. I know that there were people within foster care that didn't even know that she had been previously adopted. And they actually, one of the problems I have is that no one looked for kinship placements for her when we now know that there is safe biological family that would have taken her in in a heartbeat, that wanted them originally. But they were moved several hours away and cut out for no reason, by the way, no reason. That hurts my heart that no one even thought to look for kinship placements. Normally you're supposed to do that. I guess the method of how they terminated parental rights and how quick it was, those things never happened. They never occurred. Now, whether it's because of her, the mental health struggles that she had, that she was a higher level of care, so you can't just go to a kinship placement, you would still need that higher level. To me, it doesn't matter to me. There should have been people, they should have looked. So it took us a while to even learn that she had younger biological siblings she'd been cut off from since she was seven years old. Delaney's one of six biological children. When she was removed from

her biological family at the age of seven, they moved her several hours from East Tennessee all the way up to Clarksville with a military family. She was there, I think, for about six months before going to her adoptive home with two biological sisters. When she was adopted into that home, she acquired a lot of other siblings, adoptive siblings. At that time, I believe there were 11 total, but the younger three biological siblings, they were cut off from. Then they changed their name and they did not see them. So while the mental health struggles that she had were because of this, being torn and not in control, not able to have any kind of relationship, not knowing what's going on with them, are they safe? Where are they? We've witnessed a lot the last few years. And she's incredible for everything that she's gone through, through no fault of her own. She has been treated like a criminal in so many ways when she's not. The biological siblings should have never been allowed to be cut out, ever. Studies show that sibling relationships are some of the most important in a person's life. The sibling relationships. And so I really do believe that that's something that we need to protect.

Serena Vasudeva: [00:46:55:06] And fun fact. There are studies that show that it leads to less disruptions if you are kept in your sibling group.

Michelle Cain: [00:47:02:14] Yep. Yes, you're able to better stabilize. And I think it's easier for everyone.

Serena Vasudeva: [00:47:09:12] When you're in Youth Villages care, you have a counselor who comes to your home about once a week. They help you with therapy, they check up on you, they make sure you're okay. Delaney also had a Youth Villages counselor. Tell me about them.

Michelle Cain: [00:47:20:12] Right, so Delaney actually had to meet with her twice a week. At first because of COVID, they weren't sure if they were going to be able to do in-person or over the phone, um, Zoom. So we did, I think we did once a week on Zoom, once a week in person until it moved to both times in person. They would go and they would talk to her. They would talk to us briefly. I think one visit was focused a little bit with us, but then the other one was only on her. And during that time, because they were getting together separately and they were called counselors, I thought that they were actually doing some counseling. I had no idea that's not what was going on. So here I am, Nick and I thought that she was getting therapy or things that she could talk through into process through, and that was not the case at all. We were not properly told about what was actually going on. And when you talk about a counselor at school, their guidance counselors are required to have a master's. They're required to have a certain number of hours they've completed. They basically have in psychology, they have a degree in psychology. And with Youth Villages, I started noticing some things and I questioned it and so I questioned one of the counselors. And these are good people. They have a heart for the kids. But what they were asking us to do was contrary to brain science and to trauma. And so I questioned it and I'm like, 'Don't you guys have a degree in this?' And



that's when that counselor told me, 'No, we do not have counseling degrees or psychology degrees.' And what really bothered me about that, once I asked Delaney, you know, I was asking Delaney about her therapy and she's like, 'What do you mean?' Like she wasn't even getting it, right. And then I started looking into if we could do it ourselves and find someone ourselves. And I was asking those questions because she definitely needed help and she needed to process through things that I might not be able to help her with, right. And so when I asked if I could get her therapy, they said I could. I could if I wanted to pay out of pocket, but I could not use TennCare, I could not use her insurance because I would take away from the reimbursement that they got for Youth Villages.

Serena Vasudeva: [00:49:41:20] Tell me a bit about what happened when Delaney experienced a PTSD related flashback.

Michelle Cain: [00:49:48:04] So she had punched, she punched something. I want to say that there was a TV in a box that we had gotten. And during the flashback, and she was down on the ground and she was having her moment and she punched it. Now she would punch things and hurt herself. But they asked me, 'Well, what did you do?' Because I had to tell them, I mean, she got injured, too, right? So I had to tell them, well, 'how did you discipline that?' I'm like, 'well, no, she was having a PTSD flashback.' 'Yeah, but what steps did you take? What discipline did you take to change that behavior? Like, what did you do to show her that that's not acceptable?' And I said, 'Well, no. So she was in the

middle of a flashback. She was triggered. We don't discipline trauma responses.' 'Well, yes. Because she has to understand that this isn't, you know.' I'm like 'She was in a PTSD flashback. Are you kidding me? Like, is this a joke?' And I think because Nick and I both have PTSD, we actually understand what that means. When you're in a flashback, you can even tell, like I can look at her and know because of her eyes. I mean, there's a whole bunch of signs, but when someone's in a flashback, they're not really here. So what does punishing it do? This is behavior modification. No. Behavior modification does not work for PTSD. And that's what I said. I'm like, and I think that's actually what caused me to question whether or not they had a psychology degree. And I said, 'I'm not going to discipline or punish her for a PTSD flashback.'

Serena Vasudeva: [00:51:15:26] So this is really shocking to me, especially considering how common PTSD is in foster care. One study, which I'll link in the description, found that 18.8% of traumatized teenagers in the foster system met the diagnostic criteria for PTSD. And that number is compared with 8.8% of traumatized urban teenagers who met the criteria and weren't in foster care. After this incident where all of this happens, this is the point where you got a private therapist for Delaney, correct?

Michelle Cain: [00:51:46:24] Correct. We knew that Delaney needed help and that she needed the right kind of therapies. And at that point, because Nick and I both have PTSD and we had early childhood trauma, and one of my passions was psychology and brain science, I knew enough to know what to look for for her. At first I had asked because I

thought maybe insurance would cover it. Now we're both veterans, and so the VA does cover some things that private insurance doesn't, right. But I wasn't fully aware at that point how broken the mental health system was in our country, let alone our state, to know what private insurance does not cover. So I found Nashville Center for Trauma and Psychotherapy. I was looking for very specific, a very specific type of therapist, not just in the types of therapies that they had, but someone that could connect and attach and form a trusting relationship with Delaney. And at that point, I knew her well enough. But what we found was that it was going to cost us anywhere from 2 to \$3000 a month out of pocket for what she needed. At that point, Nick went and got another job. We were both on a sabbatical and Delaney moved into our home and I'm a 100% disabled veteran and thankfully I was able to stay with her. So he went and worked specifically to pay for her trauma therapy out of pocket. But it's not lost on us that this is not something that the majority of people would have been able to do. We were put in a place and we thank God every day that we were in a place where we were able to do this for her. And part of our heart is that we can see some of this change. The EMDR and brain spotting that was needed with someone who's trustworthy, that she could attach to, that understands these types of traumas and understands her. Her therapist that we found is an adoptive mom as well. And on the first meeting she dropped the F bomb. And you know and I'm a follower of Christ, right, but I'm sitting there like, 'oh, thank goodness.' And she really did it because she wanted Delaney to feel free to say and do whatever she needed to during those sessions. And I think that really helped to break down those walls. But insurance, they do not accept insurance. A lot of the real trauma therapies do not accept insurance. So even if private insurance might cover something, what the therapist would have to

provide is not feasible. And so the majority of them will not take it. That was very shocking, especially when we're considering that Delaney spent so many days, really like almost months, in psychiatric hospitals for so long until we had this happen. So we're really saving the state money because she hasn't had to step foot in any of those for so long. She doesn't even need trauma therapy anymore. She hasn't been to go see her therapist I think in a year. She can as needed, if she if she feels she needs to, but she doesn't really need to anymore. And I look at the percentage of our homeless population, those who are homeless, those who are in addiction, those who are the single parents, you know, the single mothers that are young, those in poverty and those in the prison systems, and look at all of them and the percentages of those that were involved in child welfare systems that have had trauma and never had the real therapies that are available to them, which is not accessible to them. We would really like to see that changed. We've seen how incredible these therapies are just in our own lives and in mine as well. I can go into the VA hospital now and not go into crisis. It needs to be provided. Our state could save a lot of money by covering these therapies.

Serena Vasudeva: [00:55:54:04] Because yeah, the state has to pay for all of this other stuff, like mental hospitals and you just keep going in and going in and they don't get to the root of the issue.

Michelle Cain: [00:56:04:18] Right. And even from a medication standpoint, all those medications, Delaney has been able to wean off several of her medications, her psychiatric medications that she now no longer needs.

Serena Vasudeva: [00:56:14:28] So when Delaney moved in, you weren't sort of expecting adoption. What happened there?

Michelle Cain: [00:56:21:20] Nick and I were pursuing her and leaving that open for her to decide. Based on her age, we knew it was likely that she might choose not to, and that was okay. I want to say that Delaney made the decision for us to adopt her, our commitment to her would not have changed because of the way that God put it onto our hearts. So whether or not it was a legal adoption, our commitment to her would have still been that as a parent to a child, knowing that I'm not even the first mother, I'm not the second mother, and I'm okay with that. I think it came to a place of healing where I didn't need to be called mom to take the mom role. And so we were prepared to adopt her, but only if she wanted to. My views on that have changed over time, and Delaney and I have had this talk that as I learn more about adoption, I'm less inclined to think the majority of people even need adoption, permanent guardianship seems to be more of the option. That was never even provided to us or put on the table for us. Our questions were when she turns 18 and we adopt her, what is accessible to her versus if we do not adopt her and she ages out, but she continues to live with us, what's accessible to her? Because we were looking at her future, what's best for her in the future. Is she going to still have health

insurance? So if we adopted her, we don't, we can't get private insurance. So is she still going to be okay, right? So we were asking a lot of questions. Guardianship never once was talked about. It's still shocks me and angers me that Nick and I are listed as her parents on her birth certificate. But I think Delaney also felt like she had to. Changing her name again was not easy, and we've talked a lot about that. We still haven't updated her Social Security, her Social Security card. So, you know, so she's kind of still in a little bit of limbo. COVID messed everything up for that. And now it's more of that, did you want your name changed? Do you want to change it back? Like it is really what you decide to do and we're okay whatever decision you go with. Because she's had three names now. Can you imagine having three different first names, let alone last names? So a little bit of a lack of identity. And they don't give you a lot of time. So when we knew that the adoption was coming up, it was pretty quick that we were told a date and we had, I think, two days to turn in the form on what the name change was going to be. That's almost no time to process something so big. I still don't feel right about all that.

Serena Vasudeva: [00:59:16:10] So you have some experience with residential housing homes through Delaney. What have you observed that you think needs to be fixed or changed?

Michelle Cain: [00:59:23:21] Well, so I don't have a lot of exposure within the group home itself because Delaney did come into our home during COVID. When we picked her up, we just kind of walked right into the door, were given everything and then left. So

I haven't seen inside of the home. I know things that she's told me. And then I've known, you know, a lot of her friends who were, you know, in the facilities. And then I also know where she was with school. From an educational standpoint, they're very behind there. There didn't seem to be much care in what the teens actually learned and how far they actually went with their education. So I was pretty upset about that. Because some of her mental health struggles, they would restrain her and inject her with sedations. But Delaney has never tried harming anyone else unless they were trying to restrain her. She was fighting to get out of the restraint because of PTSD flashbacks. Things with Delaney were always geared towards herself, not towards other people.

Serena Vasudeva: [01:00:29:08] What would you tell someone who might be considering fostering or adopting teenagers?

Michelle Cain: [01:00:34:23] I would probably start with not having any expectations. So don't go into this, number one, thinking that you were going to be mom or dad. If you have this desire to be mom or dad, you probably shouldn't be entering the foster and adoption world at all anyway, just because you can't put that expectation on a child who's already been through something. I would say, don't go into this thinking that you're going to add to your family or that they are going to reciprocate. So it's more of that one way commitment. It's not, I'm now the parent, even if I'm the foster parent, you're going to love me and you're going to respect me. They owe nothing to you. As far as teenagers go and when they're getting close to adulthood, it's a different kind of transition. So you're

not going to be raising them and teaching them everything that you would from birth and infancy and, you know, those early adolescent years. So you're going to get a culture shock. You're going to have someone come into your home who's already lived life or a part of life. So no expectations, I would say definitely they should be trauma informed. No matter what, this is going to be a trauma. Be prepared and make sure you have a lot of time available to you and definitely focus on transitioning into independence. So instead of just focusing on, oh, we all feel like family, this is great and that cohesiveness, they're already in a stage of transitioning and taking ownership and control of their life. So as much control and ownership and choice that they have, the better, and of course within safe, safe boundaries, right. So allow them to be that individual that they are.

Serena Vasudeva: [01:02:22:22] A lot of people will see fostering as a replacement for a biological child. How does fostering teens differ from normal parenting and what should people know before jumping into this?

Michelle Cain: [01:02:34:25] So fostering is not the same as having biological children and it never should be. You don't have the biological mirrors, number one. And biological mirrors, Having someone who looks like you, even if it's kinship, is very, very different than someone that does not look like you. And there's a different way that your brain kind of operates. But it's also you are not the first family. So whether or not you're going into this thinking that you're going to adopt or you're just going to be a temporary placement, you're not the first family. And that doesn't mean don't bond and don't have a



relationship. Absolutely. I think it's more of sometimes we have this idea especially with biological families, that family's forever and you're gonna stay attached and you have to be close knit. And I would go ahead and say that at first I don't agree with that. I think that we can create families and that we can create lifelong relationships with a lot of different people and have deep love and commitment to people throughout life and support systems. And I would go ahead and say that no matter how long that they're in your home, you can still be that landing place and part of that support system. So go ahead and build the relationship, but also know that you are not a priority or you might not be a priority, and that's okay. So don't go ahead into thinking that you are the position of power or that authoritative 'it is because as I said it is.' Authoritative and disciplinarian styles of parenting are already damaging to biological children. So when you say 'you need to do this because I said so,' or 'it is because I said so,' that style of parenting has already been shown to be extremely destructive and invalidating. Explaining the why is very important. However, with a foster and adopted child, it's even more. They've already lost control and choice. They're in the position that they're in through no fault of their own and you're trying to have power over them. And when you do that, especially for a child who's been through trauma and has had people take from them and steal from them already without consent, you're doing more damage. So I would say that even if you were going to do that with your biological children, you're doing damage even more so and more destructive for fostered children.

Serena Vasudeva: [01:04:54:28] What do you think needs to change in the foster system to better it for the children and teens in it?

Michelle Cain: [01:05:01:00] Each state is really going to be very different depending on their laws and the culture and societal things, especially for reasons for children being removed from their first families. I would probably say that I do not believe that children should be removed for financial neglect. Poverty reasons. I think we need more supports around that. So number one, we don't have enough foster homes in this country and that seems to be pretty prolific around the United States, is that we do not have enough foster homes and enough safe foster homes. So, number one, I would go with let's lessen the amount of children in there that do not need to be there and are only there because of financial and poverty. And then I would go on to say that the foster parents, and this is where it gets really difficult because the families that step up to be foster parents often can struggle financially within it. So they still have to have their jobs and other things. Visitations become very difficult or all of the different appointments that are involved. So I know it's difficult. You can't just throw money at the problem and then you don't always get the quality that you need. But I would go ahead and say that wraparound services for the families are important. So a lot of people think that they just need to be foster parents. Well, you don't need to just be a foster parent. You can come alongside a foster family. You might not be in a season where you are ready to be a foster parent, but that doesn't mean that you can't help support and provide maybe meals, or driving, or babies sitting, or whatever the case may be. An outing for respite. There are a lot of different ways to

support the foster care system as a whole, to help make it better for foster children. I will go ahead and say that I think that it's really important for our society as a whole to be more trauma informed and aware of the child welfare system and take away the stigma that anything is the fault of the child or that there's anything wrong with the child, just to kind of lessen the trauma when they're out in society and out in the culture with with their families. I would also, I think for the children being pulled from one place to another so quickly, so often from one school to another, does a lot of damage. The more they can keep them in the same school system so they can have that stability is important. I did like that Youth Villages does require that there's like a 30 day notice before you can before you can have a child leave your home. And that also gives them the ability to kind of work through any problems that may exist. Now, that's not always feasible. If there could be safety issues, or it should not always be if there safety issues involved within the home. But for the most part, I do believe that some stability and relationships that are stable are important for the children.

Serena Vasudeva: [01:08:04:14] What should foster parents do to help children and teens with PTSD?

Michelle Cain: [01:08:09:29] I think understanding PTSD is the number one thing. If they've never experienced it or they don't know much about it and they think it's really just a bad memory, that's not what we're talking about with PTSD. So being able to understand the signs of it, learning grounding techniques is huge. And I don't remember

whether or not we were trained on grounding techniques, I know we were trained on some other things like breathing and square breathing and things like that. But really, when you're trying to pull someone back out of a flashback or a trigger and you're trying to do it gently, there are ways to go about doing it. It doesn't mean it's going to happen right away. And every, obviously child is different, especially depending on the trigger. But being aware when it's happening. If Delaney had a flashback or she was in a PTSD episode trigger and she had behaviors because of that, not everyone would be able to tell that's what was happening. Now, we got to the point where we could, right. There, there's definite signs, physical signs, in the body of what's actually happening. So that would be first. Second, never discipline and punish a trauma behavior borne out of PTSD. Ever. It's kind of one of those things where you acknowledge, you can acknowledge what happened and why it happened and kind of move forward. I would encourage the parents to learn about the different techniques to help manage PTSD as well as the treatments and the therapies. Unfortunately, many of them, especially the successful treatments, are not provided by your state insurance. But if they're able to go to their agencies or DCS and say, and you know, and there's someone in the community or they're able to pay for that, I would say that's huge for the child. If you're able to do that, if they're going to be able to continue through the treatment and stay where they're at, if they're able to have stability through that. But I know that's not always feasible. And again, that's where I want to say that that's where the community can also step up to provide scholarships to families with these kinds of children that might want to be able to provide that treatment, would be huge.

Serena Vasudeva: [01:10:23:23] Where do you think foster care succeeds?

Michelle Cain: [01:10:27:19] So there is an organization that's outside of the state system, Jonah's Journey is one. And so it is a kind of foster care, it just operates outside of the state's red tape. They actually take in children from parents who are incarcerated and they help the children and they form a relationship with the biological parents that are incarcerated as well. So the children go straight back to their parents. It's a voluntary program that the parents enter into with Jonah's Journey and their safe foster parents, they go through a lot of the same, I would say, more in-depth training. It's an incredible program. They do not get paid, so this there's no financial anything involved with this for the parents and the families. So the ones that step up truly have a heart for it. And I would say that that actually lessens the trauma for the children. They don't have the ongoing, they don't have all the visitations the court stuff aren't play and they're able to continue that connection with their parents in a safe spot where their biological parents are not being demonized by their foster families and the foster parents. There's a lot more negative with the system just because of the root of why it even exists.

Serena Vasudeva: [01:11:48:11]

Well, thank you so much for meeting with me today, Michelle. I think that your interview was really insightful for what actually goes on on the foster parent side of things.

Michelle Cain: [01:11:57:24] Well, you're welcome and thanks for having me. I'm excited to see, you know, how this might help other people.

Serena Vasudeva: [01:12:06:05] Hey, y'all, before you listen to Delaney's part of this episode, I just want to talk real quick about Youth Villages counselors, specifically about qualifications and the disciplining of trauma behaviors. So I actually did get in touch with Delaney's old worker. She's a foster care specialist. That is the technical title, but they are known as Youth Villages counselors. She did not want to do an interview formally, but she did answer quite a few of my questions. She did say that she has a bachelor's child development with a minor in psychology. I asked her a bit about what kinds of qualifications foster care specialists have and what kind of training they receive in the role and she talked to me about yearly trainings that include therapeutic and clinical trainings. They're also overseen by licensed clinicians that meet with them weekly about cases. The last question I asked her was specifically with foster parents and how they would be advised about PTSD flashbacks. She really said it depended on the severity if property damage was involved, the on-call crisis counselor would be made aware and there would also be reviews to safety and supervision plans. I asked how that would affect the individual who had PTSD, and she didn't confirm what the changes would look like. Michelle also sent me a Youth Villages handbook, but it is kind of vague as well. It addresses things like how to deal with runaway and problem sexual behavior, but not damages or PTSD. So, Delaney, let's talk one on one for a minute. You've had so many

experiences with residential, I'd really love for you to talk about what you've experienced. What age did you enter care?

Delaney Cain: [01:13:55:14] I entered the foster care system at the age of seven due to neglect and abuse.

Serena Vasudeva: [01:14:02:11] So how would you define a residential?

Delaney Cain: [01:14:06:23] I would define residential as a sort of safe place, as they call it, somewhere that they can hold here until they can figure out something to do with you.

Serena Vasudeva: [01:14:19:01] Yeah, they're sort of live in, out-of-home care placements where staff are supposed to work with children and youth to address mental health needs. I've always sort of described them as long term mental hospitals. So one of your earliest residential was Mountain Youth Academy. Tell me a bit about what this facility looked like.

Delaney Cain: [01:14:39:03] So it had an upstairs and a downstairs. We lived upstairs, did school and ate and a church and stuff downstairs. We'd be upstairs for a little while during the day and then we'd go up there for at night.

Serena Vasudeva: [01:14:58:23] How were all of the people in there sort of separated and sorted?

Delaney Cain: [01:15:03:18] So there was two adolescent units for females and then there was a child unit for the females. And then there was, I believe, two male units that had the children and adolescents mixed together.

Serena Vasudeva: [01:15:25:05] Was this facility sort of locked down? Could you go outside whenever you wanted?

Delaney Cain: [01:15:31:05] No, it was a level three. So it was a locked down facility. You had a little more leeway with stuff that you did, but it was a locked down facility.

Serena Vasudeva: [01:15:42:18] Level three. Talk to me a bit about the level systems in these residential.

Delaney Cain: [01:15:48:23] So a level one I believe is with like your bio family I think. Level two is foster care, level three is residential, and then level four is serious locked residential. And then level five is state hospital.



Serena Vasudeva: [01:16:08:05] Yeah. And your sort of goal is to get to the lowest level possible and each level kind of gives you an insight of how restrictive it is. So obviously level one, if you're at your house, it's probably going to be not that restrictive. You'll be able to go outside when you want. But if you're in foster care, there's a little more restrictions because, you know, the state is involved in that. In these residential, you usually can't go outside when you want. Usually a staff tells you when to shower, how long to shower, things like that. And then obviously as you get up and more and more it's more restrictive and you can expect more rules and things like that. How old were you at Mountain Youth?

Delaney Cain: [01:16:45:11] I believe I was 10 or 11.

Serena Vasudeva: [01:16:48:23] How long were you there? Why?

Delaney Cain: [01:16:51:25] I believe almost two years. I was there due to, so for me, like just cutting and different things like that.

Serena Vasudeva: [01:17:00:25] What were they trying to do to help you as far as therapy?

Delaney Cain: [01:17:05:07] So I did have a therapist while I was there, she was one of the nicer ones of them all. But if I was going into panic attacks, she would get fed up because like depending on the situations and stuff, it would happen a lot. And she got fed up with getting the calls and everything to her office and she didn't appreciate it. And she clearly let me know that.

Serena Vasudeva: [01:17:30:03] So how would she express feeling fed up with you?

Delaney Cain: [01:17:35:18] They were required to see us three times a week for a session, and she would purposely come like super early in the morning or right before she was getting ready to leave. So that way I wouldn't get my full amount of time and she wouldn't have to put up with me.

Serena Vasudeva: [01:17:54:09] Considering that you're there for therapy, did Mountain Youth do anything to help you with your self-harming behaviors?

Delaney Cain: [01:18:00:27] No, they would just stick me with a staff and they would just make sure the staff didn't leave my side at all. Which got pretty annoying because if you need to go to the bathroom or whatever, they have to go in there with you, which I don't believe is okay. Especially for someone who has trauma with certain things. So they had a band system. So if you didn't have a band then like you are a normal resident like,

there was no issues or anything. A green band was a flight risk. Red band was like suicide watch or whatever. Like they would watch you closer than they would anybody else. And then Blue Band was one to one, and all three of those bands had to sleep in the day area on a cot, like you didn't even get a real bed. You had to sleep on a cot.

Serena Vasudeva: [01:18:59:17] Did you ever have one of these bands? Did they put them on you? Was it like a wristband?

Delaney Cain: [01:19:06:00] It was a wristband. It was like a paper wristband and if you took it off, you got in trouble. I was put on Blue Band, but then at that point they didn't want me wearing the bracelet because they said I was too high risk.

Serena Vasudeva: [01:19:22:26] To kind of talk about a one on one, usually in residential you have a staff with you at all times. They're just there to watch you make sure things are going the way that they should. But they're small windows throughout the day. When you sleep, use the restroom, you're showering, that you aren't in the eye of a staff. They're still in the building but they're not with you. During a one on one, that all changes. You have to remain in the eye of a staff regardless of what you might be doing. They're usually done when someone might be self-harm thing or if there's been an active suicide attempt. The goal in mind is safety. That's kind of what drives a one on one. Do you feel like the one on one you were on harmed you or brought up any of your trauma?

Delaney Cain: [01:20:06:24] Yes, a little bit, because when they would go in the bathroom and different things like that with you, it would be very traumatizing. And due to my past history and everything, it was very traumatizing.

Serena Vasudeva: [01:20:21:00] Did you ever end up like, talking to someone about it and being like, 'Hey, this is kind of bothering me?'

Delaney Cain: [01:20:27:29] Yeah and nobody really listened. It was like, 'Well, you did this to yourself, so you're just going to remain on it.'

Serena Vasudeva: [01:20:38:02] Was there ever anyone else that you knew of in this facility that was also on one to ones?

Delaney Cain: [01:20:43:11] Yes, one of my friends that I'm still in contact with to this day.

Serena Vasudeva: [01:20:47:12] So do you feel like it bothered them that they were on a one on one?

Delaney Cain: [01:20:52:11] Yes. And it was kind of similar to the reason why it bothered me, just due to like past trauma and everything. And they didn't really take that into consideration.

Serena Vasudeva: [01:21:02:14] So having the staff so close to you all the time, how did that affect you? Did you feel uncomfortable? Did you feel like you couldn't trust them completely?

Delaney Cain: [01:21:14:04] So there was a couple that I got really close to because of that fact, but there was also quite a few that were very just disrespectful, didn't care about anything. They'd be playing on their phones late at night like where I'm supposed to be sleeping and they'd have their sound super loud and they'd be right beside me, which kind of got annoying.

Serena Vasudeva: [01:21:37:08] Did you have a DCS worker at this time?

Delaney Cain: [01:21:40:17] I did not.

Serena Vasudeva: [01:21:42:26] How were you represented? How could you report abuse or neglect that was happening?

Delaney Cain: [01:21:47:29] I couldn't.

Serena Vasudeva: [01:21:49:17] The facility didn't have any way to do that?

Delaney Cain: [01:21:52:23] There was just one lady that was supposed to be like the lady you could talk to if you had any problems or anything. But she was never there. So there wasn't really a way in order to speak to someone about anything going on.

Serena Vasudeva: [01:22:08:21] How often was this lady there?

Delaney Cain: [01:22:12:03] Once a month.

Serena Vasudeva: [01:22:13:19] How long would she stay there?

Delaney Cain: [01:22:15:27] Like maybe 2 or 3 hours, and there's over 600 kids.

Serena Vasudeva: [01:22:22:06] Tell me a bit about the chill out room.

Delaney Cain: [01:22:25:25] So the chill out room was on the first floor and it was a room that was in the far back of the building. It didn't have a door or anything on it. It was just a big empty room. The reason they called it a chill out room was because the outside door didn't, like, close all the way, like didn't come together all the way. So they called it the chill out because a lot of the like, the cold wind and stuff came in and they kept it really cold down there because apparently cold is supposed to calm you down. During the winter and stuff they'd have people down there and they didn't give you a mattress or a blanket or anything. You were just sitting down there in that room and they did have a staff with you because there was no like, way to close you into it. So they had a staff sitting down there with you.

Serena Vasudeva: [01:23:16:26] Did you ever get put in the chill out room?

Delaney Cain: [01:23:20:05] Many times. There was one time that I was down there for about four days.

Serena Vasudeva: [01:23:24:29] Why did you get put in chill out?

Delaney Cain: [01:23:27:08] Being defiant. They thought I ran away with these two other girls and when they noticed that the two girls were gone, they thought that I went with them because I wasn't with the rest of the unit, when in reality I was in chill out and they thought I had run with them. I didn't it because I was in chill out. But yeah, I got put in chill out longer because I thought I ran away.

Serena Vasudeva: [01:23:51:12] Can you tell me some more examples on how you got put in chill out?

Delaney Cain: [01:23:56:26] So if you were being defiant, if you were trying to do what they called being the ringleader on the unit, they'd put you down there and try to keep you separated. Until they figured that you would know you're not supposed to do that anymore and then they'd send you back out to the unit. It was really cold and you're on, I was on Blue Band when I was down there, so I wasn't allowed to have long sleeved shirts or anything like that, so I was in a t shirt. Meanwhile All the staff had a blanket and was wearing a jacket.

Serena Vasudeva: [01:24:33:20] Would they ever give you medicine while you were down there?



Delaney Cain: [01:24:38:08] Depending on if I got rowdy enough they'd send, I don't remember what they called it, but it would be a bunch of like guys come in and they'd like restrain you because like, I was being too rowdy to be in there and all this other stuff. So they would literally come in there and pin you down and they would give you a shot. And if you didn't calm down within the hour, they'd do it again.

Serena Vasudeva: [01:25:04:05] Of all the staff, who knew about the chill out room.

Delaney Cain: [01:25:08:15] I'm pretty sure all of them, just because multiple of them would get called down to relieve the other person when a youth was in the chill out room.

Serena Vasudeva: [01:25:20:07] How often was it used as far as other people? Could you give an example?

Delaney Cain: [01:25:25:18] There was somebody in there almost every day.

Serena Vasudeva: [01:25:29:02] Do you feel this threat of the chill out room impeded any therapy or help that you would have been receiving?

Delaney Cain: [01:25:36:27] I do because when you were in the chill out room, you weren't allowed to do any schoolwork so that hindered your learning. And then your therapist came by and said, 'Hey, how are you doing?' And you would like, try to elaborate to them how you're doing and then they say, 'Okay, we'll see you later.' And they never come back.

Serena Vasudeva: [01:25:59:04] Jesus. Let's talk about restraints. A restraint is basically where a staff or two staff grab you and hold your arms and legs to prevent you from hurting yourself or others. Restraints come with the risk of physical injuries, so there's supposed to be a last resort. How often did restraints happen on your unit?

Delaney Cain: [01:26:19:13] Every day. Some days it would be two, some days it would be five or six. Just varied on the day and what situations were happening.

Serena Vasudeva: [01:26:28:16] And how many people were on this unit?

Delaney Cain: [01:26:31:03] I think 20.

Serena Vasudeva: [01:26:33:10] How long would they last?

Delaney Cain: [01:26:35:17] It would really vary on the person they were restraining. So for me, one restraint, I think the longest restraint that I had there lasted 2 hours.

Serena Vasudeva: [01:26:46:11] What happened during this two hour restraint? What incited it and how did that happen?

Delaney Cain: [01:26:52:09] I was being defiant. Didn't want to listen to the staff and I started trying to get into one of my friend's rooms. And the staff didn't appreciate that. So they pulled me out and restrained me and then I started fighting them back and I kept getting out of the restraint. And then they had multiple more people come up and work with them to get me held down in the restraint.

Serena Vasudeva: [01:27:21:03] How many staff would restrain one youth?

Delaney Cain: [01:27:24:02] Depending on how strong the youth was. With me because I have super strong legs and everything, they had two people on my legs and two people on each arm. I had six people restrain me at once.

Serena Vasudeva: [01:27:39:18] Were you ever injured during any of these restraints?

Delaney Cain: [01:27:42:27] My leg was injured at one point. I had a larger sized male on my leg and he was very forceful when getting on it and it started bruising after the restraint. I was in the restraint for I think about 45 minutes. So he was on it for 45 minutes and he like seriously hurt it. I was laying in bed and it was swelling and bruising and I tried telling the staff and everything and they were like, 'Oh, you'll be fine. This is what you get for doing this wrong or whatever happened.'

Serena Vasudeva: [01:28:28:05] So do you feel like the restraints that you were in were done correctly to prevent injuries to yourself or others or were they used as a means of physical abuse?

Delaney Cain: [01:28:39:25] It really depended on the situation. I got punched in the face by another youth and I was the one restrained.

Serena Vasudeva: [01:28:50:02] Was the other youth in that situation restrained?

Delaney Cain: [01:28:53:00] No she was told good job.

Serena Vasudeva: [01:28:55:22] Do you feel like favoritism was an issue?

Delaney Cain: [01:28:59:10] Yes, a very big issue.

Serena Vasudeva: [01:29:03:05] So kind of going back to other people, when you were witnessing these restraints, they're obviously very painful, people are not wanting to be in them. Did that ever affect you, seeing the restraints?

Delaney Cain: [01:29:17:07] Yes. If I was friends with that person, I would honestly try to go and get the stuff off of them because they were hurting them and you could clearly tell that they were hurting them. It prolonged my fear of men.

Serena Vasudeva: [01:29:33:08] Can you sort of elaborate on that a bit?

Delaney Cain: [01:29:36:12] So I was already afraid due to my childhood and the fact of when I was in Mountain Youth Academy, they knew I wasn't supposed to have male one to ones. And the fact is they'd still try to put me with them and I'd fight against it and then they gave up on trying to put me with a male one to one and only put me with a female. And when I was in restraints, they persisted on only doing because I was too strong for only females to be doing my restraints. But then the males would twist my arms and make sexual kind comments like in my ear when they were on my arms and different things like that. And it was like, very not helpful. It was very scary.

Serena Vasudeva: [01:30:31:00] How did the education work, was it adequate?

Delaney Cain: [01:30:35:04] So in this facility, yes, it was. You actually sat down at desks and did the work. It was like if you were going to a normal school, you would change classrooms and everything.

Serena Vasudeva: [01:30:47:07] How many medications were you on when you were at Mountain Youth Academy?

Delaney Cain: [01:30:53:09] I think eight or ten.

Serena Vasudeva: [01:30:55:25] How did you get put on them?

Delaney Cain: [01:30:58:03] I'm honestly not quite sure. They would just like, add new medicines on that I've never seen before. And I was like, 'Hey, what's this?' And they're like, Oh, your doctor added this because of your aggression. And I'm like, 'Okay.' And when I asked different nurses why I was on a certain kind of medicine, like the different shape of pills and stuff, they would say a different reason than the last nurse said. So that's how I knew they were just giving me medicine that the doctor said I could have, but

they wouldn't really tell me the reason I was on it. So I knew it was kind of sketchy to even be taking them. And if I tried to refuse to take them, then I would get a shot.

Serena Vasudeva: [01:31:42:06] So being on so many different medications, how often did you see the psychiatrist?

Delaney Cain: [01:31:50:06] I think once every 2 to 3 months.

Serena Vasudeva: [01:31:54:20] And did you ever say, 'Hey, I'm on a lot of different medications? Can we kind of talk about this?' Or how did that go?

Delaney Cain: [01:32:02:12] So I would ask to see the psychiatrist, and at certain points they'd be like, 'Okay, well, I'll try to get them to see you.' And then at other points they're like, 'He's too busy, he can't see you this week' and stuff like that. Until finally I saw him in the hallway one day and I demanded to speak to him because it was ridiculous of how many pills I was taking. I went off on him and the staff didn't appreciate it and they got very irritable with me and they tried to pull me away from him. And I turned around and pushed them away from me because I'm trying to talk to him and figure out why I'm on all these pills. And they were getting frustrated because I started getting loud because he wouldn't listen and I get loud when people don't listen to me. He tried to blow me off

when he heard me talking to him. And then I went up and I stood in front of him and blocked him from walking away from me and he still just avoided me.

Serena Vasudeva: [01:33:08:19] So when you finally did have this meeting with him, what were you told when you mentioned, 'Hey, I have all these medicines that I'm on?'

Delaney Cain: [01:33:17:23] He was like, 'Yeah, I know, I put you on them.' And he would give me a list of reasons why he put me on so many medicines, and he would say it was based off the staff's opinion on how you were acting and everything. It wasn't even that he would actually see me acting that way or hear it from a supervisor. The staff would tell the nurses and stuff and then the nurses would talk to him and he would just put me on medicines to try to fix it when he didn't even really know what was going on. He just was pushing pills and pushing pills.

Serena Vasudeva: [01:33:53:18] It sounds like a kind of giant game of telephone.

Delaney Cain: [01:33:57:21] That's a good way of putting it.

Serena Vasudeva: [01:34:00:10] Did you ever feel like when you went in with your psychiatrist, sat down and he was giving you all these reasons for these pills and he was



citing these things that the staff said, were you ever thinking, 'Well, wait, that's not what happened?'

Delaney Cain: [01:34:13:29] Yes.

Serena Vasudeva: [01:34:15:26] Was there else you could do if you were unhappy with the amount of medicine you were taking?

Delaney Cain: [01:34:23:23] I mean, I could have been like some of the other girls and cheeked them and then traded them. But I wasn't going to do that.

Serena Vasudeva: [01:34:32:02] Wait, so people were checking and trading medicine at this facility?

Delaney Cain: [01:34:36:04] Yes. And it honestly varied on the person on what kind of medicine they had and different things like that.

Serena Vasudeva: [01:34:43:21] Did you ever have any side from your medications?

Delaney Cain: [01:34:47:13] I honestly can't remember.

Serena Vasudeva: [01:34:50:09] So at Mountain Youth there was a riot, correct?

Delaney Cain: [01:34:53:17] Yes.

Serena Vasudeva: [01:34:55:08] Can you tell me a bit about it?

Delaney Cain: [01:34:57:19] So when we had a male staff on the unit, when we were doing stuff, they would get real disrespectful and just start treating us like garbage and we didn't appreciate it. And one day we just got fed up with it and there was like one female staff and like two guys. So we were like, this is us thinking when we were like teenagers, like young teenagers, we were like, If they don't appreciate us, then we're not going to appreciate this facility that they have us held in essentially against our will. But, you know, we had parents, so we couldn't really say let me out of here. During the riot, there was a couple of girls from another unit that had busted through the unit door to get over to our unit. And we all held up in the day room which had a door on it. We started tearing everything up and the staff would come in there trying to get us to stop. And when they got close to us, we had the, so it was a ceiling that had panels in it I guess you could call it that had the metal in between the panels. And we'd throw books at them and stuff to break to get the metal down and we'd also shatter the light coverings with the books. So

then they no longer allowed us to have hardback books because that's what we were doing with them. They had people sneak up behind us and it was not very good. After that, we were on lockdown. The only thing we were allowed to leave the unit for was meds and that was it. They brought sack lunches and breakfast up and we had to eat it from our rooms.

Serena Vasudeva: [01:36:54:24] Was there an inciting incident to this?

Delaney Cain: [01:36:59:15] Staff not respecting like male staff not respecting the women. There was certain male staff that would be flirting with the teenagers and the teenagers would ask them to stop and they continued on. So I guess essentially like sexual harassment and it would continue on and then it just went too far.

Serena Vasudeva: [01:37:24:19] Mountain Youth Academy has been in the news before for yet another riot. It happened in December of 2022 and was reported on by WCYB, WATE, and the Tomahawk. During the riot, 12 teenage girls caused significant damage to the property and three were detained at Johnson City Detention Center. The reason for the riot is unknown. So with Mountain Youth, do you think you left that facility with more trauma and baggage than you started?

Delaney Cain: [01:37:55:23] Yeah. So I was home for about a day and a half and then like during that day and a half, I was having a lot of panic attacks and stuff from flashbacks of what happened there.

Serena Vasudeva: [01:38:12:22] What memories stick out to you all these years later when you think about Mountain Youth Academy?

Delaney Cain: [01:38:19:29] Just that it was a waste of like two years of my life where I could have been getting real help from somewhere else when I was just stuck somewhere that I couldn't leave.

Serena Vasudeva: [01:38:32:06] So you went to Parkwood Behavioral Health System next, which is in Mississippi. Tell me how the campus was set up.

Delaney Cain: [01:38:39:13] There was cottages, the cottage I was in was coed. There was 4 males and 16 females. And then there was another college which was called ASOP for registered sex offenders that were teenagers, and they were on the same campus as there was another cottage that was right beside us that was for little kids. So they were on the right side of us. And on the left side of us was the ASOP, which was the registered sex offenders that were teenagers and I just didn't appreciate how close they were to little children.

Serena Vasudeva: [01:39:17:09] Yeah, that does kind of seem like a safety risk. How close would you say in feet were they?

Delaney Cain: [01:39:24:03] I'd say maybe 4 or 500 feet, which isn't very far when you look at it logistically.

Serena Vasudeva: [01:39:31:03] So when you were there, you lived in something called a cottage. It's basically like this little house with multiple bedrooms, correct?

Delaney Cain: [01:39:38:09] Yes. There was four female bedrooms and one male bedroom.

Serena Vasudeva: [01:39:44:23] Did you and your peers have any shared interests that you bonded over or what was that like?

Delaney Cain: [01:39:50:02] Not particularly. We just kind of got along.

Serena Vasudeva: [01:39:55:13] At this point, you had officially entered foster care, right?

Delaney Cain: [01:39:59:06] Yes.

Serena Vasudeva: [01:40:00:10] So you did have a worker now?

Delaney Cain: [01:40:02:13] Yes.

Serena Vasudeva: [01:40:03:28] Was there ever any instance where you actually reported anything to her?

Delaney Cain: [01:40:09:04] I don't think so, no.

Serena Vasudeva: [01:40:11:14] Tell me a bit about eating at Parkwood.

Delaney Cain: [01:40:15:02] So when I first got to Parkwood, I wasn't eating or drinking anything because I told them I wasn't hungry or thirsty or anything. And it was truly because I just didn't want be there and I didn't want to be alive or anything. So I felt like

that was one of the easier ways out of just not eating or drinking. And on the fifth, which was the longest they were allowed to let it go, the day before I had started like falling asleep and not really staying awake and everything. So the next day it was at night because they don't want to upset the other kids and stuff because they wouldn't let me walk out to the ambulance. They had to put me on a stretcher and take me down to the ambulance. At first I sat in the ambulance for about 30 minutes because they were trying to get an I.V. in to make sure I would be okay to get to the hospital, to stay hydrated enough and all my veins kept blowing and everything. So it was a very painful experience. And then when I got to the hospital, they had a staff with me at the time and I was like, 'Let me talk to my DCS worker.' And my DCS worker, she would answer at any time of night. So when I called her number from the hospital phone, she answered and she was trying to talk me down and everything and it was just a big nightmare happening. And it was hard to get through that night. And she's like, 'I'm not hanging up off this phone until you eat a bite of something.' The nurses and stuff like got, I think it was a Hot Pocket. They went and they got a Hot Pocket and they made it for me. And then they were like, 'Okay, you have to eat a bite now and once you eat two of these then you can leave.' So when I ate a bite then my DCS worker was like, 'Okay, I'm going to need you to eat the whole thing now and then I'll hang up.'

Serena Vasudeva: [01:42:13:25] So what happened after, did you return?

Delaney Cain: [01:42:16:24] I did return back to Parkwood the next day.

Serena Vasudeva: [01:42:22:15] So let's talk a bit about the reason you were there. What kind of behaviors were they trying to treat?

Delaney Cain: [01:42:29:09] Suicidal ideations and a stable environment. I actually had a really great therapist. She was very understanding and actually worked on things with me when I needed to speak to her. She always tried to make time for me. We worked through some of the trauma from my childhood and we had like a journal that I would keep and I would write different things down in it and it would have a lock on it and it would go back to her office when I was done writing.

Serena Vasudeva: [01:43:04:01] So it having a lock on it, did that help you build trust?

Delaney Cain; [01:43:07:23] Yes.

Serena Vasudeva: [01:43:09:26] How many medications were you on at Parkwood?

Delaney Cain: [01:43:13:00] I think like three or four, so not very many.



Serena Vasudeva: [01:43:17:05] Your previous facility, you had a lot of medications. So when you came in and they were doing your intake and kind of learning more about you, how did they go through that process of taking you off?

Delaney Cain: [01:43:29:28] So some of the medicine, I was like, it's not it's not helping and I don't need to be on it if it's clearly not helping and it's not showing any signs of helping. And the doctor there was very understanding about that. And he agreed that I should not have been on that many medicines at once.

Serena Vasudeva: [01:43:52:27] At this point, you've been through so much in your stay in foster care. Where were you at mentally with it all? Physically?

Delaney Cain: [01:44:01:15] It was hard for me to get through the days without being able to be around someone that I fully trusted in order for me to remain stable. It was helpful for a staff or someone that I trusted fully to keep an eye on me while either I was sleeping or just being awake and having someone there to keep me stable and know that I was going to be okay and that they weren't going to give up on me.

Serena Vasudeva: [01:44:32:26] Do you feel like you got that?

Delaney Cain: [01:44:35:18] Yeah. On certain days, only when certain staff were working.

Serena Vasudeva: [01:44:40:25] So on the days that you didn't, what happened? How did you feel?

Delaney Cain: [01:44:46:07] It was quite difficult for me to process the different things that was going on due to the fact that I didn't really have anybody there to help me. And I started going into a panic attack. Or just not being able to stay focused on what I needed to do.

Serena Vasudeva: [01:45:07:16] So at Parkwood your chest started hurting right?

Delaney Cain: [01:45:10:25] Yes.

Serena Vasudeva: [01:45:12:03] Did you ever go to the nurse about this?

Delaney Cain: [01:45:16:01] We had a nurse in our cottage at all times. So I would just let her know.

Serena Vasudeva: [01:45:21:28] What happened when you let her know?

Delaney Cain: [01:45:24:07] She would say she's calling the doctor and letting them know. But nothing ever really happened.

Serena Vasudeva: [01:45:31:09] The doctor never ended up checking up with you?

Delaney Cain: [01:45:34:24] No.

Serena Vasudeva: [01:45:36:10] So now that you're adopted and have better access to medical care, what have you found out?

Delaney Cain: [01:45:41:29] I have one lung that does not inflate all the way.

Serena Vasudeva: [01:45:45:27] That causes the pain, correct?

Delaney Cain: [01:45:48:05] Yes.

Serena Vasudeva: [01:45:50:03] Were you ever restrained at Parkwood?

Delaney Cain: [01:45:52:22] Yes.

Serena Vasudeva: [01:45:54:04] Were you ever injured in any of these restraints?

Delaney Cain: [01:45:57:05] No, I don't think so.

Serena Vasudeva: [01:45:59:27] So from Parkwood, that's when you transferred to Youth Villages, an organization that has multiple different residentials. Your first placement was with Rose Center. What courtyard were you on?

Delaney Cain: [01:46:10:29] I was on Courtyard four.

Serena Vasudeva: [01:46:13:10] Describe for me what a courtyard is.

Delaney Cain: [01:46:16:13] So in this facility, there were four courtyards, which meant there was four different sections of the facility that the girls were kept. And the courtyard

I was on was one for the teenagers. And it was a not as high risk as courtyard one, which was also my age group, but it wasn't as low risk as like you could be in like a group home setting and stuff like that. It had about 16 to 20 kids on it depending on the time that you were there.

Serena Vasudeva: [01:46:52:26] So when you first get there, you sleep on this court under staff supervision for the first week or so. It's being on precaution and it's pretty standard in residential and group homes. How long were you on? Precaution?

Delaney Cain: [01:47:04:29] I was on precautions two months. And I was also a one to one, which meant I had to sleep in the courtyard and not in a room. Just because there was two people to a room and they didn't want anything happening to a staff member if they were in the room with another kid.

Serena Vasudeva: [01:47:23:12] Tell me about the incident you had with another girl in your cottage while you were on precaution.

Delaney Cain: [01:47:30:06] I think it was either the second or third night that I was there. I was having a pretty tough time just dealing with the fact of a new place, a new setting, not being able to properly sleep and everything and just in and out of panic attacks due to anxiety and stress and everything. And there was this girl. She was very

aggressive and she did not like that I had a rough night. And she then said I woke her up at 2 a.m. when the staff even saw me dead asleep. So then when I woke up around 5:30, 6 a.m., just due to stress and everything, I couldn't really sleep. She runs over and starts beating the crap out of my head and I try to fight her back. And yet she's not restrained. But I am. And I return to the floor and I'm in a panic attack and I don't know what's going on. All I know is I woke up and I was being beaten and then I was pinned down the floor.

Serena Vasudeva: [01:48:39:03] What were things like for you after this restraint?

Delaney Cain: [01:48:42:24] It was very much keeping my guard up, not letting anybody get my guard down. No matter how close I got to them, my guard would always be up. Just due to the fact I was attacked on the second day I was there.

Serena Vasudeva: [01:48:55:11] So when you got there, you were put on another one to one like the one you were in previously. Tell me why?

Delaney Cain: [01:49:03:25] Just due to my history, I didn't do anything to be put on one to one. It was automatic one to one coming through the door.

Serena Vasudeva: [01:49:11:05] How would you say the communication was surrounding the one on one?

Delaney Cain: [01:49:16:10] I'd say it was fair. They'd tell you why you were on one to one, and you could agree or disagree, but you were still going to be on a one to one. So being on a one to one was difficult. You couldn't be alone at any time. So what they would call a foot in the door was when you were going to the bathroom and everything, the staff would have to hold their foot in the door to make sure they could see you, but not completely be the bathroom or else it would take two staff.

Serena Vasudeva: [01:49:48:14] How often were restraints done on your courtyard?

Delaney Cain: [01:49:51:24] Multiple times a day. The most we went on our unit without a restraint was, I think about a week.

Serena Vasudeva: [01:49:59:13] How long would they last?

Delaney Cain: [01:50:01:08] Some would last 5 minutes. Somewhat last up to 30 minutes.

Serena Vasudeva: [01:50:05:01] With all these restraints going on around you. What was that like?

Delaney Cain: [01:50:09:14] It was difficult just seeing like, how easy it was to get into a restraint. If you went into an atrium, which was on either side of the unit, which had doors that were accessible at all times. If you went in there, it was called a UAM, unauthorized movement. And when they went in there to get you out, if you refused to come out, they're going to restrain you and pull you out. But the reason I went into the atriums was to call them down or just be alone for a couple of minutes due to the fact I was being irritated or there was a peer getting frustrated with me and I felt like it was getting heated. So I wanted to walk before there was a fight or an argument and then we would both get punished for that. And so when I would walk away and go into the atriums. It was a coping mechanism and I'd still get in trouble for that.

Serena Vasudeva: [01:51:08:22] I definitely relate to that because before foster care, that was one of my coping skills. If something was like getting heated, I would just leave, like I would just move away before I started, like arguing or having a confrontation with someone. And I felt like that was really effective because it prevented the argument and then you can just return to the issue when you feel calmer. But then you get in these residential and that's no longer an option. And so you kind of have to find another way around it and that can be very difficult. And it's something I still kind of struggle with is rebuilding those coping skills in myself.



Delaney Cain: [01:51:44:28] I honestly thought it was stupid that you would get in a restraint for just walking off to calm yourself.

Serena Vasudeva: [01:51:52:21] Was there ever a point where you were hurt?

Delaney Cain: [01:51:55:13] I had to get several x-rays on my wrists when I was in the Rose Center due to restraints because there were a couple of staff that would twist my wrist when I was in a restraint because they were not a big fan of me. So they would do that on purpose to irritate me. And then what they don't realize is that it's costing them money in order to get me an x-ray.

Serena Vasudeva: [01:52:22:07] So do you think you sort of observed that the staff that liked you did proper restraints, but the staff you got more arguments with did improper restraints?

Delaney Cain: [01:52:33:21] Yes.

Serena Vasudeva: [01:52:35:21] In these situations where you're getting your arm twisted, is there any way that you can report this or did you try to get attention to this issue?

Delaney Cain: [01:52:45:10] Yes, and it wouldn't really matter because a lot of the staff did it so they couldn't like, they kept redoing trainings and trying to teach them that they, told them that they couldn't twist wrists in restraints and everything. And in all reality, they kept doing it the way they were doing it before. The trainings never helped them.

Serena Vasudeva: [01:53:04:18] So how did you find out that this training was taking place?

Delaney Cain: [01:53:09:20] I had some good staff that we were really close to and they told me and everything because they help me report different things.

Serena Vasudeva: [01:53:19:08] What other kinds of things would you report?

Delaney Cain: [01:53:22:07] Just the fact that they were purposefully harming us and restraints. So during the restraints, sometimes there would be nurses and sometimes there wouldn't just due to the fact that there's only two nurses and over 65 kids on four units.

And it was very difficult in order to get a nurse there if there was multiple restraints going on on different units or stuff like that. After the restraints, I would have to get one of the regular staff or technicians to call the nurse over when she wasn't busy, just due to the fact that my wrists were swollen and red because of them twisting on so much in restraints. And there were several times that they had been sprained just because of the way they were forcefully handling me and the restraints.

Serena Vasudeva: [01:54:17:17] Did other people sort of also have this issue where they were getting their arm twisted?

Delaney Cain: [01:54:23:01] Yes.

Serena Vasudeva: [01:54:24:26] What is it like forming a friendship in a place like this?

Delaney Cain: [01:54:24:26] So it's very common for youth in these places to form a friendship. But most of the staff think it's an inappropriate friendship because they feel like the kids shouldn't have friendships and different things like that, when in reality I think like we should be able to because it helps us get through treatment easier.

Serena Vasudeva: [01:54:53:29] Why do you feel like staff frowned upon making friends?

Delaney Cain: [01:54:58:24] Because when the staff were doing something completely and utterly wrong, then as kids we would gang up, not like ganging up, but you know, like stand up for each other when the staff were treating one or the other of us bad. And the staff didn't appreciate that.

Serena Vasudeva: [01:55:18:29] Can you give me a sort of example of the time that this happened?

Delaney Cain: [01:55:23:00] I was really close to this other girl and one time they had me in a restraint and everything. And she came in there and she was trying to pull them off with me, just due to the fact that I was yelling that they were hurting me and she knew for a fact that they probably were. So she went in there and was trying to distract them and get them off of me and it was just very difficult because then they put her in a restraint too and we were in a restraint right beside each other. Just because she was trying to help me and get them to stop hurting me.

Serena Vasudeva: [01:55:58:27] Do you think it affects you today?

Delaney Cain: [01:56:01:28] In some ways, yes. Just due to the fact that, yes I still have those friends to this day. But the fact is we were supporting each other and different things like that, and it affected all of us and was traumatizing and different things like that. So now like if I'm watching like a show or something and they're restraining somebody in like a hospital or something like that. It's just very traumatizing because I know how it feels. And like when we go into hospitals and different things like that, we're just scared. We don't really know what's going to happen to us and we're scared. So we react to being scared and it's essentially like we get punished for reacting because we're scared.

Serena Vasudeva: [01:56:47:22] What was education like at Rose Center?

Delaney Cain: [01:56:51:00] At the Rose Center it was not very good education. We sat in one classroom all day. Personally, I did not do any of my school work. I had a friend of mine do it.

Serena Vasudeva: [01:57:03:10] Why did your friend do your school work for you?

Delaney Cain: [01:57:06:04] The meds they had me on were so strong and everything. It would just make me so tired. I wouldn't be able to really stay awake.

Serena Vasudeva: [01:57:14:18] How many medications were you on?

Delaney Cain: [01:57:16:26] Um, maybe five.

Serena Vasudeva: [01:57:19:18] So was there ever a point where the teacher in the residential saw this and tried to talk to you about why?

Delaney Cain: [01:57:26:17] They didn't really care as long as the work was being done.

Serena Vasudeva: [01:57:31:17] How many months do you think this went on, where you were too tired to do your schoolwork because of your meds?

Delaney Cain: [01:57:37:14] I'd say almost the whole time I was there, I was there about a year.

Serena Vasudeva: [01:57:44:24] Can you tell me a bit about what the classroom actually looked like?

Delaney Cain: [01:57:49:10] It was a room that had about 6 or 8 desks in it and like one teacher and they didn't really do much. So they just like, kind of sat in the room and told you to do the paperwork and different stuff like that.

Serena Vasudeva: [01:58:07:28] So they had a psychiatrist in this facility. Tell me what your conversations with them were like and how it went when you interacted with them.

Delaney Cain: [01:58:18:10] So half the time he didn't want to listen to what I had to say. So then I just refused to see him because he wouldn't listen to anything I was saying so I didn't feel like there was a point in seeing him. With me doing that, then he would increase my meds and stuff based off of what the nurses told him and everything. And then at that point when he kept increasing my meds and different things like that, at that point I stopped taking my meds and then they wanted to continue to try to get me to take my meds and force me to take my meds. And it was just difficult.

Serena Vasudeva: [01:58:55:27] What concerns were you trying to raise with your psychiatrist?

Delaney Cain: [01:59:00:24] Just like the concern, like I was feeling super tired and wasn't really being able to function properly. And he was like, 'Well, maybe if you would behave, then we wouldn't have to have your meds so high.' And I'm like 'The only reason I don't like, listen and stuff when I am awake is because they wake me up and start trying to get me to participate stuff and I'm so tired. I don't want to be awake doing anything. I just want to sleep.'

Serena Vasudeva: [01:59:32:00] So do you think that the side effects to your medication made your behavior appear worse to your psychiatrist?

Michelle Cain: [01:59:41:01] Yes.

Serena Vasudeva: [01:59:42:20] So when you got to the point where you were like, 'I'm not going to take these because nobody's listening to me.' What happened when you refused to take them?

Delaney Cain: [01:59:52:28] At that point, I was threatened to be moved units. I wasn't allowed to go like on outings and different things like that because I wouldn't take my medicine and well, I understood where they were coming from. It was just simply that I honestly didn't want to take it because it was making me so tired.



Serena Vasudeva: [02:00:11:19] Did Rose Center do seclusions?

Delaney Cain: [02:00:14:29] Yes.

Serena Vasudeva: [02:00:16:24] Tell me a bit about what a seclusion is.

Delaney Cain: [02:00:20:13] So they had a room off to the side and it was a padded room and they would put people in there, but the door wouldn't lock. So they literally stood, they had like one of the heavier set standing in front of it so that way the kids couldn't push out of it. And the fact was, like they would have several staff up against the door, like they would even do restraints and stuff in seclusion, like where the kid couldn't get out or do anything. They would do restraints there.

Serena Vasudeva: [02:00:54:23] Do you remember any reasons why people would be secluded?

Delaney Cain: [02:00:59:14] Fights and like, just for attacking other people, being aggressive.

Serena Vasudeva: [02:01:06:09] Were you ever secluded?

Delaney Cain: [02:01:08:02] They couldn't put me fully in seclusion, but they would put me in the room, but they weren't allowed to shut the door because I was too high of a suicide risk. But they would separate me and put me in the seclusion room with a staff.

Serena Vasudeva: [02:01:23:10] What was that experience like?

Delaney Cain: [02:01:26:04] Honestly, like when I was in trouble and stuff and they let me go in seclusion, it was okay because they would just sit and talk to me and calm me down and stuff and play cards and different things like that to help me calm down and everything just because they can't lock me in the seclusion room. So they would have to like figure out stuff to do to calm me down instead of locking me in a room until I calmed down. And there would be several times I was just so mad I'd be punching the padded walls and stuff in the seclusion room. And at times I busted all my knuckles punching them so hard and then not getting restraints for that. But it's a padded room like other people would do that when they have them locked in the room with no staff.

Serena Vasudeva: [02:02:13:05] So now that you've sort of aged out and you're no longer living there, do you think that Youth Villages should stop doing seclusion, or do you think that they are better alternatives to restraints?

Delaney Cain: [02:02:28:00] I think there are better alternatives to restraints just because yeah, you're being locked in a room. But the thing is, you're not being forcefully held or pinned to the floor. So that way you have space to breathe. You have space to be alone and not restrained. Yeah, you are put behind a door, but some people it would help calm down faster.

Serena Vasudeva: [02:02:54:23] Did you get any foster care offers at Rose Center?

Delaney Cain: [02:02:58:12] So at Rose Center I was still up on the adoption website and I had several people make an inquiry on me and then once they got to the part of the inquiry where they were learning about my past history and everything, then they would back out.

Serena Vasudeva: [02:03:18:24] And eventually you decided to have it taken down, correct?

Delaney Cain: [02:03:22:24] I thought it was taken down, yes.

Serena Vasudeva: [02:03:25:09] But in actuality, it was left up. And that's how Michelle saw it, right?

Delaney Cain: [02:03:29:05] Yes.

Serena Vasudeva: [02:03:31:06] You got to visit your siblings during your time at Rose Center, correct?

Delaney Cain: [02:03:35:25] Yes.

Serena Vasudeva: [02:03:37:07] Were you able to beforehand?

Delaney Cain: [02:03:39:12] I was not.

Serena Vasudeva: [02:03:40:28] So how much time had passed since you were able to see your siblings?

Delaney Cain: [02:03:46:27] At least two years.

Serena Vasudeva: [02:03:48:22] What was that visit like for you after so much time?

Delaney Cain: [02:03:52:00] It was difficult because I didn't want to leave and go back to Rose Center and it was a long car ride, but at least it was a car ride with my DCS worker and not the Rose Center Staff. Just because with the Rose Center staff and it would have been more difficult, they wouldn't have let me stop as much as I needed to. They wouldn't let me get out and take breaks out of the car and different things like that. As well as my DCS worker, we stopped, we ate. We did like, we did a couple of fun things like to and from. So it was pretty cool.

Serena Vasudeva: [02:04:25:08] How long was that visit?

Delaney Cain: [02:04:27:04] About 2 hours just because it was a spur of the moment visit. So we didn't leave Rose Center until three, we didn't get to my sister's house till seven. So we left my sister's house around nine at night and headed back up to Wallace. I mean, not Wallace. Oh, my gosh. To the Rose Center. And it was just I didn't get back there till at least midnight, 1 a.m.

Serena Vasudeva: [02:04:55:05] So after this visit, when was the next time you saw your siblings?

Delaney Cain: [02:05:00:09] I think it was when I moved into my house now.

Serena Vasudeva: [02:05:03:22] Wow. So eventually you stepped down or went to a less restrictive placement. You went to Bartlett and stayed there for two months. Then you went to Wallace Group home where we met. How would you describe Wallace?

Delaney Cain: [02:05:18:23] Wallace was a calmer and more stable environment for me. Just because you were restricted to being in your room all day if you were in trouble. It was more of a house setting. It was more like a foster home. But it was a group home with a lot of other girls.

Serena Vasudeva: [02:05:38:20] The way that you've described it is pretty spot on, something that I always add to people to kind of immerse them in what it's like is, you have a kitchen that looks just like a regular kitchen, which is very different than the cafeteria that you might have in a residential. But you also have stuff like the TC room. If you've never been in foster care, you don't really know what that is. You don't have an image of it, right? It's not something that would be regular in somebody's house. You don't just take a guest to your house and say, this is our TC room. It's something specific

to group homes. So you have this weird fusion where you have parts of the house that are definitely more refined, reminiscent of home. And then you have parts of the house that are very residential in nature. Does that make sense?

Delaney Cain: [02:06:26:09] Yes.

Serena Vasudeva: [02:06:28:00] How many medicines were you on at Wallace?

Delaney Cain: [02:06:31:01] I think three.

Serena Vasudeva: [02:06:32:13] Do you think that your discussions with the psychiatrist went better?

Michelle Cain: [02:06:37:21] Yes.

Serena Vasudeva: [02:06:39:05] Do you want to elaborate a bit?

Delaney Cain: [02:06:41:12] Just, it was that the psychiatrist that was at Wallace was very good at listening and understanding of what we were going through and everything.

And she was very kind and wasn't just rude and not wanting to listen to us. Would you agree?

Serena Vasudeva: [02:07:00:21] That's a good question to ask because I was about to say, like, I'm glad that you had a good experience with her because she approached me and she was like, 'You should probably be on antidepressants,' because I was telling her that the group home was making me depressed. And that can be because, you know, the group home is very structured still and there's not, you have more freedom than somewhere like Bartlett or definitely Rose Center, but you have less freedom than you would be used to. And that was kind of making, that bothered me and it made me very upset and depressed and she was like, 'Well, you should go on antidepressants.' And I was like, 'I don't want to go on the antidepressants because I know what's like, it's not it's not my brain. it's my environment.' And then she talked to me for an hour about how she fell off her horse and she didn't want to take medicine after she fell off the horse, but the medicine made her better. And I was sitting there and I was like, Ma'am, I am 17. I understand how medicine works. The depressant pill isn't going to get rid of my environment, but I'm glad. I'm glad she was good to you because I was sitting there for that hour and I was like, 'This could not be a worse experience.'

Delaney Cain: [02:08:09:16] Yeah, I remember you coming back to the group after that happened. It was like maybe a week after I had gotten there, I think, and that's when that



happened. And you were like, 'She wants me to go on antidepressants and I'm not taking any medicine she is prescribing me.'

Serena Vasudeva: [02:08:27:17] I can't believe you were there for that! I totally, Wallace can be like a revolving door because there's a kid that leaves, and then there's a new kid, like, every month. So I just forget, like, if you were there for that, I just don't remember. I'm glad you were there for that though, because like, that was just an insane memory of just getting back from that, like, sitting there for an hour and being like, 'Oh my God.'

Delaney Cain: [02:08:52:11] Well I mean, yes, she would take forever just to talk to you. And I was like, I understand you're getting paid for this, but is it seriously necessary for you to sit and talk to each kid for like 30 minutes to an hour?

Serena Vasudeva: [02:09:08:29] I mean, at least she was responsive and spent the time doing it, but like an hour was so long. It was so long. And I remember when I got back, everyone was like, 'Why did that take so long like what happened?' And I was like, she just kept talking about her horse.'

Delaney Cain: [02:09:26:14] Yup, that's exactly what you said.

Serena Vasudeva: [02:09:29:13] So transitioning from the psychiatrist to the therapist, do you think that the therapy there kind of helped you with dealing with your self-harm behavior, things like that?

Delaney Cain: [02:09:43:03] Yes. Wallace was one of the places that I had the best therapist, and I was kind of glad that I left before the new therapist got there because when the new therapist came in to do groups and stuff so that we will get used to her, I didn't really like her.

Serena Vasudeva: [02:09:59:10] Yeah is pretty good because unfortunately in these residential and group homes you don't really get to choose your provider if you don't like your therapist or you feel like they're taking the wrong approach, you don't really have much say. That's kind of what you get.

Delaney Cain: [02:10:13:22] Yeah. And I was just glad that we were able to move along and I could get into my foster home quicker.

Serena Vasudeva: [02:10:21:22] Did you ever get into any restraints at Wallace?

Delaney Cain: [02:10:24:16] No, I didn't.

Serena Vasudeva: [02:10:26:10] You sort of came into Wallace with this long history of getting into restraints and constantly these like staff tension issues. What changed?

Delaney Cain: [02:10:36:18] The different environment. It was a new setting, new place. It wasn't as scary and there weren't as many kids. When there's a lot of kids it freaks me out. But in Wallace, there was only like eight or ten of us, whereas in the Rose Center and stuff like that, there was like 20, 25 of those in one unit.

Serena Vasudeva: [02:10:56:13] At Wallace, what kind of things would the staff do to make you feel heard or seen?

Delaney Cain: [02:11:01:11] So like in the groups and different things like that, they would elaborate on what we told them like and like one one one sessions and just like one to one talks and different things like that. And another thing that really helped me was in Wallace they wanted me to plan events and different things like that. So I did and it was very helpful just due to the fact that I was able to plan stuff and be able to do stuff to help out. I think the last event I did before I left Wallace was a carnival, and I made like deep fried Oreos and funnel cakes and different things like that, and we all enjoyed ourselves.

Serena Vasudeva: [02:11:44:19] Wallace and Rose Center are both owned by the same nonprofit Youth Villages. What do you think Rose Center could do to be more like Wallace?

Delaney Cain: [02:11:56:01] They could have more understanding staff and the staff could be like, listen to what the youth has to say more. Just like the staff at Wallace did, instead of just telling the youth to just be quiet and go on about their day, and then that would later on in the day cause issues.

Serena Vasudeva: [02:12:19:09] So at Wallace, they use something called the point system. To summarize, you get a few points per hour and then you lose some if you do something against the rules, like cursing or skipping class. If you don't get enough points, you get your privileges taken away. So, for example, if you argue with a peer or a staff, you get your points taken away and then you can't use the computer. What do you think of the point system?

Delaney Cain: [02:12:43:08] So I didn't really have an issue with the point system just because I was well behaved when I was there. There were a couple of times where I wasn't able to do like, the halfway through the week privilege of being able to stay up late and do stuff like that. But that was only because I missed a couple points and I was below

the threshold like by one point. But in other ways that was more of a thing where it showed me how to realize what I've done wrong and realize how I can do better.

Serena Vasudeva: [02:13:21:09] So something I want to pick your brain about is the way that the point system and phone calls interact. So to summarize for someone who might not know, the point system, if you don't get a certain amount of points they actually reduce the time on your phone call. If you get really good points, you have a ten minute call. But if you have really bad points or you get into a restraint, you only have a five minute phone call. What do you think of this? Did this become an issue for you?

Delaney Cain: [02:13:49:15] Um, no, because I always had enough points to get the ten minute phone calls, so that wasn't really a big issue for me.

Serena Vasudeva: [02:13:58:00] So in a broad way, what could residential and group homes do to improve?

Delaney Cain: [02:14:04:02] Honestly, they could just be more understanding of where the youth is coming from and not just do based off of the other youth that they've had. Each youth has different issues, has come from a different situation. They need to understand each and every youth. Yes, I know it takes time to get used to youth and

understand them, but it's worth it in the long run because you don't know how long that youth is going to be there.

Serena Vasudeva: [02:14:28:29] So in residential, do you feel like you're living the legacy of previous kids in a way? Like if they had a behavioral issue that you didn't have, you were suddenly treated with that behavioral issue?

Delaney Cain: [02:14:40:14] Yes.

Serena Vasudeva: [02:14:42:15] So at Wallace, you got your adoption offer. Tell me what that was like.

Delaney Cain: [02:14:48:11] It was kind of surprising just because I didn't know I was still on the website. I was kind of concerned because I didn't know if they were going to back out or, you know, do anything like the other people that had inquired about me had done.

Serena Vasudeva: [02:15:02:15] And then when Michelle didn't back out, you started having Zoom calls because of COVID, correct? You couldn't like, go and visit beforehand?

Michelle Cain: [02:15:11:10] Yes.

Serena Vasudeva: [02:15:12:13] Typically, when you do get a foster adoption offer, when you are in Youth Villages custody, you tend to do a PPV, a pre-placement visit, where you visit the foster home, you go back to your regular placement and then you see kind of if you work. So what was it like not having that because of COVID?

Delaney Cain: [02:15:32:21] It was very difficult just because I didn't know what to expect. I didn't know exactly where it was or anything. I didn't know how close it was going to be to my sisters and I always loved going to see my sisters and stuff when I was able to. Like I knew they were in Tennessee, which was good because I didn't want to go out of state.

Serena Vasudeva: [02:15:53:07] What was it like adjusting to your home when you first got there?

Delaney Cain: [02:15:57:21] It was mainly just getting used to not being supervised 24/7 and having independence. I wasn't used to having independence. I wasn't used to not having a set schedule on when I had to get my lazy butt out of bed and when I had to eat

and when I had to go to the bathroom. Because you know, all that stuff was on a schedule.

Serena Vasudeva: [02:16:21:03] So what kind of helped you transition from this rigid schedule to this very lax and loose kind of schedule? Like whatever you wanted, kind of.

Delaney Cain: [02:16:33:24] It was mainly just my parents now just being supportive and understanding of what, like how hard it was for me to transition from a really strict schedule to a lax schedule.

Serena Vasudeva: [02:16:46:16] What sort of surprised you when you moved in with Michelle?

Delaney Cain: [02:16:50:13] They already had a room and everything set up for me that they were ready and sort of just having a room that had like a million and one foster kids and stuff and like just leave stuff and everything. And they had only had one temporary placement before me, and that was only because they had to. But other than that, it was pretty nice just having my own room and not having to share it.



Serena Vasudeva: [02:17:15:15] When Michelle got you a private therapist as opposed to a Youth Villages counselor, did it help you?

Delaney Cain: [02:17:22:15] Yes, it did, because the therapist that I had gotten was trauma informed and was very understanding and helped me get through a lot of things that I normally wouldn't have been able to get through. Even with a Youth Villages therapist.

Serena Vasudeva: [02:17:37:19] What do you think was key in helping you transition to your new home?

Delaney Cain: [02:17:43:06] Being to have contact with some of my friends and different things like that that I had in those facilities.

Serena Vasudeva: [02:17:50:22] What advice would you give to teenagers who are still in the system?

Delaney Cain: [02:17:55:29] I would honestly just tell them that I believe and trust. I mean, I know the system isn't the best, but it help you get somewhere. It's not all bad. It's

trying to help fix the situation you were in and help the situation that you are in now to help you get better.

Serena Vasudeva: [02:18:17:17] What would you tell people who are considering fostering or adopting?

Delaney Cain: [02:18:22:17] I would tell them, go ahead with it, because there are actually a lot of people that need love and support. And if you are willing to give it to them, then give it to them. But if you're not and you're just in it for the money, don't even worry about it. Because if you're so focused on getting money for a kid and using the money on yourself, then that's not, that's not okay. Like that money is given to you to give to the kid for allowances, for allotments and different things like that. It's to get the kid what it needs.

Serena Vasudeva: [02:18:57:28] In foster care, there's kind of a difference between taking a kid from foster care and taking a kid who has gone from like, who is coming from a group home or residential. What would you give as sort of advice for a foster who's trying to specifically reach for those kids who are stuck in these residentials and stuck in these group homes? What would you say that they can do to help a kid that's coming from a residential home?

Delaney Cain: [02:19:23:03] So I would say, like have a very like lax schedule, like just a couple activities throughout the day, different things like that so like you're transitioning into not having to have set things all day. And then just being able to understand what the kid's coming from. And like if the kid says they don't want to do something today or they want to push it off till tomorrow, then let them do that. We never had a choice to do that. So let them have their opinion and let them say what they want to say to an extent. You don't want them to run your house and everything, but let them do what they want to do sometimes. Like if they want to go sit outside for 2, 3 hours, well then that's okay. It's because we didn't always get to sit outside for as long as we wanted and different things like that. So it's okay to let them sit outside after you've gotten them in your home and everything, as long as they're not a runaway risk and all that other stuff, you know.

Serena Vasudeva: [02:20:27:24] Well, thank you so much for meeting with me today Delaney. You've given me a lot of information about the inner workings of these residential that are often completely closed off from the people who don't live in them. And I think that it's really good to have information accessible so people know exactly what goes on in these residential, how the kids are treated, and how the culture is, and what the schedule is like.

Delaney Cain: [02:20:51:26] Well, thank you for having me and letting me to discuss how I felt about the residential and everything. I feel like this is going to actually help some, like foster parents and people that work in the residential. Hopefully they'll listen

to this too and realize that the way that they are handling things does affect the kids, even though they are out of the residential, it still affects them to this day. Just being able to realize and understand that I think is a really important key to having a better run facility.

Phone Operator: [02:21:28:25] Thank you for calling Mountain Youth Academy, how may I direct your call?

Serena Vasudeva: [02:21:32:18] Let's talk about Mountain Youth Academy. Following Delaney's statements, I actually reached out to Mountain Academy. I sent them a letter and I left them a voicemail. Specifically, my letter had to do with the supposed harassing statements that male staff were making as well as the use of a chill out room. Eric Dunkerly, the CEO, actually responded to my letter via email. He wrote, 'Mountain Youth Academy is a residential treatment facility for youth 5 to 17 years old that specializes in the treatment of childhood trauma. Our dedicated and compassionate staff are industry standards in the delivery of high quality treatment and care. We are proud to be accredited by the Commission on Accreditation of Rehabilitation Facilities or CARF.' So looking at this statement, it doesn't actually say anything about possible inappropriate remarks or the use of a chill out room. So I did respond via email and made it clear that that's what I was looking for. I also offered him an interview and I got no response. I actually did look in the CARF and they do not talk about restraint or seclusion standards on their website. Maybe it's in some sort of informational packet that I don't have access to. Maybe it's not posted on the website. But I was looking specifically for standards such

as male staff can't restrain female use or anything about restraints really. They certainly aren't advocating on their website for a chill out room. So I did email them about restraint standards, I haven't heard back and I'll update you if I do. I did also reach out to youth villages regarding a statement about arm twisting during restraint at Rose Center. And not only is Delaney by this issue, but I am personally affected by this issue. I was never at Rose Center, but I was on the same campus right across the parking lot in Bartlett, and arm twisting was a huge issue while I was there, it was definitely happening during restraints and it made living there very scary. I didn't know what the staff were going to try to do to me if I did get into a restraint and I was friends with a lot of the people at Bartlett. They were my peers. There were some of the only people that I was interacting with, and I watched them get their arm twisted restraints. And I definitely think that it was very negative for me growing up. But I did get a statement from Youth Villages about the entire arm twisting situation and it reads, 'The safety and well-being of the young people we help is always our most important concern. Our staff are trained in the Crisis Prevention Institute's model and Safety Training, which emphasizes prevention, intervention and nonphysical methods of managing unsafe behavior. The model calls for using a therapeutic hold as a last resort to resolve an unsafe situation. There are guidelines and standards for the oversight of therapeutic holds that involve supervision and reporting. We also have video monitoring for the safety of young people and our staff. Therapeutic calls are reviewed to ensure procedures are followed. If there are concerns, those are escalated and handled swiftly and immediately. We strive to give every young person who comes to us their best opportunity for success.'

## **Episode six** **Residentials Fail LGBT Youth**

Episode Description: Listen in as Adrienna Irick shines a light on the conditions inside four different Youth Villages Placements: Inner Harbour, Dogwood, Wallace Group Home and Rose Center. In more restrictive placements such as Inner Harbour, Rose Center and Dogwood, residents are considered too high risk for public school. Instead, they attend facility schools run by Youth Villages. Adrienna described the schools as inadequate and lacking ACT preparation.

In facilities where cottages and courtyards can have many residents, Adrienna felt staff were too busy with others to address her emotional needs. Her testimony offers feedback for staff wishing to make a positive impact on foster teens in residentials and group homes.

Adrienna came out in foster care and alleges staff at her facilities made negative comments about her sexuality. These comments came from the same staff hired to help her manage her mental health and empowered to restrain her.

Host note: At times during this episode, Rose Center is referred to as G-Cert. Rose Center's old name was Girl's Center and was colloquially known as "G-Cert" during part of our stay in Youth Villages. Rose center also has courtyards, not cottages. This mix-up comes from my familiarity with Bartlett, which has cottages.

[Music]

Serena Vasudeva: [00:00:04:09] Hey y'all. Before you get listening to this episode, I just wanted to let you know that it discusses self-harm extensively. If you are having suicidal thoughts, please reach out to the National Suicide Hotline at 988. The Trevor Project also has a helpful number for those in the LGBTQ community who may be experiencing a crisis. That number is 1-866-488-7386.

[Music]

Serena Vasudeva: [00:00:29:18] I also wanted to give an update about last week's episode in regards to Mountain Youth Academy. Earlier this week I sent out a child abuse report to DCS. I have my own ethical beliefs that I'm required to do so and on top of that, everyone in Tennessee is a mandated reporter when it comes to child abuse. That means any person with reasonable cause that child abuse is taking place must either contact law enforcement or DCS. I reached DCS through Tennessee Child Abuse Hotline at 877-237-0004. The first step of that reporting process is once you give them all the information, DCS decides if they are going to investigate or not. In this particular situation, DCS decided not to investigate Mountain Youth Academy. Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster youth and your host. Today we'll be hearing from Adrianna Irick, who has lived in four different facilities, all owned by the nonprofit Youth Villages.

We met at Wallace Group Home in 2020 and dated for a bit. Before we dive into your experience in how foster care was shaped by your queer identity, let's talk a little bit about what your experience in care looked like.

Adrienna Irick: [00:01:53:01] I was placed into foster care at 7 and then at 14.

Serena Vasudeva: [00:01:59:10] At what point did you sort of transition into the care of youth villages? When did you find out that you were sort of in the care of youth villages?

Adrienna Irick: [00:02:09:00] When I went to Inner Harbor.

Serena Vasudeva: [00:02:11:21] So Inner Harbor is a residential treatment facility for our listeners who might not know. How would you describe what a residential is?

Adrienna Irick: [00:02:19:28] So residential in my eyes, it's basically the standpoint of growing into adulthood, but it's not very therapeutic.

Serena Vasudeva: [00:02:34:21] So RTCs, residentials, they're meant to provide therapy, but you don't think that they're very therapeutic at all?

Adrienna Irick: [00:02:41:22] Yes.



Serena Vasudeva: [00:02:42:28] Because they're sort of like they're long term mental hospitals, that's kind of how I've always described it.

Adrienna Irick: [00:02:48:06] Right.

Serena Vasudeva: [00:02:48:27] Where, you know, you stay there, you get therapy, you get, you know, med pass, things like that. They're supposed to provide an education for you there, things like that. It's basically like a mental hospital, except you stay there for a little longer.

Adrienna Irick: [00:03:02:07] Yeah.

Serena Vasudeva: [00:03:03:12] What did Inner Harbor look like on the outside?

Adrienna Irick: [00:03:07:04] So Inner Harbor is based off of, like, a big ass ranch. It's definitely more open than enclosed. There's a courtyard that's like the whole campus, that's just off by itself on like the end of the road. So I was on, like, the courtyard that wasn't attached to the Youth Villages area, but was still part of Youth Villages.

Serena Vasudeva: [00:03:30:23] What was sort of the first thing that happened when you walked in those doors? What were you feeling? What were you experiencing?

Adrienna Irick: [00:03:37:21] I experienced a lot of flashbacks, but then I was also really shaky.

Serena Vasudeva: [00:03:42:29] Was there a reason you felt so anxious?

Adrienna Irick: [00:03:46:07] When I walked in there was a fight, so I wasn't checked in completely. I was just thrown on the yard and they just left and took care of what they needed to take care of.

Serena Vasudeva: [00:03:56:09] So for our listeners who don't know, what is the yard?

Adrienna Irick: [00:03:59:16] Pretty much where you sat when you first woke up. So basically the big living room but in therapeutic terms its day room. Um, I was on courtyard three and I entered 2018.

Serena Vasudeva: [00:04:16:14] All right, all right. So a courtyard is basically, from my understanding, it's like a section of like a certain amount of kids, and it's like a little room, right. And that's like, okay, this is your group that you're with?

Adrienna Irick: [00:04:29:13] Yes.

Serena Vasudeva: [00:04:30:06] Yeah. So you have courtyard 1 and that would be 20 or 30 and then courtyard 2, 20 or 30. And you'd sleep with them and eat with them and everything like that?

Adrienna Irick: [00:04:37:25] Yes.

Serena Vasudeva: [00:04:38:27] Okay. So what kind of mental health services did they offer you and did you feel they were adequate?

Adrienna Irick: [00:04:46:27] The kind of therapeutic skills that they offered were adequate at a certain stand point, but then after a while it just kind of got agitating because A on the first day, you want me to sit down next to you at your desk and well, 'How have you been doing?' I say 'I'm fine, whatever.' And you come back and say, 'No, you're not.' You know I'm not fine because I'm here. But you don't ask why I'm not fine. And that's where the whole safety issue comes in is you're here to help me, not here to make me worse.

Serena Vasudeva: [00:05:26:26] Well, that's awful. That seems really counterintuitive. That seems like it would sort of hurt your relationship with your therapist. Would you agree?

Adrienna Irick: [00:05:34:01] Yes.

Serena Vasudeva: [00:05:35:15] How many times a week did you meet with your therapist and did you have group therapy?

Adrienna Irick: [00:05:40:08] It was group therapy once a week and then you see your therapist twice a week.

Serena Vasudeva: [00:05:45:27] Okay. So what did group therapy look like? Did you find that approach helpful at all compared to regular therapy or?

Adrienna Irick: [00:05:54:08] Group therapy didn't help, really, because when you're sitting down and somebody's like the head of the circle talking, nobody wants to listen to that person and then it just gets more rowdy and out of control and then you get yelled at to sit down and stuff like that. So it's like, although you're behaving and somebody else is misbehaving during the group, you're still going to get yelled at. And that's not fair because I'm not completing my treatment when I'm doing what you're asking me to do.

Serena Vasudeva: [00:06:24:03] What do you think specifically Inner Harbor could do to sort of improve the mental health resources that it gives?

Adrienna Irick: [00:06:31:25] As far as like therapy wise, if you're a therapist like and you see that somebody is emotional, don't sit there and like harass them to talk about it. If they don't want to talk about it, they don't want to talk about it, don't jump down their

throat. Like that's what I felt like all the staff were trying to do is jump down our throats. You can't force it out of us.

Serena Vasudeva: [00:06:56:04] And tell me if you felt uncomfortable with your therapist or you felt like it wasn't working, what could you do?

Adrienna Irick: [00:07:05:22] Nothing. You were stuck with what you got. DCS can place you in there for a certain reason, but they're just going to help you with what DCS thinks that you need help with, not with what you as a person needs help with. And that's the issue.

Serena Vasudeva: [00:07:23:15] So you think Inner Harbor should listen more to what the kids are actually saying that they need help with?

Adrienna Irick: [00:07:29:01] Yes. The person, not the person on the outside that brought you in here, like you as an individual. You're in there for therapy. You need to speak about what you need, not what they think you need.

Serena Vasudeva: [00:07:42:28] So when you expressed that you felt like self-harming, how would your therapist and how would your staff react?

Adrienna Irick: [00:07:49:23] They just kinda yell at you saying, 'Don't do it, don't do this, don't do that. You're going to get in trouble, this and that.' Like that really doesn't

solve the issue. If I was a therapist and I saw somebody else reacted in the way that I was reacting as a kid I would ask them, 'What's wrong?' Not 'Don't do it. You're going to get grounded for doing this or you're going to be placed in seclusion for self-harming, this and that.' Like that's not really helping me. Locking me up in a room isn't going to stop me from doing what I want to do.' I feel like it's all about communication. And that's one thing that Inner Harbor sucked at was communication.

Serena Vasudeva: [00:08:33:09] So you mentioned being placed in seclusion. What is that?

Adrienna Irick: [00:08:37:27] It's basically just a padded room with a door and then obviously a camera so they can see you. And then they basically just shut the door and the door locks behind them. So in order for you to get out of the room, they have to get you out.

Serena Vasudeva: [00:08:53:11] What was the longest you were ever secluded?

Adrienna Irick: [00:08:56:20] I'd say an hour.

Serena Vasudeva: [00:08:58:17] Did you ever hear of anyone else who were secluded longer than an hour?

Adrienna Irick: [00:09:02:16] Not that I'm aware of.

Serena Vasudeva: [00:09:04:20] Do you think that that sort of added to everything you were already dealing with?

Adrienna Irick: [00:09:09:16] Yes, because when you pretty much barricade me in a room with no one to talk to, nobody to see, you're basically trapping me in my own head because that's like the only other person to talk to. I don't know about your head, but everybody's got a dangerous side to their head. And when you're locked in a room by yourself and the only thing that's monitoring you is a camera. And nobody's talking to you. Nobody's listening to you while you're crying and none of that. Yeah. It brings back a lot that you don't want to experience.

Serena Vasudeva: [00:09:49:18] How many times were you secluded while you were at Inner Harbor?

Adrienna Irick: [00:09:53:10] I was secluded three times.

Serena Vasudeva: [00:09:55:25] And how long were you at Inner Harbor?

Adrienna Irick: [00:09:58:15] 3 months, 3 to 4 months?

Serena Vasudeva: [00:10:02:03] Once a month.

Adrienna Irick: [00:10:03:15] Yeah.

Serena Vasudeva: [00:10:04:24] Wow. So after did they bring you to the therapist or did they just kind of throw you back in the cottage and say, there you go.

Adrienna Irick: [00:10:12:16] Throw me back with the kids. Basically, the way that they did the seclusion room still is the same way that they did restraints. Once they got done restraining you and you seen the nurse or whatever, they just put you back into the group and say, 'Don't do it again.' That's basically how the seclusion room is. They just throw you in the room, wait a couple of minutes, make sure you're calmed down and then they throw you back in the group. That's not very therapeutic in my eyes. What's being locked and closed in a room going to solve? It might calm you down but at the end of the day it's really hyping up your adrenaline more because there's nobody around you.

Serena Vasudeva: [00:10:57:29] So you sort of touched on this, what exactly is a restraint?

Adrienna Irick: [00:11:02:09] Basically a restraint in their words is a therapeutic hold to stop your aggression, or to stop you from charging, or anything that you do that regards them to placing their hands on you.

Serena Vasudeva: [00:11:16:21] So in the most basic terminology, a restraint reduces a person's ability to move. They're usually used when someone might hurt themselves or



someone else, but they do pose the risk of causing physical or mental trauma. How many times were you restrained at Inner Harbor?

Adrienna Irick: [00:11:16:21] Quite a few, but three at the most

Serena Vasudeva: [00:11:34:29] Do you feel like these restraints were done properly, just to prevent you from hurting yourself, or do you think that they became windows into physical abuse?

Adrienna Irick: [00:11:43:24] As a self harmer, past, when you do a restraint on me, it's going to make me more angry because you know all I want to do is cause pain to myself. But yet you're going to cause pain to me. That really solved what? Like, just because I self-harm, it's painful, doesn't mean you got to put me through pain, too. And that's where the staff didn't really care about the Youth's opinions. But there is a lot of threats that do come with any type of physical contact between a staff and a youth. There has to be a reason why you're laying your hands on them, and half the time there's not a reason. It's just because I can, because you was doing something that told me I needed to.

Serena Vasudeva: [00:12:42:02] How does it actually feel to be restrained?

Adrienna Irick: [00:12:46:02] Painful. Like extremely painful. It's like they're breaking your shoulders off of your neck.

Serena Vasudeva: [00:12:53:14] If you had to sort of tell me what it looked like, like how many staff were involved? Like, how were they actually putting you in the restraint?

Adrienna Irick: [00:13:01:14] Basically, the staff's hip goes and the kid's stomach. It's like you're tied in a knot. The minimum staff is two but it depends on like, the two staff are strong enough so they can't grab that one peer. Then I think the maximum of staff in one restraint can be six. And just one kid and six staff holding on to you. That's just, trust me, it's painful. You don't want all that pressure on you.

Serena Vasudeva: [00:13:37:07] Did you ever witness anybody go through that or did you go through that, where there was six staff?

Adrienna Irick: [00:13:42:20] I went through it, but there was a lot of other patients that also went through.

Serena Vasudeva: [00:13:48:11] Do you have a particular example where the details really stick with you?

Adrienna Irick: [00:13:53:07] So one of the main restraints that I've been in that has had more than two staff would have been the laying on the ground restraint that they do. I thought that was called seclusion. But I think there's another word to that restraint, because I know they're seated, there's team control. But it's the laying on the floor restraint where they hold your legs, your stomach down, your arms down, your head down. Yeah.

The restraint where they touch on you. And I've been tied down and multiple of those. I had a staff member that pushed me at G-cert and I pushed her back and she threw me on the ground and she put me into a restraint and she was wearing a jean jacket and she took her jean jacket and made a rug mark right here. And it was a big scar for a couple of months.

Serena Vasudeva: [00:14:47:16] Did they ever do anything about that? Did you report it? What went on after that?

Adrienna Irick: [00:14:53:01] Nothing was done about it. 'If you didn't touch me, I wouldn't have touched you.' That's what I was told. Communication within the whole wide world of Youth Villages sucks.

Serena Vasudeva: [00:15:06:07] Clearly. Was there ever any time that you saw things like arm twisting, hitting, punching, kicking, anything that a staff definitely shouldn't be doing to a kid?

Adrienna Irick: [00:15:17:14] Oh tons of it.

Serena Vasudeva: [00:15:19:06] What specifically?

Adrienna Irick: [00:15:20:25] Arm twisting, a lot of kicking, throwing down, punching. Yeah.

Serena Vasudeva: [00:15:29:29] Was any of this ever reported? Was there a way to report it? Do you feel like that way was adequate?

Adrienna Irick: [00:15:36:26] Well, when it came to, like any situation, there was a Youth Villages slip that was deemed a grievance form that you can fill out that would help report things. But the grievance paper didn't help report things because the papers that were pulled out of the box, they were looked over, not important, in the trash. So that's where the whole communication really sucks. I filled out a bunch of grievances and not a single one of them were looked over.

Serena Vasudeva: [00:16:13:15] Do you ever know of a situation where anybody in your cottage filed a grievance and it was actually answered in some way?

Adrienna Irick: [00:16:21:13] Yes, I do. It just basically had to do with the food in the cafeteria. The mystery meat joke got around and while it was placed on the grievance that there was mystery meat. And so I guess one of the lunchroom people was like, they said something disrespectful and said 'it's not mystery meat, but eat it anyways' or something like that and the kid took it offensive. But that's the only grievance report that I've ever seen that was actually pulled out and talked about with no issues.

Serena Vasudeva: [00:16:55:00] So what kind of grievances did you fill out for? Like, did you fill out one for physical abuse, anything? What sort of subjects were your grievances about?

Adrienna Irick: [00:17:03:08] Basically, like the cottage restrictions, like don't move unless I tell you. And one of my main grievances was placed on the telephone. Nobody should be listening to my supervised call that is only supposed supervised by the staff, not kids too.

Serena Vasudeva: [00:17:23:29] So tell me a bit about how phone calls worked at Inner Harbour.

Adrienna Irick: [00:17:27:16] It was phone calls had to be on speakerphone and they were 7 minutes each. And you could only talk to the person that was approved on your contact list through DCS.

Serena Vasudeva: [00:17:39:22] Yeah. And that's something that I had an issue with, too. I had an approved contact with my friend. It had to be supervised by the staff, but because it was on speakerphone and everyone on the hall had their doors open, well, then everybody's going to hear the phone call and they're all joking that I have a boyfriend when I'm just friends with this guy. And it did get really annoying. And even the staff played in and said, 'Ha ha, you have a boyfriend.' You're not supposed to be, you know, joking about that stuff, especially if I'm telling you, 'hey, quit it.'

Adrienna Irick: [00:18:06:14] Right.

Serena Vasudeva: [00:18:07:26] So from Inner Harbor, you went to Dogwood. What year was this?

Adrienna Irick: [00:18:11:13] I know I was at Dogwood for a year and four months, but I'm not sure when exactly I was placed.

Serena Vasudeva: [00:18:18:11] Here's how Youth Villages, the nonprofit that runs Dogwood, talks about it on their website. 'Located on 41 secluded acres on the outskirts of Memphis, this beautiful campus provides a peaceful atmosphere to help boys and girls with a variety of emotional and behavioral problems. The dogwood campus' tranquil setting is home to individual cottages that group Youth by Gender, age, diagnosis and functioning level. The 10 to 12 members of each group live in the same cottage and spend all day together attending class, eating meals and participating in activities as a group. The campus features a specialized treatment program to address problem sexual behaviors, but it's also equipped to serve boys ages 8 to 17 and girls ages 11 to 17 who have been impacted by trauma.

Adrienna Irick: [00:19:10:06] I don't fully agree with the statement. Now they do provide speech therapy and other functioning therapies as far as dealing with trauma. I do remember a trauma narrative there, writing it out, typing it out. And when I burned my

trauma narrative, I planted it underneath one of the dogwood trees. My therapy as far as dogwood went was okay, but the lack of communication is still there.

Serena Vasudeva: [00:19:42:24] What is a trauma narrative?

Adrienna Irick: [00:19:44:27] Where you write out everything that you've been through in your childhood that you feel like you can't talk about.

Serena Vasudeva: [00:19:51:02] Do you think writing that helped?

Adrienna Irick: [00:19:53:09] If you think writing it out is going to make it disappear, it's not going to. And I think that's where a lot of people get mixed up, because that's what I thought. I figured, okay, if I write it out and never be there. But it's all in how you decide to release it.

Serena Vasudeva: [00:20:07:19] How often did you go to group therapy and individual therapy?

Adrienna Irick: [00:20:10:27] Therapy was once a week. Group therapy was twice a week.

Serena Vasudeva: [00:20:15:23] What were the mental health resources like at Dogwood? Do you think it was good, or?

Adrienna Irick: [00:20:19:07] There's not enough staff to accommodate the youth needs. There's too many kids for a minimum of six staff in each area. That's just not enough supervision. I know as a youth that was located in Youth Villages that just recently aged out a year ago, I didn't get all the needs that I needed because there was another youth before me that needed more help than I did. And that's understandable. But that's where I'm saying a lot of jealousy comes from the staff is they pick and choose who they want to work with, but they're not there for them, they're there for everybody.

Serena Vasudeva: [00:21:03:16] What was the staff to youth ratio at Dogwood?

Adrienna Irick: [00:21:07:24] I think it was like two per four kids or something like that.

Serena Vasudeva: [00:21:13:11] Okay. The education system at Dogwood, obviously you're not allowed to go to public school. They have a private school, right?

Adrienna Irick: [00:21:19:28] Correct.

Serena Vasudeva: [00:21:21:13] How did that work? Do you think that the education there was adequate?

Adrienna Irick: [00:21:25:27] No, I don't. Say there's three people in one classroom, one was in 9th, 10th and 11th. You'd all do the same grade work. It wasn't your own grade



work. So, no, the education in Youth Villages is terrible, it's trash. They need to fix it. I encourage Youth Villages and seventh grade. Like I'm currently in the GED program and the way that Youth Villages school is is basically like what you learn and like kindergarten or first grade. Addition, subtraction, multiplication, division. Those are the top four Things that youth villages focus on.

Serena Vasudeva: [00:22:09:07] What would you learn in English? What would you learn in history?

Adrienna Irick: [00:22:12:06] History was pretty much history class, I can say. English was kind of iffy. Like, say, adverbs was the first week of the month. Adverbs would also be the last week of the month. They repeatedly taught the same thing. You didn't learn what you were supposed to. You were just really taught what they thought you didn't know.

Serena Vasudeva: [00:22:34:18] What do you think Youth Villages needs to do, or do you have any suggestions on what they could do to improve the education system at places like Dogwood?

Adrienna Irick: [00:22:43:29] Youth Villages in general need like, real teachers and real principals. If you look at it, public school is supposed to, you're supposed to achieve more year by year. In Youth Villages, yes its year by year, but the year you enter is the year your school stops. Because I know a lot of people that are in my situation where they

never got the chance to graduate because the year that they entered is the year your school was stuck at. You didn't proceed in any way that you were meant to.

Serena Vasudeva: [00:23:21:01] Did you take the ACT?

Adrienna Irick: [00:23:23:07] Yes, I did.

Serena Vasudeva: [00:23:24:27] So the act is so critical to get into college. Not only can it get you a scholarship, it can even determine whether or not you get into a university or college. If you don't have a high score, you lose scholarships. You might not be able to enter college to begin with. Did they prepare you for the ACT, considering how critical it is for higher education?

Adrienna Irick: [00:23:47:09] They never prepared me for it. I just, they just sat it in front of me and told me to take it. 'Give it my best shot' was what they said.

Serena Vasudeva: [00:23:57:15] Did you receive a calculator for the math portion?

Adrienna Irick: [00:24:00:15] No, I did not. I didn't even receive my grade or a score afterwards.

Serena Vasudeva: [00:24:06:24] So the cottages at Dogwood, you know, the kind of house you lived at on this campus, were they clean?

Adrienna Irick: [00:24:14:16] I gotta say, I didn't really have any issues with the like, the cleanliness of the rooms or anything like that. Had a place to lay your head at. Wasn't really much of a big impact.

Serena Vasudeva: [00:24:25:20] How many restraints did you get into at Dogwood? You were there for a year, correct?

Adrienna Irick: [00:24:30:09] Yes. I actually, I maybe got into a total of two while I was at Dogwood. I think my restraint risk went higher whenever I was located in the higher programs with the angrier kids. Pretty much dogwood was basically just me and therapy. I didn't really have much of an issue in Dogwood, just hated being there, waking up at the same place every day.

Adrienna Irick: [00:24:57:28] The thing I hated about Dogwood, and obviously they're not going to tell you, is so, it's sectioned by cottages, right? The boys cottages are at the end the girls cottages are at the beginning. Well, say your lunch time is at 11. You have to walk all the way down the cafeteria from your cottage, the end of the street to get to the cafeteria. But say it's raining, or it's likely impossible but it happens, or it's snowing. You've still got to walk it. Like the spinners, they were only for off campus purposes, but say it's raining like, raining raining, they make you wear a rain shower coat. Those percussion slides, they make you walk in those in the rain.

Serena Vasudeva: [00:25:56:11] Tell me a bit about the precaution slides. What are they?  
Why would you wear them?

Adrienna Irick: [00:26:01:29] Precaution means elopement risk, which is run away, or self-harm behaviors or say you got into a restraint. Then they put you on percussion for 24 hours to monitor you. You'd have to wear your slides obviously. precaution slides are these white slides, they got black straps. They're very uncomfortable. Yeah. Bob Barker.

Serena Vasudeva: [00:26:28:14] Oh, yeah, Bob Barker. Bob Barker slides. They actually, that is exactly what they use in prison. So what you're telling me, you get in a restraint, you got to wear the slides and then you have to walk, possibly in the rain, from basically a mile in these really uncomfortable shoes while its raining and they're open toed.

Adrienna Irick: [00:26:48:00] Yes.

Serena Vasudeva: [00:26:49:12] Yeah, I remember that. I was never put in the precaution slides, but I remember walking in the rain at Bartlett.

Adrienna Irick: [00:27:00:14] Sprinters were only used for off campus events or what?  
What did they call it?

Serena Vasudeva: [00:27:08:07] Good behavior outing.

Adrienna Irick: [00:27:09:28] Yeah. Outing, for outings.

Serena Vasudeva: [00:27:14:24] Was there a specific instance where you saw anyone get hit, kicked, pinched, punched, anything like that?

Adrienna Irick: [00:27:24:27] Yes. As far as like observing, there was a lot of things I've seen, but if a staff member actually hit me and I went to report that they hit me. Another staff member will back them up and say, no, they didn't. And that's where it kind of falls in the play of lack of communication, because I just told you that the staff hit me and you're going to go back and say, 'No, they didn't.' That wasn't helping me. Whether the staff is going to be truthful or lie about it, like always, it doesn't matter. What matters is if it happened, it happened. But speak up about it. And that's what adults don't. If the staff likes you or not, the staff will treat you accordingly. Like you really don't have a say so in Youth Villages. They had to do what you've got to do, live there, have a place to sleep, roof over your head, mystery meat to eat. Yeah.

Serena Vasudeva: [00:28:27:07] So at Dogwood, there are cameras. There's cameras everywhere, right?

Adrienna Irick: [00:28:33:06] Yes.

Serena Vasudeva: [00:28:34:12] There's cameras in the bedrooms.

Adrienna Irick: [00:28:35:28] Yes.

Serena Vasudeva: [00:28:37:24] Was there ever a point where somebody or you said, 'hey, check the cameras, you can see this bad thing happening' and the staff just refused or said they couldn't, or what role did the cameras play?

Adrienna Irick: [00:28:54:19] Honestly, the cameras are really just there, from my understanding. They never worked.

Serena Vasudeva: [00:29:01:22] You were told that they didn't work, and that's why they couldn't check the cameras for, you know, abuse or anything like that.

Adrienna Irick: [00:29:08:01] Yes. There's not a rewind button. So it's basically what's there in the moment that you're looking out the camera.

Serena Vasudeva: [00:29:18:02] And that's what you were told?

Adrienna Irick: [00:29:19:27] Yes.

Serena Vasudeva: [00:29:21:21] Did you feel safe at Dogwood?

Adrienna Irick: [00:29:24:09] I guess it just had to depend on the day whether you feel safe or not, because each day was different, everybody behaved different, different things were popping off.

Serena Vasudeva: [00:29:35:08] Did that ever put you on edge or make you feel like you were walking on eggshells?

Adrienna Irick: [00:29:39:10] Yes, it just kind of makes you feel like you're in a box or in a shell and there's no way out but you hear everybody around to say there's light at the end of the tunnel. And I think a lot of the reasons why people have any blockage that they're carrying with them or around them is because of what may have just happened, what has already happened or what could possibly happen.

Serena Vasudeva: [00:30:13:03] So from dogwood, you stepped down or went to a less restrictive placement. That placement, Wallace group home in Nashville, was where we met. I want to get your perspective on things. What was Wallace like for you?

Adrienna Irick: [00:30:24:29] The staffing there is very terrible. Say something popped off and a staff went to another staff. They both told each other then they just went on about their day. They didn't solve the situation. They just kept talking about it and talking about it and the situation escalated more. And then everybody got pissed off. Staffing at Wallace still stucked because it was, 'That's my best friend. That's my best friend. We're best friends outside of here, too.' And I feel like, okay, you're a staff, you're friends with

the staff outside of work. That's cool. But don't bring your home business in to kids that can't get out, you're basically just throwing in their face that you got freedom and they don't. And I think that's where a lot of altercations came in with staff and youth is the whole freedom situation.

Serena Vasudeva: [00:31:23:25] So illustrate how restrictive it is to live in a group home.

Adrienna Irick: [00:31:28:12] When you go to school, you got to get all your teachers to sign the paper or write the comments saying that you ain't did no schoolwork or this and that.

Serena Vasudeva: [00:31:40:05] Like with Wallace, obviously you're going to public school instead of private school. That's one of the advantages of being in a group home. With those papers, it was like a check in sheet and every time you would go to class, you'd have to get your teacher to sign the paper. And if they had a complaint about you, it would get put on the paper and you needed to bring the paper back, because if you didn't bring the paper back, you would lose all your privileges. You wouldn't be able to go on the computer, you wouldn't be able to go, you know, call your folks as long, like they literally reduce your phone call if you don't get this paper signed. So it's very important. And sometimes you can have issues where there will be a substitute teacher and they don't know what the paper means. And so they won't sign it, right? Because they don't understand what you're asking for. You can have issues where you just forget and then suddenly you get in trouble because you forgot. And it's really just



demeaning to have to take a slip of paper up to your teacher every single day and have them sign it to make sure that you don't skip class. And then of course, they have the staff come in anyway and check on you. I remember specifically that one staff walked in in the middle of my class. It was awful. It was terrible.

Adrienna Irick: [00:32:46:19] And then they yell your name out loud in front of everybody.

Serena Vasudeva: [00:32:50:16] It's so embarrassing. And it's already so hard when you live in a group home and you're a foster kid to fit in with everyone else who's around you because your life is so restricted and limited. And then they do that.

Adrienna Irick: [00:33:04:23] They don't understand.

Serena Vasudeva: [00:33:07:00] I think the best way to describe what it's like to live at Wallace is you got to ask to go to the bathroom. You got to ask to leave the room. 7 to 10 minute shower. Fucking ten minute phone calls to your friends, no longer, cameras everywhere. It's awful.

Adrienna Irick: [00:33:25:10] Monitored shaving.

Serena Vasudeva: [00:33:27:10] You just reminded me of that. Imagine going home and somebody asks you what you do for a living and you say you watch foster children shave. Monitored shaving.

Adrienna Irick: [00:33:44:07] You still get cameras in your rooms when you fall asleep. The door's still got to be open, just like in any facility. No thanks! Then you got limited pillows and then the blankets were just terrible. And then you could only have two stuffed animals. A certain personal blanket, everything. All your clothes had to be approved. You had to have your initials on the back of everything. Yeah.

Serena Vasudeva: [00:34:12:26] Yeah. The schedule is set for you instead of you determining what you want to do. And I feel like that's just detrimental and unnecessary.

Adrienna Irick: [00:34:22:18] Okay, this is how I see it. The schedule that was made was made for everybody. But if you think about it, Youth Villages is supposed to prepare us for aging out and stuff, like for people who age out like me and you did. But when you're placed in foster care, everybody's schedule is the same, you have no say in it. And that's not beneficial for us. We're considered a group, but we're all there for individual treatment. And I don't think that individual treatment is in place for the individual. It's in place for everybody. And that's not helpful because don't everybody need the same help.

Serena Vasudeva: [00:35:08:06] And at the end of the day, it doesn't really prepare you to be an adult. Like on the weekends, everything is structured. This is the time you clean,

this is the time where we watch TV, and this is the time where you use the computer. And then we clean the van and then we have lunch. And it's like, well, if you're dictating every little thing down to like, this is the time where you get to write in your journal and this is the time where you clean and everything is so structured, you get out into the real world and how are you supposed to know how to schedule your own day because you've never done it before? It's just so unnecessary.

Adrienna Irick: [00:35:42:11] Yes.

Serena Vasudeva: [00:35:45:08] So from Wallace, you went to the Rose Center. Here is how Youth Villages describes the Rose Center, 'Rose Center for Girls is one of only a few facilities nationwide that specializes in providing therapy and supervision for girls with higher acuity needs who have a history of trauma. Our facility and child to staff ratio of 3 to 1 allows Youth Villages to provide intensive treatment while maintaining a level of safety that creates an environment of trust. In this environment, girls receive intensive therapy while also readjusting to routine, education, and life in a community setting.' So something I think that's really interesting about this, I've never been to Rose Center, but Rose Center is on the same campus as Bartlett, where I was. So I did see it. I did see the outside. I was familiar with it.

Adrienna Irick: [00:36:37:20] Right.

Serena Vasudeva: [00:36:36:28] In this environment, in a community setting, they use the word community setting. What were you ever in the community in the Rose Center?

Adrienna Irick: [00:36:49:03] So the community was the courtyard. So there was four courtyards and they called it a community per courtyard. Each courtyard had their own outside area, their own fenced in area, stuff like that.

Serena Vasudeva: [00:37:03:03] The community setting they're referring to is not an outside community, it's the internal community. You're locked up.

Adrienna Irick: [00:37:09:06] Yes, yes.

Serena Vasudeva: [00:37:11:19] So how did Rose Center handle COVID-19?

Adrienna Irick: [00:37:15:22] As far as quarantine, we were quarantined. But as far as like, getting the help we needed while being sick, no.

Serena Vasudeva: [00:37:24:24] Yeah. You were all quarantined in the gym, correct? So it was just one giant open area.

Adrienna Irick: [00:37:30:19] the gym or the classroom.

Serena Vasudeva: [00:37:32:23] So how many times did you get COVID-19 while at Rose Center

Adrienna Irick: [00:37:36:16] Three.

Serena Vasudeva: [00:37:37:16] How long were you at Rose Center?

Adrienna Irick: [00:37:39:03] At least eight months, I think

Serena Vasudeva: [00:37:41:15] Eight?

Adrienna Irick: [00:37:42:16] yeah.

Serena Vasudeva: [00:37:43:19] That's a lot for eight months. So you got COVID, right, they would test you. What would happen the moment after your test got positive?

Adrienna Irick: [00:37:53:00] The staff would come in and pull you out and take you to where you were being quarantined at so it was either in the classroom or the gym.

Serena Vasudeva: [00:38:01:15] How did you receive mental health services while you had COVID?

Adrienna Irick: [00:38:06:24] Basically once you were quarantined, you was quarantined. There was no therapy, none of that. So whatever staff was there to monitor you, that staff had to stay there with you the whole day because then they were contagious, too.

Serena Vasudeva: [00:38:21:11] So they had a staff in the room with you and they were like six feet away, but definitely in the room with you.

Adrienna Irick: [00:38:28:23] Yes.

Serena Vasudeva: [00:38:29:28] How many other people were in the gym?

Adrienna Irick: [00:38:32:05] When I was in the gym, I had another youth with me. But when I was in the classroom, there was like maybe three to one classrooms. So it was three with one staff.

Serena Vasudeva: [00:38:42:11] How often did other people get COVID? Like, were you some sort of outlier when you got it three times? Was it really common to get it three times? Did you hear of anyone who got it more than three times?

Adrienna Irick: [00:38:53:27] I know there was a peer that had it five times.

Serena Vasudeva: [00:38:57:04] The vaccine did come out while you were in Rose Center, right?

Adrienna Irick: [00:39:00:18] Yes.

Serena Vasudeva: [00:39:01:23] Were you offered the vaccine at all?

Adrienna Irick: [00:39:04:10] Yes, I had to get the vaccine before I aged out.

Serena Vasudeva: [00:39:10:12] Was there anything that youth villages did right?

Adrienna Irick: [00:39:13:22] I guess overall just being there was the only beneficial thing. You're supposed to have a staff helped you succeed. Well the staff's only there to be there. They're not really there to help you. And that's where I feel like there was just an audience to be there, but not be there for what we need them to be there for.

[Music]

Serena Vasudeva: [00:39:45:25] If you would like to reach out, please send an email to [exfostervoice@gmail.com](mailto:exfostervoice@gmail.com). If you'd like a question to be answered on the show or just want to voice your opinion, send a short video attached to your email.

[Music]

Serena Vasudeva: [00:40:05:04] How do you think your bisexuality affected you in foster care?

Adrienna Irick: [00:40:09:10] How I put it, and this is just as a foster kid, being stuck with females you're just stuck with females. But there's not supposed to be dating or any sexual orientation even supposed to be presented. And that's where I feel like the whole LGBTQ was totally like disrespected because, okay, we had a bunch of sex ed talks as far as like and group therapy and whatnot. And well, when it comes down to like, you explaining your sexual orientation and say another peer laughs at you, it's going to affect you. But at the same time, you got to think about your reactions. And I don't think a lot of staff understand that when you're trapped with the same gender as you and you're doing a sexual ed class, it's not going to be appropriate at all because it's a sexual ed class. I know a lot of females had problems with like sexual intercourse being talked about. So like, when like a trigger came up in any group session and like you were crying and you got pulled out, you still had to go back. Why pull me out when you know something's affecting me just to put me back into it? Like that doesn't really solve what's going on. It just makes me more dysregulated and that doesn't help you mentally. Like they say you're supposed to overcome your trauma fears and what you've been through, but if you understand that something's bothering me, then why make the situation worse?

Serena Vasudeva: [00:42:04:02] How did the staff treat LGBTQ people in Inner Harbour?



Adrienna Irick: [00:42:09:09] There was a lot of disrespect and there was also a lot of political judgments based on the LGBTQ community. And although there was a lot of staff that was in the LGBTQ community, they were still judgmental and 'well, that's not supported here' or 'don't come around me because you're this or you're that.'

Serena Vasudeva: [00:42:35:25] So did you ever have a situation where youth were also doing that and saying things?

Adrienna Irick: [00:42:41:25] Yeah, yes.

Serena Vasudeva: [00:42:43:15] But you couldn't go to the staff and get them to do something about it because they were also discriminatory.

Adrienna Irick: [00:42:49:07] Yeah.

Serena Vasudeva: [00:42:50:16] What I'm getting at here, you have staff that are saying things that are homophobic, but they're also allowed to put you in a restraint.

Adrienna Irick: [00:42:59:17] That is true, but at the same time, that's not the way it should be.

Serena Vasudeva: [00:43:05:08] Do you ever think the homophobic dispositions of staff affected the way that restraints were done on certain staff? I mean, on certain youth?

Adrienna Irick: [00:43:15:28] Yes, I do. If the staff didn't like you, the staff is going to, I guess, go harder with the restraint.

Serena Vasudeva: [00:43:24:05] So it's more than that then. It's if you get in a restraint with a staff that likes you, it's more likely to be a better, okay restraint.

Adrienna Irick: [00:43:33:04] Yeah.

Serena Vasudeva: [00:43:34:11] That's interesting and awful. Do you think there's something specific that Youth Villages can do to improve what the queer community experiences in residential and group homes?

Adrienna Irick: [00:43:49:06] I feel like a lot of the staff were very bashful towards the women who were still trying to figure out who they were. If you not accept the LGBTQ community, that shouldn't have nothing to do with me but don't disrespect me because you don't like it. And that's what a lot of staff don't understand is, although a lot of staff were also involved with the LGBTQ community and everybody supported equality and stuff like that, like Youth Villages was never equal or supported it in any type of way that was necessary. It just came with the frustration of there was certain staff that would pick on you, but nobody would ever notice.

Serena Vasudeva: [00:44:42:09] A lot of foster teens are LGBTQ, like a lot.

Adrianna Irick: [00:44:47:24] Yes.

Serena Vasudeva: [00:44:48:29] Did you ever feel closer to people because you sort of had the same common ground?

Adrianna Irick: [00:44:55:14] Of course. I feel like a lot of the LGBTQ in the system is controlled, but outside of the system it's not controlled, but at the same time is still is legally. Being queer in the system and being queer outside of the system, of course, is a big dramatic change because there's only so much you could do in the system as who you are. But on the outside you are who you are. That's your choice.

Serena Vasudeva: [00:45:29:23] Thank you so much for sharing your story and being here for me. I think that it's really important and that people need to hear this and understand what it's like to actually live in a group home or live in a residential. And your experience is so diverse because you've been to multiple different facilities.

Adrianna Irick: [00:45:46:13] Right.

Serena Vasudeva: [00:45:48:14] Hey y'all. Before you go, I just want to let you know that I reached out to Youth Villages and provided Adrianna's allegations. They decided to reuse the statement they gave me for Delaney, which I'll read for you now. 'The safety and well being of the young people we help is always our most important concern. Our

staff are trained in the Crisis Prevention Institute's Model Techniques and Safety Training, which emphasizes prevention, intervention and nonphysical methods of managing unsafe behavior. The model calls for using a therapeutic hold as a last resort to resolve an unsafe situation. There are guidelines and standards for the oversight of therapeutic holds that involve supervision and reporting. We also have video monitoring for the safety of young people and our staff. Therapeutic holds are reviewed to ensure procedures are followed. If there are concerns, those situations are escalated and handled swiftly and immediately. We strive to give every young person who comes to us their best opportunity for success.' They also gave me a statement about their educational resources. 'Youth Villages schools are approved by the State Department of Education and have certified paraprofessionals and teachers on staff. Educational assessments are completed to determine what core content curriculum is needed for each student. Required credits for a high school diploma are available and graduation is possible within our educational setting.'

## **Episode seven**

### **Restraints: Awful for All Involved**

Episode Description: Listen in as “Taylor” talks about her experience doing restraints in an adult residential facility. Though she never worked with children, her interview gives insight to the restraint training process and how restraints affect those who carry them out.

“Taylor” believes that a hospital setting can affect the need for restraints and suggests that facilities should be made into more livable places. “Taylor” and Serena talked about the need for an apology when a restraint goes wrong.

Names have been changed to protect the identity of patients. “Taylor” has decided to remain anonymous out of fear of social and economic consequences.

[Music]

Serena Vasudeva: [0:00:06:01] Welcome to The Ex-Foster Voice, where we represent the voices of those who have lived through the foster system. I'm Serena Vasudeva, ex-foster

youth and your host. Today, we'll be hearing from someone identified as Taylor. Now, Taylor has never been involved with the foster care system, but she adds a unique perspective to the inner workings of foster care. She's previously worked in a rehabilitation facility and an in-home care program, both of which used restraints. Even though her work there was with adults, children and teens in foster care can be sent to facilities which also use restraints. When you graduated with your degree in psychology, you were working in a gas station, then you applied somewhere else. Tell me about it.

Taylor: [00:00:49:02] So I was working at a gas station Fridays, Saturdays in order to pay to get through college. When I graduated, I decided I wanted to do at least something associated with my degree. I was presented with the opportunity to work for an in-home care program for individuals with intellectual disability. I felt that this was at least tangentially related to mental health care. So I applied and I got the job. The work was going into people's homes who lived independently, they had their own apartments, and spending 8 hours at a time with them, helping them with what we called the activities of daily living, cleaning, dressing, preparing food, getting to and from appointments, things like that. The thing that stands out to me most, though, is that they needed companionship. Like, it struck me as a pretty lonely, isolated kind of life. So a lot of the job was just being there, interacting with somebody who didn't really have any other interaction with the world. The person to whom I was assigned had behavioral issues as well as an intellectual disability, which meant that sometimes they could become violent.

So part of the training, part of the preparation, was knowing how to restrain them so that they didn't hurt anybody or get hurt themselves.

Serena Vasudeva: [00:02:32:04] So for someone who doesn't know, what is a restraint and why are they used?

Taylor: [00:02:38:07] So my training and I went through this training, I've been through it several times in my life at this point, was through a program called Nonviolent Crisis Intervention through the CPI Foundation, the Crisis Prevention Institute. That's what it was. And the holds that we were taught were, it's hard to describe orally, but imagine a sort of jujitsu hold where you're holding somebody's arm or holding their body in a way that immobilizes them but doesn't put stress on their body in a way that harms them. Two kinds of holds that come to mind in particular. The first was sort of a control hold, which was kind of like an armbar. You hold someone's arm, you pull it across your body, you grab their other wrist with your other hand. So you've immobilized both of their arms. And then because your hips are behind them, you can use your hip sort of doing a butt bump to move them around the space and that immobilizes their arms so that they can't swing and throw punches. And it also allows you to move them into or out of a space, so away from other people or towards somebody else who can help you in a different way. And that's a way to keep them from swinging and maneuver them in the space without, you know, putting them in like a choke hold or a bear hug or something like that. The

other hold that comes to mind is a two person hold in which you start with sort of this arm manipulation, and then another person comes in, grabs the opposite arm, and together you both put a hand on the up on the person you're restraining upper back and bend them forward over your hips and pull their arms around to your side so that they are sort of bent forward with their arms outstretched and again, immobilized. The training for that includes the idea that you don't hold them in that for long, that they are more than likely going to go to ground. They're going to become dead weight and go to the floor to get out of the hold and that you let that happen. Once they go to the ground, you let go. The idea is that they are being immediately dangerous and need to be immobilized that moment. And if they're on the ground, they are less likely to be physically dangerous. So the idea is that somebody is an immediate physical threat to themselves or others, and you need to keep them from hurting somebody and you need a way to keep that from happening. So you physically restrain them long enough and in a soft enough way that harm comes to nobody.

Serena Vasudeva: [00:06:04:24] I think it's really interesting what you said, though, about the dropping thing where like, if somebody goes to the ground, you let them go.

Taylor: [00:06:12:11] Right.



Serena Vasudeva: [00:06:15''23] Because that's, that is, I've never seen that happen. I've heard people like, because obviously I was in a group home and they did restraints a lot. I've heard people say if you dropped, they'll let you go. Never seen that because when I was in my restraint, I dropped. They kept holding me. I've seen people drop and get held. I've never actually seen anyone drop and then they let go and that's the end, unfortunately.

Taylor: [00:06:34:14] Yeah. And I guess as part of our conversation, we're going to get into the failures of this kind of system. And one of the big failures is that you have people doing it.

Serena Vasudeva: [00:06:50:19] A lot can go wrong when you're doing a restraint or hold, so you attended training. Tell me a bit about it.

Taylor: [00:06:57:01] So the training took place over the course of a day. A lot of it had to do with de-escalation tactics. So noticing when somebody is getting agitated and a situation is escalating to a point where somebody is going to become violent. There were videos, there was a workbook, there was a multiple choice test at the end. And then there were demonstrations of the holds. We went through several of them, depending on what place you're in and what you were expected to do and the standards of the facility. What

would happen is the facilitator, the instructor, would explain to you what the hold was and then demonstrate it with a facilitator. The instructor would, quote unquote restrain, show you how it's done on a facilitator, somebody else who is helping teach the course. And then everybody in the class would take turns doing it. This is good, obviously, you want more than just being told and shown in a video. But something that needs to be kept in mind is that this is not a real world situation. When you're walking through a hold like this, it doesn't feel real. It feels choreographed. It's very soft, very gentle, and you have the time to work through it. And if you've never done it before, that is a great place to start. The training takes place over a day, though, and then you're out on the floor. I have to give props to a few instructors who tried to make it as real as possible. When it was time for everybody to take a turn restraining them, they said, 'okay, you're going to restrain me. I'm not going to make it easy on you. I'm going to behave in the way that somebody that we're giving service to is going to behave.' And they fought and they struggled. And you did get a feeling for, yes, people are going to be resisting this, which is very important to understand. This is not a pleasant experience for anybody. They're not going to let you do this to them. But still, even then, there's this understanding that this is, this isn't the real thing. Nobody is going to actually spit on you in training, which has happened. You get spit on.

Serena Vasudeva: [00:09:29:29] I've seen it happen, too.

Taylor: [00:09:31:08] Yeah.

Serena Vasudeva: [00: 09:32:29] So I have a follow up question. You went through the crisis prevention institution. That's the organization that teaches nonviolent crisis intervention or NCI. It says on their website that they train professionals on both restrictive and non restrictive interventions, those restrictive interventions being restraints, holds. What are the non restrictive interventions that they teach?

Taylor: [00:09:55:24] That would be the de-escalation tactics that I mentioned. They teach like several, there are several stages in a crisis. You can tell that somebody is agitated in like, they're restless, that kind of thing. And then it might escalate to like they're being verbally abusive, then escalate to actual physical aggression. The de-escalation tactic is being able to talk to somebody in such a way that it doesn't escalate. And that would be showing that you hear them, that you understand what's going on, that you want to help. Sometimes that doesn't work, but it is like people skills, like active listening and yeah.

Serena Vasudeva: [00:10:45:27] How frequently did you do sessions? Like were there renewals? Did you do it like every six months? How, what was that process like?

Taylor: [00:10:54:19] At my first facility, you were trained upon hiring. I don't know if there was a renewal. I know that you get a sort of certification card, a blue card, and that that does have an expiration date. At my second facility, there were refresher courses, I believe, every year.

Serena Vasudeva: [00:11:20:25] So when you were providing in-home care, how often did you do restraints?

Taylor: [00:11:26:12] Well, I did it on the first day on the job. It wasn't that often. It was just one individual. And he was going through a particularly rough time. So this guy that I worked with, let's call him Clark, this guy was double staffed. Instead of having one person assigned to him, there were two people specifically because restraints were sometimes necessary. And I was taking the lead of the other veteran staff member and we were out in public in a store and he got upset. We used our two person hold. He went to the floor. We let go. He was crying and we managed to excuse ourselves and get out to the car and headed straight back to the apartment.

Serena Vasudeva: [00:12:23:00] What happened after?

Taylor: [00:12:25:15] The rest of that shift? It was just kind of tense. I think we just sat and watched TV. At that job in particular we had to take notes about everything that happened during the shift and there would be pages and pages of handwritten, like, then this happened, at 7:05 p.m. this happened, and you would have like an eight hour log. And when there was something like that that happened, it was like, you've got to sit down and write it down like right now while you remember what has happened.

Serena Vasudeva: [00:13:01:08] How did doing restraints affect you?

Taylor: [00:13:04:24] It wasn't a pleasant experience. It was stressful to be in a situation where it was a mix between really chill and it's go time. And you didn't know when you went in that day whether or not somebody was going to get assaulted because, you could get assaulted, but at the same time, you could be the person assaulting somebody. You are required by the job to put yourself in a position where somebody could hurt you, but you're also in a position where you might be required to put your hands on somebody and restrain them. And they are struggling and fighting. And we call it nonviolent and relative to like UFC, yeah, yeah. It's not, it's not a knockdown, drag out brawl. We are not throwing punches at each other. The idea is to keep punches from being thrown. But you are holding somebody against their will. That is an antagonistic relationship and it is not fun to do. I had a very unpleasant time in these positions. I had nightmares. My anxiety spiked. Yeah, it was, it was not great.

Serena Vasudeva: [00:14:32:00] So tell me about the nightmares.

Taylor: [00:14:34:11] I'm thinking of one specific nightmare. At this first position, like I said, you go into an apartment, somebody is living independently and you help them with the activities of daily living. And then after 8 hours or so, somebody else comes in, you clock out, you leave. The dream was I went to work, I did my job, and then when it came time for the end of my shift, somebody else came in and I went to leave and they said, 'No, no, you're the client. You don't get to leave. You're the one who is stuck here and we are watching you.' The sense of isolation and being cut off and looked down on was, it was a nightmare. That's probably more revealing about my own psychology and my own relationship to what we were doing, what I was being paid to do, and my own attitudes, I guess, internalized towards the clients. Now that I think about it, like it was just a role reversal and if that's how I felt that other people were going to be treating me, well I guess that means that that's how I was treating them. That's not a good feeling. I don't know how generalized that feeling would have been amongst other people who are working the job.

Serena Vasudeva: [00:16:16:00] It sounds like it definitely affected you. Like, big time.

Taylor: [00:16:19:28] Yeah, I don't, I made a conscious choice to not do that kind of job anymore. Part of me believes that something like it is necessary that there are people who need community support. But the dynamics of that job and the fact that it was a job, you know, like you clock in, you do the job and you clock out, like it's very impersonal. Like imagine if your mom was only there for 8 hours at a time and you knew that she was only there because she was getting paid and that you were just a job. And this is not the question that you've asked, but since we're talking about it being just a job, it's not a well-paid job either. This first gig that we've been talking about, I was paid minimum wage. And I'd like to remind you that you are being paid minimum wage to walk into a situation for 8 hours at a time where you are expected to be physically confronted, where you might actually get physically hurt. I'm worried about my insurance outside of this and I'm going to a job where I might be assaulted. I think when I got out of this business, I was being paid like \$12 an hour. So, yeah, if you want somebody to do this very important, necessary kind of work, that doesn't seem like enough money to get people who are going to do that job well.

Serena Vasudeva: [00:18:03:24] So how restrictive was this in home community place? Was it like people could go take a walk if they wanted to? Like, give me sort of an example or?

Taylor: [00:18:16:01] Yeah, it depended on their level of function, their functioning level. If somebody was, they just needed some help with everyday activities every now and then, then yeah, they could go on a walk on their own. But for the most part, there needed to be a staff member with you. You go on a walk, staff members coming on a walk with you. You go visit a friend, staff members coming. And these are individuals who, like, can't drive, the staff member is responsible for that. For Clark, it was two people.

Serena Vasudeva: [00:18:49:14] So around 2015, you started working for the Fairfax Center as a rehab aide. Tell me a bit about Fairfax.

Taylor: [00:18:57:08] There were a mix of people all the way from people confined to a bed, to a wheelchair with a feeding tube, to individuals who were barely impaired at all, who just needed somebody to check in on them and they needed a place to live with support while they worked on their therapy. And within six months, they were back living an independent life. The population specifically that I worked with, were in the beginning physically unimpaired, but with behavioral issues. I keep using this term behavioral issues as though people know what it means. What it means is people with a habit, a predilection, whatever, to be I guess, anti-social in one way or another, either physically or verbally aggressive. For some of these individuals, there was a choice to be made, presented to them, to either go to prison for something they'd done, or to go to



rehab where they would live at this facility for an indefinite period of time and undergo therapy. There were plenty of people who were not their own guardian. These were all adults. And there was a lot of talk about like, getting your guardianship back, so that you could make the decisions about whether or not you stayed here. Otherwise, it wasn't up to you. It was up to somebody else.

Serena Vasudeva: [00:20:37:09] In sort of drawing this back to foster care and residential and group homes, there's not really much of a choice there either, I think probably in your experience, people, there was a majority or in your experience there was probably a lot more people who would agree. In my experience, it was a lot, a lot, a lot less. Very much. It was very much like you kind of just ended up there out of circumstance. Either because you had a behavioral issue, you didn't have another place that would take you, you were in-between places, you had just come out of juvie, it was sort of a mixing pot of different people.

Taylor: [00:21:20:22] I was actually looking at my resume the other day and the last time I had updated it was summer, I think 2020, and I described Fairfax as an adult foster care facility. So, I don't, I don't know. That seems pertinent. They did, like I said, there were people who didn't have their guardianship and Fairfax was like the place that they were placed.

Serena Vasudeva: [00:21:51:05] And then the interesting thing about these, at least foster care facilities, is not everyone who is in these residential and group homes, and this is something I don't think a lot of people understand, have necessarily a clinical reason to be there. So, a lot of people, they're either really small and insignificant. So it's you know, you just have like a very minor cognitive issue that could easily like, that's not why, you shouldn't be locked up for that. So a lot of the times it's like really high functioning people or people who are really just like, 'Well, I don't have another place to go.' So that's just kind of the way that it works, which is very interesting. It's interesting because you get in this loop where it's like you have something that's minor that makes it so it's hard for you to place. Like if you have a mental disability, a cognitive disability that just requires a bit more care from a foster parent. But then obviously your foster parents aren't trained and they don't know how to manage it, they might have their own issues that they're working with and that comes out. You have substandard care, which is care that isn't, that isn't good enough. Right? And then you have a disruption and it gets harder to get placed back. And then you get put in a residential right, which is a very high level facility. And foster parents look at that and they don't want a kid from a residential because there is a image of what someone in a residential looks like. And so it then becomes harder to get out of there, even though you were in there for just something that's so small and insignificant that you don't need staff members, you just need a little more help from your foster parents, or you might not even need that at all. It's just, I'm waiting to become 18 so I can have a voice and I can put my say on things that I want and things that I need.

Taylor: [00:23:40:20] Something that occurs to me hearing you say that, and I don't know if this is pertinent, but the idea that the reason that you're placed in this facility is very minor. I said that for some people it was a choice between jail or this. Drug offenses were a thing, were a reason why some people were there. And there were some individuals that it occurred to me, 'Wow, like there are people walking the street who are out there living full and happy lives. You're on the same level. It's just that you like you smoke pot and the cops got called. You're fully capable of being out there.' But there was this judgment made about one aspect of your behavior that people who are very much almost identical, equal to you are still out there living their lives and that kind of, that bugged me. I'll say, that haunted me. I don't do drugs, but like, I don't think that it's something to lock somebody up for. I think that it is, it depends on how your behavior is. And the one person in particular that I'm thinking of, it really was like, why are you here? Like, I have friends back home who you would hang out with and it would be fine. You would, you would be great. You would be perfectly functional. But if we're I guess if we're talking about like people who didn't choose to be here, this is one reason why they were there. And it is like an unjust type of thing, because then we do have to say that these people are in a situation where it's not jail. Jail is going to be infinitely worse for this. But they are in a situation where there are people who are empowered to restrain them, to like, put their hands on them, to limit their freedom for some bullshit.

Serena Vasudeva: [00:25:51:19] How was Fairfax organized?

Taylor: [00:25:54:27] There were four units on campus, um, basically dormitories. Two of them were for people who were medically impaired and then there was what we called the behavioral unit. And when somebody did intake, when they came into the facility, that's the unit that they would go to for like a week. Um, while they were sort of, they had like an evaluation period unless they were these somebody who was medically, physically impaired, then they went where they needed to go immediately. But for everyone else, that's where you go for the first week or so. At the beginning, you'll, you'll be under pretty strict observation and then it'll be evaluated.

Serena Vasudeva: [00:26:50:17] Yeah. Those, the two weeks of observation with Youth Villages and in foster care, specifically with group homes and residential. That was the thing that drove me absolutely insane. Just.

Taylor: [00:27:02:04] Why so?

Serena Vasudeva: [00:27:04:19] Oh I can, I can tell you about that. When I went to Wallace and it was my first, it was my PPV, pre placement visit. It's basically where you go and they see, are we going to take you? They just monitor how you adjust things like that. Probably the biggest reason they do this is because when people come from a residential, it's really locked up to a group home that's less restrictive, they immediately

run or they try to immediately run. And then they decide, 'We don't want you here,' and they bump you back to the residential. It's two weeks, but basically the first couple of days are the most extreme because when I was first, there in my PPV, that was when they were really doing the observation because there's a chance I could just run. I remember specifically it was me and this other girl and we were both, we didn't know this at the time, but we were both actually competing for the same bed. I don't know why they did this, I was there for an entire year after that and they never did it again. But it was one cot and then there was the couch and it was me and this one girl. Two places to sleep. One of them smelled like piss. So it was very interesting, and the cot had apparently come from one of the really high level facilities in Memphis that Youth Villages owns. And so it was like we just kind of played rock, paper, scissors, she lost but then they actually put her in a room. Which was nice for her. And I think I slept on the bed that didn't smell like pee because you have to, I should probably preface this with when you first get there, you have to sleep in basically the staff area upstairs because they want to monitor you while you are sleeping to make sure you're not doing anything and make sure you're not messing with anybody. It's just really difficult because I remember this. I was trying to sleep and the staff were typing their notes, they had their lights on, the phone was going off, all of that. It was very stressful and I just came to the place. But yeah, that's, that's, that's kind of the draw in. And because like you're talking about like this adjustment period where you're like being observed and I was like, I remember that. I remember that.

Taylor: [00:29:04:24] And it's, you said you were trying to sleep and staff was typing and they had their lights on and talking. I was assigned one on one to somebody and in one of these one person rooms, you're assigned like you've got to be with them. So he's going to sleep. I'm sitting like, closer than you and I are sitting now, and I've got my laptop on and he's like, 'Hey, man, I'm trying to sleep. Can you like?' And I'm like, 'Oh, I didn't. Okay, yeah, absolutely.' But yeah, like, it's not a natural thing to do. Like, it didn't feel great to be watching like that.

Serena Vasudeva: [00:29:52:29] You received restraint training while at Fairfax. This was the second time. How did that go?

Taylor: [00:30:01:12] I mean, it went like I said before, you sit in a room, you watch videos, you talk, you walk through exercises, you walk through restraints. This is where the trainer who like was dedicated to, I'm going to show you what this is really like was and they were really good because they had worked the floor for a long time and they knew what it was like. And they knew that just walking through a choreographed dance isn't preparing you for it.

Serena Vasudeva: [00:30:35:02] Is there something specific you think that makes restraint training work better?

Taylor: [00:30:41:26] I think being confronted with the reality of the situation is important. Being confronted, like having to observe or see or go through something that approximates the real experience of restraining somebody in a chaotic, unpredictable situation, somebody who does not want to be restrained, that you are physically coercing them. I think that makes it go better because we can talk about a situation and say that this is going to be happening. I can describe it. But to be in the room where it's happening is different, like to be confronted with the idea that this is happening here and now and you are going to have to do this, I think that makes it more effective.

Serena Vasudeva: [00:31:38:02] When you look up pictures online of restraints, they're not really representative. Like they're very, they're very still. They're very choreographed like you were saying. I don't think there's anything that can really prepare you because like you were saying, where you're going through this training, I remember when I was at my last foster home, I was actually talking to basically my Youth Villages' therapist. She's basically a woman who came and checked on me every week and talked to me and tried to help me with like, skills and talking to my foster parents and making sure that things in my house were going okay, nobody was fighting and kind of to mediate if there was an argument. And she was very helpful. She was very straightforward with me and she was very influential and she actually, like, wanted to help me. I did not know what was going on, but I knew that I was getting towards the end of family foster care, and I was starting to make that sort of transition of, we don't know where to put you. We don't

know where to put you, right, so, she sat me down and she was explaining restraints to me and it prepared me in a way of knowing what it would look like. So that way when I walked into those doors and saw someone getting restrained, I knew, 'Oh, this is what's happening,' right? But it doesn't prepare you for the crying, the screaming, the spitting, the punching, the hitting. When it does get out of control or when it's basically a fight with some extra precautions. She was great, but she could not have possibly prepared me for it in any way because she did set me down and like, 'yeah, they can put their hands on you. What might happen? You might see this, you might see that.' But I was like, that is just like, it's hard to actually picture that because outside of these residential, we don't really have a good comparison point.

Taylor: [00:33:28:13] Right. It's a very intense situation. Like it is a fight that you are diffusing. It is an actual intense, and like I said earlier, people like you said, people will scream, people will spit, people will claw at your skin and you will bleed, you might get bitten. One of the things that the training tells you is if you're bitten, if somebody is biting you, what do you do? And the idea is that you feed the bite, you push it into them so that like, they're not pulling away from you and like ripping a chunk of flesh out of you. Imagine being in the room where that's happening. Imagine being the person that that's happening to. And it's a stressful thought for minimum wage.

Serena Vasudeva: [00:34:20:23] How did your coworkers treat restraints?



Taylor: [00:34:27:05] There was a mix. Some of us, it freaked us out, we didn't want to do them. We did them when we had to, but we weren't happy. Some people were ready to go. What would happen is we had walkie talkies. Not everyone did. Some people, I think the shift leads did and a hold would start. The process was like this, a situation escalates, a hold is initiated, the person who's doing the hold starts shouting assistance. They don't start shouting help because help is the universal come, come to help me, and that could be anybody talking. Assistance is specifically a hold is happening and I, the staff member, need assistance. So if staff hears assistance being shouted, your job is to sprint to that location and do it, and jump in. Whatever is going on, you help the staff member, the shift leader will get on the walkie talkie and say, 'hey, assistance to that,' each unit had a name. There were some people who were, it seemed like, eager to do it. Maybe it was just, they had a good sense of duty and they knew that they had to jump in and help. But when I say sprint, I mean, like drop everything and sprint. These people, these individuals were just like, like gone. They were ready to go. And like, as far as attitudes towards restraints go, I don't want to say that anybody was actively like, 'Yeah, like I'm going to I'm going to hold them. I'm going to restrain somebody.' I wouldn't say that anybody visibly relished it, but there were people who were more cavalier and more willing and had no qualms about doing it. Like, obviously, I can't, I'm not inside anybody's head. And this isn't a conversation that we had as staff members, how we felt about doing this, because it was just a requirement of the job. Like you were told that this is what you were going to do. You do it. Scared the piss out of me, I'll say that. Non-confrontational, I wanted a chill time. I didn't want to have to be put in this position.

Serena Vasudeva: [00:37:08:27] Tell me a bit about the specific restraint method used at Fairfax.

Taylor: [00:37:15:17] So I mentioned the arm hold, that was used a lot. The two person hold that I mentioned wasn't. Never used that there, weren't wasn't trained on it. What they did use was a chair hold and this had something like one, two, three, four, up to five people at a time involved in this hold. What would happen is a situation escalates, a hold is initiated. It would start typically with this armhold, this cross-body hold assistance would be shouted. Somebody else would come and take somebody's other arm so you have two staff members holding one client by each arm. A third staff member would grab a chair and bring it behind the client. The two staff members holding their arms would place their hands on the person's shoulder and push them down into the chair. Then the person who is behind, would like, take over holding them by the shoulders. Each person on the side would kneel next to the chair with their arm. A third person sometimes would come and restrain their legs and then there is a fifth person perhaps who gets a towel and holds it in front of their face so that if they decide to spit, it doesn't go anywhere. It was only maybe a couple of times that I recall, if at all, somebody with the towel. So you've got one person on either side, one person behind, one person in front, and another person holding a towel in front of the client's face. So the person behind is intended, I think the main purpose of that is to stabilize the chair so that if the client, the person who's being held, tries to go backwards, it doesn't tip backwards. This hold is to be held until they are

no longer agitated, which means not trying to, not physically struggling to get out of it. They're quote unquote, calm. That means that this could go for a while and you could be holding somebody who's pretty strong. So there would be other staff members around and if you are holding someone and you're like, 'I can't do this anymore,' you could tap out and somebody would take your place and this could go on for a while.

Serena Vasudeva: [00:40:04:01] Tell me about Grant. What was he like?

Taylor: [00:40:08:08] When I got there he was in the behavioral unit and he was like just a he was kind of a guy, like a just a guy. I want to say, like down to earth, like a real kind of person. Like he, it kind of felt like he could see that this was all bullshit and part of me respected that. He didn't really kind of respect the rules that much, which is fine because some of them were actually bullshit. One of them was you're not supposed to sleep in the common room. You go back to your room to sleep. But he would come out and sit in the common room and just sit in a chair and just fall asleep. There was, is this a time that you want me to tell that story?

Serena Vasudeva: [00:40:54:18] Yes.

Taylor: [00:40:55:06] Okay. So Grant had these behavioral issues at Fairfax. There was a big deal about cigarettes. If you came in and you smoked, you were almost invariably put on some sort of plan to stop smoking, which meant that your cigarettes were kept in a room, a locked room with all the medication, and you got like one an hour or one every two hours, that kind of thing. Grant was on this kind of plan. One day, he wanted his cigarette, and I think it was time or very close to time, and staff wasn't getting it for him like they were, I don't remember the exact situation. They were like waiting it off, like, 'Oh we'll get in a second. I've got, I'm doing something. Give me just a minute.' And Grant started getting upset. It's like, 'I want my cigarette.' You don't smoke but, when you want a cigarette, you want a cigarette. And if you are being forced to quit and you're not on board with it, this is not fun. So he was getting upset and this escalated to the point where he was being like verbally and physically, like getting in people's space. And I won't lie, when he got like this he was an intimidating person and it was scary to be in his presence. So a hold was initiated, he got restrained and this was one of those chair holds that like five people were involved in and people were rotating in and out. Like because the hold started, you support, you're just there you do it. Like the general feeling I got was that we kind of all understood that this didn't need to happen. Like had a request and that wasn't that need wasn't being met. That request, that reasonable request wasn't being met. But because it escalated and maybe somebody was just more ready to go to the hold because it was escalating and like there was agitation in the air, it felt like it didn't need to happen. Like I got a bad feeling about that one. I got a bad feeling about all of them for the most part but that one in particular, it felt like there was another way to do things. I don't want to say that the person who started it, the staff member who started the whole, I

don't want to say that they were malicious in any way. It was a situation where things were escalating and they felt like, 'Okay, this is go time.' And they did it. Like I said, intimidating guy if he's getting up in your space, that kind of thing. But it could have earlier on been met appropriately. He didn't want a lot. It didn't feel right to happen that time.

Serena Vasudeva: [00:44:26:09] What happened when Grant was finally let go?

Taylor: [00:44:30:29] I remember him being like, 'Fuck you.' Everyone kind of went away to write their incident reports. When something like this happens, everyone involved writes an incident report. They write down what they experienced in detached, disinterested terms. Not like I showed up and I was like, 'Oh my God,' But in 'I arrived at 6:30 p.m., I observed this, I did this, and then this happened at this time and so on.' Those all that compiled and they go to the behavior analysts and management to look over.

Serena Vasudeva: [00:45:23:11] It's a very professional document.

Taylor: [00:45:25:14] It's supposed to be. Yeah.

Serena Vasudeva: [00:45:27:28] But Grant isn't represented in this directly, as in he doesn't have a say in that, of course, because he's the client, he's the patient.

Taylor: [00:45:39:05] Right, he doesn't write an incident report. There was a mechanism for clients to register complaints. It was a form that they could ask to have access to and fill out and ask help filling it out. I don't know what happened with those, but for somebody who is like in this facility against their will, who's just being restrained, is impaired in one way or another, for it to be like, 'Are you upset with what's just happened here? Fill out this form and we'll investigate.' I don't know, that doesn't feel great. It doesn't feel adequate.

Serena Vasudeva: [00:46:28:28] So at the end of this shift, you go home.

Taylor: [00:46:31:23] Yeah.

Serena Vasudeva: [00:46:33:21] Was, what happened?

Taylor: [00:46:36:11] When I went home that night? I go home, I eat, I do whatever entertainment thing I was doing at the time, watching things on YouTube or whatever. I go to sleep and I get ready to do it again tomorrow.

Serena Vasudeva: [00:46:56:03] So tell me a bit about Ace.

Taylor: [00:46:59:22] Ace was an individual at the Fairfax facility. He was one of these people that had a one on one. I liked working with him because he was fun. He liked wrestling, he liked Pokemon, and I could just kind of play with him and the shift would go by quick. When I first encountered him, he was also at the behavioral unit. He eventually moved on. One day he threw a cup at my head and it connected. So I can't remember which side, but like around the temple. And this was very early, I think this might have been my first week or the first two weeks or something. It was like a plastic cup with a little bit of heft to it, not like a solo cup, but like one that you would put in your kitchen cabinet. Uh, he was angry. I was like, 'I don't know what,' and he picked up a cup, threw it at my head, hit me in the temple. I was fine. I was kind of like dazed for a second. So what's supposed to happen after you get injured on the job, after you get assaulted, is you get sent to urgent care to get checked out. That didn't happen that time. I don't know why. I think I was just like, yeah, I'm okay. It didn't occur to anybody to send me out. The other times that I got assaulted on the job, I did go to urgent care. And then later I went home and I was watching TV with my roommate feeling kind of good about

the day. And I realized that I couldn't see out of my left eye. You know when you get a migraine, like that phosphine like you just lose vision. And if it's not accompanied with, like a headache, like pain, that can just happen and you don't notice. But watching TV, I was like, 'Oh, am I concussed? Have I, I can't see.' I did the thing where I'm like, 'Oh yeah, if my hand goes down there, I can't see it anymore without moving my eye.' But later he got moved to the other unit and I think it was after I was moved there too, and we would hang out and play and nothing like that ever happened again. I don't think he remembered that. It was just an outburst. I liked him. He was like one of my favorite people to work with.

Serena Vasudeva: [00:49:37:28] Did you ever have any long term or significant injuries from working this job?

Taylor: [00:49:44:19] I got, I've alluded to it, I got punched in the face. I was out of work for like a week. That is why I got moved from one unit to another, because the person who punched me in the face was going to remain on that unit and I couldn't be in that space anymore. What happened was it was the middle of the night. I was sitting in a chair outside this guy's room. He did not want me there. He came out, he was like, 'Hey, you've got to move. You've got to get out of here.' And I was like, 'I can't. This is my job.' I did not catch his eye. I did not stand up. I was just like, 'just try and get through this.' He kept saying things like, 'You've got to get out of here, move, get out.' I was like,



'I can't like, look, man, I've just got to be here.' And I didn't I guess I didn't pick up on the signs. I didn't understand what was going on. I learned through this experience that you want to be standing when these things escalate. You don't want to try and ignore it. You want to face it and keep your wits about you. Because I was sitting down and he just bam, right in the eye and I couldn't dodge because I was just there trapped in the chair. I managed to get up and get away from him and I started shouting 'Assistance, assistance.' And nobody was coming and like he was following me around this common area. And I was like backing away and dodging, shouting 'Assistance, assistance.' And he was still coming at me. I basically fled to the other side of the unit where the other staff members were like watching TV with a client or two and it's like, 'Fucking assistance.' And they're like, 'Oh my God' and sprang up and like, got between me and this guy. We're human, and I have just been punched in the face. I am not really being stoic in this moment. Like I remember saying, 'You got what you wanted. I'm out, I'm going.' And the other staff trying to calm me down as well as just separate us. So I got sent to Urgent Care and the doctor was like, 'Yeah, you're going to be out for two days. Unless you'd like to be out for more,' like sympathetically. Like, do you want to get back to work or do you just not want to go back? I was like 'Well, I've got to work eventually, but give me like four days.'

Serena Vasudeva: [00:52:55:14] It can be rough like that.

Taylor: [00:52:56:27] Yeah. Yeah.

Serena Vasudeva: [00:53:00:08] Do you think a person's environment affects the need for restraints?

Taylor: [00:53:06:19] Yeah. Yeah, I do. I've been using terms like agitation and escalation, like restraints are a response to somebody being having certain behaviors. And those behaviors are a response to like, emotional and cognitive circumstances. Like if I'm upset, if I'm upset, I'm going, I'm more likely to be physically aggressive and my environment plays a huge role in that. Like if I'm in a comfortable environment, I'm going to be more chill. If I'm like in a medical setting, a clinical like linoleum floors and cots type of always under observation, I'm going to be on edge. And like, the way that people behave around you is also your environment, is also like super important. Like ideally, like I said, these restraints are a response to particular behaviors. And those behaviors have antecedents, and those antecedents are knowable. Like if Grant had gotten his cigarette, that wouldn't have escalated. If people had been able to talk to him and like make him feel like, yeah, we're trying, instead of kind of brushing him off. I think the physical environment at Fairfax was as good as it could be. The behavioral unit was a lot more clinical. It wasn't great. Like it felt like detention, but other areas felt more homely and those other areas didn't have as many behaviors.

Serena Vasudeva: [00:54:53:27] What do you think mental health facilities can do or implement to make the environments better and more calming to try to prevent the restraints from happening in the first place?

Taylor: [00:55:07:28] They need to feel like comfortable environments, like a home, like being able to have space to yourself, isolated space. Like the, at Fairfax, one of the units was basically just like a little apartment dorm thing and they were very cozy rooms with a bedroom and a living room, their own en suite bathrooms. It felt like you had your own place.

Those people were less likely to become agitated. I think also having staff members who are like tuned in to the fact that like you're just interacting with people, this isn't just a job.

Serena Vasudeva: [00:56:05:05] I think what strikes me is what you said, the difference between the behavioral unit and the higher functioning unit. right. Obviously, less furniture, less things to go around. But there's a balance of, well, this feels clinical and sterilized and isolating.

Taylor: [00:56:25:13] Right. If you feel like a bug under a microscope that's going to put you on edge. If you don't have privacy, you're going to be, if you don't have some sense

that you are still your own person, it makes sense that you're going to lash out just to try and get some sense of control over your life. Everything about your day is regimented and you are always being watched. Smoking is like a coping skill. It's like a coping mechanism. Like what is it you see it, you used to see in movies, that's not so much anymore. It's like, some like huge traumatic thing happened to somebody like, 'Oh my God, I got to light up a cigarette.' You're in this environment where like, holy shit, like being here is a traumatic event and they are also taking away this coping skill, this coping mechanism. But the one thing they can't take away is how you respond to it.

Serena Vasudeva: [00:57:38:00] There's definitely that same thing going on with the kids. We don't get cigarettes obviously.

Taylor: [00:57:45:13] Right, right.

Serena Vasudeva: [00:57:46:02] Like no, no cigarettes for us, but it's the same principle of your coping skills get taken away and they're not even something that could be viewed as quote unquote negative. It's just, the thing around it is they need to put limits on things because they need as most control as possible on the situation. But then you get issues like, my coping skill when I was in foster care was music. I loved my music so much and that was all I did all day when I was in traditional foster care. I would go to school, go

home, and I would listen to my music for as long as I possibly could as long as they would allow me. When you get into a group home or residential, you're lucky if you get an hour of music each week. Same with group homes, you might get a little more. But it's basically, you know, I was there for many months and I finally got myself a cheap little iPod and I could finally listen to the radio. And I loved doing that. I loved the music, but it was still like limitations and rules. You couldn't listen to certain kinds of music, you couldn't play explicit music out loud. You couldn't listen to explicit music unless, computer time in your earbuds. But that was only for an hour on the weekends if you were allowed, right. And so it's like, okay, well, you're taking away all of these things that are normal in my life that I'm used to. And you're going to expect that to go well? Like I don't know man, and that's the other thing, I think that if you take a regular person and you take away all the stuff they're going to like, they're going to do the same thing.

Taylor: [00:59:28:16] Yeah, it's really easy to predict that, like, people are going to, people are going to be irritated and angry.

Serena Vasudeva: [00:59:41:05] Tell me how Fairfax made sure to be accountable when doing restraints.

Taylor: [00:59:46:01] So there were two main things that I would point to. The first is the incident reports. Like I said, everybody involved, there was a specific sheet and like as soon as the thing happened and you got it, you got a chance, you sat down and you wrote out an incident report and you did it in a disinterested way. One restraint might have 5 to 10 reports. Everybody who was involved would write something. Everything from the person who initiated the hold to somebody who was just like in the room when it happened. So management got ten reports on a thing from ten different perspectives, and they could read them all and put all together, put together a picture of what happened. And they were all supposed to be written from a disinterested point of view, describing behavior, not ascribing motivation or emotion to anybody, just describing physically happened. I think that's good. And then there were cameras everywhere. I think the only places on campus where there weren't cameras were people in people's individual rooms and like in the bathrooms, everywhere else was covered, the parking lot, the common areas, the hallways. So when a restraint occurred, these incident reports would be written up, including the time and the location, and it would be the responsibility of the behavior analysts to pull up that footage and watch it unfold and to see what happened. And people were held accountable like you would be called into the office to explain what happened from your perspective. So it isn't as though everyone's word was just taken as read. There was, people would check and see what happened. I can see how it would be really easy for it to go wrong if there isn't accountability.

Serena Vasudeva: [01:01:56:11] Do you think there's anything that should have been expanded on anything, anywhere that they could have done better?

Taylor: [01:02:03:01] As far as specifically restraints go? I don't know. I think some sort of reconciliation moment or speaking with the person who was restrained about what happened might be beneficial. I don't know that there can be some sort of truth and reconciliation where you get by the person who was held and the holder together and they hash it out, bury the hatchet. I don't know. I think that the way that Fairfax did it was pretty, not being an expert, I think that it was as good as it could be hoped. I think that the failing is that you have just people who are in a job and have all the attachment to the job of like a fast food worker. It's a rough job. And it's not treated with the respect that it deserves. And I think that that means that the people who are doing it feel that they aren't valued and they just do the minimum to engage.

Serena Vasudeva: [01:03:18:10] What does the most ethical restraint look like to you?

Taylor: [01:03:23:25] The most ethical restraint to me looks like one that is used only when violence is imminent. I think it's used as minimally as possible for as short of time as possible. I think the least restrictive holds are used that are necessary. When it's over,

like it's over as quickly as possible, like separate the people who were involved so that it doesn't tempers don't flare and it recurs.

Serena Vasudeva: [01:04:00:04] Do you think, with your experience doing restraints, that there is something missing in the way that we're doing them?

Taylor: [01:04:10:12] Empathy. There has to be some sort of dissociation in order to do the job long term. I think remembering that this sucks for everybody is a piece that could be added.

Serena Vasudeva: [01:04:24:22] And there is no real alternative, in the way that if somebody isn't restrained when they really need to be, people will get physically hurt more than if they had just been restrained. And some of the other alternatives that I've heard of, like sedating someone, that's a lot more like that's medicine that you're putting in a person.

Taylor: [01:04:51:11] That is more unethical.

Serena Vasudeva: [01:04:54:09] Yeah.



Taylor: [01:04:55:22] I think one of the struggles that I have with this topic is the idea that it is necessary in certain contexts. There are people and there are times when a punch is going to be thrown, somebody is going to get hurt, and you need to be able to physically intervene to stop that from happening. You do need to. Everyone's going through a traumatic experience. They're not going to be at their best. They're not going to be saintly and respond to let's just talk this out necessarily. There are times when violence occurs and you need to be able to physically prevent that from happening. And with the idea that this is just a job and you're getting people who are kind of desperate for money and it wasn't particularly difficult to get the job like I wasn't the healthiest person at the time. I was dealing with my own trauma, my own internal bullshit. There's no way that that didn't bleed out into the work.

Serena Vasudeva: [01:06:17:24] Tell me about where you were in your life when you were working at Fairfax.

Taylor: [01:06:23:18] It wasn't great. I'm originally from Tennessee. I had hit what I thought was rock bottom and I left the state just trying to escape. I was very confused and very hurt and very lost, very traumatized and I didn't really know that. I was very depressed, I knew that. And I had this vague notion that because I had gotten a Bachelors in Psychology, but in order to actually do anything in the field, you need a masters. So at

some point I would have to go back to school. But in order for me to do that, I would have to have something on my resume that looked good and believing that this kind of work was psychology adjacent at least, I was like, 'Well, I'm not ready to go back to school now. I kind of just want to survive and grind and just make it through the day. But if I get a job that is kind of just like grunt work, but in a field that is kind of adjacent, it will look good in five, eight, ten years when I finally pull the trigger and go back to school.' I didn't know the depths that I was still in, but it was not a good time. I was running. And you can never actually run away from yourself.

Serena Vasudeva: [01:07:56:26] Do you think doing restraints fueled your depression?

Taylor: [01:08:01:14] Yeah, I think it fueled my anxiety and my stress. It didn't make things better. What I needed was to feel safe, like I could relax, but being in that situation specifically was a matter of always being panicked and looking over your shoulder and being ready for it to go down, which meant that I couldn't relax. It just didn't end. It put me in a bad place in my relationships, always wanting to shut down and not have to deal with the world. Not have to deal with the stress of other people.

Serena Vasudeva: [01:08:48:08] Is there anything that would have made doing restraints better for you as a staff?

Taylor: [01:08:54:12] Acknowledging that this was hard? Like we had therapists on campus, like maybe we could get some therapy. Maybe we could actually talk about this and acknowledge that this is kind of fucked up.

Serena Vasudeva: [01:09:13:19] At Fairfax, do you think that there was an us and them mentality as a staff or clients?

Taylor: [01:09:21:20] For some people, yeah, I know that. For me I kind of took refuge in that idea. I identified pretty strongly with some of the people who were there. I kind of had to think of it like, 'I'm here and you're there and there's a difference.' I don't think it's true for everybody, but I think that there are people who really did think us and them. And I think on the part of the clients, they could tell which people had that attitude.

Serena Vasudeva: [01:10:00:27] And the people you worked with ultimately aren't just passive objects in this. They have their own thoughts and they can determine who is really in it.

Taylor: [01:10:16:11] Right.

Serena Vasudeva: [01:10:16:23] And who really cares.

Taylor: [01:10:18:09] Right, who gives a shit and who is just kind of an asshole.

Serena Vasudeva: [01:10:25:04] What do you think facilities in general can do to help people who are actually go in to these restraints?

Taylor: [01:10:33:09] I think debriefing therapy and basically, like apologizing like this is a necessary evil.

Serena Vasudeva: [01:10:43:23] And thank you for touching on that because there are genuinely situations where you have the best intentions, but a restraint goes wrong. And I feel like if staff were to just acknowledge that fact that they messed up, they fucked up, it would be so much less tense in these group homes and residential. Because let me tell you something, when two kids fought in the group homes, right, sometimes it would be like you resent each other for a little bit and then you just kind of get along again because you're in the same house. You can't get away from each other. Let's just drop it, right, there's an unspoken thing. But sometimes it really is genuine, like 'I am sorry.' Like these

kids who are up to 13 years old, will look at each other and be like, 'I'm sorry I hit you. That wasn't right of me. I need to apologize.' And then the other person will apologize, that genuinely does happen in these group homes and residential. But it doesn't happen when a staff hurts a kid. Never, you never get an apology. It's never 'I'm sorry you have to witness that.' 'I'm sorry that this happened to you.' Or even just a, 'This is why.'

Taylor: [01:11:59:09] Right? Just move on. Don't talk about it. Don't acknowledge it. But like accountability for people who are doing the holds because like this, this is super sensitive and it can go wrong. Like reprimands and maybe firing people. Definitely firing people.

Serena Vasudeva: [01:12:25:03] Yeah, I've seen some people who really like, they needed to be fired and there was no accountability. And I feel like there just needs to be an environment where it's like expected to actually talk. And I feel like for some people, like if you were to talk about the incident, it would reveal things that would prevent future restraints.

Taylor: [01:12:48:16] Probably yeah.

Serena Vasudeva: [01:12:49:01] And so I feel like if there was sort of like a debriefing where you talk about what happens with the actual person who was in the restraint, obviously once tensions have calmed down a little bit and the person can be rational, if that person can be rational, it might reveal why it even happened and it might be completely different than what the staff were thinking. And it might be conducive to prevent future restraint if you just sit down with somebody and talk about what happened. Because I know that my chart, my medical records, I've read them, I've pulled up my Youth Villages records, I've read through them, I've sludged through all 400, 500 pages of that.

Taylor: [01:13:27:15] Wow.

Serena Vasudeva: [01:13:28:09] Oh, yeah. Every single thing was documented, even when I wasn't there. If they had a group and I wasn't there for physical therapy, they recorded it. Yeah, it was an insanely long document and I was only in Youth Villages care for like a year and five months, about. Everything was very documented. I sludged through all of that and they didn't catch half the things that were going on, the incidents with staff that were going on that were causing a lot of my issues and a lot of my stress, weren't being addressed because nobody sat, the staff weren't directly involved with it. It was, I would complain to my therapist and then it would just get written up in the notes

and the therapist would try to talk with me and regulate my stuff. But the environment wouldn't change. She would just expect me to change.

Taylor: [01:14:16:02] I think that you're touching on something too. Like they didn't catch things. There are things that go unreported, like people know happened and then they just didn't write down. I think the idea of covering your ass covers a lot of ground here. It's like, if I don't talk about this, nobody can hold me accountable. Nobody can punish me. I won't get in trouble.

Serena Vasudeva: [01:14:44:24] Tell me a bit about burn out. That's something I've heard about a lot specifically with mental health providers. Do you think that that was an issue at Fairfax?

Taylor: [01:14:53:01] I do. I think that it's a high stress environment and there's a certain level of being jaded that you have to maintain in order to like work there long term. There's really high turnover in places like this because of how low the pay is and how high stress it is. People don't want to deal with it, like you will burn out pretty quick unless you put up your walls and you sort of detach. And that's like a problem because the requirements of the job are pretty intense and you can't do them if you're just kind of detached and doing the bare minimum. And if you've got huge turnover, like you've got

new people coming in every month or two, mental health stuff is about relationships, developing trust like therapeutic relationships and a relationship of trust. There's a new person every two months like, 'Okay, cool. You're the new guy. All right, cool, whatever, I don't care.' Yeah, it's a problem.

Serena Vasudeva: [01:16:07:18] For both the staff and the people, for sure. The way that I've kind of described restraints to people who have never been in them is imagine you've got your two fingers stuck in one of those Chinese finger traps. Right? Your instant reaction is to pull. But if you pull, you'll never get out of that Chinese finger trap. You're just going to get stuck. The way that it works is counterintuitive to your gut feeling. When you're in a restraint, your body hurts, right? The first thing you try to do is get away from that pain because you're struggling. They keep restraining you and eventually it just goes until you're tired. And with the Chinese finger trap, it's one part of your body that is trapped, but it's when you're restrained, it's your whole person. And that's why, that is the concept that I think explains it the best to people who know nothing. Your natural instincts, you have to kind of be this person who flaunts them and gets rid of those and tries to stay calm. In this situation that's very high stakes. You're in a lot of pain and nobody really tells you that little survival tip when you walk in the door of, 'Hey, restraints are like a Chinese finger trap. You need to do the opposite of what you think.'



Taylor: [01:17:32:26] I've never thought about it like that, but that makes a lot of sense. Like when we used restraints, it was until they stopped struggling, but they want out so your instinct is to struggle to try and fight to get out, not to just relax. And it feels like super demeaning and dehumanizing to be held like in a trap and reduced to that fight or flight instinct. I'd fight.

Serena Vasudeva: [01:18:08:01] Well, thank you so much for coming on the show. I really think that your perspective is important and needs to be heard. I don't think that people often think, let alone talk, about what the actual people working in foster care go through and how restraints can really weigh on them specifically.

Taylor: [01:18:29:09] Well, my pleasure. This is a difficult thing for me to talk about. It was a dark time in my life and it is not a job that I am particularly proud of having done, but I'm glad that I can help.

Serena Vasudeva: [01:18:58:07] Hey ya'll. Before you go, I just want to talk to you real quick about a study that I found called 'Restraint Use in Residential Programs: Why are Best Practices Ignored?' This study is really interesting. It talks a bit about organizations that have reduced their reliance on restraints and have implemented other measures to try to prevent them from happening. One program that reduced its restraints, the Grafton

School in Virginia, did so by creating a program specific action plan to reduce restraint use and rely on other core strategies. They found a 99% reduction in restraint, an 83% reduction in staff injuries and economic benefits, such as less workers comp claims, less liability premiums and less staff turnover. Another organization, the Andrews Children's Center in New York, studied their restraints and found that inexperienced staff were more likely to get injured when they were actually involved in restraints. So they made a new rule that said, 'Hey staff, you can only do restraints when you've been here for three months.' So the newer staff, they couldn't do any restraints. After implementing that new rule and training, staff turnover decreased by 50% and restraint use dropped by 93%. So what did these organizations actually do? It's really fascinating because they actually implemented debriefing. They talked to the children involved and they changed treatment plans and even agency policies. They created comfort and sensory rooms. They talked to children about how to recognize what triggers them and how to self-soothe. And this next part, I just need to directly quote this study because it is so impactful. I cannot even understate how amazing this is. 'Leadership must provide guidance to staff to suspend institutional rules when necessary to avoid and resolve conflicts when addressing individual needs. Examples of possible rule suspension scenarios include attendance activities, wake and sleep times, using points and level systems and other practices that do not adequately take into account individual needs, trauma history and emotional, behavioral or cognitive challenges. Staff should be empowered to make decisions in the moment to avoid using restraints and seclusions.' So what does this all mean? It means looking at the residents of a group home or a residential and seeing them as a person. It means looking at them and saying, 'What do you need? What are we not doing correctly?'

Let's change things to fit you instead of you having to change to fit all of this.' It means talking to them and listening to what they have to say and adjusting rules and procedures when you can, to help them feel more regulated, to help them feel like they're at home.

Let's approach these teenagers and say, 'Hey, what do you actually need? Like what, why are you getting in so many restraints? Why are you getting in so many seclusions?' Talk to them. Try to build trust. It means giving them control over their life. They've already been moved around. They've already been separated from their family and their community. Let's try to give them something back as opposed to just taking away. I think personally, with my group home, one of my big struggles was asking for the things that I needed. First of all, I was already used to providing for myself, at least, I would go in the kitchen and get myself a glass of water when I was outside of foster care. But in a group home, you have to ask to do that. You have to ask to go to the bathroom. Your shower is limited. Everything is controlled for you. And I wasn't used to that. And on top of that, the staff at that point were strangers to me and suddenly these strangers dictated every aspect of my life. And on top of that, the first three weeks, I witnessed multiple restraints in my group home. That doesn't allow me to build trust when I'm seeing my my staff physically hurting someone who's my age and knowing that that is coming for me next. It's common sense. So I approached my therapist and I was like, 'Hey, I'm having issues asking for like, if I need a glass of water or if I need to go to the bathroom. It makes me very anxious, I get tense and I can't relax like this.' And so she told me, 'Okay, well, every day you're going to ask something that you need and that's going to be your goal working for the next couple months.' I feel like it would have been more effective if my therapist approached me and said, 'Okay, well, let's see what we can do to help you build

trust with those staff' And actually go dove with me and said, 'Well, why don't you trust your staff? What have they been doing? What have you been seeing? What can they change and fix to help bond with you?' And then the other aspect is, well, why can't I go in the kitchen and just grab myself a glass of water? I'm not a flight risk. There's no need to restrict me like that. I'm not a self-harm risk, so they don't need to have their eyes on me 24/7. So why? Why not question that and try to meet the kid where they're at? Because I feel like for me, that would have helped tremendously in my stay and to help me build trust with my staff and feel like I could relax in that first month when I was there. My final point with this as to why it's so important to meet kids where they're at, reduce the restraints, see what else we can do to help kids soothe their behaviors, and prevent these emotional outbursts that these kids are having, is because it avoids dangerous situations. When you get into restraint, things can go bad so fast. I've seen people go to the emergency room, both staff and kids. I've seen people get blood all over the walls. It is not good. It is really dangerous. So, in the grand scheme of things, adjusting the rules that you can adjust seems like a lot of a better option versus bleeding all over or getting hurt or getting your nerves pinched or your arms twisted. I want to say thank you to the authors of this study. I really do. It's nice to age out and see that there are people in my corner, that there are people who are advocating for the things that I needed when I was a teenager.