

# CHAMPION



OUR CHAMPION  
THE JONES FAMILY



Caring for  
KIDS & KIN



FALL 2019 CHAMPION

# THE JONES FAMILY

Sherrika and George are longtime foster and adoptive parents. They adopted Nicholas (left), Mary (center) and Cierra (back right). DJ (front middle) was their first foster placement and is now their godchild. He and his sister, Nay, enjoy spending time with Sherrika and George.

## Caring for KIDS & KIN

### Sherrika and George Acted Fast When They Heard the News

When Sherrika Jones learned in 2015 that she had a young cousin in foster care, she and her husband immediately contacted social services and expressed their desire to adopt.

“We trusted who Cierra was with,” Sherrika said. “But we wanted her to be with family.”

At the time, Sherrika and George had already adopted two children and fostered a third. They were able to expedite Cierra’s adoption through a process called Kinship Care.

“Placing kids outside of their family network should be the exception and not the rule,” said Adalay Wilson, Vice President of Community Based Services at UMFS. “Research tells us kids placed with relatives experience more stability, less trauma, and are more likely to be placed with their siblings.”

More than 100,000 children in foster care in the United States live with relatives, and Adalay said many of those relatives are unaware of the support that’s available. “In Virginia, there are kinship navigator services available,” she said. “They are responsible for educating kin about available resources, such as financial assistance or supportive services.”

Resources or not, Sherrika and George were thrilled to bring Cierra home. Caring for kids is what the Joneses do, and they were especially glad to be able to care for a kid who’s also kin. “It’s best to keep the bonds of family strong,” Sherrika said.

Cierra thought it was best, too. “When I learned it was someone I knew, I was happy to go live with them.”

### Gentle People are Sometimes Best Equipped to Handle Tough Situations

It was 2007 when Sherrika was told she couldn’t have children, but she and George weren’t going to let

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Top: Sherrika and George's godson DJ and his sister Nay.  
Bottom: Adopted children Nicholas, Mary, and Cierra

that stop them from building a family of their own. Instead, they dutifully researched alternatives. When they learned about UMFS and fostering to adopt, they were all in.

The day they met their first foster placement is a day they remember well. “When we first got to the hospital and laid eyes on DJ, he was there with a whole bunch of tubes in him,” George said.

Sherrika and George admitted to being overwhelmed, but it turned out the conditions were right for unconditional love. “We took a step back and said ‘OK, we can do this,’” George said. The couple stayed by DJ’s side, watched over him, and nurtured him. “We rubbed his feet to make sure he kept breathing,” George said.

Erica Mann is Director of the UMFS Richmond Regional Center, which oversees foster care and adoptions in Central Virginia. She said Sherrika and George are too modest and deserve a tremendous amount of credit for their poise during that first placement.

“They act like it’s no big thing,” Erica said with a smile. “It was

almost weekly they were having to take him to the hospital and stay overnight. I would have been so stressed out.”

But Sherrika called the opportunity a blessing. “It felt like a gift just to be able to parent,” she said.

Once a fragile newborn, DJ is now a healthy pre-teen and has since been reunited with his birth mother. Sherrika and George remain very involved as godparents, as well as mentors. “If his mom has a problem, she knows she can call on us,” Sherrika said.

### The Idea of Adoption Was Almost Instantaneous

Sherrika and George met Mary and Nicholas on a Monday in 2009. On Friday, the siblings stayed the night. “And they were moving in the following weekend,” George said.

“Me and Mary bonded right away,” Sherrika added. Nicholas, however, had a difficult time warming up. It’s not uncommon for children in foster care to shy away from foster parents. Children don’t resist because they’re ungrateful; they resist because they’ve been

traumatized. Sherrika and George understand this well, which is why they didn’t take it to heart when Nicholas said he didn’t want to be adopted.

“You have to develop a tough skin,” Sherrika said. “Nicholas was 5 and Mary was 7, and we were their third foster placement. I knew they’d been through a lot. It was confusing for them, but there’s nothing a little love can’t cure.”

Sherrika and George ultimately adopted Nicholas (now 17) and Mary (18). All of Nicholas’ earliest anxieties have long been forgotten, as evidenced by a message he recently sent George.

“I’ve got to show you this text,” George said proudly as he thumbed through his cell phone. “Nick sent this the other day: ‘Thank you again, Dad. I really and honestly appreciate what you are doing for me. None of this would have been possible without you. You are the best father I could ever wish for.’” 🌟

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Learn more about adoption, foster care, and kinship care by visiting [UMFS.org/foster](https://www.umfs.org/foster).



## UMFS CHILD & FAMILY HEALING CENTER

# Meeting People When and Where They Need Us Most

In a tender moment of palpable relief — a moment she'd been so obviously anticipating — a little sister clutched her big brother in such a way that everyone in the UMFS Dining Hall was thrust into silence.

The tears streaming down her cheeks spoke volumes, and the powerful and succinct narrative that followed amplified a truly extraordinary scene. "I'm so proud of you," she said with conviction while looking her brother squarely in the eyes.

She then turned to a captive audience of staff, students, and families and stated with powerful certainty: "UMFS has helped my brother so much."

There are no shortage of emotions during Commencement ceremonies, in which residents at the UMFS Child & Family Healing Center (CFHC) in Richmond celebrate the completion

of their months-long residential treatment. Four times a year, UMFS leadership, staff, volunteers, and families join together to recognize the incredible resiliency of youth who have overcome sometimes unimaginable obstacles.

### **Not the Child's Fault**

To understand the challenges facing young people living at the CFHC, you must first understand trauma. "Many of the youth we serve in residential have been traumatized and through no fault of their own," said Program Director Sheena Lyle.

Trauma occurs when a person

experiences an event or circumstances that are physically or emotionally harmful or life threatening. The effects can be long-lasting and have adverse impacts on a person's development, functioning and well-being. A child might become traumatized as a result of physical or sexual abuse, sudden loss of a loved one, or placement in the foster care system.

But not all residents at CFHC have experienced trauma. Sometimes children have difficulties managing behavioral, emotional, or mental health challenges, and their families simply run out of resources. "If a kid is having a hard time and a family goes to the end of their rope, it's not their fault they don't know anymore," said Cottage Manager Tavis Foushee. "Sometimes families are very educated and have healthy outlets but simply tap out on their own skills."

Sheena said CFHC is uniquely qualified to help youth conquer these types of challenges. “If they’ve been unable to stabilize their behavior through services in the community, like in-home care or with a case manager,” Sheena said, “CFHC is a place they can come that’s therapeutic and structured.”

CFHC is a 24-hour unlocked, Level-C psychiatric residential facility serving youth across Virginia ages 11 to 17 at time of admission. Youth may stay until they’re 19. A typical residency lasts between six and 12 months. CFHC staff includes youth counselors, cottage managers, therapists, and nurses. These dedicated employees provide round-the-clock safety, security, and stability to 40 CFHC residents living in six cottages.

“We want youth to have a team of people surrounding them,” Sheena said. “A huge part for us is showing them we really care, and they aren’t just a number or another caseload.”

### Helping them Heal

Tavis and Senior Manager of Residential Life Dana Ray have witnessed quite a lot in their combined 33 years at CFHC: an adolescent with trauma so severe they’d lie on the ground gagging for hours; a teenager who’d experienced such neglect they exhibited infant-like behavior; and a father who simply disappeared.

“Dad dropped the child off and said he’d be back in two weeks to visit,” Tavis said, shaking his head. “Dad never showed back up. Hasn’t showed back up to this day, and I’ve been here 20 years.”

Children who’ve come to expect absence, abuse, or neglect from parents or caregivers often have difficulty forging healthy relationships. What that means for a majority of the young people at



Nikki, a Cottage Manager, meets with Dana (right) outside of Cottage I on the UMFS campus in Richmond.

CFHC is there are behaviors they must unlearn before they are able to build new skills.

“By the time most of these kids get to us,” Dana said, “they’ve been abused, lied to, and their trust has been broken.”

So how does one even begin to address that sort of pain?

“It starts with consistency,” Sheena said. “That’s something maybe our youth haven’t always had at home. What we offer is stability and structure around the clock.” And to promote stability and structure, each resident has an individual treatment plan guided by four building blocks:

- **BELONGING:** Getting to know the program and learning to build supports.
- **MASTERY:** Mastering thoughts, feelings, and behaviors in healthy ways.
- **INDEPENDENCE:** Learning self-initiative and how to use safety plans.
- **GENEROSITY:** Learning to be an example to peers by showing generosity.

The goal of CFHC isn’t to teach youth how to function in a residential setting, Sheena said. Rather, it’s for youth to take skills they learn in residential and apply them to the outside world. “We don’t want to create a fish bowl or microcosm,”

she said. “We want them to get treatment, understand why they’re here, and adapt when they leave us.”

### No Judgment

Dana, Sheena, and Tavis are well aware of the stigma attached to residential facilities. They’re also quick to dispel myths. “Remember, these aren’t bad kids,” Tavis said. “Once they get here, we have so many doors for them and their families to open.”

Youth at CFHC are provided with tools for success to become resilient adults. They hone skills during their residency and are encouraged to exercise them when they leave. Many young people return home when they discharge, Sheena said, and some might receive post-residential services like Intensive Care Coordination or Family Support Partners.

In other cases, especially for youth who’ve experienced complex trauma, CFHC is part of a larger process. “Sometimes youth might go to a group home or step down to another treatment facility when they leave us,” Sheena said.

And then there are residents who return. “Relapse is a part of treatment,” Sheena said. “You don’t fail and it’s not over because you go backwards. CFHC might be the place they go back to so they can find where they need to pick up from.”



Dana (left) and Tavis have been providing care and comfort to youth and families at UMFS for a combined 33 years.

### Curious Not Furious

People do well if they can. A fairly simple statement, to be sure, and one that's recognized as a guiding principal across UMFS. And to help people do well, you must understand where they're coming from.

"You have to meet these kids where they are," Dana explained. "If a resident gets angry and throws a gallon of milk in the cottage, I'm not going to get mad. I want to know why they threw the milk."

Fight-or-flight is often the mentality of children who've had difficult pasts. But by being "curious and not furious," Dana said staff can turn outbursts into teachable moments. "Sometimes anger's all they know, because at home it's being promoted," he said. "I tell them, 'Hey, if you're angry, right now might not be the best time to make a decision.'"

Tavis added that building relationships with young people at CFHC often means teaching them a new normal. "The only reaction some of them know is acting out," he said.

New challenges and often heart-breaking circumstances await CFHC staff each day, yet their unwavering commitment to youth remains.

"When I look back on troubled days," Tavis said, "those are the days I feel best about, because I know I intervened and made a difference."

"People say all the time, 'You must be courageous to deal with those kids,'" Dana added. "But what I say is the kids are the ones who come here — after all their trauma and abuse — they come here and trust us. These kids are the superheroes."

### "I Knew I Couldn't Stay Home"

Drew\* was 13 years old when he arrived at CFHC. The first several days, he wanted nothing to do with peers or staff and expressed his anger, frustration, and pain through a common protest.

"When kids come here and they're mad, they wear hoods all the time," Dana said. "But I can't wait for them to take the hood off. That's when you know you're making a difference."

The rage Drew was coping with had nothing to do with the loving family that adopted him when he was 9 and everything to do with the trauma he experienced at a much younger age. "Even if trauma occurred early in a child's life, they might not exhibit behaviors until later," Sheena explained.

No parent or guardian wishes to send their child to a residential program, and UMFS offers services to prevent out-of-home placements. But sometimes residential treatment is necessary, as Drew's adoptive father noted. "The days had gotten

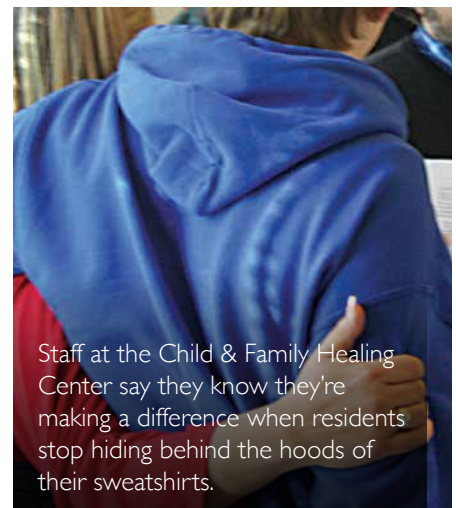
dark," he said. "But I've seen tremendous things since Drew's been here."

For 300 days, Drew lived away from his baby brother and adoptive parents. For 300 days, Drew followed his treatment. For 300 days, Drew learned how to conquer his pain. "I was fighting all the time before I got here," he said. "I didn't even want to come here, but I knew I couldn't stay home."

On Commencement day, Drew spoke about completing treatment. "I'm glad I came here and just want to say thank you for helping me," he said to his family, peers, and staff.

The teenager looked much the same as when he had arrived at CFHC 10 months earlier: shaggy brown hair covered his eyes and skinny jeans sat around his waist. There was, however, one noticeable and significant difference in the faded blue sweatshirt that hugged his shoulders.

The hood was finally off. ✨



Staff at the Child & Family Healing Center say they know they're making a difference when residents stop hiding behind the hoods of their sweatshirts.

Donors and volunteers make a tremendous difference in the lives of youth living at the UMFS Child & Family Healing Center. Visit [UMFS.org/donate](https://umfs.org/donate) or [UMFS.org/volunteer](https://umfs.org/volunteer) to learn how you can get involved.

\*Name changed for privacy.