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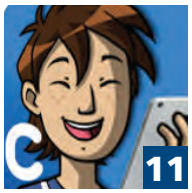

Therapists Corner

Special Focus: New Perspectives on Autism

Parenting

Education

Trends

Resources

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Are you interested in writing for *Healing Magazine*?

If you are a professional in the field of mental health, education or parenting, we welcome your submission. Healing articles should be about 1,200 words and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community and/or office setting.

Ideas for articles can be sent to healing@kidspeace.org. ***Healing Magazine*** reserves the right to edit all manuscripts.

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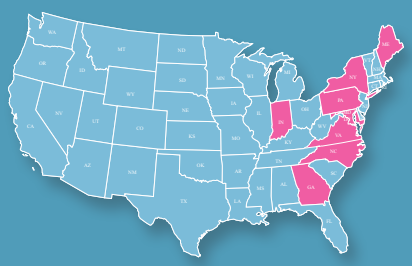

Dear Friend of KidsPeace,

In 2013, the American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders – and in doing so changed the way medicine and society consider the needs of individuals with autism. For the first time, various conditions were grouped together into a single diagnosis of autism spectrum disorder (ASD), recognizing the similarities of conditions among individuals who previously received separate diagnoses, such as Asperger's Syndrome.

Of course, in the years since, the clinical diagnosis is not the only thing that's changed in our society for those with ASD. In this issue of *Healing Magazine*, we look at a variety of initiatives designed to give those on the spectrum more opportunities to develop their abilities through greater interaction with people and organizations with which they share our society. From airports to playgrounds to movie theaters, institutions are working to make common areas friendly to autistic and sensory-sensitive individuals.

In this issue, we're delighted to highlight the work of one of America's best-known advocates for individuals with autism, Pulitzer Prize-winning journalist Ron Suskind. In his best-selling book *Life, Animated* and the Oscar-nominated documentary of the same name, Ron told Americans of the surprising break-throughs in communication his family discovered through the love his son Owen has for Disney movies. Now Ron and a team of dedicated technologists are seeking to put those breakthroughs literally in the palm of your hand; in this issue he describes the inspiration and inner workings of a new app called "*Sidekicks*" which could revolutionize how parents and caregivers communicate with children with autism.

Speaking of communication, in this issue we also examine the benefits of several therapeutic approaches to helping families work out behavioral issues among their children. And we feature an excerpt from a new book for education professionals on creating an inclusive environment for marginalized students – visiting an engaged teacher and a class of third-graders who give a new power of hope to the phrase "We got your back!"

As always, our goal with *Healing Magazine* is to provide information and inspiration to folks like us, whose profession and passion is helping children. We're interested in any comments on our articles, or suggestions on topics you'd like to see us cover in future issues, so please don't hesitate to let us know your thoughts! And of course, you can see digital versions of this issue and back issues at healingmagazine.org.

Thanks again for your interest in *Healing Magazine* and KidsPeace.

Will Isemann

Family Constellations can **make a difference** in the family of a child

By Karen Carnabucci, LCSW, TEP

When clinicians work with children, it's easy to notice that they often come from families where patterns of trauma stretch back one or two or more generations.

A social history can reveal patterns of alcoholism, mental illness and other life struggles that appear to have haunted that family for generations.

But what do we say after we notice these patterns? Do we discuss these patterns with our clients? If we do, will they conclude that their families are cursed or that solutions to their problems are hopeless?

Family Constellations, a new method of exploring family systems, may help not only to answer these questions but also can offer significant healing for the child and the larger family system. This rapidly emerging approach shows how the focus on our ancestors' lives can stimulate positive change for many seemingly insoluble problems.

Family Constellations – sometimes called Systemic Constellations – looks at family patterns from an experiential perspective, rather than the traditional family therapy of discussion and assignments. This method is not talk therapy or role playing, but a way to explore unconscious family dynamics in the context of a body-based experience.

Systemic Constellations was developed about 30 years ago in Germany by psychotherapist Bert Hellinger, who noticed that severe traumas and losses influence lives for many generations. Hellinger integrated practices derived from family psychotherapy and indigenous cultures into his approach, which identified reliable steps for transforming these ancestral memories for the good. Although Hellinger initially used his approach with adults, psychotherapists, educators and others are adapting Hellinger's philosophy for use with children and adolescents, often with significant success.

The method recognizes three principles that support families in functioning well:

- **Inclusion rather than exclusion**. Everyone belongs to a family, whether alive or deceased, old or young, never born or presently alive in the family.
- **Rank should be recognized**. Parents come before children, and grandparents come before parents. Previous marriages and significant relationships of parents should be acknowledged for the benefit of the children's health, for instance.
- **Unresolved trauma in past generations will affect future generations** unless the trauma is properly acknowledged and addressed.

In the classic style of this method, representatives of a family system are placed in an open space by the client. The client typically sits to observe the grouping of representatives. The representatives report on body sensations, emotions and urges to move or look. The facilitator may reposition the representatives into an arrangement that seems to bring greater peace to the group. Sometimes the facilitator coaches a representative to voice a healing sentence or participate in a simple ritual.

Bill Mannle, a licensed marriage and family therapist in Branford, Conn., has worked with families, children and adults for years. He has introduced Family

Constellations in school settings and at a mental health treatment center for adolescents.

He finds that teens are unusually open to this process and easily in touch with the feelings that surface from the unconscious.

One memorable session with Henry (like others in this article, not his real name) illustrates the speed and ease of the process with teens.

Henry had been attending Bill's intensive outpatient adolescent group for four weeks. The teen was highly anxious and hyperactive; his family history showed that his mother became pregnant as a teenager and had given him for adoption as an infant.

In his typical anxious style, Henry hurriedly asked Bill to "do work" in the hallway as the group was gathering. After a round of introductions, Bill explained the process to the new group members. One of the new participants was 15-year-old Gloria, a surly teen whose every other word was a profanity. "I don't know what the $%&# I'm doing here," she practically spat out.

Bill started the Family Constellation session with Henry, encouraging him to consider what he wanted from the group. "I'd like to know why my mother gave me away," he said.

"That's a big question," Bill only replied, offering no commentary. He asked Henry to pick a group member to represent his biological mother.

Henry stood up and turned to Gloria and said, "Would you represent my mother?"

Because Gloria appeared unsure of what to do, Bill directed her: "Stand up in front. You don't have to do anything. Whatever comes, whatever emotions want to show up, just let them come out."

Bill turned again to Henry, asking, "So what's your question?"

He looked at Gloria and said, "Mom, why did you give me away?"

The entire room was silent. The blood drained from Gloria's face. She started shaking. Bill placed his hand lightly on her shoulder to steady her. Tears started welling up in her eyes. Her lips were quivering.

"Just speak whatever comes to you," Bill encouraged.

Gloria finally spoke. "I wanted you to live."

Seconds after the words were spoken, Henry calmed. His body suddenly seemed more settled. The other teens were crying. Bill invited Gloria, still in the representation, to breathe and turned to Henry and said, "How's that?"

"It's enough. It's all I need to hear," Henry answered.

Bill, deciding the session was complete, directed Gloria to "shake off" the representation and return to her chair. Henry's friends clearly recognized the power of his experience, with one exclaiming, "I'm so happy for Henry."

Gloria, back in her chair, seemed uncertain about what to do next, and her surly attitude resurfaced. "What the $%&# just happened to me?" she demanded.

Bill says the emotional depth that teens are able to reach is more profound than what he has experienced with adults in similar sessions.

"Adolescents are much closer to life and death than adults are," he says. "They drop into the depths of pain and sorrow but they are able to come out of it quickly. That's the power of this work."

Behaviors of the young person may be addressed when he or she is not present or refuses to attend psychotherapy.

In my practice, for instance, Sarah brought her 13-year-old son Jarred to a family session, identifying frustration about his refusal to do chores at home and fights with his two older sisters. Although Jarred was polite, he claimed there were no problems in the family and that his mother was controlling and unreasonable. A second session consisted of Jarred insisting the same, then refusing to talk further.

Sarah was invited to join the adult group that addressed family problems through Family Constellations. In group, Sarah revealed that Jarred would actually have been the fourth-born child because she suffered a miscarriage after the births of her two daughters, Jarred's older sisters.

We set up her three children – using adults to represent Jarred, his older sisters and the miscarried child and herself. When Sarah observed the four children standing in order of oldest to youngest, she became tearful, speaking spontaneously to the lost child she had not birthed. She followed my direction for a simple ritual that included taking the miscarried child into her heart.

Two weeks later, Sarah reported that her relationship with Jarred was improving – that he appeared willing to follow directions about chores and homework – and that he and his sisters were arguing less.

As this approach grows in the United States, it is apparent that the versatility, depth and innovative potential continues to expand. Practitioners are developing innovations with the use of small figures, with the creative arts therapies and with equine therapy. What is true – that the focus on our ancestors' lives and the larger family system – can stimulate positive change for many family situations.

Karen Carnabucci, LCSW, TEP, is a nationally board-certified psychodrama trainer, licensed psychotherapist, and certified Family and Systemic Constellations facilitator in private practice in Lancaster, Pa. She has presented at the 2011, 2015 and 2017 North American Systemic Constellations conferences. She is the co-author of Integrating Psychodrama and Systemic Constellation Work: New Directions for Action Methods, Mind-Body Therapies and Energy Healing with the late Ronald Anderson and other books about the use of experiential therapeutic methods.
www.realtruekaren.com

Parent-Child Interaction Therapy (PCIT)

By Corinne Falgares, LPC

A family found themselves struggling with the behavior of their 3-and-a-half year old daughter. She would become easily frustrated by changes in routine, and struggle to self-regulate her behavior. She would become inconsolable at times when separated from her mother, which then turned into aggression to anyone that would intervene. She would throw objects, push her sibling, bite, stomp her feet, yell and scream, and fall on the floor when not getting her way. These behaviors would occur at home, but also when transitioned into pre-school/daycare. Her parents were exhausted and overwhelmed as they struggled to manage their daughter's behaviors amid the constant tantrums. Finally they sought help through Parent Child Interaction Therapy, or PCIT.

What is PCIT?

Parent Child Interaction Therapy is a proven short-term approach to improve the relationship of caregivers and children. PCIT works in a simple, clear, and strengths-based approach to reduce negative attention-seeking behaviors, improve role model self-regulation, and increase positive communication. PCIT is provided with consistent support and guidance from a trained professional in an office setting while being available for phone support between sessions and after treatment completion.

PCIT consists of weekly sessions conducted in two treatment phases:

In **Child-Directed Interaction** (CDI), caregivers are taught the PRIDE skills: Praise, Reflect, Imitate, Describe and Enjoyment.

- **Praise:** Tell the child exactly what you like: "I love how you are sharing the toys with me."
- **Reflect:** Repeating what your child says to improve their speech. If the child says "Kitty has a black nose," the parent says "The cat's nose is black."
- **Imitate:** Copying what the child is doing with the toys showing your child you approve as well as teaching child how to take turns. As the child is drawing a tree, the parent says, "I'm drawing a tree just like you."
- **Describe:** Saying what the child is doing that is appropriate to increase attention: "You are making a tower with the blocks."
- **Enjoy the Interaction:** Parents practice these skills after being taught one-to-one by therapist and encouraged to do daily at home with child as well as during all PCIT sessions.

In **Parent-Directed Interaction** (PDI), caregivers learn to use effective commands and discipline procedures (time-out chair and time-out room). The therapist is able to provide support to caregivers as they learn to manage their child's behaviors in many settings. PCIT time-out procedure is very detailed and uses specific wording and time limits. Time-out sequences uses a time-out chair that the child is instructed to sit quietly at when the child does not comply with a command. A time-out room is used as a back-up whenever the child does not stay on the time-out chair.

How does PCIT work?

PCIT was developed by Dr. Sheila Eyberg, taking two aspects of authoritative parenting as identified by Baumrind and focusing on the nurturance (CDI phase of treatment) and limit-setting styles (PDI phase of treatment). Research into the influence of parents/caregivers on young children's behavioral and emotional development shows that while some parenting practices may intensify a child's problems, other practices have enormous potential to influence children's behaviors in a positive way. PCIT is designed to help parents learn and implement these new skills.

One aspect that distinguishes PCIT from other approaches is that it provides live direct coaching to parents; the therapist observes the caregiver and child together, and then works with the caregiver to manage challenging child behaviors as they occur in real time. Live coaching also allows the therapist to support caregivers as they gain confidence in managing their child's behaviors and mastering the specialized PCIT skills.

During the course of treatment, the child engages in appropriate creative

play with parent(s) at the weekly therapy sessions, and daily five minutes of play as well. Children love the positive attention from their parents and will start to make changes to their behaviors almost immediately. Many families see improvements in behaviors in the first few weeks.

After a good foundation of skills is developed by caregiver/parent(s), they move into a second phase of treatment allowing the parent take the lead and provide direct commands. Children learn to comply to commands with the use of labeled praise for compliance or time out for non-compliance. Children learn that if they comply immediately, they will get to continue to do more pleasurable activities such as play.

Parents are able to carry these skills from the therapy session, into the home and into public places as the skills are applied across all areas. During the course of treatment, parent(s) track the child's behaviors to see progress allow graduation from PCIT treatment. PCIT research has also showed that its effects were maintained for one to 6 years following treatment.

Who is PCIT for?

Families with children ages 2.5 to 7 years who display any or all of the following:

- Difficulty staying seated
- Difficulty taking turns
- Difficulty playing alone or quietly
- Refusal and defiance of adult requests
- Purposeful annoyance of others
- Temper tantrums

How effective is PCIT?

Research shows PCIT is effective in reducing children's behavior problems while decreasing parent distress. It has been shown to reduce the risk of child abuse occurring within the home and/or reports of child abuse. PCIT improves parenting skills and attitudes with their child, building on the bond and reducing criticism. Children's negative behaviors are less frequent and less intense per parent(s) reports while in PCIT treatment and beyond.

Research shows PCIT is effective in reducing children's behavior problems while decreasing parent distress.

PCIT has also been shown to be effective in treating multiple issues such as adjustment with parental divorce, attention deficit hyperactivity disorder, separation anxiety, depression and many others. Additionally, PCIT has shown to be adaptable across a variety of populations (genders and ethnic groups). Feedback from participating families includes:

- "*We communicate better and have a stronger bond now…*"
- "*I am proud of myself and being able to handle situations with my son…*"
- "*She is now allowing me to come into her world…*"
- "*This program has basically saved my relationship with my child.*"

As for the parents mentioned earlier, they participated in teach sessions and weekly one-hour coaching sessions, while practicing the skills they learned daily while playing with their daughter at home. They incorporated them throughout their daily lives to gain the biggest improvements in the child's behaviors and their relationship. After just 11 weeks of treatment, they saw a dramatic improvement in their daughter's behavior and they felt more confident and knowledgeable on how to address any attention-seeking behaviors.

Reflecting on the effectiveness of PCIT, the girl's father said:

"*The respect I gained from her in understanding what she goes through during our interactions has helped me work on better, clear, concise, and descriptive commands. And the quality one-on-one time that was spent with her and working on our relationships has proven to be invaluable!!*"

Her mother also found the experience worthwhile:

"The program and our outcomes have been life-changing for our family. We have gone from multiple meltdowns - child AND parent - daily to minimal events. Our daughter is more confident and I feel better in the way we now handle conflict."

Where can I get more information about PCIT?

To find a PCIT-certified therapist in your area, visit the PCIT website www.pcit.org/united-states and search by state. (If you're in the Allentown. PA area, you can call KidsPeace's Green Street Outpatient Services at 610-799-8910 to learn more.)

Corinne Falgares, LPC, is a state Licensed Professional Counselor in both New Jersey and Pennsylvania, and a Parent-Child Interaction Therapist and Level 1 PCIT trainer. She has experience working with children, adolescents, adults, and elderly in both the public and private sectors, based on forming collaborative relationships with clients and families to help them through emotional challenges. She has extensive experience in the treatment of mood, anxiety, depression, and behavioral issues and helping clients work through stressors and develop coping skills in order to move towards an overall healthier wellbeing.

Source: Parent-Child Interaction Therapy, Second Edition, C.B. McNeil and T.L. Hembree-Kigin (2011)

New Perspectives on Autism

Animated "SIDEKICK" connects parents to children with autism

By Ron Suskind for Spectrum

As a journalist and author, I've spent most of my life writing stories. But now, as an entrepreneur, I find myself in an office building in Harvard Square where my team is writing code. Along with 100 or so pilot users, we are testing a new device to help reach and communicate with children who have autism.

Our new tool, called "**Sidekicks**," is designed to help people connect with a child who has autism through the child's passion, be it Disney movies, Legos or train schedules. Our hope is that Sidekicks will give children with autism a voice by building on their own interests. (Full disclosure: I'm founder and chief executive officer of ***The Affinity Project***, the company that produces Sidekicks.)

The origins of this effort date back more than 20 years. That's when my son Owen was diagnosed with autism and lost all speech. He was just shy of 3 years old.

Our lives became dominated by the acute necessities known to millions of parents of children with autism: Find clinicians and therapists, pay unreasonable bills, reorder expectations, redefine the length of a day, and redirect virtually every feature of our lives. The overriding necessity was to find a way – any way – to connect with Owen.

I have told the story of what unfolded, first in my 2014 book "*Life, Animated,*" and then in the Academy Award-nominated documentary of the same name. Once my wife Cornelia and I realized that our son, at age 6, had silently memorized dozens of Disney animated movies, we began to communicate with him in Disney dialogue. Throw him a line, he'd throw you back the next one. Night after night, we became animated characters, playing scenes to fit every occasion and emotion.

There was plenty of speech, language, occupational and play therapy as well as basic tutoring during this period. But we saw that progress was clearly linked to tapping, and joyfully validating, Owen's "circumscribed interest" – a term that Leo Kanner used in the 1940s and '50s for restricted interests, a signature feature of autism[1].

Love what he loves:

The view since then has largely been that these interests are obsessions, nonproductive and perseverative, and part of autism's core features. Cut them off, reduce their frequency, or use them as a reward in behavioral therapies. Whatever you do, don't feed them.

Well, we did. Disney films became our pathway to reach into his world and, importantly, to help him reach out to ours. Over several years, Owen's speech steadily grew, with usages drawn heavily from movie references. He learned to read largely by reading the films' credits. During his teen years, we worked with therapists to develop techniques that were effective in helping our son apply his passion to social, emotional and cognitive growth.

Like parents of children with autism everywhere, we worked tirelessly to "fix" Owen – to build skills he desperately needed to taste human contact, and be as independent and self-sufficient as possible. Yet it was a joy-based philosophy that guided us, summed up by Cornelia's single line: "Love what he loves is the way we'll love him." Through this particular sort of love, capacity grew.

During the reporting of the book back in 2013, Cornelia and I discovered something startling: Circumscribed interests have received only fitful study since the days of Kanner, even though an estimated 90 percent of those with autism have at least one of them[2]. In our household and in the book, we gave them a new name - "affinities" - which seemed to us a more appropriate term. This term bespeaks inclination, passion, expertise, self-identity and, importantly, choice. We called what we did with Owen "affinity therapy."

After my book's publication, the term caught on. Cornelia and I were swamped with calls and emails from hundreds of parents reporting a wide array of affinities – Harry Potter, maps, astronomy, washing machines, wind-chimes or Minecraft – and urgently asking us how they might do what we'd done. Many felt affirmed – they had been right all along – and also anxious about how to move forward. As one mother said to me, "My husband and I both work out of the home, and I can't spend 10 years in the basement watching *Star Wars*. How do we manage to do this?"

Code breakers:

In the summer of 2014, I met with the inventor of Siri in Silicon Valley. Meetings with other leading technologists followed. By year's end, we'd formed The Affinity Project and had filed a patent for a "guided personal companion," which would become Sidekicks.

Talk or type into your phone or computer and the words come through in real time in the voice of an animated character on the child's phone or computer. When the child responds, you can hear it and answer. Rich media, such as movie clips, can be streamed between the connected devices to tap the child's affinity.

With the human-infused Sidekick as a guide and companion, a child's passions can become pathways for engagement, expression and growth. For example, if a child feels kinship with Velociraptors – "pack animals," as one young lady recently told me, "who taught me about how we need to work together and rely on each other" – she might share a clip or link about Velociraptors. Then the parent or therapist has a precious handle with which to discuss friendship or reliance on others in the child's real life.

Most of the children, nowadays, have video-based affinities, and watch videos about their favorite topics extensively on YouTube. That's an ocean of content to work with.

That's what 100 or so families have been doing over the past year in a pilot study of the use and effectiveness of the

app. They're finding new ways to connect with their children and helping the children use strengths, wrapped around their affinities, to help themselves. Early results are encouraging, showing that the tool supports language growth, emotional identification and social skills development. There are several hundred families on our waiting list. The study will soon expand to accommodate them.

One of our advisers is Kevin Pelphrey, an autism researcher at George Washington University, who has a daughter much like Owen. Pelphrey wrote in a 2015 research proposal that people with autism use their affinities "like Enigma machines, to help decipher an otherwise incomprehensible social world." They rely on affinities as "code breakers," he says, to crack the codes of themselves and the world around them.

It's an elegant term, and appropriately applied. As a survey published last month showed, many people with autism view their affinities as calming and often useful[3]. Of the 80 adults in the study, most said that their job or educational program involves their affinity, and that their preferred interests help with their anxiety. The Affinity Project, in collaboration with Autism Speaks, has just launched a large survey of people with autism to determine the prevalence and importance of affinities among this population.

Evolving conversation:

The key is to create a naturalistic and evolving conversation, sometimes led by the parent- or therapist-infused avatar, sometimes by the child. A feature now under construction allows parents to follow their children on their internet searches. When a child searches for something on his phone, a URL and metadata will appear on the parent's phone. The parent can see what enlivens the child and then have the Sidekick join the child on his phone to discuss what he finds most interesting.

After a few exchanges in these areas, our dialogue-management system begins to generate automated responses and – based on a situation the child encounters or a need he expresses – even initiate conversations. The parents or therapists are needed less and less, even as the avatar carries their essence.

Through a new Sidekicks feature, someone vetted by the parents can also jump behind the curtain and guide the avatar. Parents schedule a time with a "coach" they select from our roster, hand the phone to their child, and leave the child to engage with his Sidekick. The coach takes the burden off parents, although some parents choose to sit with their child during the session.

One mother, who schedules daily sessions after school for her 14-year-old son, reported that his echolalia (meaningless repetition of words) gave way to receptive and expressive language over 15 sessions. Our servers captured these exchanges – as they do all utterances – and she can now show it to her son's therapist. Parent reports are notoriously uneven, leaving both therapists and the parents frustrated. Now, parents can share their data, and analytics can track progress.

It's about joy:

The volume and precision of the data may form a deep foundation for research. Clinicians at Massachusetts General Hospital in Boston plan to measure the platform's efficacy. They aim to establish baselines for language and emotional processing for 30 children and give 15 of them three months of affinity-focused therapies using Sidekicks. The team plans to measure growth in emotional regulation, expressive speech, social communication and problem-solving in all the children, laying the groundwork for a large randomized controlled trial.

John Gabrieli's team at the Massachusetts Institute of Technology plans to use brain imaging to map the areas that affinities activate. This will be the first study of its kind to demystify the neural underpinnings of these special interests. The team plans to enroll 40 children who will lie in a scanner as they complete a simple task and are rewarded with either their affinity or money. The goal is to discover the neural pathways that allow personally motivating experiences to become bridges for communication. This knowledge may help lead to customized therapies.

With Sidekicks, some children know a parent is behind the curtain, and some don't, but it doesn't seem to matter. After a 15- to 30-minute session with the app, children seem more responsive and engaging in person. It's almost as though they've limbered up for the wider conversation, building up their confidence to communicate with people.

The scientific term for the force driving this behavior is "intrinsic motivation." It's about joy – joy defined by the child that is then shared with another.

Ron Suskind is a Pulitzer Prize-winning journalist, and founder and chief executive officer of The Affinity Project, a research and technology company. This article was originally published on Spectrum (www.spectrumnews.org), an online resource which provides comprehensive news and analysis of advances in autism research. Reprinted by permission.

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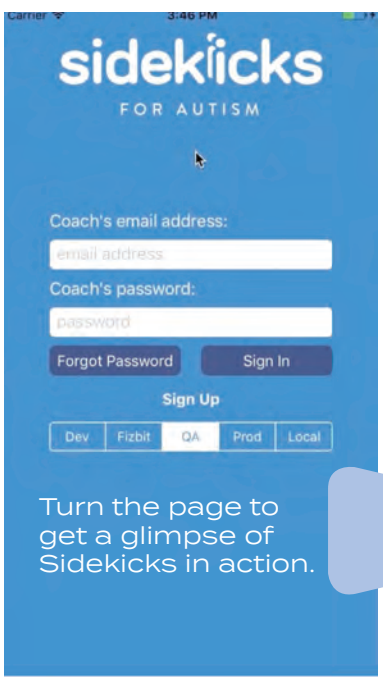
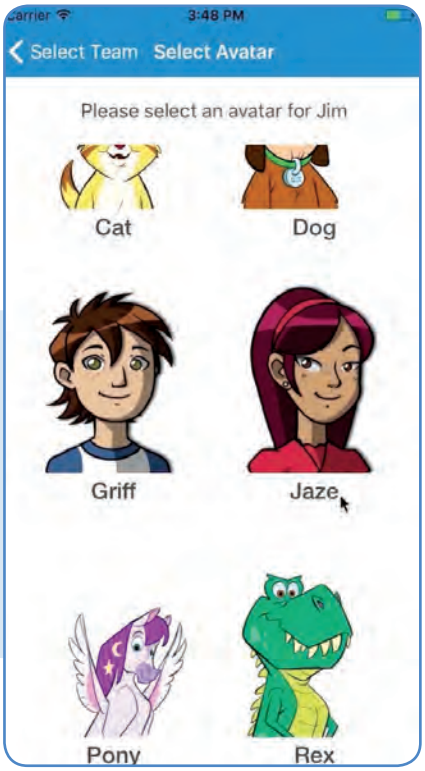


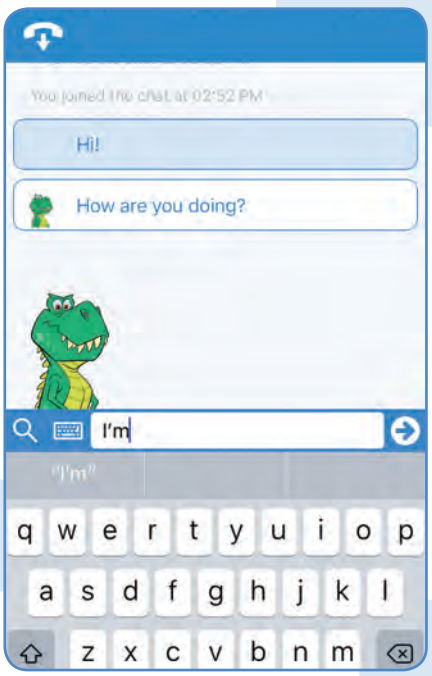
sidekicks

Adult downloads app on their devices, creates Sidekicks account

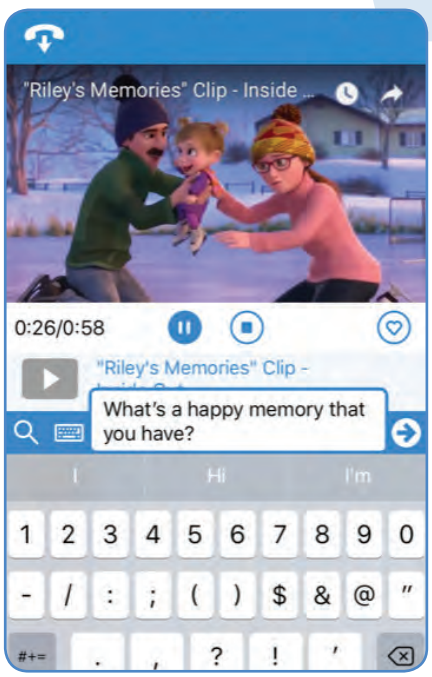


Selects avatar image with which to communicate with child

Adult calls child's device to start a chat between the two avatars. In order to chat, the parent or therapist needs to log into their child's device using their log-in credentials.



Adult can also access YouTube videos through the app to show to the child, and talk/laugh/engage with them about the video and their feelings toward it.



ArtsQuest Offers Free Sensory-Friendly Kids Film Series

For a child with autism, going to the movie theater can often be an overwhelming experience. The pitch-black darkness, large flashing images, booming surround sound and the "silence is golden" rule are often too much to handle. As a result, many children with special needs don't get to experience the pleasure of an outing to the movies.

Since 2015, ArtsQuest (a nonprofit arts and education organization) has made the silver screen accessible to children with autism through its free summer Sensory-Friendly Kids Film Series. During these special screenings at the ArtsQuest Center's Frank Banko Alehouse Cinemas in Bethlehem, PA, the lights stay up, the sound goes down and there are no ads or previews to sit through. In fact, kids don't have to sit at all; they're free to walk around, talk or even sing if they like. Families can also bring their own snacks, which is especially important for kids on special diets.

"This is a location where kids can see a movie in a non-threatening environment," says ArtsQuest Programming Director Ryan Hill. "It's usually a very positive experience, not only for the children, but for their families. Everyone can relax and just enjoy the movie."

About three and a half years ago ArtsQuest and the Lehigh Valley Arts Council were looking at ways to involve the autistic community in the arts, when a family with an autistic child contacted Hill with the idea. The cinema staff ran test movies with several families to determine the best lighting and sound settings, and the program was launched. Hill says it took a while for it to catch on, but now grandparents, parents and other caregivers from across the Lehigh Valley come to the shows each summer.

"It's wonderful to watch a movie in a judgment-free zone like this," says the mother of a 6-year-old autistic girl who has attended the screenings. "People in the theater often mistake an autistic child's inability to sit still as bad behavior. Sometimes they even make comments. Here, there is none of that."

Another mother with two boys, a 7-year-old who is autistic and a 9-year-old who is not, says it's difficult to find activities that both children can enjoy at the same time.

"When I read about this series, I was ecstatic," she says. "This is an absolute godsend, and it's free. We would have come even if I had to pay."

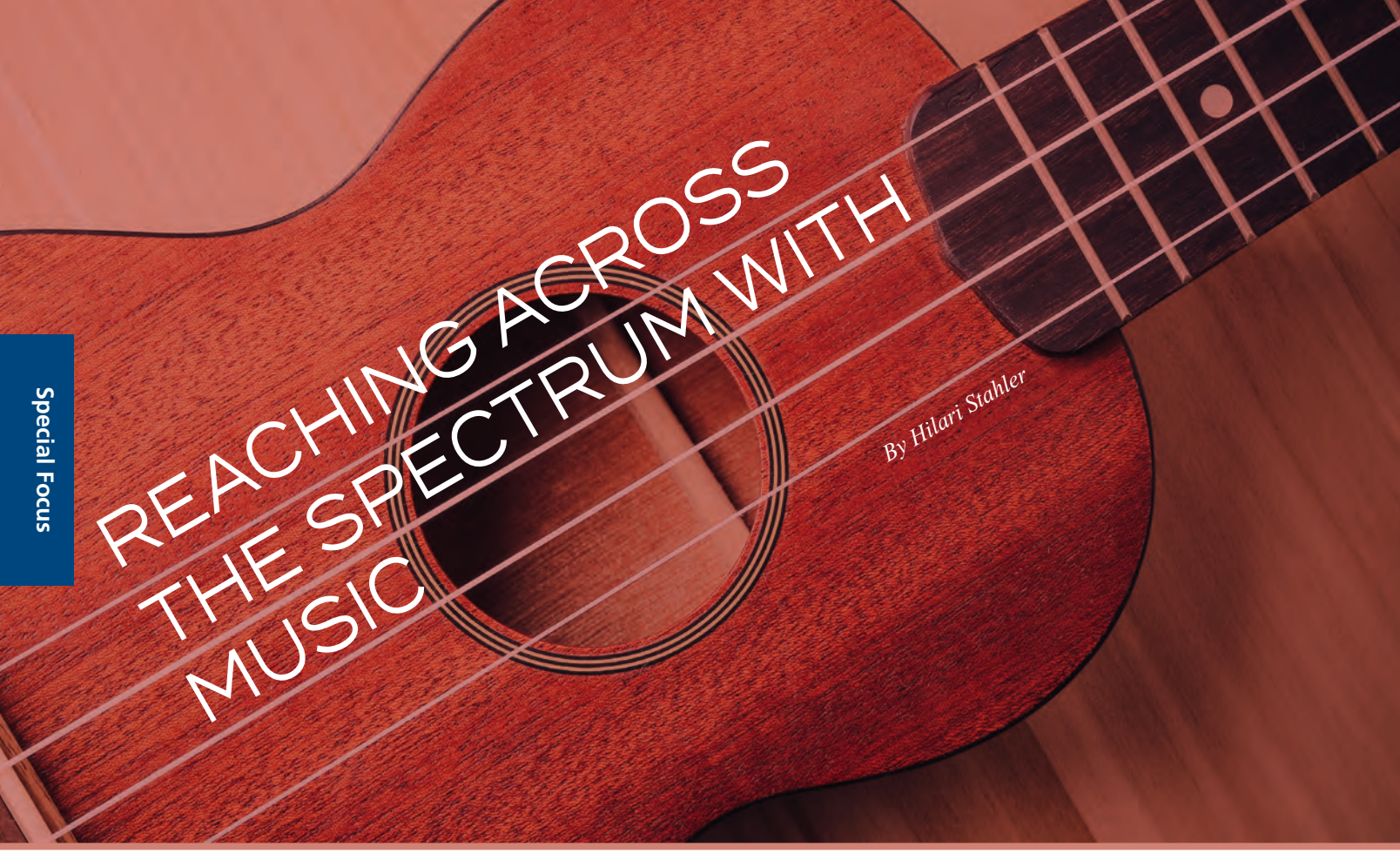
At the Sensory-Friendly Kids Film Series, there is more going on than just movie watching. In fact, a remarkable sense of community builds. During the showing of the film "Up" this past summer, one boy got upset and began to cry. A little girl who wanted to fix the situation left her seat, walked to where the boy was sitting and gave him a hug. He began calming down and soon was able to focus on the movie again. As everyone was leaving the theater, the boy's mother thanked the little girl for the hug. She responded with a smile, and so did her mom.

"The mission of ArtsQuest is to provide access to the arts for everyone. I'm very proud to work in a place that is doing that for a highly underserved population," says Hill. "This is incredibly worthwhile. As long as people come, we'll be here."

- Mark Demko, ArtsQuest

ARTSQUEST™

For more information about ArtsQuest's free Sensory-Friendly Kids Film Series, contact Ryan Hill at rhill@artsquest.org or visit www.steelstacks.org.



REACHING ACROSS THE SPECTRUM WITH MUSIC

By Hilari Stahler

(Editor's Note: For the past twelve years, KidsPeace's "Sarah's Smile" summer program has served children on the autism spectrum with programming to help them learn and practice social, communication and coping skills while school is out of session. More than 60 kids participated in 2017 – and they were introduced to the power and pleasure of making music through the work of music therapist Hilari Stahler. Healing Magazine asked Hilari to share her thoughts on the experience.)

As a music therapist it is not my job to impress my music onto those with whom I work. Rather, my job is to create an environment that allows them to open up and share their music, share a glimpse of who they are, and perhaps discover gifts and talents that were hidden even from themselves.

This past summer, the participants of the *Sarah's Smile* program were given the opportunity to create and express freely through music therapy. Those in charge of the *Sarah's Smile* program recognized that when used effectively, thoughtfully, and therapeutically, music can be the key to unlocking self-expression, communication, social interaction, and self-esteem.

Throughout my career as a music therapist, I have become passionate about finding music that is unique to each individual, and to truly get to know someone through his or her music. As a Board Certified Music Therapist, I have provided music therapy services for individuals with different abilities, including those on the autism spectrum, working at various schools and organizations for more than a decade. However, my current work more often focuses on early childhood development of self-expression through music, movement, and art classes. I find that working with individuals with different abilities drives me creatively. The unique bond that is formed through music-making is foundational to pushing

through limitations to inspire growth. And my belief in this was confirmed with the more than positive experience of working with the staff and participants of *Sarah's Smile*.

With three full classrooms of students ages 6 to 16, I was only able to see each classroom one time. This meant that assessment, treatment, and closure had to happen at a very rapid pace while still maintaining commitment to individualized attention – which meant that I needed to be prepared for ANYTHING! To do this, I felt it was important to bring my entire library of instruments. A few jaws dropped when the staff saw the sheer volume of instruments that came into their classrooms, but the kids' enthusiasm at the sight of the drums, cymbals, woodblocks, ukulele, keyboard, and guitar was well worth the haul!

During the first week's session I worked with the youngest group. Their energy indicated that most of the session would focus on movement. The greeting song allowed them to practice various gross motor skills while learning to sing and move together as a group. We also incorporated one student's love of dinosaurs by doing a song that allowed them to imagine being a dinosaur while moving their bodies and stomping to the beat of the music. Pretend play was important for this group because it allowed their active minds to imagine, wonder, and share ideas while still being grounded through the pulse of the music and lyrical structure.

After exploring my Ocean Drum (a drum with metal beads inside that roll when tilted to create the sound of waves), the children were each given materials to create their own interpretation of the instrument. As with music making, I feel it is important for the children to have as much independence and opportunity for personalization as possible. Therefore, each child selected their materials and each student was successful in creating an Ocean Drum using two plates, beans or rice, colorful duct tape, markers, and stickers. We were then able to incorporate their instruments into a group musical improvisation where each child explored their newly created masterpiece!

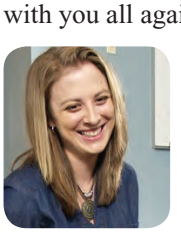
The second group I saw was comprised of middle-school students. Their maturity, confidence, and poise was remarkable. They really kept me on my toes and I was very grateful for my arsenal of instruments! Throughout the session we also focused on a vocal improvisation that allowed the group to sing together, as well as individually improvise lyrics to sing as a solo! Even in a large group setting this experience allowed many of them to push past self-reservations while others were able to showcase their confidence and love of "the stage!" Regardless of which category they leaned toward, they all had a positive moment in "the spotlight." It is my hope that this experience will remain with them as they pursue future musical and non-musical endeavors.

I often feel like the real "therapist" in the room during the music therapy sessions is the music. The music in this session was so special and unique to this group that we didn't need to take a break and were completely blown away (and maybe a little disappointed) when the hour was up so quickly! The focus in this group was incredible! Linda Mitch, who supervises *Sarah's Smile*, described the scene: "The children were tapping their feet and were immediately engaged when the music started …They really enjoyed it and everyone participated. It was amazing to see."

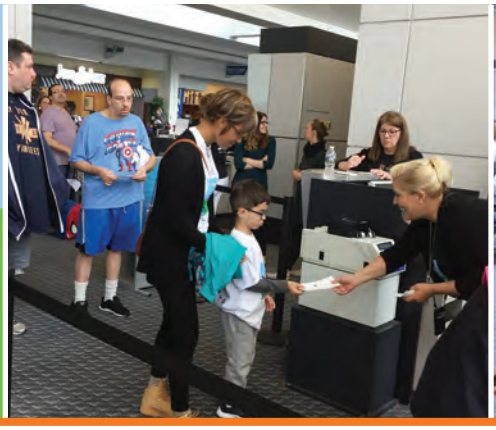
The oldest group of students was large enough that with staff support I was able to break them up into two groups, allowing for more individualized attention. The smaller groups also allowed for instruction on the ukulele. The participants were very excited to have this experience and I think everyone was very impressed with the level of musicality that they showcased! The mother of one of the participants was visiting her daughter during our session and it was so beautiful to see the beam of pride on both of their faces as expectations were met and exceeded!

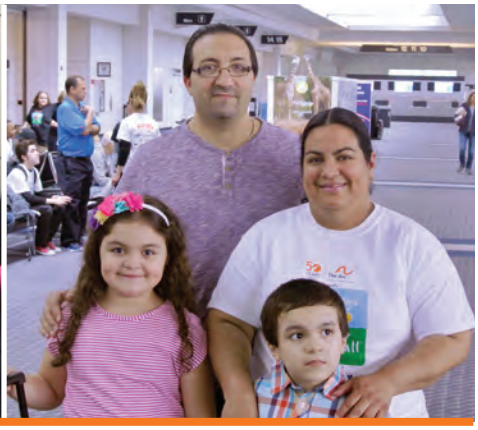
We ended our session with a closing song where one of the students played the piano while the group played the ukulele or strummed my guitar. I'm sure all of the parents and guardians would be so proud to know what their children accomplished that day. I know I was, and I am hopeful that they will continue to share their gifts with others.

A few weeks after the culmination of the sessions I received an envelope of beautiful cards from the participants of the *Sarah's Smile* program. My heart was smiling as their words and pictures conjured up beautiful memories of our time together. I was particularly touched by one of the pictures. It was a heart made up of colorful music notes and the headline that read "Long Live Music." It is my sincere hope that even after our sessions are long over, the music and our connection through the music lives on and on in every one of the exceptional children I was blessed to work with – and I look forward to the opportunity to make music with you all again someday!



Hilari Stahler is the founder and director of More Than Music LLC, and worked with the Sarah's Smile program through a partnership of KidsPeace and ArtsQuest. Learn more about her work at www.morethanmusicllc.com.





"Wings for All®" makes the skies friendlier

As the last of the Halloween candy finally gets eaten and the remaining autumn leaves blow away in the chilly November winds, our attention turns to the holiday season and the joys of spending time with family and friends. For many families who have loved ones at various parts of the country, the planning process to spend Thanksgiving at Grandma's house often requires some thought about travel. Being able to hop in the car and take a long drive to spend the holiday weekend with Aunt Bessie in Cleveland, or boarding an airplane for a Thanksgiving trip to a family gathering in Kansas City is something many of us take for granted, costs aside.

But for people with autism and their families, these seemingly easy tasks pose huge challenges that many consider almost unthinkable.

Individuals on the autism spectrum often share common traits that include:

- Avoiding eye contact with others, preferring to be alone.
- Becoming upset with minor changes in routine or surroundings.
- Sensory overload reactions to sounds, smells, tastes, textures, lights and/or colors.

Because air travel involves the hustle-bustle of airports, people with autism and other intellectual and developmental disabilities are often challenged to process new environmental experiences comfortably. As a result, families will often rule out air travel.

There had to be a way to make air travel a reality for people with sensory-overload disabilities.

This past May, The Arc of Lehigh and Northampton Counties – a local chapter of the national organization – presented Wings for All®, a unique rehearsal event for people with autism and other intellectual and developmental disabilities to have a real-life experience using an airport when traveling by plane. Formally known as Wings for Autism®, The Arc partnered with Lehigh Valley International Airport (LVIA) for a third consecutive year in hosting the event, and with Allegiant Air who provided a plane for participants to experience boarding, seating and exiting an aircraft.

More than 50 pre-registered local people with autism and other intellectual and developmental disabilities along with family members, began arriving at LVIA on a beautiful May afternoon to begin their air travel rehearsal experience. The process included proceeding to the ticketing counter to receive their boarding pass, going through security, walking through the airport terminal, and finding a seat at the gate, where they waited to board. Allegiant Air personnel welcomed each person with a disability, along with one family member to accompany them onto the plane, and instructed everyone about safety procedures associated with a flight. Finally, everyone departed the aircraft and were welcomed to a special reception.

More than 40 volunteers were on hand to assist the individuals and families to successfully complete the experience, with helpful tips and suggestions they can use when traveling by air in the future. Airport employees, along with staff and supporters of The Arc, served as volunteers. The Arc also provided training which has been used by the airport personnel in better serving the needs of people with disabilities throughout the entire year.

This special project, made possible by community partnerships and concerned local people, has made a real and lasting difference in the lives of so many people who are now confident to travel by air.

Wings for All® is a trademarked event of The Arc of The United States. The program was originated by the Charles River Center, a local chapter of The Arc in Massachusetts, and the Massachusetts Port Authority.

- Bruce Seidel and Karen Shoemaker, The Arc of Lehigh and Northampton Counties (PA)

A Playground Welcoming to All

If you drive by KidsPeace's Broadway Campus in Fountain Hill, PA, you may not realize that there is a playground tucked away among the buildings. But for the more than 150 children who utilize the playground annually through the campus' various services, it is a favorite spot to play. Over the past three years the playground has begun its transformation from a simple, semi-outdated play space to a safer, more sensory-friendly playground that is inclusive of all ages and abilities.

The playground is most frequently utilized by KidsPeace Autism Services that serve more than 75 children ages 2 to 21 through community-based after-school and summer programs. The cognitive and physical abilities of the children who utilize this space vary greatly. Though a majority of the children are early elementary age or younger, there are also those who are chronologically teenagers, but by the nature of their diagnosis have cognitive abilities and interests that are closer to those of their younger peers. One goal of the playground transformation is to provide all of the children a play space that provides them the opportunity to learn more about themselves, gain self-esteem, and allow them to feel safe and included, regardless of their age or abilities.

A playground that is rich in sensory stimulation is a vital component to a child's development, especially when a child exhibits developmental delays. Sensory play activities allow the opportunity for a child to develop a better understanding of their world and themselves, based on what they see, touch, hear, smell, and taste. The more engaged they are, the better understanding they will have of their environment and their own relationship to the world around them. A playground built with sensory input in mind is such a simple way to help children work on their physical, sensory, and developmental needs because it is intrinsically fun and motivating to them without the clinical feel of a therapeutic setting. A slide provides the child with the feeling of movement and deep pressure, while climbers provide the opportunity to overcome obstacles, develop problem-solving skills, and build self-esteem. A swing stimulates the vestibular system in the brain and helps us learn how to balance and position our bodies. It gives us feedback about where our bodies are in space and can contribute to the development of self-control and self-calming skills. Playground equipment like sensory spinners (a safer and more inclusive version of a merry-go-round with high back seating) allows children to feel movement and balance, as well as provides them with opportunities for cooperative play and social engagement with their peers.

Funding from the Provident Bank Foundation and the Leona Gruber Trust have helped support safety modifications to the playground - including the removal of old and/or damaged equipment and a new layer of mulch. It also funded the purchase and installation of new platform swings, which are easier to use for children with low muscle tone or difficulty with balance.

With continued support, the KidsPeace playground will grow to include sensory stations for sound and touch, a sensory spinner, and open slides that allow staff to keep the children in view while they enjoy the playground.

Kids need places to play, even more so for those on the autism spectrum. Even though it's not the most prominent feature of the campus for people passing by, the new playground is an important component of our efforts to help these kids discover and unlock their potential.

- Alexis Harvey, KidsPeace Autism Services

By Dr. John DeGarmo

FAMILY SUPPORT FOR NEW FOSTER PARENTS

Your family member has decided to become a foster parent, and to care for children from foster care in their home. Let me share something with you; they will need your support, and perhaps more importantly, your understanding.

Like so much of society, I had misconceptions about why a child might be in foster care. Growing up, I had heard whispers that "those foster kids" were somehow at fault, were often "bad kids" and were "troublemakers." Now, as I have had the privilege of caring for over 50 children in my home, I can boldly assure you that these children are not at fault. Instead, they are victims. They are victims from abuse and from neglect. They are children who want to lead a normal life, who want to play and laugh with other children their age.

Quite simply, they need someone to love them.

Foster care is available for any child from birth until 18 years of age. When a child reaches 18, most will exit the foster system. The average age of a child in custody is 10.2 years. Of all children in foster care, 47% of these are in their teens. When a child is placed in custody under foster care, and into your foster home, the intention is for the child to eventually be reunited with his/her birth family. Roughly six out of every ten children placed in foster care are reunited with birth parents or family members.

Children are placed under foster care for a number of reasons. Many of these reasons overlap, with the child suffering from numerous mental and emotional challenges. These reasons may include one or more of the following reasons.

- Neglect
- Physical abuse
- Sexual abuse
- Parental drug/alcohol abuse
- Child drug/alcohol abuse
- Domestic violence
- Inadequate housing
- Incarceration
- Death
- Abandonment

Placement in the foster care system takes many forms. Some children may live with foster parents unrelated to them, while other children may live with relatives temporarily or with family members intent upon adopting the child. Over 2 million children live with family members outside of the foster care system, such as group homes or with family. Still, other foster children may reside within groups or residential treatment, or even an intensive form known as Treatment Foster Care, which provides therapeutic treatment services.

Foster parents will often find themselves exhausted, both mentally and physically, and feel drained. There is very little money available to help them, and often times, they will not be reimbursed for all the money they spend on their foster child. The job will require them to work 24 hours a day, 7 days a week, with no time off. Indeed, foster parents will probably feel overworked and underappreciated. They will work with children who are most likely coming from difficult and harmful environments.

Some of these children will have health issues, some will come with behavioral issues, and some will struggle with learning disabilities. Many times, the children who live in their homes will try their patience, and leave them with headaches, frustrations, disappointments, and even heartbreaks. There is a reason why many people are not foster parents, as it is often too difficult. The turnover rate for foster parents in the United States is between 30% and 50% each year.

Now, if truth were to be told, being a foster parent has been the most difficult "job" I have ever had. But make no mistake: at the same time, it has also been the most rewarding thing I have ever done.

For those who have family members who are caring for children from foster care in their homes, it is important keep a few things in mind.

To begin with, when a child is placed into a foster care home, it is often a time of great anxiety and trauma. Your family's child from foster care needs their help, their support, and most importantly, their unconditional love. As many of these children are coming from homes and environments where they have experienced abuse and neglect, as well as a host of other problems, they may be resistant to help, and to love. Do not be discouraged, as this is quite normal with foster children. Remember, they have been taken from their homes and their families, and are now living with strangers. No matter how poorly they have been treated, no matter how much abuse they have suffered, they still want to be with their family members, despite all of the abuse, trauma, and neglect they may have experienced. To be sure, this is a very scary time for them, as they most likely do not want to be in the home of your family members/their new foster parents. Even more so, the child will likely be overwhelmed with the situation, so it is important the home is as peaceful and quiet as possible. This is not a time for family members and friends to visit. Instead, allow your family and their child from foster care to have some personal space and alone time, as they learn to adjust to new and perhaps challenging family dynamics.

There are ways that you can help your family, though. To be sure, they will need help in some areas - a cooked meal; running errands; helping out at Christmas time and birthdays, donating to a foster parent fund; helping to pay for summer camps and field trips for foster children: these are just a few of the many ways that you can help a foster family in your own area as they care for the children in foster care in your home town. Without doubt, they will most likely appreciate and welcome your help and support, as you help to share the challenge of caring for children in need in their homes.

There are times when your family members will require a short break from their foster child. This break may be the result of foster parents traveling on vacation, a temporary move into a new home, or that the birth children in the foster home require some much needed time with their own parents. This break is often known as respite care. Respite care may also be used simply because some foster parents are trying to prevent burnout, and need a break from their foster child. Other foster parents are often used for respite, as they are officially licensed to look after foster children. In some parts of the nation, there are those foster care and child welfare agencies that allow others besides foster parents to care for foster children during times of respite.

Perhaps the most important way you can help is by simply understanding. You now have a new member of your family, someone who will need your love and your support. When a child from foster care comes into my family, and into my home, they become a part of my family and an important part of my home. In my house, there is no difference between one of my biological, adoptive and foster children. In truth, there are no labels. They are indeed all my children. Each child is loved with as much love and compassion as I can possibly give. I am like that mamma bear who fights for her cubs. I fight for my foster children with all that I have. It doesn't always make me popular with the case workers. It doesn't always make me popular with the birth parents, or the court systems. But that doesn't matter: these are MY children, and I will fight with all I have to protect them. I will do all I can to make sure they are safe, they have all they need, and that they are loved.

For a foster child who may have been abused, beaten, or neglected, this type of love is most important. Without this type of love, a foster child will not form necessary and healthy attachment with others, resulting in a number of attachment disorders. Emotional difficulties such as a lack of self-worth, trust, and the need to be in control often result in the lack of unconditional and healthy parental love. As anyone who has worked with foster children will tell you, most foster children face an enormous amount of emotional issues, many times stemming from the lack of healthy love.

Dr. John DeGarmo has been a foster parent for 15 years, during which he and his wife have had over 50 children come through their home. He is the founder of The Foster Care Institute. Dr. DeGarmo is a consultant to legal firms and foster care agencies, as well as a speaker and trainer on many topics about the foster care system. Dr. DeGarmo and his wife were recently named a Good Morning America Ultimate Hero. He is the author of several foster care books, including the inspirational best seller Fostering Love: One Foster Parent's Journey, and writes for several publications. He recently launched Foster 10,000 (F10K), a campaign to recruit an additional 10,000 foster parents nationwide by 2019. He can be reached at drjohndegarmo@gmail.com

The Legacy of LSCI Life Space Crisis Intervention

By Jodi S.W. Whitcomb, MSW

Born in the 1950's with the work of Redl and Wineman with delinquent youth, Life Space Crisis Intervention (LSCI) survived behavior modification domination throughout the 1960s, 70s and 80s, existing today as a systematic, teachable approach used internationally with children who need mental health support.

Nicholas Long, Mary Wood and Frank Fecser are credited with developing the system into the teachable format that is offered at training sites throughout the country. The cognitive-behavioral non-physical crisis intervention strategy teaches six distinct interventions which target self-defeating behavior patterns common to youth. The interventions are built upon foundational skills of effective listening, decoding, discovering the reasons behind the behavior and teaching that insight to the child. LSCI participants learn about the differences in psychological perspectives of an upset person compared to the helper, as well as the conflict cycle dynamic and how to break it down. Instead of just "putting the lid on a boiling pot" with short-term strategies, LSCI is designed to work towards lasting change in the person who is struggling.

In 1998 KidsPeace sent a delegation of dedicated staff to the Black Hills of South Dakota, where the group was first introduced to the concepts of LSCI. The delegation came back and used the techniques for months before reporting back to organizational leadership with resounding and unanimous support for the method. In the almost 20 years since then, our instructors have trained hundreds of professionals working with children to utilize the revolutionary techniques of LSCI. Participants have included employees from KidsPeace locations in Maine, New York, Minnesota and Pennsylvania, as well as our professional colleagues outside of KidsPeace all across the United States; in 2008 the KidsPeace Institute even trained members of the Tshimshian Native American tribe in Metlakatla, Alaska.

In 2000, the Life Space Crisis Intervention Institute honored KidsPeace by recognizing the KidsPeace Institute™ as a National Training Site for LSCI. In 2013 one of our senior trainers became a Master Trainer and is now able to mentor new professionals through the process of becoming senior trainers.

In 1998 I was working as an Assistant Treatment Team Supervisor for an adolescent transitional girls' unit within KidsPeace's residential programs. The girls I worked with had significant trauma histories and had spent much of their childhoods in foster care, psychiatric hospitals and residential treatment facilities. I was on the front lines with them every day, hearing their stories and dealing with crises. The behavior we saw in that program was varied and included things like verbal aggression, violence, self-injury, sexual acting-out, substance abuse, eating disorders and much more. When the flyer came across my desk to sign up for Life Space Crisis Intervention training I called my supervisor immediately and asked if I could go. I was blessed with a supervisor who really did have the vision of what LSCI could do for kids in crisis and he fully supported me.

I came back from the training a completely changed professional. It totally turned everything I did with my clients on its head (in a positive way!).

Around the same time I received initial certification in LSCI my twin sons turned two years old. I remember that LSCI did not only have an impact on the way I interacted with children at work; it also changed me as a parent. All throughout their development I used LSCI skills in my responses to their needs and behaviors. I focused on my relationship

with them and valued that above all desire to control or punish. I still held them accountable, but I put my focus and energy into our relationship. I remember doing my first full LSCI reclaiming intervention (New Tools Intervention) with them at the age of four. During elementary school I once sat with one of them mapping out the conflict cycle on paper and having him identify where things went wrong. As they became teenagers I used LSCI to open and deepen dialogue with them in situations where talking seemed impossible. During the college selection process I was able to decode fear beneath the resistance to complete application essays. I could give you countless examples – all related directly to my LSCI training and experience.

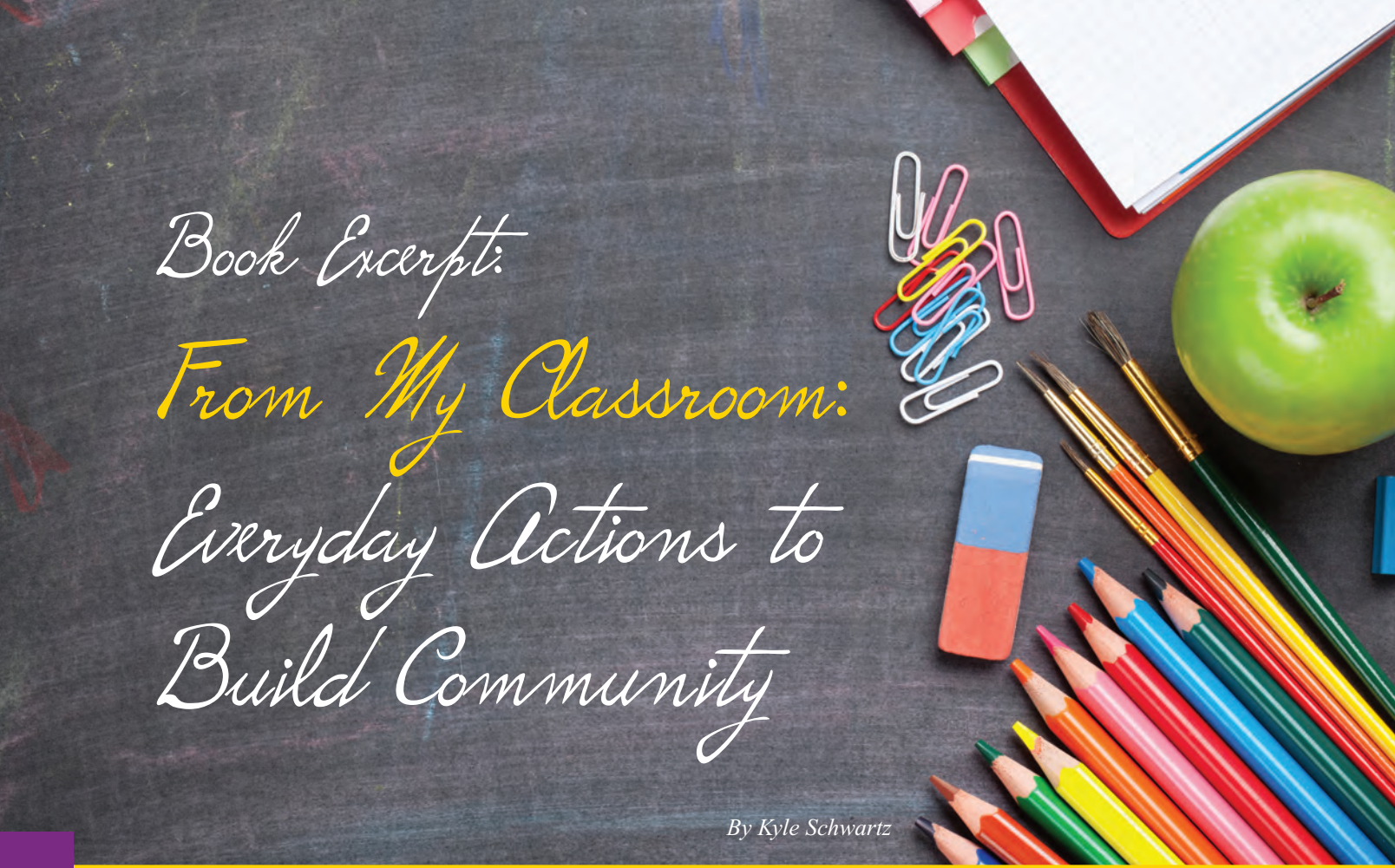
My sons grew under the influence of an LSCI parent. I never thought much about how that may work out later on. I didn't do it to get a desired result; I did it because that's what worked. I didn't have to scream and yell or lose my mind to get desired behaviors. Because the relationships were paramount to me, they also became important to my sons. Those relationships were what helped us navigate many difficult circumstances throughout their childhood. But that's not the end of the story…

One time when my son was nearing the end of high school I overheard him on the phone with an upset friend. I was shocked to hear him walk through the six stages of LSCI with this friend like he had attended the certification process himself! He was able to de-escalate his friend and help him see some alternatives all without once losing his cool. It dawned on me in that moment that my children had experienced the best possible "training" that could ever be designed just by being the child of an LSCI parent. When my sons were 20 years old they both decided, much to my surprise, that they wanted to work for KidsPeace as mental health technicians. Both of them said that they wanted to "give back" in the tradition that their mother and father had given to the mental and behavioral health field for children. In the time since they have begun working here I have heard very interesting conversations at home. Some of their thoughts have to do with how they might avoid restraint situations and creative ways to handle crisis scenarios. As I listen to them talk to each other about these things I realize that the seeds of seeing the best in kids, understanding their backgrounds, being compassionate, looking for alternatives….all of these seeds were planted years ago when they were being raised on LSCI.

And so, a new generation of helpers is born. Because of the valuable LSCI skills I learned almost 20 years ago, this next generation will positively impact a countless number of suffering children. I think about how it may impact them as parents to their own children, and therefore generations to come. I think about how being raised on LSCI could positively impact their friendships, their future marriages and more. This is the legacy of Life Space Crisis Intervention. It is so much more than a training; it is a way of life for handling very difficult circumstances and coming away with a better relationship and a step toward healing.

Responses to the learning experience of LSCI have been overwhelmingly positive over the last 20 years at KidsPeace. LSCI graduates continue to tout it as the "best training I've ever had," "(having) valuable skills I will use in my job." It is the use of extensive experiential training with "true-to-life" scenarios that distinguishes LSCI. Though sometimes tentative at first, trainees begin to enjoy the experiential process that allows them to receive feedback in the moment from instructors and classmates. As the certification progresses, instructors see a growth of competency and confidence in trainees, culminating with graduation on the last day. Graduates leave LSCI encouraged to utilize the process with kids as often as possible and to share their knowledge with other professionals. And beyond that, they can positively impact their families and generations to come.

Jodi S.W. Whitcomb, MS, is Director of Organizational Development and Training, Leader of the KidsPeace Critical Incident Response Team, Master LSCI Trainer at KidsPeace.



Book Excerpt: From My Classroom: Everyday Actions to Build Community

By Kyle Schwartz

(Editor's Note: A new book, Creating Inclusion and Well-Being for Marginalized Students (2017) explores the impact on learning of life experiences among students who are part of "marginalized" groups – groups subject to loss, grief, trauma and shame. In this excerpt, contributor and public school teacher Kyle Schwartz offers a glimpse into the power of students helping other students deal with their emotions in her third-grade classroom.)

"We got your back"

If you visit our classroom for a few hours you will hear the same short phrase repeated over and over again. "We got your back." It's a powerful little saying that communicates so much in four small words. Each day I make time for students to share anything they would like with the class. Many classrooms have a version of this, but I call mine CQC for "Celebrations, Questions, or Concerns"… When a student tells the class about a difficult situation, there is a need for connection. That is where "We got your back" comes in…

The phrase "we got your back" tells students there is a community in this classroom that is looking out for them and supporting them. Each and every one of us faces challenges and this makes it clear that no one has to struggle in isolation in our classroom. One of the beautiful little aspects of a "we got your back" type of community is each year the kids start to say it to me. If the computer suddenly stops working in the middle of a lesson, I hear a chorus of "We got your back, Miss." If I tell students that visitors will be in our classroom observing and I need them on their best behavior, inevitably someone will say, "Don't worry, Miss, we got your back."

Students supporting students

In my classroom, we are not just a random assortment of eight and nine year-olds. We are a community. Creating a community-focused environment requires that I sometimes take a step back and deliberately empower students help each other even through challenging circumstances.

A perfect example of this concept at work was when Gabe's cat died. When I visited Gabe's house a few weeks before,

he proudly showed off the family pet, Mittens. One morning, Gabe's mother sent me an email to let me that know the cat had to be put down. So, when Gabe looked at the clock during a reading lesson and flatly said, "It's 9:17 so she has been dead for two minutes now." I knew exactly what he meant.

Some teachers might think the death of a cat is not an issue worth addressing in class. They are wrong. To a child, the loss of a pet is significant, especially because it is often the first experience with grief, which means it is an opportunity for children to go through the grieving process with support. I invited Gabe to write about Mittens. I told him he could put down all his thoughts and feelings so he would never forget his pet. At the end of class, Gabe asked if he could share what he wrote with the class. The rest of the class chimed in, saying, "We got your back."

Mittens My Wonderful Kitten by Gabe

I will never forget my cat Mittens. I will never forget how soft and fluffy she was. She was the best cat I ever met. March 15th 2016 was rough, my mom said, "She's really sick." And then she said, "They are going to give her medicine that will put her to sleep but not sleep because she'll be dead." So it was a rough night for me because I did not want to lose my first pet because at first I never knew what being a pet owner was like but now I do know and we only had her from August 2014 to today, March 15th 2016. She was so sweet and her stare was so cute.

Mittens I love you!

A few weeks later Rainah came into class ready to talk. The first thing she said to me was, "When are we doing celebrations and concerns? Because I have one to share." She gave the class a detailed account of her cousin's funeral. She told the class that she didn't know why all these bad things were happening and she broke down in tears. Several students scooted closer to her and patted her back while she cried. I told her that this must be a sad time, but we were all here to support her. Then I asked Gabe if he would help Rainah write about her cousin, just as he had done for Mittens. The two cozied up in a corner of the room. I am not sure what they said to each other, but that was not the point. This was an opportunity for students to support each other. At the end of class, Rainah shared the following writing about her cousin.

About My Cousin Alfredo/Nico by Rainah

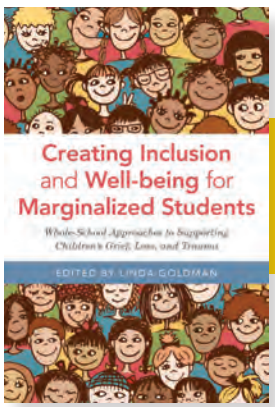
My cousin Nico was a great man he got leukemia in 2014 before he got leukemia he married my cousin Jasmine that's how Nico became my cousin. My cousin Nico was also a rapper his rapper name was West one. Back to leukemia he was in the hospital for a while… But two weeks later he had passed away into the light. Next Friday it was his funeral and my cousin Jasmine was saying, "It was not fair that her family is going to heaven because her Mom died when she was only 11 months old and her Uncle died when she was 11 years old also when she was pregnant with a Baby Girl she died in her stomach and now she is losing her Husband." I wish the hospital found a cure for Nico because he would still be alive right now and I would be so happy but now it feels like a part of my heart is gone forever and it hurts and if he was alive my cousin Jasmine will still be happy. So that was about my cousin Nico. Nico I still love you and I miss you so much and I love my cousin Jasmine so much. It won't be the same without you I love you Alfredo. REST IN HEAVEN. I will see you again someday.

This whole episode benefited both students. They were able to tell their community about a personal challenge and feel supported. For Gabe, he not only processed his loss, but his grief had a greater purpose. He now knew how to shepherd someone else through a difficult time. For her part, Rainah was able to pay it forward a few days later when another girl came to school distressed about a fight she had with her mother. Rainah knew just what to do and helped this girl process her feelings.

The entire class also benefited. Students saw that death and loss are acceptable topics at school and were witness to a healthy model of bereavement.

As a teacher, I know how to directly support my students in the midst of tragedy. I can sit with each one of them individually and help them process their feelings. Ultimately, that is not my goal. My goal is to create an environment where students are able not just to be the recipient of support but also empowered to be a source of encouragement for others. This happens when relationships and trust are established and teachers intentionally allow for students to take active roles in helping each other.

Kyle Schwartz is a public school teacher in Denver, CO. In addition to teaching, Kyle is a dedicated advocate for students, speaking internationally about support students and building strong communities in classrooms. Kyle authored I Wish My Teacher Knew: How One Question Can Change Everything for Our Kids (2016)



Check out Healing's High Five review of this book on page 31

Pay-for-Performance in Behavioral Healthcare:

By Jason J. Raines

Why Is Quality Not Improving Quicker?

Pay-for-performance, also known as value-based purchasing, is a payment model that offers a financial incentive to a behavioral health provider if certain criteria are met. The goal is to motivate providers to improve the care they provide, and proponents of pay-for-performance predict that improved care will reduce the need for future services, thus reducing both costs and demand for services.

Published studies have been unable to find any direct effect of pay-for-performance incentives on the quality metrics being measured. Some studies have found an improvement in the metric being measured; however, in each case the researchers were unable to prove the improvement in the metric was a direct and specific result of the pay-for-performance incentives. For example, in these studies, the provider in question began a variety of quality improvement efforts near the same time as the implementation of the pay-for-performance model, such as public reporting of quality data and other types of continuous improvement plans.

There are a number of factors preventing the pay-for-performance models from being more effective in improving the quality of care in behavioral healthcare. The most important of these factors are the lack of clear metrics for behavioral health, suboptimization, factors beyond the provider's control, and mismatched incentives.

No Clear Metrics for Behavioral Healthcare

Pay-for-performance models vary greatly depending on the funding source. There are more than 150 different types of pay-for-performance models being used by different companies. The possible variations includes the total number of metrics measured, types of metrics, the goals for each of the metrics, and how both the baseline and improvement are measured for each metric.

In a medical healthcare setting, the positive outcome of treatment is the elimination or proper maintenance of the medical condition. The successful outcome of treatment for a broken arm is a healed arm with the same level of use prior to the injury. It is easy to determine how long successful treatment of a broken arm should last and how many visits the patient needs for that successful treatment.

Unlike medical healthcare, behavior healthcare has no standardized agreed-upon metrics, and the positive outcome of treatment may not be the removal of the mental health condition. (The successful outcome of treatment for schizophrenia, for example, is not the absence of schizophrenia at the end of treatment.) Not having a clear definition of successful treatment makes creating universal outcome metrics extremely difficult. In order to have more effective pay-for-performance models, patients, providers, and funding sources must all agree on reasonable definitions of successful outcome metrics for different mental health conditions.

Suboptimization

Suboptimization is the concept of focusing on one part of a system rather than improving the whole system. One point that is often overlooked in pay-for-performance models is that the focus of improvement is on the few metrics being measured rather than improving the total quality of care provided or the patient's quality of life. Like a car's speedometer, a metric provides very useful—yet at the same time limited—information. The speedometer provides the driver with the information of how fast a car is moving. But knowing a car is traveling at 45 miles per hour without knowing the context of the speed is limited information. Is the speed limit 35 miles per hour? If that is case, the car is speeding. Is there a heavy snowstorm outside of the car? In that case, the car is going too fast for the weather conditions, regardless of the

speed limit. In the same way, knowing a pay-for-performance metric without knowing the context of the metric's impact on a patient's quality of care or quality of life is not very useful.

One often-used metric in pay-for-performance models is how many patients discharged from a psychiatric hospital were able to have an office visit with a prescriber within seven days. The goal of seeing a prescriber within seven days to continue care is helpful to improving the patient's quality of life. But when the seven-day follow-up is the only metric being measured, or when the metric is given extra weight in the pay-for-performance model, it can create problems. A health system might feel pressure to prioritize an appointment for a recently discharged patient from its psychiatric unit over one for an existing patient receiving outpatient services, or to make an appointment with an outpatient provider that has an opening within seven days rather than an outpatient provider which best fits the patient's needs. By only focusing on the goal of making an appointment, other factors that may improve the quality of that patient's care may be given lower priority. In order for pay-for-performance models to be more effective, any metric needs to be viewed in the totality of how the metric improves the quality of life and quality of care for the patient.

Factors Beyond the Provider's Control

A number of pay-for-performance models have metrics that are not fully within the provider's control to successfully achieve. A metric may have tasks which need to be completed by the patient or other providers in order to meet the goal. A significant factor that a provider cannot override is a patient's right to refuse treatment, despite what the provider may believe is best for the patient. For example, the majority of pay-for-performance plans assume a person will want to have a follow-up appointment, but every patient has the right to choose if they want aftercare services after leaving a psychiatric hospital. A patient discharged from a psychiatric hospital may choose to follow up with his or her primary care physician for either medication monitoring or for a referral to a psychiatrist. Depending upon the pay-for-performance model, that appointment may not count towards fulfilling the metric. If a patient chooses not to continue treatment in an outpatient setting, a provider should not be penalized under pay-for-performance.

There are other logistical and financial factors which are beyond a provider's control:

- A follow-up appointment could be changed by the outpatient provider after the patient is discharged from the hospital.
- A patient may not have the transportation resources to make a scheduled appointment.
- Weather conditions such as a snowstorm may cause an appointment to be rescheduled outside the seven-day window.
- A patient may need to choose between paying for shelter or food rather than medications or an appointment.

In order for the pay-for-performance model to be more effective, a provider must believe the metric or goal is within the provider's ability to meet or exceed.

Incentives Are Too Small

A problem exists when the pay-for-performance incentives are not large enough to help providers make major changes. The majority of incentives range from 0% to 2% of the amount of services billed, and these incentives are only paid if the goal for the metric is reached. The cost to a provider to improve a metric comes from three key factors, including the costs associated with collecting and analyzing data, hiring an expert to help improve the metric, and the cost of any new equipment or additional staff to perform any new processes or tasks. If the total cost to improve is greater than any possible incentive, the result is a financial loss for the provider, which acts as a barrier to quality improvement. In order for the pay-for-performance models to be more effective, incentives need to either equal or exceed the costs to improve the metrics.

Incentives Are Too Large

Some published studies have raised concerns that incentives that are too large could incentivize providers to exclude patients from treatment. This is one of the most alarming problems with pay-for-performance: that healthcare providers will pick and choose who receives treatment as a way to improve their metrics and earn larger incentives.

One study found that patients presenting with higher risks were more likely to have difficulty accessing treatment, thus excluding them from pay-for-performance programs. A second study found clinicians in a pay-for-performance program would avoid treating more acute patients as a way to improve the clinicians' performance ranking. The worst-case scenario is one where a provider excludes all the high-risk or hard-to-treat patients in order to make the most possible profit.

In order for pay-for-performance programs to be more effective, the incentives have to cover the cost of improvement but not at a level where the incentive motivates a provider to exclude a patient in need of services.

Conclusion

Pay-for-performance models in behavioral healthcare have great potential to improve the quality of life for people. Making changes to how current metrics are measured and linked to incentives, along with changes to the amount of possible incentives, will only improve the effect of pay-for-performance on the quality of care in behavioral healthcare.

Jason James Raines is a Six Sigma Black Belt and university certified Lean Sensei. Jason is currently working on his Doctorate in Business Administration. His dissertation is on barriers and drives to the successful implementation of continues improvement methods in behavioral healthcare settings. Jason is the founder of Raines Consulting Group LLC.

A Story of Success - Powered by TRICARE

By Katie Lennon

Multi-Disciplinary Collaboration on Treatment Helps TRICARE Client

This client came to the KidsPeace Children's Hospital with an extensive history of mental and behavioral health treatment. She has had previous hospitalizations and residential placements related to anger outbursts, aggression towards herself and others and at time erratic behaviors. These behaviors were exhibited in all settings of home, school and community.

Her previous treatment history included KidsPeace's Diagnostic program when she was younger along with a long history of community and home-based services. Her medication management treatment was also complex in several trials of medications to assist in mental stability and behavioral stability.

In addition to the presenting problems, she was adopted at a young age from another country and it is suspected she endured abuse at the orphanage in her country of origin. She had also recently reported that just prior to this admission another client in a facility she was placed in had attempted or engaged with her in an inappropriate manner and identified this was something she was struggling with as well at the time of admission to KidsPeace Children's Hospital.

While at the inpatient level of care, she presented with a significant amount of aggression She was easily triggered or upset by directions or tasks placed upon her that were non-preferred or auditory stimulation (as in loud noises). However, she herself was charismatic, personable and energetic. It was quickly discovered she enjoyed very much to laugh with peers and staff and sharing jokes with others.

Given her extensive mental health and behavioral health treatment from different providers, the treatment team took a collaborative approach involving in-depth conversations with the family and previous providers to individualize her care at the inpatient level of treatment. The family remained an ongoing support for her and would provide observational feedback while they had visits throughout the weekends and during family therapy sessions and phone calls. Her family was well versed in the different community-based services and previous treatment plans that have been successful for her. Her parents were an additional resource at times when she was struggling in a different manner than the staff was accustomed to, and they were also helpful in discussions related to previous trials of medications. They would offer educated suggestions of how to manage her outbursts, supply information about previous behavioral plans or contracts and incentive systems she had in other settings such as home, school and community.

Amongst adjustments to her individualized programming, this client also received medication management services from the psychiatrist to address the severity and intensity of her aggression along with mood stability. The psychiatry department worked closely with her parents to provide clear rationale, communication and feedback related to medication adjustments being suggested, implemented and assessed.

In addition to the information from previous providers, the hospital treatment team utilized behavioral modification plans to put in place where she was able to demonstrate positive, safe behavior for a duration of time, along with utilizing the Komfort Room to manage her anxieties and feelings of being overwhelmed, and provide her with sensory feedback that can produce calming sensations. The Komfort Room is an additional resource in the KidsPeace Children's Hospital that provides sensory stimulation for individuals that require additional interventions. Within the Komfort Room a client can chose from a variety of tactile, visual sensations to induce relaxation, calmness and peace. This room is often utilized for clients that struggle with anxiety and overall feelings of being overwhelmed or stressed.

To manage some of her energy that at times could lead to her becoming off task or possibly crisis, the treatment team used an outdoor ball in the hallways as a stress reliever and/or coping skill. Here she would have individualized attention from staff, engaging in a physical activity and would have reminder or prompts to

start transitioning her back to the unit to continue in programming. Gradually over time this increased her ability to maintain, stabilize, participate and grow in her ability to maintain safety to herself and others more frequently. With these factors in place, she was able to gain a longer time period of stabilization.

Her family would often come in for visits and have daily phone calls with her; they were proud of her improvements in managing herself in a positive way.

The ultimate goal of our Hospital treatment teams is to provide the benefits of collaborative efforts of a multi-disciplinary team in managing complex cases related to mental and behavioral health needs. The collaboration of these disciplines for her treatment at the inpatient level of care contributed to this client's successful discharge in accordance with the KidsPeace Continuum of Care.

Best of the

Best of the Blogs is a sampling of recent blog posts from kidspeace.org and fostercare.com.
Here are two stories of heartache and triumph…

Because They Need Us

"I'm scared," she says. "Just tell me that I won't get my heart broken."

I look at this woman who is in the process of becoming a foster parent and see that her eyes that were once filled with excitement are now filled with fear. I want to reassure her and tell her that her experience will be filled with nothing but joy and wonder, but I can't lie to her. If there is one thing that is certain in all of this, it is that being a foster parent is a journey filled with heartbreak.

So instead, I tell her about how her heart will break when she hears about the horrific abuse that a child has experienced and that she will pray that he is too young to remember much of it.

I tell her about how her eyes will fill with tears of frustration and utter exhaustion after she stays up all night comforting a sick child only to have him scream, "You're not my mom! I hate you!" when she won't give him candy before breakfast.

I tell her how powerless she will feel when a child screams uncontrollably at 3:00 a.m. because his brain is trying to work through its trauma and he is having night terrors, reliving each and every moment.

I tell her about the sadness she will feel when a child steals every scrap of food out of the trash can and hides it in his room just in case there isn't enough to eat tomorrow.

I tell her about the heartbreak that happens when the child that you hoped would stay with you forever goes home. I tell her that she will forever mourn this loss and will always wonder if he is OK.

I tell her about the heartbreak of the adoption process. I explain that although part of her will be elated that this child will soon be forever hers, another part of her heart will break into pieces when she sees the look of complete despair on the faces of the family that he came from. I describe how their cries will fill the court room and how she will want to rush over to them and offer comfort.

She looks at me, crestfallen and asks, "Why do we do it then?"

"Because they need us," I tell her.

"Without us, there is no port in the storm, no safe haven. We give them a childhood until the time comes when their family can take over again. And if they can't, we do it forever."

She nods. She understands.

Cori Ruszkowski is program manager at KidsPeace Foster Care's office in Doylestown, PA

A Graduate's Story

In May, young people around America marked the achievement of completion of high school and turned their attention to the future. This year was particularly special for KidsPeace, as we celebrated the difficult journey and shining achievement of one of our own graduates, Lilly Crossley – an achievement she described in a speech at her graduation ceremony:

(Continued on next page).

"I was at Wright House (PA residential program on the KidsPeace Orchard Hills Campus) for 14 months. I learned so much. When I first got there I was angry at the world, I hated myself and I wanted to die. I thought everyone was against me. Then one day the staff sat down and listened to me and all I've been through. They genuinely cared. I've never had people besides my mom who actually cared. These staff showed me there are good people in this world.

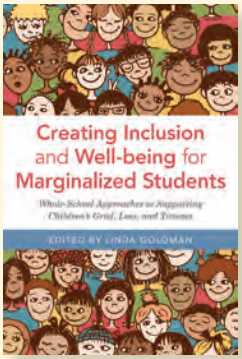
"I'm not a perfect child. I wasn't magically cured. However I am in a sense better. I love life and I'm so glad to be here. Without the help of Wright House and Educational Staff I never would have graduated. Here I am, though – Class of 2017 and I'm going to Kutztown University in the fall.

"Thank you, staff, for all you did. For being there to help pick me up when I fall. Thank you for standing by me during my triumphs. Most important, thank you for being my second family. I'll never be able to repay you for turning me into the amazing person I am now."

Healing™ MAGAZINE
High Fives

"Creating Inclusion and Well-Being for Marginalized Students" edited by Linda Goldman.

By Jean Scott



Editor's Note: The new book, Creating Inclusion and Well-Being for Marginalized Students, offers a collection of essays and articles from education experts on serving the needs of schoolchildren who are experiencing grief, loss or trauma. (You can read an excerpt from the book on Page 24.)

Healing Magazine asked Jean Scott, a public school teacher from Indiana, for her views on the book and the ideas it discusses:

"I enjoyed most parts of the book, although there were some entries that didn't seem to really apply to my situation at my public inner-city elementary school. For me, what stood out were the chapters about trauma and behaviors – especially the questions on Jim Sporleder's chapter ("Catching Kids Before They Fall: A Principal's Perspective"):

Are you spending so much time on behavior issues in the office that you feel it's interfering with your ability to be the instructional leader you have been trained to be? Are the behavior challenges that you are seeing in the classroom getting better each year, or are they becoming increasingly overwhelming? Are the behaviors you are seeing in your classroom interfering with your ability to teach? Is your own personal stress level increasing each year in managing the escalated behaviors you are seeing? As I travel the country, I hear the same stories from teachers, "We spend the majority of our time managing behavior rather than covering the content that we are responsible for to prepare our students, and get them ready for the high-stakes testing…"

This is the main problem in our school and others in our district. It's very hard for new teachers because they aren't really trained in behavior management in college, and even when student teaching they have the "lead" teacher there to assist them with behaviors. Trauma is an overlooked reason for negative behaviors, and some teachers may think the kids are just "bad." I feel this book would really be helpful to any teacher starting out (or even seasoned teachers like myself), and also as a class in college to discuss behavior issues and what causes them, and strategies to assist them for understanding and dealing with the behaviors.

I will be referencing some of the strategies I read here on behaviors in my staff's professional development going forward. Thanks, I really learned a lot!"

Jean Scott has been a special education inclusion teacher in Indianapolis Public Schools for the past 21 years. She also serves as the chair of IPS's committee for Positive Behavior Interventions and Supports (PBIS), a proactive approach to establishing the behavioral supports and social culture that all students in a school need to achieve social, emotional and academic success.

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