

FOCUS



Newsletter of the Family Focused Treatment Association

FFTA Family Focused Treatment Association

WINTER 2021 • Volume 27/Number 1

Nontraditional Therapies

—by Kay Ramsey, PhD

Over the years, psychotherapy has become normalized as we see it more frequently depicted in Hollywood feature films and on the television screen. Even some of our friends are open to casually sharing that over the weekend they met with their therapist. However, culturally, a significant stigma still keeps potential clients out of therapy or keeps this topic private. Historically, when some of us think about being in therapy, we assume that we're lying on a couch, being psychoanalyzed about our childhood pain. Unless that is the type of therapy that you are seeking, you'll soon discover that there is much more than that one perspective. It is important to know that regardless of the type of therapy you decide to utilize, they all come with significant benefits. Erron Jay, actor and theater professor, shared the ways in which therapy has been beneficial for him when dealing with depression: "Therapy for me is about understanding that it's ok to not be ok. Working with my therapist helps me understand how to find my way back to being happy again." Maya Angelou once said, "You may not control all the events that happen to you, but you can decide not to be reduced by them." For some, doing research on therapy is the best decision to make and the ideal place to begin making a change in their life.



Benefits of Having a Clinical Therapist

In therapy you will not only have a sounding board for your problems but also learn how to

- develop coping mechanisms
- achieve goals
- reduce negative thoughts
- improve relationships
- develop communication skills
- become empowered
- make healthier choices

If you're curious about different types of therapy that are nontraditional, then look no further. Equine, art, and music therapy all provide therapeutic modalities that can leave you at peace and empowered with self-discovery.

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Shallon Dusebout, MA, LPCC, is an equine therapist with an established practice in Boulder, Colorado. Shallon grew up with horses, receiving her first one from her grandfather when she was 8 years old. That horse, which she still has, became her best friend and helped her through anxiety and depression while in college. When Shallon volunteered at Hearts Therapeutic Equestrian Center in Santa Barbara, California, she was inspired to become an equine therapist. She had the opportunity to work

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EDITOR'S COLUMN

by Shahrukh Chishty, MS

As we continue to live through these historic times dealing with a pandemic, continued racial and social injustices, natural disasters, and the ongoing suffering of humankind, we continue to look for hope in any way we can. Unfortunate times have given us a tremendous opportunity to reflect on all that we have that has been untouched by the negativity that exists in our world—a wonderful chance to heal in ways that we may have forgotten or didn't realize.

This edition of *FOCUS* is a treasure of hope and healing. In these pages, you will find several ideas, tips, and tricks for harnessing the bright rays of hope around us. A great example is found in Patsy Sellars's article entitled "The Healing Power of Nature." Being enmeshed in nature brings us closer to a clearer self, where we can shed, even for a moment, those worries and troubles and just enjoy a simple stroll in our own company, with the path ahead healing the way. Dr. Kay Ramsey's article "Nontraditional Therapies" gives us more options for support that we can turn to instead of just relying on medication. Some of the alternatives include equine therapy, art therapy, and music therapy. For those who are more inclined toward music and all its benefits, make sure to read the in-depth music therapy article by Mark Williams. Mark shares the various aspects of music therapy and how merely paying attention to the beat of our own heart helps with healing. For our little ones, therapeutic games provide a wonderful outlet for many things such as emotions, trauma, stress, and anxiety. In her article "Connecting Through Play," Brittany Edelbrock shares brilliant insights about how simply playing games in an intentional manner helps heal the most vulnerable ones in our lives. In addition, Jenni Lord discusses the importance of children having intentional, uninterrupted time with their family. Her article, "Family Connections," shares practical ways to engage our young people in a thoughtful manner.

After reading through all the wisdom and strength offered by our esteemed colleagues, I couldn't help but smile with hope. To discover (or be reminded of) all the positivity and light that exists within our reach makes my heart overflow with faith. We do hope that all the thoughtful words in these pages will bring solace and support to all during these trying days. On behalf of the entire FFTA family, we wish you and yours a hopeful and healthy start to this year!

Shahrukh Chishty, MS, is the Director of Child and Family Programs at Sacramento Children's Home in Sacramento, California. She also is the Vice-Chair of the Editorial Committee and serves on the FFTA Board of Directors.

Nontraditional Therapies

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with underprivileged youth dealing with trauma and saw the significant impact of equine therapy, increasing the youths' daily functioning and promoting healthy emotional regulation. Equine therapy is not about riding horses but about understanding the horse's story. When clients are working with horses in a therapeutic setting, they have the opportunity to lead the horses, pet them, build trust, and on occasion sit on them to feel their breathing patterns and gain a sense of calmness. The horses are often stoic and offer serenity, safety, and trust while helping clients stabilize and process emotions. Equine therapy is a year-round counseling service, and it is ideal for people dealing with depression, anxiety, or oppositional defiant disorder and for people suffering from cognitive/emotional delays. Shallon's practice is private pay; however, she accepts insurance and has programs that are fully funded by nonprofit organizations to meet the needs of a variety of clients. For more information about equine therapy, please visit https://www.shallondcounseling.com.

Art therapy is an alternative way of building communication, rapport, and meaningful verbal processing

Art Therapy

If you're interested in a more therapeutic yet artistic modality, art therapy is another option for developing communication and relational skills. Art therapist Julie Nolan, MA, ATR-BC, learned about art therapy in high school and also comes from a family of artists. Julie uses art therapy in conjunction with other theoretical orientations. Julie defines art therapy as her tool kit for working with her clients. Art therapy is an alternative way of building communication, rapport, and meaningful verbal processing and even helps connect families. Julie emphasizes that art therapy is not like art class. It is not judgmental or based on any level of sophisticated art technique. Art therapy is also used in family therapy to help define narra-

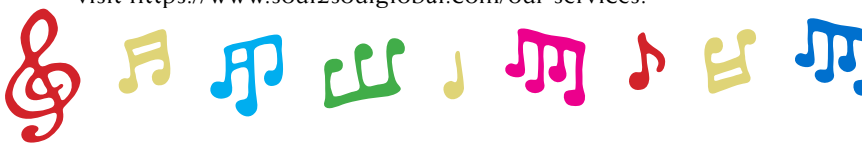
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tives and emotions that are difficult to verbalize. The universal goal of art therapy is enriched by the creative process through choice, control, and self-expression. Guided art exercises can also help identify perspectives on the future as well as develop holistic interpersonal awareness.

In an interview with Salina D'Onofrio, MA, ATR-BC, LPC, we discussed the benefits of art therapy in working with children in foster care. Art therapy provides an alternative mode of communication in which children can process and communicate their feelings through nonverbal avenues, such as painting, drawing, sculpting, or sand play. This approach can be especially beneficial for children with a trauma history who are currently in foster care because there may be frequent and unexpected changes in their living environment. Salina begins a typical session by building rapport with the child and parent and then moves into art activities with the child. A common art therapy intervention, such as "draw your anger as a monster or creature," helps give the child a sense of control over the therapy space along with power to choose how they create art. Salina's clients have expressed feelings of empowerment and a sense of success when engaging in the various art interventions during therapy. For more information about art therapy, please contact Salinadonofrio@gmail.com or Julie.Nolan@jefferson.edu or visit https://mageerehab.jeffersonhealth.org.

Arts and Crafts With Purpose (It's just fun to do!)

Do you remember enjoying art class when you were a kid or just coloring outside the lines in your coloring book and how calming and peaceful that was? Today, adult coloring books are widely available, and vision board exercises can help you plan your goals for the future by doing arts and crafts. Dr. Gregory Canillas is a Pepperdine University Adjunct Professor and CEO of Soul 2 Soul Global. Dr. Canillas conducts an annual vision board workshop called Level Up. The workshop is nontherapeutic but creates a road map for your life because pursuing one's life purpose has a positive impact on career and relationship happiness. Level Up participants create a vision board and a 5-year plan during a fun and lively workshop. You can create your own vision board; it's simple—just grab some magazines, glue sticks, and scissors. Cut out images that reflect your vision for your life. I also like to cut out words that reflect my values and goals (e.g., family, faith, love) and add them to the board as well. If you don't have tons of magazines, create a virtual vision board by finding photos online and then cutting and pasting them to a new Word document. Print your vision board and post it at home or work where you will see it every day so you can stay motivated and inspired throughout the year. For more information about attending a vision board class, visit https://www.soul2soulglobal.com/our-services.



Music Therapy

If you're more musically inclined, music therapy might just pique your interest. Brooke Patterson, MT-BC, details the benefits of music therapy, which is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions with people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, behavioral, sensory, and/or spiritual needs. Music therapy sessions are tailored to each client's needs, preferences, goals, interests, and ability levels. Music therapy differs from psychotherapy and can be requested when the traditional verbal expression of emotions, feelings, and experiences is hindered in some way. Clients often choose music therapy as a preferred method to promote healing. Clients who are unwilling to participate in traditional psychotherapy methods may prefer engaging in music experiences rather than verbal interaction. More specifically, music therapy utilizes therapeutic music experiences (TMEs) to address emotional, behavioral, physical, communication, cognitive, and social needs. Examples of TMEs are songwriting, lyric analysis, instrument improvisation, music listening, or other expressive/receptive exercises involving music. The music therapist works with the client and determines the best music therapy experiences to address the individual's needs. Brooke's clients enjoy lyric analysis, collaborative drumming activities, music making, songwriting, and listening to music because these methods provide alternative and nonthreatening approaches to communication. Music therapy can also regulate the nervous system, increase self-esteem, and reduce stress and anxiety while promoting mindfulness. For more information about music therapy, visit www.livefreecounseling.com or contact brooke@livefreecounseling.com.

The nontraditional treatment modalities described here are just a few of many that may fit your personality and comfort level. If you're still unsure about where to start, simply begin with a smile. It's free therapy!

Kay Ramsey, PhD, is Executive Branch Director of Bethany Christian Services in La Mirada, California. She also serves on the FFTA Editorial Committee.



The Healing Power of Nature

—by Patsy Sellars, MSW

Today was an "anxious" day. The number of anxious days has increased significantly over the past year for about everyone I know. Living through a pandemic is hard enough when life's stressors are average. I can only imagine how hard it is to be living through a pandemic as a young person whose family is involved with the child welfare system, or what it must be like to be living through a pandemic as a parent who is working hard to get their children back or who has recently been reunified and wants to ensure that things remain that way.

The challenge for me on anxious days is to remember that what I know and what I have learned works: There are so many screen-related temptations—watching TV, watching TikTok, checking Facebook—to keep me indoors, comfortable on my bum. Yet each time I am successful in remembering what I know and what I have learned, the more that experience becomes paved into my neural pathways. And what I know and have learned is good for all of us—so good that it must be shared.

In the past decade or so, those of us in the family services realm of the helping professions have learned a lot about trauma-informed care. We know more about how the brain works, how trauma impacts a person's stress response system, and how we can be with those we serve in ways that support their healing rather than approaching them in ways that escalate their alarm response. We have learned to ask the question, "What happened to you and how can I support you?" rather than, "What's wrong with you?" We have become familiar with trauma-informed, evidence-based practices and have made referrals or have implemented these practices directly. We are familiar with psychotropic medications prescribed for the youth we serve when managing their own stress and anxiety becomes too much for them. It seems, though, that we are less familiar with what the May 2019 edition of *Outside* magazine called out in a special report: "**The Nature Cure: Science's Newest Miracle Drug Is Free.**"

In the early days of my practice as a social worker for Casey Family Programs, I took youth in foster care backpacking, so the idea of nature being part of my work was not new. I thought it was cool; we saw the benefits for the youth who participated, and that was about the extent of it. We let nature programming go and kept moving forward. Then we started learning more about trauma and brain science. And then we started learning more about nature and brain science. We began to see the connections between the healing benefits of nature and the needs of the

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The Healing Power of Nature

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youth and families we serve. Amid the pandemic, we have seen the need grow even more, so we began to do something about it.

What we did *not* do was develop deep programming that required backpacking gear, backcountry skills, and long commitments of time. Over the past several years, we have learned about the importance of dosing from our work with Dr. Bruce Perry and the Neurosequential Network (formerly the Child Trauma Academy)—that is, to change the brain, repeated, frequent (daily/multiple times a day), small doses of experience are more effective than experiences of longer duration that happen weekly, monthly, or periodically. Those backpacking trips only occurred two or three times a year. We have learned that for something to become a part of a youth's or family's life after their time with us ends, it must be accessible for them. Backyards, courtyards, parks, and schoolyards—any place where there are trees and grass—is what is available daily to families, so that is what we have focused on as we talk with youth and families about incorporating nature into their daily routines.

It is not enough, though, simply to help a family find a nearby park. We must bring in the "why." Why should a child or a family go outside when there are TV, mobile devices, computer screens, traffic, and neighborhood crime to worry about? The answer to this question is, perhaps, the most interesting one of all.

In the past decade, research on the benefits of nature has grown exponentially. Benefits to cognition, attention, immune system functioning, and physical and mental health are seen repeatedly. For children, research has shown that time in nature can increase attention in the classroom, reduce or prevent obesity, and reduce symptoms of attention deficit hyperactivity disorder. Further, research suggests that time in nature may strengthen resilience by calming the nervous system, improving social connection and relationship skills, and improving empathy. It may stimulate learning and creativity, and help to inoculate against anxiety, stress, anger, aggression, and depression. We share this information with youth and families through relationship-based conversations in connection with their goals, be they about education, health, or mental health.

We share this information in fun ways such as a "nature prescription" for a youth or family, encouraging them to take time outdoors. We give them a specially labeled prescription bottle filled with things such as a map of parks in their area, an infographic on the benefits of nature for children and families, and a bit of outdoor aromatherapy. We share the information with families and other professionals through community boards with links to a variety of nature resources, such as this one developed and curated by our office in Austin, Texas: trello.com/b/cSEo3O0r/nature-as-healer-accessing-the-power-of-the-natural-world. (You can find the origin of nature prescriptions and the directions for how to create a nature prescription bottle there.) And we encourage our staff to get outside as part of their self-care approach to their own health and wellness.

Being attuned to a family's sense of safety and comfort with the incorporation of nature into their routine is also important. Going with them can be immensely helpful. Encouraging the involvement of other families can be a lifesaver, as has been found through the rise of Family Nature Clubs through the Children & Nature Network (https://www.childrenandnature.org/). Know that access is not equitably available and that people of color have experiences based in historical exclusion from natural spaces, such as our

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The Healing Power of Nature

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national park system. Poor neighborhoods, often where families involved with child welfare live, have the fewest number of parks and green spaces in a city. It is important to partner with families to identify natural areas near them, help them identify ways they will feel comfortable, share fun activities that they can do together in nature, and work toward equitable access to green spaces for all.

The growth of nature as part of our work with children and families has emerged from the grassroots, from our staff themselves. It was not something that our social workers were told to do, nor was it a rollout from our headquarters. We simply invited staff to join conversations about nature as part of our trauma- and healing-informed work, to learn about the benefits of nature, and to creatively include nature as part of their practice, and the concept has grown from there.

Most recently, we have formed a partnership with the Children & Nature Network to create resources specifically for families involved with child welfare and for the professionals with whom they work. We are excited by this opportunity to explore and spread the news about the benefits of nature for the families we serve and the families served by FFTA members. We look forward to sharing more in the future.

Sarah Milligan-Toffler, president and CEO of the Children & Nature Network, has a keen understanding of the benefits of nature for the youth and families we collectively serve. "Nature is an underutilized and free resource to help reduce stress and increase resilience for families experiencing trauma," she says. "Whether planting a garden, walking to a neighborhood park, or simply looking at the sky, the trees, the birds and whatever else you can see out your window, there is substantive science behind what many intuitively understand: Spending time in nature makes us feel better."

In the past decade, research on the benefits of nature has grown exponentially.



Interested in learning more? Patsy Sellars, MSW, presented on The Healing Power of Nature at the FFTA 34th Annual Conference on Treatment Family Care. Review the session here: **https://youtu.be/_9SpGIHLLfY**

Studies show that nature's benefits are relatively greater for those who are negatively impacted by economic disadvantage, systemic racism, trauma, opportunity gaps, and other challenges. Three main factors emerge from the research on nature's health benefits that are particularly relevant for families most impacted by systems of inequity: (a) a sense of calm, restoration, and a measurable reduction in stress, (b) enhanced mood, and reduced anxiety and depression, and (c) improved resilience and ability to cope with adversity. If there was a pill that could do this, everyone would be taking it! We look forward to sharing more from this partnership in the future.

And as for me and my anxious day? I went for a long trek across the snow-covered valley where I live near the eastern slopes of the North Cascades of Washington State and let it all slip away with each step in the beauty and healing power that is nature.

Patsy Sellars, MSW, serves in the role of Managing Director of Field Offices for Casey Family Programs.



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FFTA 35th Annual Conference on Treatment Family Care

Virtual Event | August 4 & 5, 2021

Visit: https://www.ffta.org/page/conference

MUSIC THERAPY: AN OVERVIEW

—by Mark K. Williams, MT-BC

In the early 2010s I was a music education student at my hometown university, the University of Alaska Anchorage. From early childhood through early adulthood I had engaged in music in my community through school ensembles, church bands, talent shows, jazz groups, and statewide orchestras. I wanted to take my love of music to its natural conclusion as a lifelong career.

At the same time, I nurtured a passion for psychology and for supporting the mental well-being of others. I worked on a psychology minor concurrently with studying to be a music teacher in the hope of one day finding a way to combine the two fields. Then, while researching how others had successfully integrated these two subjects, I became aware of the field of music therapy. Although I had been cognizant of the common uses of music—as a source of entertainment, a cultural identifier, a productive hobby, or a form of self-expression—I had just begun to learn that music and music experiences could be utilized for a therapeutically focused purpose.

WHAT IS MUSIC THERAPY?

Music therapy became a formal profession in the United States following the World Wars. As veterans returned to the states, some received treatment at the newly built veterans' hospitals around the country. When volunteer musicians interacted with and performed for the patients in these hospitals, doctors began to see a correlation between interaction with the musicians and decreased complaints of pain and other symptoms. Because the presence and actions of the musicians were deemed beneficial, educational courses were presented to musicians to teach them how to observe and respond to some of the physical and psychological matters expressed by the patients. Over time and with ongoing clinical research and advocacy, these courses grew into accredited academic programs and college degrees ranging from the undergraduate to the doctoral level.

Although volunteering to perform for individuals in hospitals or schools, playing calming music to relax, or listening

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Interested in learning more? Mark K. Williams, MT-BC, presented on Music Therapy: An Overview at the FFTA 34th Annual Conference on Treatment Family Care. Review the session here: **https://youtu.be/X3EMkfpPuPI**



MUSIC THERAPY: AN OVERVIEW

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to music that makes one feel positive are all great examples of music being used *beneficially*, they are not examples of music therapy. As defined by the American Music Therapy Association, music therapy is the "clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (https://www.musictherapy.org/about/musictherapy/).

To become certified in music therapy, one must hold a degree in music therapy from an accredited university, complete a 1,200-hour internship under the guidance of an approved music therapy supervisor, and pass a Certification Board exam. After obtaining an MT-BC (Music Therapist–Board Certified) credential, music therapists maintain their credentials by earning a set amount of continuing education credits and becoming recertified every 5 years.

Music therapy is distinct from other therapies in that it utilizes music and music making as tools in various ways to accomplish goals. However, embedded within each music therapy intervention are approaches based on various clinical, counseling, or rehabilitation techniques that make the delivery of service effective.

WHAT DOES MUSIC THERAPY LOOK LIKE?

Because music therapists work with diverse populations in schools, hospitals, psychiatric facilities, outpatient clinics, and private practices, the types of music therapy interventions and how they are implemented within a session will vary to meet the needs of the individual engaging in therapy.

In addressing physiological needs, a music therapist may receive additional training in neurological music therapy (NMT) to employ techniques such as rhythmic auditory stimulation. The therapist uses this technique to help a person undertaking rehabilitation gain better control of biologically rhythmical movements such as gait by leading the individual through set movements along a provided musical beat. When working with an individual receiving palliative care, a music therapist may employ the principles of entrainment to assist in lowering an exacerbated heartbeat and respiration rate by initially matching the individual's pulse or breathing with the beat of a presented song and slowly decreasing the tempo over a set time. Several other physiological needs such as range of motion, speech articulation, and gross and fine motor skills can be addressed with music therapy techniques.

Many music therapists also work with youth and adults who have experienced acute, chronic, or complex traumas. Music therapists do not diagnose conditions such as posttraumatic stress disorder; however, to assist individuals who have experienced trauma, a music therapist will conduct an assessment to identify which specific skills to focus on in treatment. A person may have the need to develop coping skills to manage anxiety, expressive communication skills to express their emotional state, or social skills in the form of interactions such as sharing or turn taking while maintaining appropriate boundaries with others. Once the needed skills have been identified, the music therapist will write a music therapy treatment plan to detail how interventions will be utilized to accomplish the goal.

Interventions focusing on developing coping skills may include music and art, deep breathing skills facilitated with melodic or rhythmic patterns, or progressive muscle relaxation (PMR) with music. Music therapy interventions to address expressive communication skills can involve lyric analysis and discussion to identify emotions presented within songs and how those emotions relate to the individual's experience, or songwriting to verbally express the individual's own feelings. To develop social skills, a person may work with a music therapist in a group setting to practice working cooperatively to re-create songs together on instruments or through singing, or engage in music-based games facilitated by the therapist for rapport building and group cohesion.

What music therapy looks like will vary depending on the individual and their needs. However, regardless of the needs addressed, consistency of service is established through the Code of Professional Practice and the Standards of Clinical Practice as communicated through the Certification Board for Music Therapists and the American Music Therapy Association, respectively. A referral for services, an assessment and treatment plan, data collection, and reporting of progress are all key elements of music therapy treatment.

WHERE TO GO FROM HERE?

Music-based interventions, when facilitated by a board-certified music therapist, are effective in helping people develop the physical, social, or emotional skills they need. In addition to the techniques briefly highlighted in this article, several more applications of music therapy exist and are employed by more than 9,000 music therapists across the nation to address a variety of needs throughout the life span (and, indeed, from prenatal care to hospice and bereavement services). I strongly encourage anyone interested in music therapy as a possible service to visit the American Music Therapy Association website at www.musictherapy.org to learn more about music therapy or to seek a credentialed music therapist in your area.

Mark K. Williams, MT-BC, is a Board-Certified Music Therapist (MT-BC) who serves youth and their families at Denali Family Services in Anchorage, Alaska.



CONNECTING THROUGH PLAY

—by Brittany Edelbrock, MSW, LSW

Do you ever speak with your child and feel like you and she are speaking two different languages? Communication between parent and child can feel frustrating for both parties. The situation is not much different for mental health professionals. Speaking to a child in therapy can also be frustrating and can even feel forced for both the child and the professional. So, how do we get on the same page? How do we make children understand that we want to help? How do we make the children we serve feel safe and truly heard? The answers may not always be simple, but one thing is always going to help: Speak in a language that children understand. You might be asking what language is that? Well, *play*, of course.

Playing is not just what children do with extra energy. Playing is the way in which many children communicate not just emotions but also needs, trauma, and past experiences. Some of children's deepest secrets and desires come out during playtime. Playing can also be a great way for children to learn to express feelings of anger and happiness. This quality makes play a perfect addition to the therapeutic process. In addition, playing can help build the relationship between the child and the therapist. Children in a therapeutic setting can feel overwhelmed and intimidated; making them comfortable with games and fun can help them feel at ease and build rapport.

Incorporating games into therapy is not as simple as playing Candy Land and billing for an hour of therapy. If that were the case, I think our jobs would be a lot more fun, albeit not helpful. This time should be beneficial to the child as well as therapeutic. For a young child, a game like Candy Land can be frustrating because most children do not like to lose. When the therapist reaches the Candy Castle before the child does, the therapist can encourage reflection about feelings, exploring how the child feels about losing this game. Not only can we begin to identify emotions but we can also discuss regulation and practice regulation techniques before playing another round or starting a different game.

Regulation techniques can be taught to children of all ages and used not just for times that they lose but also for times that they win. Children need to learn to be not only "good losers" but "good winners" as well. Children may want to jump up and down and yell, "I WIN!" But making them aware of how that response may make another child feel when they have just lost the game is vital, too. This understanding shows the child not only how essential it is to regulate their own emotions but also how important it is to consider others' emotions.

Integrating more emotion-specific tasks into games is also important. For games that involve color, we can assign emotions to colors—for example, green means happy, yellow means excited, and red means angry. This approach will further the child's therapeutic benefit from the game by discussing those emotions when the child lands on them.

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Playing is the way in which many children communicate not just emotions but also needs, trauma, and past experiences.

Interested in learning more? Brittany Edelbrock MSW, LSW, presented on Connecting through Play at the FFTA 34th Annual Conference on Treatment Family Care. Review the session here: https://youtu.be/wQn1QKe42y

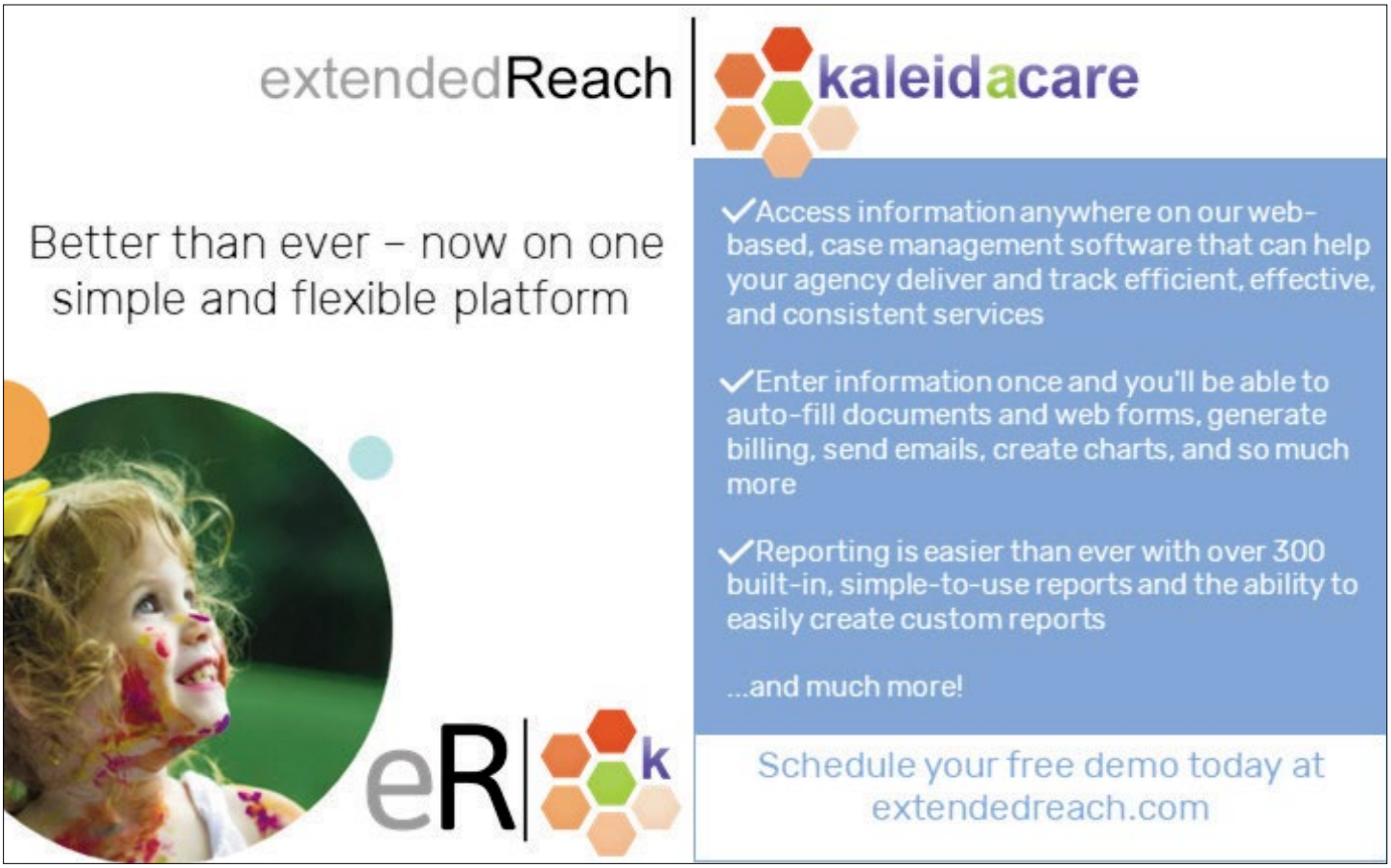
CONNECTING THROUGH PLAY I continued from pg. 9

For instance, when a child lands on a blue space, the therapist asks the child to name a time that they felt sad. To advance rapport building with the child, the therapist should also always ask a furthering question. If the child states that they feel sad when their parents yell at them, the therapist could ask why the parents yell, or when was the last time they yelled, or how their parents feel when they yell. Such questions send a reassuring message to the child: "I hear your answer, and I care about you."

Children want to know that we are doing more than the minimum. They want to know that we are invested in them beyond their 1-hour session with us once a week. Therapeutic games can still feel like therapy to children, but the conversations that we have with children are what is going to be most beneficial. Maya Angelou stated, "People will forget what you did, but people will never forget how you made them feel." This is true especially within the therapeutic environment. If children feel that you are checking off items on a list of billable services, they will feel like just another client. When we ask questions and help children explore their true feelings, they are more likely to trust us and have overall better success in therapy.

These skills taught during sessions—emotional regulation and identification—are skills that will last children a lifetime. We are not simply teaching kids how to lose a game gracefully; we are teaching them how to handle strong feelings, how to address conflict, and how to consider others at all times. These skills will help them with school, jobs, relationships, and, truly, all aspects of life. Discussions with children about their feelings do not have to be deep and meaningful to be effective. If a child tells you that they feel angry when their brother eats the last cookie, that is emotion identification. The discussion does not need to surround trauma in order to be therapeutic. Our interactions with children are more meaningful than we realize, whether we speak about abuse, trauma, cookies, or ice cream flavors. The relationships that we build with the children we serve can help them trust, can help them heal, and can help them overcome their struggles. Relationships will be what they remember, not just when they leave the office, but days, months, and years later, when they are faced with adversity again.

Brittany Edelbrock, MSW, LSW, currently serves as the Statewide Training Specialist for The MENTOR Network in Ohio.





FAMILY CONNECTIONS

by Jenni Lord

Most of us have experienced more closeness with our families over the past year due to shelter-in-place, distance learning, and working from home. But being in proximity and feeling connected are two very different things. Connection requires intentionality.

Children heal from attachment to a safe, loving caregiver. The reality is that we have a very opportune time to invest more deeply and consistently in their healing in the midst of a pandemic when so many nonessential activities have been scaled back.

Practical Solutions

When parents and caregivers come to us at Chosen, they are often very stressed, feeling hopeless and desperate for peace. The answer is not a vacation. We have to reframe how to find peace in their home with their children. They may very well feel like they need a "break" when what they really need is to lean into connecting.

At the heart of every human is an innate desire for true connection—to be known. In the eyes of any child, there is a desire to be safe, known, loved, and cherished. Until they feel safe, children may act in ways that do not facilitate relational connection. In fact, they may be aggressive, violent, or withdrawn. They may have triggers from their past that set off these reactions, triggers that caregivers are completely unaware of. Parents and caregivers might also have triggers from their own past.

In our work, we are not just addressing the child's history that is contributing to relational disconnect. We are also doing an inventory of the parent's or caregiver's history, including their ACEs (Adverse Childhood Experiences) scores. The majority of the time, the parent's history is contributing to relational challenges and even crisis in ways they may largely be unaware of. We must address the entire family system. Children cannot heal in a vacuum or only in a therapist's office. Healing comes from connection.

One of our families adopted an adolescent out of foster care. Their son had been in the system for the majority of his life, and he had endured incredible abuse. "Charlie" had a high need for touch and constantly used physical affection with his mom. The reality was that he missed some very important physical touch early in his life that had

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affected him developmentally. He was seeking out what he had missed. Sadly, this was a trigger for mom, who had experienced sexual abuse in her own youth. For her, physical touch did not invite connection; it drove her away from her son.

Because we had done an inventory of this mom's history, our staff recognized that mom had some of her own therapeutic work to do. We were able to help her start her own journey of healing, so that she could begin meeting some of her son's physical needs. Because Charlie needed sensory input from physical touch and activity, one of the practical things in their weekly action plans was playing basketball together. It allowed them to be side by side, physically active, and "touching" in a safe place. Fun activity increased their connection and helped remove some of the strain that Charlie's high touch needs were putting on the relationship.

Birth Parent Visits

Unsurprisingly and understandably, we have found that birth parent visits and therapy for young children can be particularly difficult during this pandemic. Preparation and planning are key to success.

First, the child's needs should be dictating the time of these appointments. Nap time, right after school, especially with distance learning, or evenings are not optimal for success. Caregivers should make sure that children are well fed and hydrated and have had plenty of exercise beforehand. Children need a sensory-rich diet so that they are regulated prior to digital visits. Caregivers or caseworkers can provide plenty of age-appropriate fidgets for the child to occupy their hands. If possible, the caseworker should be physically present for visits, so that foster parents are not responsible for awkwardly hosting birth parent visits.

Evidence-Based Tools

Chosen uses a number of evidence-based interventions that directly facilitate family connection, starting with Motivational Interviewing (MI). Parents often seek us out of desperation tied to their children's struggles or behaviors. But we have found that if parents are unmotivated or unwilling to employ new ways of relational interaction and changing themselves, very little progress can be made. It's important to establish or identify a desire for connection.

We also use Trust-Based Relational Intervention (TBRI®). TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. Although the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI is connection. We find that even when parents have had TBRI from their foster care training, they very often do not know how to apply the strategies to their specific children in a specific moment with a specific behavior. We walk through real-life challenges that parents are facing in their homes and develop a game plan for tackling these challenges differently the next time.

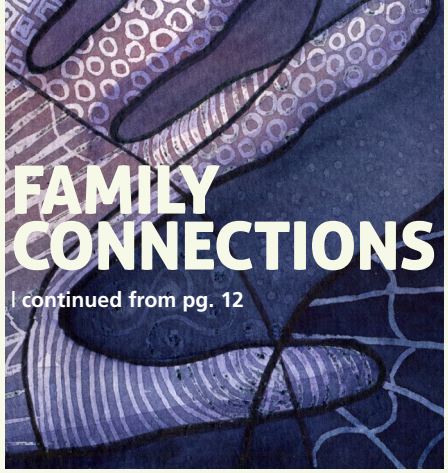
Part of change involves first identifying a "win" from the previous week. The win helps the parent or caregiver see small steps of progress that can easily be overshadowed by big behaviors and challenges. Second, we walk through a scenario that did not go well and talk through how to handle it differently the next time around. This cognizance helps the parent or caregiver "choose" to handle similar situations differently.

Research shows that healing can occur with just 10 minutes daily of uninterrupted, child-directed playtime. During this time, let the child dictate what the playtime involves—throwing a football, playing checkers, dressing Barbies, or painting fingernails. For a teen, playtime could be any side-by-side activity like taking a walk, going for a drive, or cooking together. No phones to distract. The undivided attention communicates to the child, "I matter. Someone sees me, knows me, and chooses me." Ten minutes. It is an excellent starting place for creating connection and helping a child on their healing journey. We use this strategy in our family action plans to help build connection, and we hold caregivers accountable for employing the method at least weekly.

Research shows that healing can occur with just 10 minutes daily of uninterrupted, child-directed playtime.

In addition, we teach families how to employ playfulness, curiosity, and empathy in their parenting, based on the principles of Dyadic

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Developmental Psychotherapy (DDP). One of the tenets of play therapy is that play is the language of children. Playing with Legos or dressing up with your little ones obviously builds connection, but playfulness also works with teens. When I tried to imitate the Renegade dance from TikTok, you can bet I was building connection with my teens through their laughter. Playfulness disarms. It shows you are available and present, which is vital to connection.

We also teach parents how to get curious with their kids. One of the easiest tactics to employ is "Tell me more about that" or "I wonder what ..." One of my children uses the phrase "I feel like my volcano is about to erupt" when he is feeling on edge. When I get curious and say, "Tell me more about that," it helps him move out of his fight brain into higher level thinking. It also helps him reflect on what is happening on the inside, typically preventing the eruption.

In the midst of deploying evidence-based practices, we very often have to take caregivers back to the pain of the child's story to reestablish empathy. Behaviors, stressors, and the demands of everyday life can make caregivers "forget" what the child has endured and survived. Children aren't trying to make anyone miserable, although it can feel that way. They are trying to get their needs met, starting with psychological safety. There is always meaning behind behaviors. Reframing the story for caregivers increases compassion for the child, which fosters relational connection.

Availability

In Chosen's work with families, we employ a dosing methodology based on Dr. Bruce Perry's therapeutic work, which essentially means that clients heal faster when they are in charge of the duration and frequency of their services. We allow the caregivers to come to us as often as they need for as long as they need. This availability builds a strong relational foundation that yields trust. Families who are really struggling or at risk for breaking down cannot wait until next month when they see a therapist or the caseworker. The traditional hourly model is based on insurance reimbursement rates, not on what is actually effective. People need in-the-moment, real-time help to address emotional and behavioral health challenges. Dosing has been a game changer in our practice.

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Self-Care

So much has been written about self-care. The reality is that self-care while caring for a child with a traumatic history can seem like a fantasy. Trauma parenting can feel never-ending, especially for high-need kids. We teach parents and caregivers how to do self-care in the midst of their busy lives. They need encouragement and practical suggestions. Empower their creative ideas. Rather than a night off or a beach get-away—particularly in a pandemic—self-care could look like ordering groceries online, removing clutter from the living area to reduce anxiety, and practicing deep diaphragmatic breathing together.

I taught my kids about taking "yoga breaths" at a very young age to help them calm down when they were having a meltdown. If the child is approachable, you can hug from behind and do the deep breathing together. Regulating breathing and providing the physical touch facilitate connection and help both the caregiver and child care for themselves.

"Better together" isn't just a cliché hashtag. The reality is that we truly are better together, especially in a family. The time is now for deepening relational connection to bring about healing.

Jenni Lord is the CEO of Chosen, whose mission is to help children heal from trauma by strengthening families. Chosen provides telehealth services nationally.

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