Public Forum DCF Testimony of Theresa Nicholson MS, LADC Assistant Vice President, Behavioral Health, CRT DCF Foster and Adoptive Parent

My name is Theresa Nicholson. I am the Assistant Vice President of Behavioral Health for the Community Renewal Team. I am also a DCF foster and Adoptive Parent of 4 children ages 7, 5, 4, and 1.

I would like to thank you for this opportunity to testify before you today.

DCF has been a part of my professional life for over 15 years and 8 years ago it became a part of my personal life. For the first 7 years of professional dealing with DCF, I thought of the department as an agency that I needed to protect my clients and their children from. In 2001, I was given an opportunity to participate with DCF staff in a program called the "Family Development Credential." I trained side by side with DCF staff. I grew to respect and empathize for the work they were charged with. It was through this experience that my partner and I decided to adopt thought DCF. 8 years later we have 4 children and we are forever grateful.

Yet, I am before you today to let you know that this system is flawed. I can tell you that my experiences with the department differ from office to office and person to person. There are Directors and mangers in some areas that lean heavily toward reuniting families and there are others that put more emphasis on protecting children. There are many times when these two missions are in direct conflict with one another. I have had some workers that support family visits for my children with their siblings in alternative placements and some that felt once the rights of the parents were terminated the right to visit any other sibling was also terminated.

Our family is very focused on keeping our children in touch with birth siblings when possible. Some of you may remember in 2006, I gave testimony about a flawed system that removed the 18 month old baby sister of our oldest daughter who had been in our home since she was 2 days old. She was reunited her with a mother and father. Her mother that had her parental rights terminated on 5 other children. We have since healed from that incident. DCF is no longer involved in their family. And I am happy to report that they are all doing well. Unfortunately this is the exception and not the rule. We now have a wonderful relationship with them and get to visit with Baby B often. And our daughter is developing a relationship with her birth mother.

In 2007, Anthony was placed in our home. We adopted him in 2007. Anthony has a 10 year old brother that lives in Riverview Hospital and he has been there for the last 6 months.

Joey was removed from his mother at 6 years old. Since that time he has been in 17 placements ranging from foster care to residential care ultimately ending up at Riverview Hospital. Joey suffers from severe Reactive Attachment Disorder.

 It is a mental disorder that sometimes occurs during the first few years of life when an infant doesn't bond (attach) properly to its primary caregiver. This basic loss results in ongoing feelings of rage, deep shame, a lack of trust and a fear of attaching to anyone, an inability to understand cause and effect, and a compulsive need to control everyone and everything.

What causes reactive attachment disorder?

• That's a hard question to answer because there is no one answer. During the first few years of life, if the infant perceives that its needs are not being met by its primary caregiver, an attachment issue may develop. This is sometimes due to neglect and abuse, but it can also be a result of a hectic family environment. Children who were taken from their mother at birth due to a serious medical problem with either the mother or the infant are susceptible to attachment difficulties, as well.

What we have also learned is that RAD can also occur as a result of trauma in-utero such as from prolonged drug exposure etc.

Joey is a 10 year old boy that lives in an institution. He comes to our home for dinner 2 times per month. When he comes over we go swimming, ride bikes, play hide and seek etc. Initially he came with a worker from Riverview. After about 2 months of supervised visits with us, DCF began dropping Joey off at our home for 2-3 hours at a time. Keep in mind Joey lives in a locked unit at Riverview Hospital. And for 4-6 hour a month he gets to feel like he's is part of the family. Every day we wish we could give him a home but with 4 younger children and the unpredictability of his behavior we struggle with this decision everyday. It broke my heart to hear him ask "Why can't I just get adopted by someone?" and "Can I call you mom?"

For Joey, the last 4 years have been filled with unpredictable outcomes. 17 placements, each failure creates more shame and a feeling of "I'm bad". So if I'm bad and I know your going to kick me out anyway why don't I push you away first so I don't get hurt again. What a sad life for a little boy who did nothing wrong.

DCF has failed Joey and all the other Joey's in the system. Why aren't therapeutic foster homes trained to deal with the attachment issue these kids bring. Each failed placement creates more issue for these children. If we don't reach these kids now they become the adult offenders of the future.

We need to close the institutions and give these kids families and ensure these families are equipped with the training and resources they need to deal with the severe issue the children this system has failed come with.

If families aren't available we need to open therapeutic group homes that are more like a home environment and where these kids can get treatment for their attachment issues. Our \$863,000 per year per kid must give us more.

Our 7 year old daughter Allie was diagnosed with mild RAD this year and we have been attending The New England Reactive Attachment Institute in Worcester, MA. DCF has been great in covering 85% of the cost through the Adoption Assistance Program. But there is no such program in CT. This needs to change. The difference in our family with their help of Dr. Joe and Dr. Suzie at the Attachment Institute is amazing.

We only wish all kids could get the relief Allie is beginning to feel and our family is benefiting from.

Don't all kids deserve the best care possible?

In closing, I will summarize by asking for the following: Better training and a consistent message for DCF staff Close Riverview and give more resources and training to Therapeutic Foster homes Open Level 2 group homes to meet the needs of those kids ending up at Riverview Create a Reactive Attachment Institute in CT and train DCF staff and community providers serving our.

Thank you