

Recently, I was having dinner at Olive Garden with a friend, and in walked three tall and very handsome young men. I would guess their ages to be from 13 to 15. They were teasing and slightly pushing each other as they followed their server to the table at which they would be seated. Approximately five minutes later, the boy's mother came in and immediately recognized me. She smiled and said do you remember the boys; can you see how much they have grown? I was amazed as I knew something had drawn me to these young men. It was then that I recognized that these three young men had been babies when they were on my foster care load, back when I was a Foster Care Social Worker. Their mother, who at the time had been a foster parent, was now their adoptive mother, and seemed really happy to see me. She informed me that she had moved away from the area, to Georgia. She stated that she recently returned as she felt that she needed to have more family support and a slower environment, in order to continue parenting her three young men. She went on to tell me that her boys were doing fine now, but through the years she and her boys have maneuvered some rough waters due to emotional issues relating to being adopted out of the foster care system.

This encounter has caused me to reflect on the twelve years that I spent as a Foster Care Social Worker, and how concerned I was about the specific and complex mental health needs that children have, that are in this system. For example, even though the three young men I just mentioned were adopted as babies they still reportedly had emotional issues from separation from their biological families. This was alarming, considering the young men were removed as infants and had spent the majority of their life with their adoptive mother. While these young men did not experience the negative cycle of being removed and returned only to be removed again from biological parents, there still appeared to be some adverse emotional effects. So imagine how much impact this system has on children who are not adopted as infants, and continue to languish in the foster care system.

Children in foster care suffer from abuse and neglect at the hands of their biological parents, and from the trauma of being removed from the homes of these parents. Furthermore, they also suffer from the trauma of being in the system that is supposed to protect them, but often only serves to further harm them both mentally and physically.

Again, the foster care system is supposedly designed to protect children from abuse and neglect. It has been my observation that many times the system itself has fallen short. This is not a statement of complaint, as this system has been instrumental in saving the lives of many of the children who unfortunately end up there. No, it is just my observation and I learned firsthand about the extensive responsibilities placed on the Social Workers, and foster/adoptive parents who are so committed to the process of helping and caring for these children who are in this system through no fault of their own. It was because of the deficiencies that I noted while working in this system, that I was motivated to enter grad school at age 50, in an effort to provide quality and compassionate mental health care for at least some of the children.

Many of the children in foster care are sent to counseling because of their behaviors, which are only symptoms of what is happening with the child. However, most of the time, these children are actually suffering from the trauma of abuse, neglect, and separation from their biological families. Since the type of counseling the child receives is focusing on the behaviors it is not meeting the actual need by addressing the trauma; therefore it can be determined to be ineffective. So even though they are receiving counseling, it is ineffective because it does nothing to address and answer the questions these children may have. Most of the time, counseling is not designed to address their issues with abuse, neglect, separation, depression, anxiety, or grief and loss. In fact, studies show that there is a higher

incidence of mental health problems, including anxiety, depression and conduct disorder in both adopted and children who remain in foster care.

However, the truth is the treatment that most of the children will receive is only designed to address the needs of children dealing with out of control behaviors and suicidal, or homicidal ideations. When in reality these children need services that will help them deal with their trauma, and help them by trying to answer their questions, or teach them coping skills to deal with their struggles. Sometimes it could be simple counseling approaches that will help them deal with issues such as; how do I adapt to living in a strangers home, where are my siblings, am I to blame for being in foster care? In my opinion, continuing the type of current counseling treatment some of these children are receiving can be compared to giving a sick child, cold medication, for a broken ankle. It is ineffective, as you need to give the cold medicine to the child so that they can be healed from the cold.

As I finish this blog, I am again reminded one of the reasons I decided to become a mental health counselor; it is to help young people work through traumatic experiences that have rendered them stuck in a cycle that was not their fault. By helping them to release the hurt of their past, they can begin to look toward their future and hopefully discover that they indeed are worthy of living a life that is productive.

For me, the journey to becoming a therapist has been long, but it has definitely been a God ordered path, and I look forward to providing services to those who have been involved in this system as a child, foster/adoptive parent, biological parent, or a case worker. Blessings!