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6-26-2014

### Statement by Susan Burgess collected by Rachel George on June 26, 2014

Susan Burgess

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### General Information

**Private or Public Statement?** - Private

**Statement Provider:** Susan Burgess

**Date:** June 26, 2014

**Location:** Bangor, ME

**Previous Statement?** N/A

**Statement Gatherer:** Rachel George

**Support Person:** Barbara Kates

**Additional Individuals Present:** N/A

**Recording Format:** Audio

**Length of Recording:** 28:10

### Recording

**RG:** Okay. So, my name is Rachel George. It is June 26, 2014. We are here in Bangor, Maine. I'm here with:

**SB:** Susan Burgess.

**RG:** Perfect.

**BK:** And Barbara Kates.

**RG:** Thank you. The file number is ME-201406-00054. Um, Susan, have you been informed, understood and signed the consent form?

**SB:** I have.

**RG:** Fantastic. Ummm, and I have to let you know that if, at any point during your interview, you indicate that there is a child or an elder in need of protection or that there is imminent risk of serious bodily harm or death to an identifiable person or group, including yourself, that that information may not be protected as confidential.

**SB:** I understand.

**RG:** Fantastic. Is there anywhere that you would like to start, anything you want to share right off the bat? Or would you like me to just —

**SB:** I'd like you to go ahead.

**RG:** Okay. Could you please tell me about your experiences as someone who provides services to children and families in Maine? So, for example, how many years have you been working in this field? What is your role?

**SB:** *(laughter)* Really? I've been working with for 40 years. It seems odd to say that, but it's true!

**RG:** Um, and during that 40 years, what role have you been in? Or multiple roles if there have been?

**SB:** Umm, I started out my career as a child care provider, in a full-day child care center. I then got my Master's degree and became a child and family therapist, which I did for 15 years, both for an agency and a private practice. Then I became the clinical supervisor for Families and Children Together in Bangor, Maine, which provided treatment foster care and kinship care. And now I am the special services manager for Headstart and Early Headstart.

**RG:** [00:02:03.29] Wow. I am going to ask this next question, even though I am sure you are going to tell me it's the full time. How many child welfare cases did you work with, approximately?

**SB:** Oh ah, wow. 200, 300.

**RG:** Oh wow, do you know how many of those involved Native American children?

**SB:** About 20.

**RG:** Okay, can you tell me a little bit about your work, um, when you were dealing with foster care?

**SB:** Um, I was a therapist, working first for a community mental health agency and then in private practice. So, I would um, take referrals from Child Welfare as well as private referrals. And, all my work with Native children was through the Child Welfare system.

**RG:** Can you tell me a little bit about those cases?

**SB:** Um, they were all children that were, at the time, except for a couple, that were — actually I did have two private, so that's not true, probably a number of private — but the Child Welfare were children who were in protective custody and in foster care.

**RG:** And was that through State Child Welfare or Tribal?

**SB:** State.

**RG:** [00:03:37.23] And what years would you say those were?

**SB:** That would have been from 1985 through, um, the end of 2000.

**RG:** Do you know about Maine's Indian Child Welfare policies and the Indian Child Welfare Act?

**SB:** I am somewhat familiar with that, yes.

**RG:** Um, when did you first learn about the policies and ICWA?

**SB:** Um, it was mid-way, I would say, through my private practice. So probably the mid- to late-'90s.

**RG:** Um, so in the mid- to late-'90s, did you have cases before then you were working with that had Native American children involved?

**SB:** Yes, I did.

**RG:** Okay, and how were you made aware of the Indian Child Welfare Act?

**SB:** Actually, through just some research that I was doing, just wondering sort of what was going on, literally on my own. *(soft laugh)*

**RG:** Ah, could you please comment on the type and amount of training you received, if any?

**SB:** Um, actually, none. It was all through my own talking to people and trying to find stuff out and so.

**RG:** When cases were referred to you from State Child Welfare, were you made aware that it was a Native American child that you were, and/or family that you were working with?

**SB:** Yes.

**RG:** Can you tell me a little bit about what that conversation was like?

**SB:** [00:05:18.02] Um, usually, the caseworker who was referring the child would say that a child had come into custody, and it was mostly through the Penobscot and Passamaquoddy Tribes. Um, 'Did I have any openings?' And when I, and actually when I was at the mental health agency, those referrals were just assigned to us. And, since, I was early childhood, I saw all the children who were under age eight.

**RG:** Could you describe a situation or situations, where you or your staff or agency felt positively about the work that you were doing with Wabanaki kids and families?

**SB:** I, how do I say this, I felt positive in the work that I was able to do directly with the children. Um, I was trained as a play therapist, and I felt like there were things that the children had experienced, trauma that they had experienced on many levels, that they were able to work through. Because I had had extensive training on trauma and working so I felt that part I was able to do positive work with.

**RG:** What were the positive outcomes of your work?

**SB:** Children, many of the children I saw were, had experienced severe, say, night traumas/ night terrors; those were ceasing. It seemed like they were doing better at the time and again, you know, you see them and then you don't see them. Their, the behaviors, often times there were aggressive behaviors and those had decreased. I felt like they were able to share their pain. I also recognized some of the children, not just Native children, the children I saw also had a variety of delays that no one had referred them for. So, I felt like it was really important that they get referred for speech or cognitive testing. So, that was one of the things I was able to do.

**RG:** Um, in your work with Wabanaki kids and families, and specifically, in the positive aspects of your work, what was your working relationship with Tribe, or did you have one?

**SB:** Did not have one.

**RG:** The next question is irrelevant. (*laughs*) Because it's asking about, um, if it contributed to the positive — Well, I guess you could answer that. Did not having a working relationship with the Tribe impact the positive outcomes of your work at all?

**SB:** [00:08:09.25] I felt it was detrimental.

**RG:** Could you describe a situation in which you or your staff or your agency, um, felt less positively about your work with Wabanaki kids and families?

**SB:** As I, this might be long, if that's okay?

**RG:** Yea, absolutely.



**SB:** I think as I gained more experience in what I was doing and learned more about the critical importance of family, I felt less positive about the work I was doing in terms of children being able to connect with their family and with their Tribe. That was pretty much non-existent. Um. And, I couldn't have contact. It was pretty much not allowed to have contact with the birth parents for a variety of reasons. It appeared to me over time and this is probably my perception, and I think it has been borne out in fact, that the children that were referred to me from the Tribes, reunification was less the goal than other families. And there was no way to help the kids connect with the people that they missed and grieved for. In any way, really. And so, when I would ask, you know, 'Could the parents be brought to a session or someone,' and the answer was, 'Well, no. We're going for TPR.'

**RG:** Thinking back, what do you wish had been different?

**SB:** Well, I wish that I had been able to do that. And I also wish that there had been more of an effort, which is one of the reasons that probably, towards the end of the '90s, I actually started refusing cases. Because, um, I wish that I had been able to have that contact, that there had been more of an effort to place children with their families. Because, one of the things that I realized — and I am in no way saying that my situation growing up was anything like the children I saw — but I grew up on an island community, isolated, but with huge extended family. You could walk out the door, and I knew who lived in every house on the island I lived in and knew every person and knew that I could go to someone if I needed to. And I felt like the children I was seeing from the Tribes had had that connection. I am not saying that, probably, most of them had been in an abusive situation and maybe needed to come out of that situation, but they needed their family.

And it felt like they were lost. They didn't know people. In particular, I remember a little boy I was working with and he got into trouble with his foster parents and the caseworker because he had been there a while and then one evening, he just walked out the door and went down the street. They classified that as running away. And, I tried to explain that he wasn't running away. He was just going to see who he knew and who he could talk to, because that had been his life. And I realized that that's part of what the children needed. They needed that and they did not have that. As many children in foster care did not but I felt like it was more, the door was more clearly shut, when children came from the Tribe. There was no sense placing them with anybody because nobody could do it, and.

**RG: [00:12:15.01]** Do you know if any of the kids you saw, if there had been efforts to place them within their Tribal community before moving them to ... ?

**SB:** No, there had not been.

**RG:** And so, just to be clear, all the cases that you worked with, all of those kids, were placed off reservation?

**SB:** Off reservation, and it was pretty clear that a TPR and adoption was the plan.

**RG:** Do you happen to know what efforts were used in those cases before it got to that point or was it your impression that that was goal from the beginning?

**SB:** There was, I felt like, minimal efforts. Again, if we're talking, you know, I am located in Bangor and for many families, even Old Town was a distance. It just did not seem like the same efforts went into those families as others. Other families and even in terms of if the TPR was happening, other families, if I requested, 'I think the parents should be here. I think we need to have a goodbye session or a few.' That never happened. And it had happened with other families or white families.

**RG:** As you think back over your experience, were you provided with any instruction or training regarding special responsibilities in working with Native American children?

**SB:** No.

**RG:** Um, did DHHS encourage you or link you to any services or resources that would help you?

**SB:** No. No. I think things have changed, I have to say. We are talking now, you know, 15, 16 years ago, so I think things have changed. I hope they have, but you can sense that I was frustrated.

**RG:** Yeah.

**SB:** I was very frustrated. Yes.

**RG:** I am very much getting that sense and I completely understand why.

**RG:** (*softly*) This question is not relevant because you just said, No.' Did you have any contact with Tribal Child Welfare staff in any of the cases you worked with Native American kids?

**SB:** No, no, not until I actually had closed my private practice and went to work with FACT, was there any kind of contact.

**RG:** Were there ways that DHHS staff provided support for your work with Native American Children?

**SB:** No.

**RG:** What State Child Welfare policies, practices and events influenced your work with Wabanaki kids and families?

**SB:** I don't know. I don't know. Um. (*sigh*)

**RG:** That's okay. Um, over the course of your work, what did you see as barriers to the successful implementation of Maine's Indian Child Welfare policies?

**SB:** Well, I have to be honest, I'm not sure that some of the caseworkers knew and had enough support to know and had enough understanding of culture. That's what I felt like was lacking on my part and I tried to do some educating myself on my part. And I felt like there was a general lack of understanding about culture on Maine and an effort to do that. You know, not understanding why a child who was from the Allagash wouldn't fare well in a foster home in Portland, for instance. And, I know about the need to place but I felt there was a real lack of understanding about the importance of culture.

**RG:** [00:16:17.12] Um, hm. Do you have anything you want to add? (*to Barbara Kates*) Any questions that I missed? I have a whole bunch more, I am sure.

**BK:** I wonder whether you want to ask, my sense is, Sue, that you have been answering those regarding your practice, when you were in practice, because that's where you mainly wanted to talk. I wonder whether you want to respond to any of those kinds of questions regarding your time at FACT because you just mentioned that you had some contact with the Tribes when you were at FACT.

**SB:** right.

**BK:** So, I wonder whether you want to briefly go through the questions or if some of the questions are appropriate for your time you were at FACT that you might want to respond to?

**SB:** Yeah, well, I mean, I wasn't a clinician at the point, so I did not see children in my practice. But, I did work more with kinship. We did some work with the Tribes and I felt like, um, there was more contact, um, with families at that point.

**RG:** What years was that?

**SB:** That was 2001 to 2007. So.

**RG:** Can you tell me a little bit more about your work there?

**SB:** Um, well, I worked with the, I was the clinical supervisor for the treatment foster/care case managers. And then also worked with Barbara in the kinship program. And, I think some attitudes were changing, hopefully, or working to be changed about placing with extended family, with grandparents. Um, and trying to make sure that children did not lose their family,



if they couldn't be with their parents. So, that was, and I found that more satisfying, more beneficial for the children involved. And, I think, able to do some training where, you know, training about kinship and the importance of family for child welfare and for different agencies to bring that awareness of what the importance is. Not just for Tribal children, for all children.

**RG:** What was your contact like with the Tribe during those years?

**SB:** We did some training and, um, there were some reunification plans happening, so there was some contact with some parents for families who have been in treatment/foster care and some reunification was happening with those families.

**RG:** What kinds of trainings were they?

**SB:** That we did?

**RG:** Um, hm.

**SB:** Well, we did a training on — help me out here, Barbara? — (*laugh*) really on —

**BK:** — That we did relating to tribal communities?

**SB:** Yeah.

**BK:** [00:19:09.27] We, uh, provided, I think there was just the one that we provided in the Maliseet community. Wasn't it?

**SB:** Yeah, yup.

**BK:** Yeah, and we were invited to come and talk about, um, kinship care and child welfare and how it fit with child welfare and, um, the resources that were available for people who were taking in relatives' kids.

**RG:** Is there, I mean I have a couple of closing questions, but I am wondering if there is anything else that I missed that you want to tell me about your experiences working with, um, Wabanaki children and families, working with the Tribes in general, working with the State?

**SB:** I think probably, what I would like to say is my regret is that I wish I had been more vocal. You know, I would say something, but wouldn't get an answer and then I'd drop it and I wish I had been more vocal about the concerns and maybe gone higher. Um, but um, I remember one time testifying in court and, um, saying that if this child — and it was clear that the child could not be reunified with the parents; they had very, very serious substance abuse issues and could not care for this child and her brother — but, and I said, but I think that they need to have contact with their family. Visits need to happen even if a TPR and adoption happens, and that was not looked on very favorably but I am glad I, at least, said it. Because that didn't happen either. You know, it was done and cut off, and that is the reason that I think children need to be placed with family, because ...

**RG:** With the cases that you dealt with and the children that you were working with, how many of those ended with TPR and adoption?

**SB:** Of the Native children?

**RG:** Um, hm.

**SB:** All of them.

**RG:** And you were saying that's approximately 20 cases?

**SB:** Um, hm.

**RG:** Wow.

**SB:** Ah, huh. (*sigh*) 'Wow' is right. Yeah.

**RG:** [00:21:36.24] Um, can you tell me a little bit more about your work in that area? What kinds of things were coming in that you were hearing about? Anything that kind of stood out to you? What was the most notable?

**SB:** In your work with the children or just in — ?

**RG:** In your work with the children and then in general?

**SB:** Well, certainly the issue that was so prevalent which it still is today I feel, is substance abuse. And, I don't feel there were enough resources, first of all, available for the families. I don't, and I feel even today for families doing kinship care, 'cause I see a lot of those families now cause those children are, we have many grandparents, aunts and uncles whose children are in Head Start or Early Head Start. Um, there's not enough support for them. There's not enough support around what they are dealing with, um, let alone financial support, all the things. But, really, I think substance abuse, it's discouraging to me that, many years later it's still an issue and the recovery programs that work, I don't feel are really being implemented in the way they should be. I do have to say that I did have, about five or six years after I closed my private practice, I did have a young woman look me up who had been placed for adoption. I saw her the last time when she was ten. She was 16 when she found where I was and, um, had run away from her adoptive home and gone back to the Tribe, but had come to tell me that, at least, having me listen to her had helped her. So, I don't know, but that is the only one I have had contact with since.

**RG:** Do you think that ICWA does enough to protect the rights of Indian children and/or the Indian tribes?

**SB:** I don't know. I think there needs to be, there needs to be more training for the people who are making the decisions.

**RG:** [00:24:01.14] So, that is my next question. How could the State Child Welfare system improve in terms of ICWA and ICWA compliance?

**SB:** More training, more understanding of, I think, of Native culture because it's not all the same. I just think more training and more understanding. And, um, more support, especially for the young parents who are dealing with substance abuse because if they have support, I think they could do it. They just don't get the support they need.

**RG:** If you could change anything or make anything happen for Native American children involved in the Indian Child Welfare Act, what would you do?

**SB:** Oh goodness, I can think of many things. One thing I would like to see —

**RG:** You can list many.

**SB:** I can list many things. One thing I would like to see happen is a model that's been effective, not only in Tribal communities, but in other communities, where you have a supportive living situation. So you might have, say, six to 12 small apartments for, um, parents who have issues of substance abuse. They come to live there. They, um, cook communally. They have substance abuse treatment, and I don't just mean methadone. I mean treatment there. They have parenting assistance. They have job coaching assistance available to them *there*. So, they have a community and their children are with them. So, they have a community within their community. That's what we want to get going here in Bangor, so that's why. But, I think that has been proven to be very effective and where actually, when we were looking this up we found some of the effective programs there. I think the Navajo tribe had replicated something like that, and I just think that support and really training for staff on families and all that they need. So, that's what I would like to see.

**RG:** Is there anything else that you would like to change or see happen for Native children and families?

**SB:** More early childhood programs for them. Really early childhood: birth to three.

**RG:** What else would you like the Maine Wabanaki TRC to know about your experiences?

**SB:** [00:27:04.28] I think, just knowing that it is, well about my experiences, um, (*pause*) that I felt like I learned a great deal from the children I worked with. Um, and I learned that children love their families and want to be with their families. They want things to be better but they want to be with their families. And they should have the right to be with their families and their culture and their Tribe. They should have that right.

**RG:** Anything else you would like to add?

**SB:** Nope.

**RG:** Thank you so much.

**SB:** I don't know if this is what you were looking for but —

**RG:** Yes, absolutely.

**SB:** It's kind of, I know it's a different perspective, but —

**RG:** It is a very important perspective I think, because it's not just individuals who were involved as caseworkers or supervisors. You have a very important perspective to offer and I am very glad that you agreed to do an interview.

**SB:** Okay. Thank you.

**END OF RECORDING**