

# GAMES PEOPLE PLAY



**Plus:**

- Art Therapy Amid a Pandemic
- Technology in Healthcare
- Kids, Grief, and the COVID-19 Virus



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KidsPeace is a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens. Founded in 1882, KidsPeace provides a unique psychiatric hospital, a comprehensive range of residential treatment programs, accredited educational services and a variety of foster care and community programs to give hope, help and healing to children, adults and those who love them. Learn more at [www.kidspeace.org](http://www.kidspeace.org).

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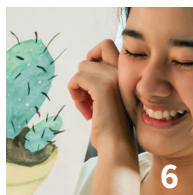
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Providing practical, clinical information to families and children's professionals



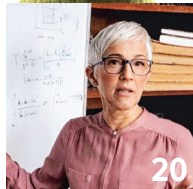
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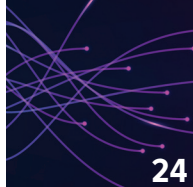
16



20



22



24

**TC Therapists Corner**

- **In the Picture: Art Therapy Amid a Pandemic** ..... 6  
By Katie Greble, MA ATR-BC LPC

**SL Spotlight: Games People Play**

- **Dungeons & Dragons ... & Therapy** ..... 9  
By Robert Harvey
- **Video Games in the Time of the Pandemic: How We Learned to Switch On Socialization** ..... 12  
By Chris Hewatt
- **"C.O.S. Play" – A Game That Trains Caregivers** ..... 14  
By Barb Kendall
- **"Furry Auxiliaries Play" Brings Therapeutic Benefits** ..... 16  
By Karen Carnabucci, LCSW, TEP, and Linda Ciotola, M.Ed., TEP

**E Education**

- **The If Factor** ..... 20  
By Kristin Jacoby

**P Parenting**

- **Kids, Grief, and the COVID-19 Virus** ..... 22  
By Linda Goldman

**T Trends**

- **Technology in Healthcare in a Post-Pandemic World** ..... 24  
By Benjamin Steefel  
(with contributions from Leo Wentline and Bryan Facchiano)

**R Resources**

- **TRICARE Anatomy of a Referral** ..... 26  
By Chris Sylvester
- **Healing HighFives**  
**Book Review: Building Resiliency and Finding Hope in Foster Care** ..... 30  
Reviewed by Caitlin DeLatte
- **Healing Magazine Word Search Game** ..... 31



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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](mailto:healing@kidspeace.org). *Healing Magazine* reserves the right to edit all manuscripts.



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#### Dear Friend of KidsPeace:

The phrase “*just playing games*” can be said in a negative way. It can mean that you think a situation is not being treated as seriously as necessary, or that a person is acting in a devious way to obtain some sort of advantage over others, or that someone is wasting precious time with a game when they could be “doing something more important.”

But it’s been well-documented that game-playing can be therapeutic; it can relieve stress, reduce anxiety, and allow us to put our creative or problem-solving abilities to use in an entertaining way. The popularity of games may have risen in the time of COVID-19-related lockdowns, but their benefits in our field have been known for some time.

In this issue of ***Healing Magazine***, our *Spotlight* section includes looking at how role-playing games like Dungeons & Dragons are helping those on the autism spectrum practice communication and social skills. We also discuss how a game developed at KidsPeace brings challenges new employees may face into focus during their initial training, and how using puppets in treatment – long valued for addressing the therapeutic needs of children – may be useful with us older folks as well. And we look at how the attention paid to games and gaming is breaking down the stigma once associated with “*just playing games*.”

We also continue to highlight the impact of the COVID-19 pandemic. In this issue you’ll find articles from a teacher and a therapist on what changes in their professions are likely to continue to influence how they help kids in their care. We also learn how the losses and tragedy associated with the virus may affect the ways kids grieve. And our own information technology experts at KidsPeace offer ideas on lessons learned during a time when organizations like ours came to rely on such systems more than ever before.

With each issue of ***Healing Magazine***, we seek to provide solid information and useful encouragement to parents, educators, children’s professionals -- anyone with an interest in seeing kids grow, thrive and succeed. We value your opinion on how well (or even whether) we achieve that goal. Please let us know your thoughts by messaging us at [healing@kidspeace.org](mailto:healing@kidspeace.org).

On behalf of all of us at KidsPeace, please stay safe and healthy at this challenging time, and enjoy this issue of ***Healing Magazine***.

*Michael W. Slack*

Michael W. Slack  
President and CEO



By Katie Greble, MA ATR-BC LPC

# IN THE PICTURE:

## Art Therapy amid a Pandemic

**W**hen I was approached to write this article I immediately thought about how play with individuals in treatment has been affected by the COVID-19 pandemic and the restrictions on in-person therapy. It was particularly difficult for me to revamp what I do in my sessions, because as an Art Therapist most of my tools were suddenly gone. However, I feel the lessons learned over the past year were invaluable and will make me a stronger therapist as I move forward. In this article I hope to offer a few new ideas as well as empathy for those of you who are in the same boat.

How an individual makes art, and how they play, offers valuable clinical information – for example, are they choosing to use chalk pastels or colored pencils? Are they contained to a small area or coloring the whole paper? We can see how rigid or flexible someone is by joining them in their play. Frustration tolerance and impulse control are also quickly challenged when playing with another person. This list is not exhaustive, of course, but rather something to get the reader thinking about the complexities that encompass the loss of in-person play: How do we play when we are not physically together?

In the mental health world, play and art making are great ways to join with both children and adults. In children, it meets them where they are and allows for a familiarity, which helps them to feel safe. In adults, we can often sneak underneath defense mechanisms to reveal more than just talking might. Adults are often more resistant to art making and might not have materials in the home; I found using the “white board” function on Zoom was a good alternative. For some, the client directed me to draw what they said. Some might draw independently, or we could draw at the same time. The difficulty in

controlling the mouse and limited choice of lines and colors, removed the barrier of “not being a good artist,” which many people will say to avoid making art in sessions. By seeing I also could not create a masterpiece, it lowered expectations and made the tasks more approachable for many adults.

Another new experience was being at the mercy of the client moving around. My youngest clients were often running all over their homes, giving me motion sickness, excitedly showing me their toys and pets. My first goal with clients like this is to regulate their body. I have a set of stretching/breathing exercises we do at the start and end of each session. The children quickly learn the routine and some request it. These types of rituals set up a new type of holding environment for our sessions. It is like a virtual boundary on our time when they will be focused and engaging with the screen. It has become a replacement for the walk to and from the waiting room.

The freedom to move while on screen has also offered some new opportunities to play. One of my 5-year-old clients likes to hide the iPad and then she “rescues” me. From the outside this looks like me sitting in my office yelling “HELP! HELP!” and a small child in a cape digging out an iPad from under a pile of stuffed animals. Therapeutically, we are hitting on the need she has to be in control, and it allows her to try out being the one who can help others, instead of always needing help. It is interesting how the therapeutic benefit of the play is still happening for this client via the screen.

Another gift we have been given by being virtual is to see the client’s interests “in the wild.” For example, when I notice the way the client has decorated their room and can comment, “Wow, cool dinosaur poster!”, it opens up the conversation to what they like. They also have access to their own toys, which they often show me while we are talking. I even have a few clients who will play their musical instruments for me - which never would happen in the office. I think about the environment they are showing me as an extension of

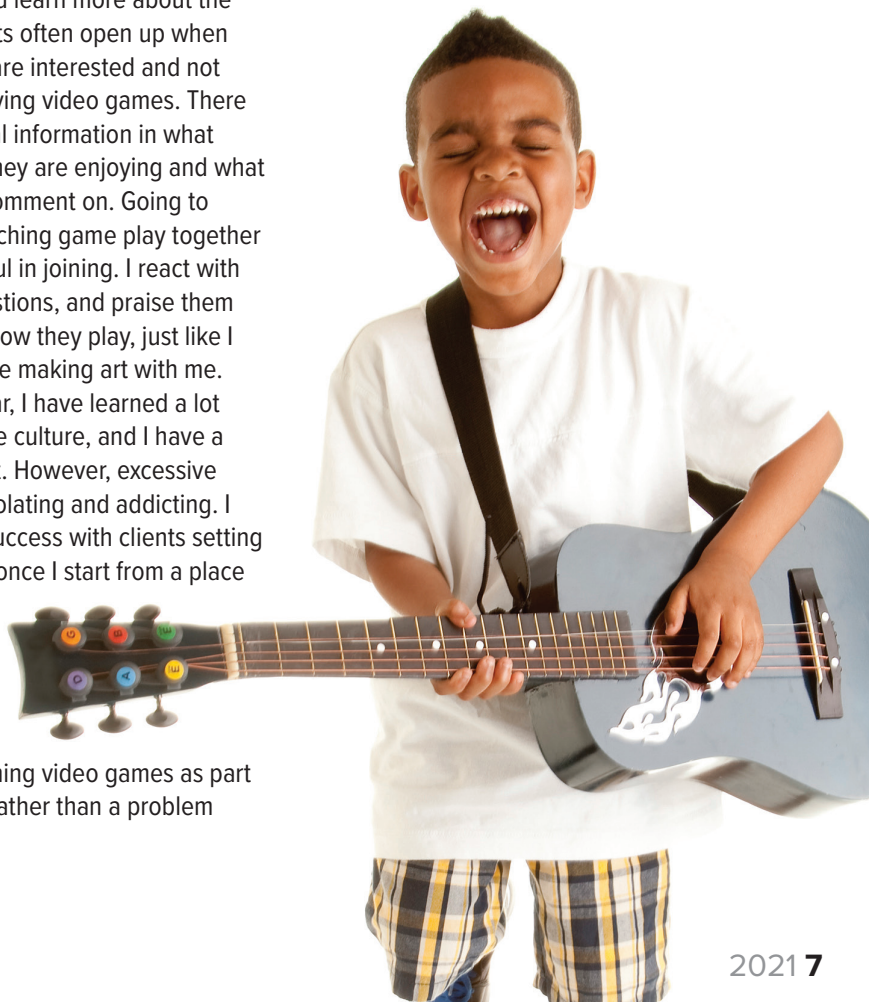
themselves. When I encourage them to talk about their interests, it offers a safe space to express themselves. This is something that is missing out with the lack of peer engagements they usually get at school. For example, the middle schoolers and teens are particularly working through how to present themselves as individuals and it is important to give them the opportunity to do so. Where a rainbow flag may have been sewn on a backpack in the past, we now see it on the wall behind them in the view of their camera. All of this is important to them and is valuable clinical information.

Lastly, and perhaps the most surprising to me, has been how I have started to join and use video games therapeutically. Many of the teens and young adults come to me with a presenting problem that says something like: “Stays in room playing video games all day.” Our virtual connection gives us a leg up in these situations. We can join them in their rooms for session, where they are often most comfortable and feel safest; they are not cranky as a result of being dragged to an appointment in office. Instead of immediately working on reducing time on video games, I like to ask questions and learn more about the games. The clients often open up when they realize you are interested and not against them playing video games. There is valuable clinical information in what kinds of games they are enjoying and what they choose to comment on. Going to YouTube and watching game play together is also very helpful in joining. I react with interest, ask questions, and praise them for showing me how they play, just like I would if they were making art with me. Over the past year, I have learned a lot about video game culture, and I have a new respect for it. However, excessive playing can be isolating and addictive. I have had more success with clients setting up playing limits once I start from a place of understanding their interest in the play and the world surrounding the game – approaching video games as part of who they are rather than a problem behavior first.

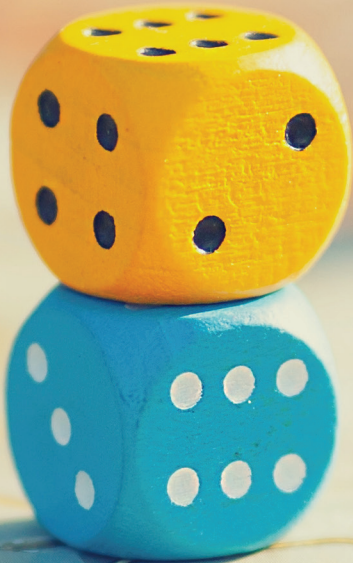
As we are starting to be able to return to in-person therapy, I will be taking these lessons with me. I believe this past year has shown us how much we need human connection, whether it in person or on a screen. We also need more opportunities to be silly and play, no matter our age. Play looks different for all ages and developmental levels, and it is all valuable. Consider how you can model letting your guard down in session to show it is OK to play in therapy, even with adults. You will still get valuable clinical information and develop relationships where you may not have thought possible. ◀



*Katie Greble is a board-certified art therapist and licensed professional counselor. She has been in practice for over ten years, with a passion for working with autistic individuals. In addition to providing therapy, Katie has been active in training community members such as: police, fire, search & rescue and many others on how to best understand the needs of neurodivergent people. In her free time Katie enjoys spending time with her family, traveling and concerts (when not in a pandemic).*



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# DUNGEONS & DRAGONS ... & THERAPY


By Robert Harvey

## “YOU CAN TRY! ...”

**T**his is a phrase uttered time and time again by Dungeon Masters across the world, and, for me, it illustrates the inherent therapeutic nature of *Dungeons & Dragons* (and countless other role-playing games like it). The “Dungeon Master” is the person who controls the narrative in the game – they present the setting, the challenges, and play/control all the creatures and people involved in the story other than the characters that the participants are playing. But as a player in this game, you really CAN try anything - it’s up to your explanation of how you do it, your character’s strengths and weaknesses, and a roll of a twenty-sided dice to decide just what happens when you try.

So what might a player seek to do? They might try to lift a fallen tree off the path so their cart can get through, or to outwit a goblin in a game of dice (almost certainly carved from rat skulls!). Perhaps they are trying to convince a Dwarven Miner to help them search for treasure in the caverns below, or to defeat an ogre in single combat. They might be trying to flirt with their server at the local tavern, or to uncover the plot of a corrupt politician ... the possibilities are literally endless! Some mimic situations from real life fairly closely, others only a little, and many not at all. The player must “role-play” their attempt, speaking as their character and describing what they try to do, and the Dungeon Master then explains the outcome.

(Continued on page 10)



*... it is inherently social, inherently cooperative, and inherently interactive.*

So, how does this game - where you traverse an imaginary world completing imaginary quests and slaying imaginary monsters - help a person in real life and qualify as therapy?

By its nature, the game embodies all of the characteristics of what I try to achieve in group therapy with autistic individuals/ individuals with autism: it is *inherently social, inherently cooperative, and inherently interactive*. Maybe the best part is that, to both outside observers and those playing the game, this does not look like therapy at all. A group gathers around a table (more like a large circle of evenly distanced individual tables, during the COVID-19 pandemic) to embark on a shared quest. While there are a number of things that each player can obtain or overcome on their own, the true challenge lies in working with the rest of the players to achieve a common goal: to slay the dragon, to rescue the prisoners, to bring down a dangerous tyrant, to free the forest of its deadly zombie infestation ... well, you get the picture.

Skills that we develop in the game include enhancing perspective-taking, problem-solving skills, group learning and project work, critical thinking, adjusting our own behavior according to the rest of the group, expression and vocal/ facial control, good sportsmanship, frustration tolerance and coping skills, and resolving conflicts with other players and characters in the game, to cite only a few examples. There's even a good deal of math with calculating your probability of success and the effectiveness of your dice rolls! Under the oversight of an experienced Dungeon Master with an eye for each target area, participants in these groups can build each of these skills, while at the same time experiencing shared joy with others and learning a game they can play for the rest of their lives.



## THE POWER OF NARRATIVE

It was early in my career at KidsPeace that I began to understand how powerful games and stories can be in engaging others and building skills, particularly for those with autism spectrum disorder or other special needs. Written curriculums consist of well-thought-out and effective activities, but what motivates people to engage in and derive meaning from these activities? In my experience, it is the power of narrative and story that often creates that buy-in. Pizza parties and candy can also work from time to time, but the real value lies in making the therapeutic environment and the activities within it exciting, engaging and naturally reinforcing.

Never in nearly twenty years of working with autistic individuals have I encountered a method of therapy that so perfectly captures this sense of motivation and engagement as I have with *Dungeons & Dragons*. Teens and young adults who may typically be guarded, withdrawn or resistant are seated around a table, together, laughing and interacting and building those skills that will help them succeed and obtain the things that they most want and need in life. And it doesn't stop there! I see them take the skills they are building and use them in other group settings, and many of them and/or their parents report that they are using them at school, at work, with friends, etc.

Data from these groups shows that the participants are routinely taking on the perspectives of others, navigating complex social scenarios, conquering difficult problems as a team, and connecting to each other over a shared experience not unlike what their peers would be doing outside of a therapeutic session.

## D&D AS A BRIDGE

Meanwhile, the opportunities for generalization in this type of therapy are staggering. Of the individuals with whom I have had the pleasure of running therapeutic D&D groups, more than 90% have joined or in some cases created their own gaming groups outside of the therapeutic environment. These opportunities include games with their own families and friends, online games through platforms like Discord or school/college clubs, and joining groups at local gaming stores. In therapy, we are always searching for ways to expand what goes on in the session to the outside, and not just that, but to really make the learned skills valuable and (more importantly) utilized outside the therapeutic setting. *Dungeons & Dragons* does just this.

In my groups we refer to interests as "social bridges." The more commonly shared the interest, the stronger and more substantial the bridge. For instance, watching professional football is a very common interest, and so it makes a massive and super-sturdy bridge to other people. Collecting stamps, on the other hand, might be more of a rope bridge with only a few people on it. (Does that mean there's something wrong with it? No! Just not as many opportunities to connect.) With hefty appearances in television shows like *Stranger Things* as well as a booming industry of people streaming their games, *Dungeons & Dragons* has never been more popular. Learning this game and finding joy in it truly is a substantial bridge to many others in the world.

This is an intervention where I have seen participants encountering new skills that are taught/modeled during group, and using them with proficiency during the same session in which they learned it. I have a number of stories and anecdotes that I could relate about using *D&D* as

a therapeutic tool, but this is (so far) my favorite: I have one young man who joined these groups near the beginning, and has stuck with it for over two years. About a year into it his father pulled me aside and thanked me for introducing his son to the game, as he had never felt like he really connected with his son until they began sharing this interest (the father had played when he was younger) and started playing together. It's truly a magical game, with truly magical potential for building the skills of those who need them.

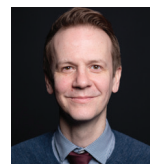
Feeling like this might be something you want to try? Why not pick up a *Dungeons & Dragons* Player's Handbook and check it out? Hit up your local gaming store and join a game, or find one of the countless online groups that are looking for players. Looking to use it in therapy? Check out the references for groups who have published great resources on this highly effective treatment! ◀

### References

- Geek Therapeutics (GeekTherapeutics.com)
- Game to Grow (GametoGrow.org)
- The Bodhana Group (TheBodhanaGroup.org)

### General Sources of Information:

- Official *Dungeons & Dragons* Website: [DnD.Wizards.com](http://DnD.Wizards.com)
- *D&D Beyond* (Official *D&D* Online Resource): [dndbeyond.com](http://dndbeyond.com)



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*Intensive Behavioral Health Services for children with autism, having been certified as a Board Certified Behavior Analyst in 2018. In addition, Rob is a certified Youth Mental Health First Aid instructor, and has attended and conducted numerous trainings in Applied Behavior Analysis, Autism, De-Escalation, Suicide Prevention and Reinforcement/Motivation. He earned a master's degree in education from the University of Cincinnati.*



By Chris Hewatt

# VIDEO GAMES

## IN THE TIME OF THE PANDEMIC: How We Learned to Switch On Socialization

**W**ould you like to safely escape to a perfect island getaway, amidst a global pandemic? It is possible – if you’re willing to switch up your travel plans for a blissful digital experience. And, with the stigmas of wasted time and limited socialization surrounding video games increasingly becoming relics of the past, it may just be time to book those pixelated flights.

While being brought up in a household that regularly gamed as a family activity (with both traditional board games and sitting around the television with controllers in hands), parents of friends were quick to dismiss my suggestions to play video games when visiting their homes – but those same parents had no issues in gathering us around for *Monopoly*, *Trouble*, *Uno*, or any other tabletop game.

I could never quite grasp that view; although you may be spending more time looking at a screen than each other when playing video games, there is still just as

much communication, excitement, and wonderment with each button press as there is with movements of physical game pieces.

### LESSONS VIA A CONTROLLER

For me, video games have always provided an escape, even amidst the unwarranted ideas of wasting precious productive time and losing out on social opportunities.

As a child of the late ‘80s and early ‘90s, the eight-bit pixelated art and chiptune music were always just a power button away - and they granted me reprieve from any pestering homework anxiety long after I had been called inside post-sunset.

I first started delving through dungeons in *The Legend of Zelda*, released on the **Nintendo Entertainment System (NES)** in 1986. Just to be clear: I wasn’t actually the one doing much of the dungeoning and puzzling-solving back in those days; my dad was my link to the experience, as he was the designated Player 1.

Friday evenings were set aside specifically for the purpose of journeying back to the television glow provided by our NES, with my dad deftly navigating the simple and flat colors of Hyrule on the constantly scrolling screens. Although I wasn’t directly in control of the game, I was often tasked with input: *Should we go down into this dungeon we’d just found, or should we double back and pick up that item we couldn’t afford just a few screens back?*

Those evenings gave me something I didn’t tend to get with my dad – time for just us, when we could communicate and work together. Even though I wasn’t the one holding the controller, I really did have control over how those sessions played out – I was given agency with choices that had impact on a narrative.

Little did I know at the time, he was purposefully pulling a Mr. Miyagi – paying attention to all those screens and making mental maps, while also keeping track of the game’s currency, had me learning

fundamental navigation and math skills that still serve me to this day. Also, because I was actively using those skills and that knowledge within an activity I genuinely enjoyed, my intrinsic motivation was at its peak – I was focused on improving my navigation skills across the various screens and obtaining better equipment for my own personal achievement, rather than being motivated by an outside source.

As the newer generations of gamers would say these days, I “got good.” More importantly, I was learning for the sake of learning, which undoubtedly instilled in me the passion I have for being a lifelong student – and now a teacher.

### COMMUNITY AND SOCIAL SKILLS – 8-BITS AT A TIME

As the years passed, I sought more opportunities to play games by myself – heavily focusing on experiences that provided lengthy narratives. Becoming an avid reader through scrolling text provided by gaming cartridges influenced my desire to engage with what I deemed “interactive novels” as a kid – mostly to try and help explain to my parents why so many hours in a video game could net a positive return.

But looking back to my late elementary school years through graduating high school, video games at the same time consistently provided me with a plethora of social opportunities that I may not have had otherwise. As much I enjoyed sinking hours upon hours into a single game, nothing else could ever really compare to the wonderment of lugging a video game console to a friend’s house for the multiplayer experiences of childhood sleepovers. The friends who I met through our mutual love of gaming remain some of my closest to this day, and we can still recall exact moments in our histories together – whether cherished, last-second victories in racing simulators or hard-fought battles together that just didn’t quite go the way we planned.

To that end, the times we were defeated resonated with us most – because no matter how many times we lost, we kept picking the controller back up, and we moved forward ... together.

Contrary perhaps to popular conception, comradery and clear communication are as important in gaming ventures as it is in social and professional circles. In all those situations, if you’re not learning how to positively receive and react to feedback, while also having opportunity to having your needs heard, you’ll eventually be facing a “game over.”

### GAMING – A PANDEMIC SOCIAL RESCUE MISSION!

Unfortunately, no matter how prepared we may have felt we were, many of our typical social activities were handed a very crushing “game over” in March of 2020, as a result of COVID-19. For me, a harsh reality of the world coming to a halt was trying to find a safe and responsible way to make my wife’s April birthday as special as possible, to at least temporarily distract from a situation over which we had no control.

Thankfully, the timing of the pandemic lockdown coincided with the release of the wonderfully aimless *Animal Crossing: New Horizons* on the **Nintendo Switch** – a console that my wife and I both already owned.

At its core, *Animal Crossing* is best described as a slice-of-life simulator; your character player (or avatar) settles into an open space and is granted property to help build a community. As time passes, you collect resources, establish homes for fellow villagers, and develop plots of land - from establishing a museum full of local flora and fauna to hosting friends for island visits and improvised games of hide-and-seek and tag.

With digital offerings of physical media being more readily available than ever, neither my wife nor I had to leave the house or bring in a package to start our island adventures – we had *New Horizons* downloaded the night of release, and by the next morning, we were busy naming our pieces of land and planting as many fruit trees as possible to get ahead of our crushing in-game debt.

And then it dawned on us.

Being able to host friends on your customized island may not have been the solution to the IRL (in real life) problems that we were looking for, but it was exactly what we needed. Within the first week of April, nearly all of our friends had invested as much time in their little island getaways as we had – AND we had a way to connect in the palms of our hands.

On the evening of my wife’s birthday, our friends connected to our copy of *Animal Crossing* – and with the combination of Zoom for seeing and speaking with one another, we hosted a wonderful evening of island-hopping and item-swapping, many of which were actually presented as little wrapped gifts on my wife’s Switch screen.

It didn’t take long for this to become a weekly gathering, replacing our traditional board game nights with video calls and crossing pixelated oceans – and giving us the hope we needed that one day, not too far away, we could gather in the same room as we journeyed from island to island.

(Continued on page 18)



# “C.O.S. PLAY”

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## A GAME THAT TRAINS CAREGIVERS

**H**ow do you take the need for the understanding of a concept, develop a way to teach it and then find a way to make it impactful to a large group of people without using the same recipe you’ve used so many times before? Our newest endeavor here at KidsPeace has taken on that challenge with the creation of a fun, interactive game called *C.O.S. Play*.

### PROMOTING A CULTURE OF SAFETY

In 2018 a “quality workgroup” of KidsPeace associates began discussing issues regarding associate and client safety. These issues included injuries, trends, the use of comfort rooms and comfort carts, the implementation of the intervention/de-escalation system Ukeru, and many others. The major concern that came from this discussion was how to take so many new and existing initiatives and articulate them into one integrative strategic idea – a concept that came to be called KidsPeace’s “*Culture of Safety*.”

*A Culture of Safety* isn’t simply a few new trainings that are complete after they’re rolled out. It has to be an ongoing initiative that changes and will continue to change moving forward. It’s exactly what it’s called: a culture.

After brainstorming ideas on how to move forward with the initiative, it was decided that we needed “Champions” to support the endeavor throughout KidsPeace. Initially these champions would get together in person for two separate meetings to support each other and to discuss the achievements and struggles during the rollout of the Ukeru intervention system. After these meetings, the group decided its members should evolve into “Culture of Safety Champions,” with a focus on developing and implementing ideas to encourage more venues to explore the various options available for keeping associates and clients safe.

The big question then became, “How do we make everyone aware of the Culture of Safety, in an effective and meaningful way?”

### THE CREATION OF C.O.S. PLAY



Jodi Whitcomb, Executive Director of Quality and Training, had an idea to reinforce the concepts related to the KidsPeace Culture of Safety: turn them into a game, in which players would use the concepts to address **scenarios** that occur in the organization’s Continuum of Care. The first task was to come up with scenarios that would be common in a behavioral health setting, and Jodi enlisted the help of various KidsPeace associates from different departments with experience in the therapeutic program environment - including members of the Organizational Development and Training team, Quality Assurance Manager Adam Taylor and Ken Garavaglia, Director of Marketing. Each

person contributed scenarios that could be used in the Culture of Safety game.



The next step in its creation was to come up with all of the **safety tools** that our associates have at their disposal. This not only included the trainings and systems being used, but the various components of each system. For example, tools included from CPR may be gloves, face shields, a breathing mask, a cell phone, a tourniquet, gauze, etc.

Then there were the tools that may seem out of the ordinary, but some locations may find them very useful. How could you use boots, canoes and a hat as tools in an unsafe situation? These items are often what bring the humor to the game, and encourage participants to think “out of the box.” People oftentimes don’t realize how many tools they have at their disposal at any given time. Each of these tools would be made into an individual tool card.



Next, what’s a problem-solving scenario without a **complication**? For every scenario card, a complication was created that would throw a wrench in what was already being planned. What happens if you’re working a shift on a module in the Hospital - and the power goes out? Or you’re working in a location with a frozen lake, and a client runs on it and falls through? Each scenario is designed with various programs and locations in mind, and the game’s trained facilitator can choose which ones pertain to the group they’re working with.

At this point, the game was tested with two different groups of associates- a group of tenured staff and a group of newly hired associates. Each group had approximately five players, one facilitator and one observer. What resulted was team building at its finest, and the groups loved it. There was laughter and silliness along with insight and enlightenment.



One observation that came out of these trials was that everyone had an idea as to how each complicated scenario could continue to go wrong. This led to the final aspect of the game - the **plot twist**, an additional complication that the facilitator can choose to add to the round or not, depending on whether they believe it would be beneficial to the group’s experience.

After all of the trial-and-error test runs of its concepts, the game was officially named *C.O.S. Play* (a subtle reference to the growing pastime in which individuals in elaborate costumes re-enact scenarios from their favorite fantasy/syfy/graphic novel worlds). Rendered into an artistic game design by Shawn Parker, KidsPeace’s Manager of Creative Services, the game was ready for release.

## HOW TO PLAY

In *C.O.S. Play*, the facilitator places the hexagonal tool cards face down on a table, and each player picks five cards for their hand. For example, I may pick up

- Comfort Items- puzzles/ coloring books
- LifeSpace Crisis Intervention training
- Cell Phone
- Canoe with Paddles
- Emergency Food Supplies

The facilitator then reads the scenario:

*A freak ice storm strands several staff on the side of the road as they are trying to get into work at 7 AM. Only late-night staff are working as kids are waking up.*

As one of the players, I would pick the tool from my cards that I thought would work best in the situation. Once everyone chooses their tool, we have a discussion as to why we chose what we did. For example, I may choose puzzles/ coloring books for the children to use to keep themselves busy while waiting for more staff.

*(Continued on page 18)*



Photos by Robbie Allred

*This is a group of people working together as a team to solve a difficult situation (much like how staff works in the treatment milieu every day), and the best part is the conversations that come out of it.*



By Karen Carnabucci, LCSW, TEP,  
and Linda Ciotola, M.Ed., TEP

# “FURRY AUXILIARIES PLAY” BRINGS THERAPEUTIC BENEFITS

**P**lay is typically considered suitable for little people – children – until they grow older and “talk” about their problems and transition into the kind of therapy that big people do. However, children and adults both can benefit from play as a genuine therapeutic intervention that not only fulfills opportunities to emotionally regulate but also builds the spontaneity and creativity that is so valued in the method of psychodrama.

Psychodrama is the action method developed by Dr. J.L. Moreno and Zerka Moreno that involves enacting situations, problems and issues rather than simply talking about them. Psychodrama is the “parent” of what we today call “role play.”

Because psychodrama is based on improvisational theater principles, many of the words related to theater. For instance, the protagonist is the term for the person who agrees to explore a personal issue with dramatic action and plays the main role in the enactment. The auxiliary is the person playing a supporting role for the protagonist in the drama to support the action.

We bring in puppets and stuffed animals for little people, big people and people in between, and each of us have found these “stuffies” to be invaluable when working with children, teens, adults and families. Linda has dubbed these helpers “*furry auxiliaries*” that bring

play and laughter into a session – and at the same time can be surprisingly helpful in working through more serious themes, including severe trauma, pain and loss.

Furry auxiliaries help create the magic that comes with concretization, the psychodramatic term for using props to make “concrete” a topic that is typically abstract. Practitioners of experiential psychotherapies often make use of chairs, scarves, chairs, pillows, mats and other items, and Linda uses beautiful big puppets from Folkmanis that easily become real to the people she is working with – who become quickly engaged to tell the puppet or the animal about their problems and feelings.



Once you have your auxiliaries, you will want to develop names and roles for at least some of them. This naming personalizes these characters and gives them specific therapeutic tasks for healing or learning – or both:

- Linda’s golden retriever puppet, for instance, is named Tele, and he says that “Everything is OK! We can play and have fun.”
- Conversely, Radar the black and white border collie, picks up signals from others and from the environment. Linda sometimes describes Radar as the part of the brain that searches for safety and watches for danger.
- Other furry auxiliaries may not have names. Linda allows for people to name them, permitting empowerment and creativity. She has a pair of unnamed owl puppets that teach about the parts of the brain. The brown owl speaks up for the *left frontal cortex*, at which time Linda says, “I’m thinking clearly and using my rational brain.” The white owl, speaking for the *right frontal cortex*, says, “I notice things even when I’m not thinking. I’m the part of the brain that can be fully present.”
- She may bring in a dinosaur or snake to represent the reptilian brain, the primitive part of the brain that focuses on survival. (She prefers the dinosaur because some people have an aversion to snakes.)



- An eagle, butterfly or bird perfectly takes the role of the observer. Here, Linda holds the auxiliary high over the scene, looking over the owls, dogs or dinosaur. The flying high animal notices with accuracy and compassion what they see and hear – without judgment. Similarly, Karen has a small brown plush puppy that she sometimes calls Friendly. When she brings out Friendly, she may say that the puppy is good at listening and watching, and she uses the dog to demonstrate the role of the Observing Self, the part of self that is able to observe feelings, behaviors and actions in a neutral way, without criticism.

It is helpful to note the role the “stuffie” is taking. The role typically has an adjective and a noun. For example, the eagle takes the role of Big Picture Taker. The reptile – the one taking the role of the reptilian brain – is the Brain and Body Connector. Radar the border collie is the Danger Detector. Tele, the golden retriever, is “Safety Sniffer.”

### BRANDON AND BANDIT: A FURRY AUXILIARY EXAMPLE

Brandon is an Army veteran who had been bullied as a child because of his overweight size. Although he trimmed his weight during boot camp training, Brandon remained highly vigilant about body appearance and obsesses with exercise, while turning to former habits of medicating his feelings with food.

Brandon came to Linda’s lifestyle counseling practice at the age of 35 seeking help with practical aspects of the self-care and healthy exercise. A recovering alcoholic, Brandon had several years of sobriety and a stable job and marriage. However, he suffered with nightmares and flashbacks resulting from the neighborhood bullying and service experiences. Linda referred Brandon to a colleague for in-depth psychotherapy and later to an acupuncturist for a team approach while she offered periodic adjunctive psychodramatic sessions.

Brandon was flooded with shame about his body and his overeating, which made it difficult to talk about feelings and behav-

iors. But one of Brandon’s strengths was his positive relationship with his three dogs. Linda decided to use a furry auxiliary after Brandon shared photographs of his pets on his phone. Linda chose a soft dog puppet, which resembled one of Brandon’s favorite dogs named Bandit. He had earlier talked about this pet, calling Bandit his buddy who was constantly at his side at home.

Linda placed the puppet on the back of the sofa in her office. When Brandon arrived for his appointment, he immediately picked up the puppet, called it Bandit, and started to pet it. This evidence of spontaneity affirmed that bringing Bandit into the session would help bypass defenses and to open up about his hidden life.

Linda began to interview Bandit, asking how long he knew Brandon, what life was like for him at Brandon’s house, what were his favorite activities to do with Brandon and what he loved best about his human. These questions helped Brandon take the role of Bandit. As Brandon warmed up, Linda gradually turned to more probing questions like, “Is there anything that you notice Brandon doing that concerns you?”

The answer, close to the conclusion of the one-hour interview of Bandit, revealed Bandit’s concern about Brandon’s alternating episodes of binge eating, restricting food, and intense daily exercise to near injury. Once the behavior was spoken, Linda periodically interviewed Bandit at later sessions; the dog puppet became a kind of ongoing “team member,” playing an essential role in the next steps of Brandon’s recovery process.

### OTHER EXAMPLES

- When working with women and girls whose pregnancies have ended with miscarriage, stillbirth or abortion, Karen has employed a life-sized doll wrapped in a scarf or small blanket. The woman is first given the opportunity to simply hold the doll quietly, having the experience of connecting to what Karen calls a “baby spirit.” Often the holding evolves into spontaneously speaking to the doll about the mother’s hopes, dreams, regrets or other feelings about the pregnancy and

the would-be child. Similarly, men and family members may also be offered a doll to explore their feelings as well.

- In group sessions, the furry auxiliaries also serve as warm-up objects that can connect participants and build cohesion. For instance, Karen may bring out a stuffed animal and give to a participant, asking the person to introduce themselves from the voice of the animal. Or Karen may direct group members to her shelves, inviting participants to choose the animal, puppet or doll that most represents what they are coming in with. At the end of the group, a butterfly finger puppet may come out, with each participant trying on the puppet, telling the group what has transformed within them during the session.
- In online sessions, people may be invited to bring their favorite stuffed animal or other object to the video screen, taking their own role and telling about their day or something else about themselves.

*(Continued on page 19)*

*Furry auxiliaries help create the magic that comes with concretization, the psychodramatic term for using props to make “concrete” a topic that is typically abstract.*



(Continued from page 11; Video Games)

We were all spending time together, without being together – we were maintaining our social lives through the very screens I was once discouraged away from in favor of needing to exist in the same physical space for social interactions to have any true meaning.

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The idea that video games amount to not much more than tossing one's minutes and hours into the trash has slowly evolved into more acceptance as a cultural norm – as more and more people are realizing that the social connection through gaming is now in the palm of their hands, especially in a time when we are all more connected than ever with multiple electronic devices.

Whether separated by distance, or now by a global pandemic, video games provide multitudes of untapped opportunities for adopting new skills and connecting with friends and family in safe and controlled environments – and in doing so, they can remind us that no matter how far apart we may be, the support we may need is often just a power button away. ◀



Chris Hewatt is an instructional designer with the Center for Educational Resources and Technology (CERT) at DeSales University (PA),

where he develops and improves the delivery of education, both in traditional classrooms and in online learning environments. Chris's continued studies are primarily focused on cognitive science and learning theory, with a renewed interest in gamification and game theory in education. He earned a Master of Science in Instructional Design and Technology through Lehigh University. He holds an undergraduate degree in Professional Writing from Kutztown University, and he is also an experienced video editor and graphic designer.

(Continued from page 13; COS Play)

Once we've all discussed our initial responses, we receive our complication from the facilitator:

*One of the staff members stranded on the way to work falls on the ice while trying to get his car "unstuck". He believes his leg is broken and contacts the unit for assistance.*

Now we each only have 4 cards to choose from. In this case, maybe I decide that the canoe is my best tool. Why did I pick the canoe? Because I believe the person is close enough to put them in the canoe and we can bring them to work where they aren't stuck in the freezing snow. (I guarantee this would, and has, led to an animated discussion!)

The facilitator then decides that our group would benefit from a plot twist. Our newest complication is that while all of this is happening, the power goes out. Of course it does! We each only have 3 cards left to choose from. Should I play the cell phone, LSCI training or emergency food supplies? None of them seem like the perfect solution, so I go with comfort- emergency food supplies. I decide everyone likes to eat, so this may keep the children busy and avoid their becoming upset because they can't use electronics.

## WHY C.O.S. PLAY WORKS

What makes this game unique is that it's not at all competitive. This is a group of people working together as a team to solve a difficult situation (much like how staff works in the treatment milieu every day), and the best part is the conversations that come out of it. The result has been extraordinary. A copy of the game was given to point people in every program for use in staff meetings, for team building and for New Associate Orientation (NAO) and the associates seem to really enjoy it. We've had everything from requests to purchase their own copy of *C.O.S. Play* to groups asking to skip their lunch breaks in order to keep playing!

Moving forward, the current version of *C.O.S. Play* soon will be updated with more scenarios, more tools and more plot twists. We're also looking to add a "Family" version that could be used in meetings or family sessions.

Through the identification of a particular need and the contributions of a group of creative individuals, we were able to create an interactive, fun way of learning in which real people have real conversations about a real setting, and further reinforce the aspects of KidsPeace's Culture of Safety as they play. ◀



Barb Kendall received her degree from Cedar Crest College and has now been working at KidsPeace for 24 years. For the last nine years she has been a member of the Organizational Development and Training team, where she is currently the Pennsylvania Training Manager. She is among the first trained facilitators for the *C.O.S. Play* game. Barb is also a counselor for Teen Central and a member of the Critical Incident Response Team at KidsPeace.

*The major concern that came from this discussion was how to take so many new and existing initiatives and articulate them into one integrative strategic idea*

## BRINGING FURRY AUXILIARIES TO LIFE

If you have not yet added puppets, stuffed animals and dolls to your repertoire of therapy supplies, look no further than your children's outgrown toys, where you can pick from a variety of soft and hard dolls, stuffed animals of various sizes and hand and finger puppets. You also can find items at toy stores, hobby shops and online craft and specialty stores. However, you may easily make or convert puppets, dolls and animals from other items, typically found around the house, or supply materials for your people to make auxiliaries so that the art making becomes part of the therapeutic task.

You may start with just one or two items or collect a variety of items that allow for each person to project an important role or need on to the furry auxiliary. For instance, a bear may be cuddly and cute, allowing for hugs and comfort, or have a fierce face that hints of a protector in times of fear and distress. You will want to include dolls with various skin colors, sad and happy faces, genders and sizes.

You also may wish to embellish your furry auxiliaries further, in ways that hint to additional therapeutic possibilities. For instance, you may take a typical stuffed bear and wrap a bandage around its head, punctuated with a larger-than-life Band-Aid. You may put the bear's arm in a sling, or top its head with a silly hat, or a hat that says something like, "Hope" or "Love." Karen has pinned on buttons that say "I give hugs" or "I'm a stranger here myself."

As you create these embellishments and practice with your furry auxiliaries, you will find many more ideas for experimentation. ◀



*Karen Carnabucci, LCSW, TEP, is a board-certified trainer, educator and practitioner of psychodrama, sociometry and group psychotherapy and the founder of the Lancaster School of Psychodrama and Experiential Psychotherapies in Lancaster, Pa. She is also certified as a facilitator in Family and Systemic Constellations. Learn more at [www.realtruekaren.com](http://www.realtruekaren.com).*



*Linda Ciotola, M.Ed., TEP, is a board-certified trainer, educator and practitioner of psychodrama, sociometry and group psychotherapy and a certified trainer in the Therapeutic Spiral Model, a psychodramatic model for trauma survivors. She has a background in education, having taught at all levels of fifth grade through university and adult education and is a certified health coach and yoga instructor. She is the co-creator of ACTS, an online training program for using psychodrama with survivors of trauma. Learn more at [www.healing-bridges.com](http://www.healing-bridges.com).*

*Karen and Linda are authors of the book "Healing Eating Disorders with Psychodrama and Other Action Methods: Beyond the Silence and the Fury." They have published journal articles and occasionally offer trainings together.*

*However, children and adults both can benefit from play as a genuine therapeutic intervention that not only fulfills opportunities to emotionally regulate but also builds the spontaneity and creativity that is so valued in the method of psychodrama.*

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**In honor of our "Games People Play" theme, check out our Healing Magazine Word Search Game on Page 31!**



By Kristin Jacoby

# The *If* Factor

One thing educators are hounded about is the rule of engagement. Students must be engaged in order to learn; students must be engaged in order to develop relationships with their teachers and their peers; students must be engaged in order to succeed. If a student is not engaged, they are not connected. And without connection... well, that's a slippery slope.

What no one likes to talk about is how difficult it can be to maintain student engagement. With each passing year, the ability to snag their attention and hold on to it for a full ninety-minute class session gets harder and harder, mostly due to the overabundance of ready distractions in the palms of their hands. If smartphones weren't enough, enter laptops! For every student! While this is wonderful on some levels, it has created yet another barrier

between students and teachers, another challenge impeding our ability to connect. Prior to the Great Shutdown of 2020, teachers could be heard saying, "Okay, get out your laptops, and..." which was a clear signal that genuine human interaction was careening to a halt in the classroom.

Despite having had laptops in the classroom, there was nothing to prepare teachers for the abrupt switch to virtual learning. I can fully admit I was ill-prepared to stare at a screen of students and know how to make that work in an instructional sense, let alone performing the important task of making connections and building relationships. No college course, no professional development, no webinar could have prepared educators for the dramatic shift of losing face-to-face interaction.

Spoiler: There is NO "magic solution" to this. Much like teaching itself, figuring out how to navigate building relationships with students in virtual and hybrid classrooms is a very personal matter. The 2020-2021 school year has been a time of relationship-building trial and error for me. My school district chose a combination of virtual and hybrid, which means I have groups of fully virtual students with whom I interact once a week for about 40 minutes (yes, you read that correctly), and groups of hybrid students whom I see in person twice a week for 90-minute classes. If you're thinking, *wow, it must be really difficult to connect with your students*, you're correct.

What I've discovered is that, much like therapy, it's a matter of *if*.

When a person chooses to begin therapy, there's a lingering *if*. One can show up to weekly sessions, open up, talk with the therapist, but *if* the client isn't fully engaged or ready to invest in therapy, not much will happen, right? Plus, we all know we can't force that investment from the client. The same dynamic applies for teaching, especially in a virtual model.

My virtual students are required to attend one Zoom class session per week. Oddly, these sessions are scheduled for Mondays - and if you're familiar with school calendars, you'll note how many Mondays are school-closed holidays. Again, the Zoom sessions are scheduled to last 40 minutes. That's all well and good, but imagine trying to cram a week's worth of teaching into 40 minutes. Not only is it impossible, it's also extremely stressful for everyone involved.

Now add in the matter of connecting with students. While the weekly sessions are required, having cameras turned on is not. I can ask my students to turn on their cameras, but they don't have to comply. Have you ever tried building relationships with a screen full of black squares? I don't recommend it; it's not fulfilling. It is, however, exhausting. Talking at a blank screen and getting zero response can make one question their sanity. In short, trying to get disconnected students to engage via computer screens is exceedingly difficult.

I could supply a list of failed attempts, but instead let me dazzle you with a success story.

In the fall semester, I taught a Creative Writing course. For the first couple weeks of virtual meetings, everyone had their cameras off, but one student engaged by turning on his mic and talking to me. That tiny bit of connection allowed the two of us to begin building a relationship. And then, one Monday, I opened Zoom, let the students in, and it happened: a student, unprompted, had his camera on. It was my chatty friend. I was so excited to actually see a virtual student—excited to the point where I gasped. The student grinned. And we were off and running.

I started looking forward to that particular Zoom, knowing at least one student was going to engage with me. As the weeks passed, I noticed that engagement in that class was rising. Suddenly, two other students had their cameras on and were interacting. Another student stated she felt uncomfortable with her camera on, but started typing conversation in the chat box, and even turned on her mic and spoke a few times.

The catch here, of course, is that I had one student who wanted to engage. He paved the way to allow the others to see it was possible, and safe, to do so.

Perhaps you've seen this next bit of info on the horizon, but I would be remiss if I didn't include it: did I spend all of those Creative Writing Zoom sessions teaching? Absolutely not. I talked with them, human to human. I gave them a safe place to share and connect. I bottled up my classroom environment and did my best to share it via screens.

Speaking of classroom environments, let's mention the hybrid situation. I naively thought it would be "normal" and my students would engage with me. Never have I been more wrong. It turns out having a piece of fabric covering half of students' faces works as a silencer; add in the required laptop and you have a very quiet classroom environment. I assumed that having tiny classes (my smallest was 5) would naturally foster stronger teacher-student relationships. Well, sure, it CAN, *if* everyone is on board for that—but it can also make for abnormally awkward moments where no one wants to participate and everyone is avoiding eye contact.

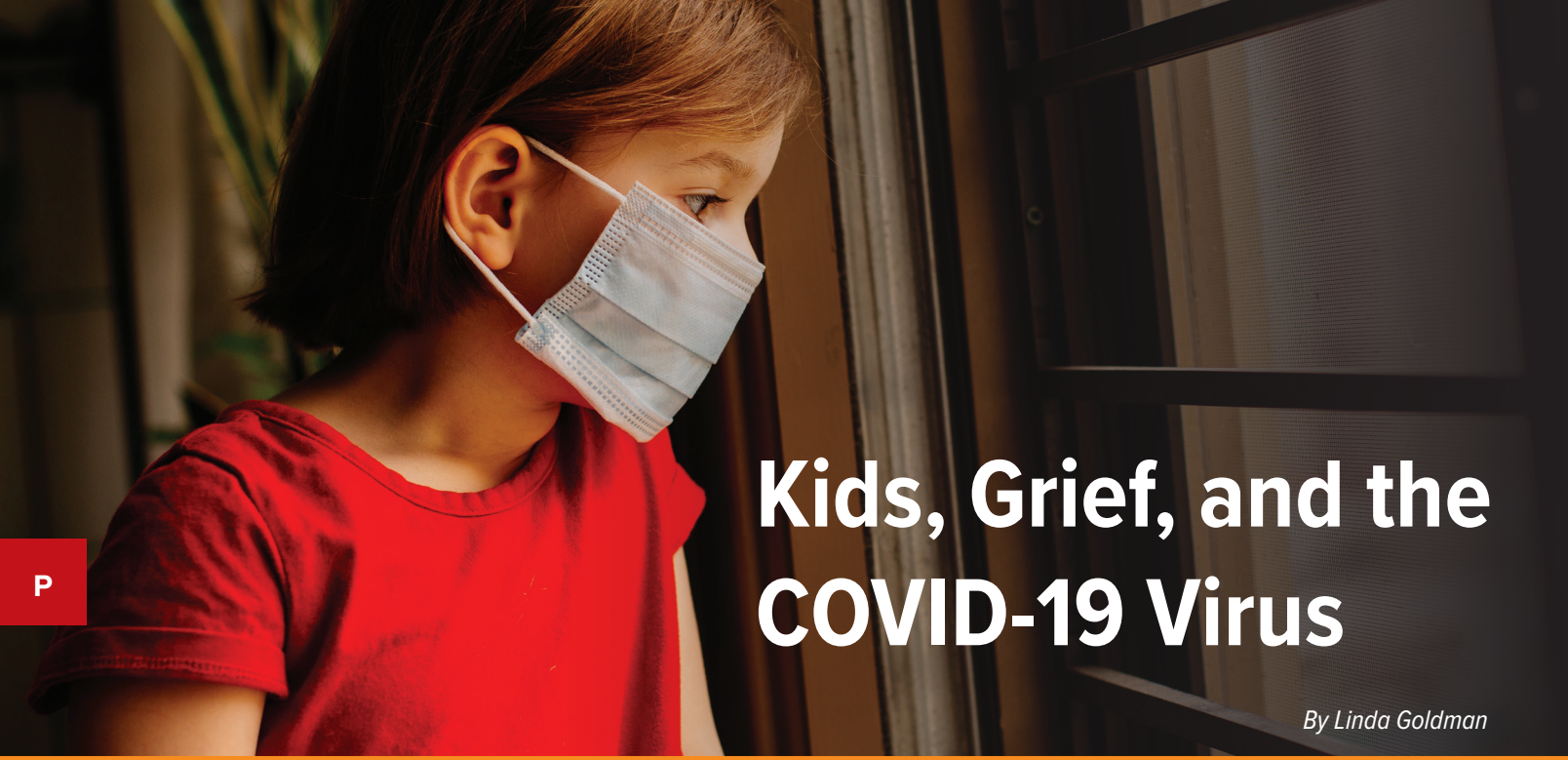
Again, we have an *if*. Even in person, six feet apart, *if* students simply didn't want to engage or connect, I couldn't make it happen. In those situations, I felt invisible. Conversely, some classes were much livelier than others because of the number of students who wanted to engage. Those periods of normalcy were my saving grace throughout the school year, serving to remind everyone in the classroom the importance of basic human connection.

Regardless of the classroom environment—virtual, hybrid, or "normal"—engagement and connection won't happen unless everyone is invested. Pandemic or not, this is a struggle teachers constantly face. It is the truest of two-way streets, one now hindered by screens and masks. In my experience this school year, I didn't find a magic fix, only the continued need to let my students see me as a human, not just a teacher. A little extra effort never hurts, but teachers can only give so much before they are stretched too thin ... but that, dear reader, is another story for another time. ◀



*Kristin Jacoby has been teaching high school English for 15 years where she constantly straddles the line between teacher and therapist. She earned a master's degree in English Literature from Kutztown University, and a master's degree in Clinical and Counseling Psychology from Chestnut Hill College. Writing under a pen name, Kristin is a published author of two contemporary fiction novels with a third coming in early 2022. Kristin resides in Bethlehem, PA and dreams of living by the ocean.*





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# Kids, Grief, and the COVID-19 Virus

By Linda Goldman

*“They aren’t just numbers. They are people that died.”*

-Madeleine, Age 13, Founder of the COVID Quilt

Children and teens have had their world turned inside out during the coronavirus pandemic.

The familiar has turned foreign, the expected has vanished, and the world as kids knew it pre-COVID-19 has been transformed into a surreal new normal. Overwhelmed by virtual classes, home quarantine, cleanliness and health pressures, isolation from friends and school, financial insecurity, racial unrest, political chaos, and COVID-19 illness and death, young people are confronted with enormous challenges impacting their life.

Grief is not linear for toddlers or teens. It can hit children at unpredictable times when least expected - a classroom zoom lesson, watching a movie, or reading a book. The following are common signs of grieving children. (Goldman, 2017. Pp. 24-25)

- Child retells events of the deceased’s death and funeral (or lack of funeral).
- Child dreams of the deceased.
- Child idolizes or imitates behaviors of the deceased.
- Child feels the deceased is with them.
- Child speaks of loved one in the present.

- Child wants to “appear normal.”
- Child enjoys wearing or holding something of the loved ones.
- Child rejects old friends and seeks new friends with a similar loss.
- Child asks to call home during the school day (if they are back in a socially distanced way).
- Child cannot concentrate on schoolwork.
- Child bursts into tears without warning.
- Child seeks medical information on death.
- Child worries excessively about their health, or health of others.
- Child sometimes appears to be unfeeling about loss.
- Child begins “attention seeking” behaviors.
- Child is overly concerned with caretaking

## COVID-19 Illness and Death Challenges

Children and families are experiencing unprecedented challenges during the coronavirus. The difficulties caused by social distancing prohibits kids from visiting loved ones in the hospital, hugging them, or saying goodbye in person. FaceTime, phone

chats, and zoom meetings have become virtual antidotes. Yet, not having personal hospital visits can be a great loss, provoking anxiety and disturbing imaginings of what is happening to a loved one.

Creating an open-ended dialogue with children about illness or death begins with adults finding age-appropriate language to use. Death can be defined for children “as when the body stops working. Usually, people die when they are very, very, old, or very, very, sick, or their bodies are so injured that doctors and nurses cannot make their body work again.” (Goldman, 2017, p. 20)

## Learning from the COVID Virus

Kids are resilient. They want to feel OK and normal, even during these unfamiliar, challenging times. Although some may think only old people die, others suggest that the virus is fake news, still more see no end to the virus, wondering “Will my Mommy die? Can I die too?” Many children have personally experienced a COVID illness or death. We must encourage the belief this is period is temporary, and support skills of accommodation and flexibility.

Learning the importance of hygiene can prove beneficial throughout a child's life. Washing hands before eating, wearing a mask to stop contagion, and maintaining social distancing require their discipline to stay healthy. A positive outlook can emerge. Kids can adopt an attitude of acceptance in living with the virus and still being creative, happy, and seeing a future without the coronavirus.

We can help youngsters grieve losses during the pandemic by creating a safe oasis for expression, mentoring positive attitudes, and supporting creative ideas with the following suggestions.

- 1. Recognize and validate kids' losses during the pandemic.** Each loss is important and needs to be understood. No soccer, no lunch at school, and no real time with teachers can be enormously stressful. Perceived loss of safety and health can create anxiety and worry about their future health and happiness.
- 2. Be aware of the accommodation a child is experiencing during COVID-19** such as no classroom to work in, mask wearing, social distancing, confinement to home, and new health standards such as hand washing to prevent the virus. Affirm it is difficult.
- 3. Be available and ready to discuss the virus with kids.** Children share when they are ready. Adults must be present and prepared for those conversations. "Covid-19 is a small invisible virus that can make people sick."



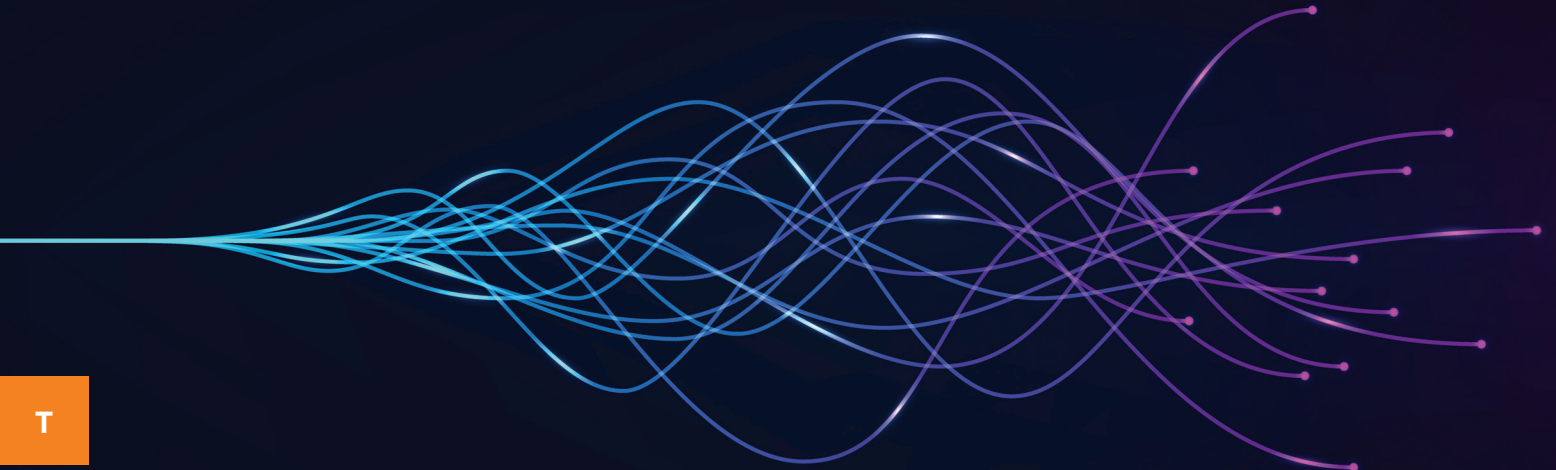
- 4. Understand behaviors** when kids cannot verbalize feelings, ranging from anger about not seeing friends, sadness from isolation, frustration with schoolwork, and fear about health. Feelings might be projected onto others or expressed through sudden outbursts of feeling.
- 5. Limit media exposure.** Use the news as a teachable moment with children. Present facts, resources, correct misinformation, and limit exposure.
- 6. Become a role model.** Create positive discussions about professionals who are working hard to develop a vaccine, stop the virus spread, and keep everyone healthy.
- 7. Maintain the daily routine.** It is important to maintain routines such as bedtime and brushing teeth that support normalcy in the midst of upheaval and change. Continue chores like making the bed or drying the dishes. Include a daily hygiene program for washing hands, social distancing, and mask wearing. Maintain expectations for homework and good grades.
- 8. Support connections.** Encourage continuing friendships through technology. Help kids with digital lessons online.

- 9. Create new structure through family activities.** Families can join together to create healthy meals, take walks, and play games.
- 10. Show affection.** Families may be living in isolation, but they do have each other. Hugs and physical contact are important during the day. One mom asks her children daily, "How is your heart?"
- 11. Honor children's questions.** Every child is important and so is their grief. Follow the child's lead by letting them tell you where they are in their grief process, listening, and responding to questions. Often these questions are windows into hidden feelings and thoughts.
- 12. Create a resource library about COVID-19 to facilitate discussion.** Black, Heather (2020) *Why Did the Whole World Stop? Talking with Kids About Covid-19*, Cheung, Catherine. (2020) *Covid-19 for Kids: Understand the Coronavirus Disease and How to Stay Healthy*, Luckey, Lindsey (2020) *What is Social Distancing? A Children's Guide & Activity Book*, Morgan, Rob (2020) *Madi Goes to Virtual School*, Ross, Nicole (2020) *Virtual First Day*, and Saunders, Rachel (2020) *Going Back to School During Coronavirus*.

(Continued on page 28)



# TECHNOLOGY IN HEALTHCARE



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By Benjamin Steefel (with contributions from Leo Wentline and Bryan Facchiano)

## IN A POST-PANDEMIC WORLD

### Introduction

The COVID-19 pandemic has changed healthcare systems forever, and preparing for life after COVID has become a key element for every healthcare strategic plan in 2021 and beyond. As vaccination rates rise and infection rates slow, industry leaders are now asking themselves this critical question: *What do we do now?*

A recent story published by The Wall Street Journal highlights that global business travel may see drastic shifts after the world has recovered, estimating that as much as 36% of the market won't return as \$120 billion is cut from corporate travel budgets. Healthcare organizations are among the many industries reevaluating their travel spending and after a year of reactionary spending, these cuts provide money desperately needed to stabilize infrastructure and operations. The critical decisions being made must toe the line between sacrificing and evolving.

Technology naturally streamlines business practices that were previously laborious and time wasters, as the global business community was transformed into a virtual infrastructure seemingly overnight. At the same time, streaming platforms like Netflix and Hulu have seen significant increases in

use as people spend nights and weekends at home, avoiding restaurants, bars, clubs, movie theaters, and other community venues. As a result, Internet Service Providers (ISPs) have struggled to keep up with market demands; by the end of June 2020, many ISPs reported that their expected data usage for the entire year had already been met. This impact has been felt by consumers, as ISPs have started to charge additional fees for unlimited plans.

### Impact on patients receiving care

The human-social impact of COVID-19 is felt by all cultures and demographics. Nature.com shared survey data from the US Census Bureau indicating more than a 300% increase in Americans experiencing symptoms of anxiety or depression between December 2019 and December 2020. These astounding increases further strain America's (now-virtual) mental healthcare system.

Since the pandemic's inception, critical healthcare providers have stayed on the forefront of virtual meeting services. In physical, mental, and behavioral health settings, making clinical services available to patients has never been more important. Additionally, using technology to enhance personal connection has been the cornerstone in maintaining care quality. As healthcare leaders meet the ever-changing needs of their patients, clients find themselves needing to embrace new digital platforms and professionals to find solutions to business travel that doesn't involve airports, hotels, and conference rooms.

Offering behavioral health clinical support services digitally has had a positive impact on workforce and patient care alike. Chris Ferry, Executive Director of Pennsylvania Community Programs, reports seeing a significant decrease in missed outpatient



appointments since shifting to virtual care. No-show rates for adolescents in outpatient care at KidsPeace have historically fluctuated between 30 and 35%; thanks to the ease of access that virtual therapy offers, Ferry says that only 16-21% of appointments are missed since switching to digital. He notes that clients are more likely to attend virtual appointments because they can do so from the comfort of their bedroom instead of traveling to unfamiliar offices.

## Impact on the healthcare system and professionals

Many seasoned healthcare professionals and legislators have been pleasantly surprised by the positive impact technology has had on direct-care systems. The benefits of telemedicine have shifted the long-term conversation around global best practices. The old adage that “in-person-care is the best care” has been counterbalanced by metrics such as attendance and retention.

“We are seeing some states and insurance companies pledge to support telemedicine in the same ways and at the same rates as in-person visits,” says Leo Wentline, Director of Technology Services. “This all but ensures that technology-delivered telehealth and telemedicine is here to stay.” Wentline also highlights organizational benefits from building a virtual infrastructure - such as enhanced work-life balance, reduced office-space costs, and more attractive employment opportunities for professionals who don’t want to relocate. All of these factors equate to two pivotal organizational outcomes: cost savings and improved quality of care.

In addition to improving patient engagement, technology utilization during the pandemic has also pushed forward those professionals who had been reluctant to embrace technology. “There is still a noticeable gap in computer literacy but the pandemic has forced people to become more familiar with their equipment and its functionality,” notes Spyglass Solutions Senior Consultant Bryan Facchiano. Adapting to technology out of necessity also improves efficiency as professionals begin to utilize existing resources that had previously appeared intimidating or too complex. We’re finally seeing the technology gap close.

Facchiano points out, for example, that organizations are starting to view technology as a more efficient financial investment than business travel. “Investing in technology to enable your employees to work from anywhere is a strategy to tap into your employees’ efficiency; making it convenient for our people to do their work remotely was a technology strategy that KidsPeace was working on prior to the pandemic. That strategy enabled us to scale to the organization’s needs when the pandemic made working remotely a necessity, rather than an enabler. You need it for disaster recovery, but your employees will appreciate the convenience and flexibility to enable them to be more effective.”

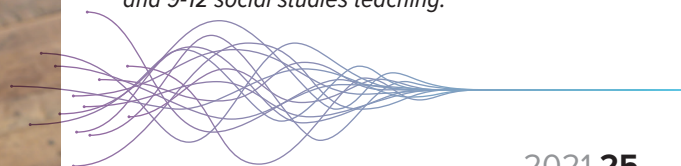
For many healthcare organizations, staffing is habitually the biggest challenge to providing care. By permanently enabling remote services, the pool of potential employees grows past geographic limitations. In January 2021, USA Today published a poll claiming that nearly 30% of

professionals would quit their job if they were required to return to the office after the pandemic: “...some businesses and their workers may be on a collision course as life gradually returns to normal and employers start requiring staffers to come back to the mother ship,” according to Brian Kropp, chief of HR at Gartner Research, who added: “[Professionals] feel they should be able to decide where and when they work. And if they are not given that choice, some will look for other employers that do offer that. Flexibility over where they work will be viewed much like the way a 401k is viewed – as a basic component of the employment deal. Those who don’t offer it will have a harder time hiring and retaining employees.”

If 2020 tested our reflexes, then 2021 will test our flexibility. Healthcare organizations now need to take a fine-toothed comb through their best practices, patient care systems, and budgets to adapt and prepare for new expectations. These challenges are being faced throughout agencies; from human resources to information technology and direct care. Just like the 9/11 terror attacks changed the way Americans travel, the Covid-19 pandemic is changing the way that Americans receive healthcare. Although we might be nearing the light at the end of the tunnel, the journey is far from over. ◀



*Benjamin Steefel, M.B.A., is Principal Consultant for Spyglass Solutions, a premier healthcare consulting and support agency. He has more than a decade of experience working in adolescent and young adult behavioral health and addictions care. Steefel has overseen development and implementation for programs and services across the treatment continuum, and has comprehensive experience partnering with key stakeholders within dynamic and complex agencies to exceed organizational goals and clinical benchmarks. He holds a Master’s of Business Administration degree and has earned certifications in addictions counseling, co-occurring disorders counseling, gambling addictions counseling, K-19 health teaching, and 9-12 social studies teaching.*





By Chris Sylvester

Over the past few years *Healing Magazine* has featured several “Success Stories” about TRICARE-associated youth in the adolescent residential treatment programs offered on KidsPeace’s Orchard Hills Campus in Orefield, Pennsylvania. For this article, Chris Sylvester of KidsPeace’s Customer Relations team shines a spotlight on the referral process itself.



## Anatomy of a Referral

One of the most often asked questions we get is, “How does a child get into your residential program?” Each time this question is posed, I experience the equivalent of a tiny little fist pump going off in my head. The response is much more than the X’s and O’s of the referral process; it’s ensuring we can meet the treatment needs of the youth, and the youth and their family are comfortable with what we offer for care and treatment.

For example, we recently received an inquiry for a TRICARE-funded youth through the “Request More Info” tab on the KidsPeace website. Over the course of any given week we receive dozens of such web-portal inquiries from parents, caregivers, and referring agencies, which then are directed to the Customer Relations team for follow-up. In this particular case, the web inquiry for the TRICARE-funded youth was submitted by his mother with a request for a phone call to discuss the clinically indicated need for residential treatment.

Prior to calling a parent who has submitted an inquiry, I will email them a “packet” of KidsPeace information, consisting of an overview of our residential programs and services, a list of current and background referral documentation needed by our Admissions team, and information pertaining to our onsite psychiatric hospital and TeenCentral.com. I also request the family let me know what day/time works best for them for a follow-up call – which sets the stage for an unrushed and uninterrupted conversation. Providing time and space for a parent to discuss the concerns and needs of their child is crucial in not only understanding the needs of the youth, but in gaining insight into familial dynamics as we make an initial determination if KidsPeace offers the residential program to best meet the needs of the youth and family.

In my conversation with the mother of the TRICARE-funded youth, the next step was to assist in connecting her with our Admissions team, where an Admissions Specialist works to ensure all needed

documentation has been received and available for review. Unless there is a clear reason to not accept the referral (such as acuity/behavior exceeds the scope of our care, specific treatment/educational needs fall outside of our services offered, or a medical condition requiring more intensive treatment than we can provide), nearly all TRICARE-funded youth referrals will be shared with our Clinical and Program leadership for further review.

“The first step is a thorough review of the packet, and we are able to accept most youth from the initial referral information,” says Paige Keeter, Senior Director of Applied Behavior Analysis and Recreation. “In some cases we may have some additional questions that we need to have answered, and we’ve found that holding a Zoom assessment with the individual is the best for our ‘screening in’ process. We focus a lot on the coping skills they identify so that we can make sure we offer and reinforce the use of those coping skills from day one of treatment with us.

I make sure in the assessment that each youth knows who will be on their treatment team to support them.”

Brooke Palmer, Clinical Manager for TRICARE-funded youth, emphasizes the need to “talk to the youth (via phone or video) about who they are and what they have been working on in their treatment, regardless of whether they are in the hospital or at home.” Furthermore, does the youth “feel that coming to residential is an opportunity or a consequence? We discuss what they want to work on, and challenge them to identify their treatment needs. We also discuss their relationship with their family and their role in the family.”

The assessment process may also indicate a direct call with the parent is necessary to better understand the needs of the youth. These calls can have a significant impact beyond assisting with a determination to accept a youth into our program. Keeter shared a recent story in which she spoke with a parent to discuss the referral of their child:

“I spent about an hour listening to her story of her child’s struggles and behaviors, trying to get her child the community support she needed and then the ultimate hospitalization of her child with a recommendation for residential. At the conclusion of the phone call she shared that she didn’t realize how much she needed to talk through everything and was very thankful I had taken the time to listen to her story.

“Phone calls with the parents of youth we are assessing provides the opportunity to validate their story and experience with their child and often how much they have needed to be the advocate for their children’s mental health needs before reaching KidsPeace.”

Once review of clinical documentation and youth/family assessments are complete, a determination is made as to whether we can meet the treatment needs of the youth and their family. Kate Lichtenwalner, Residential Admissions Specialist, explains the notification process if there is a decision to accept: “After informing the family of the decision we discuss the next steps in the admission process...as well as send them information with an overview of what a day in the house [the youth was accepted for] will look like.” Lichtenwalner will explain to families what an ICPC (Interstate Compact on the Placement of Children) Agreement is, assisting families in completing and submitting necessary forms. She also works with the funding source to ensure authorization of services is in place.

In terms of this particular TRICARE-funded referred youth, questions on the part of the parent and youth remained. This is not an uncommon occurrence for Lichtenwalner; once they know placement at KidsPeace is reality, often families will “drill down” to next-level questions. In this case, the parent had specific questions about our education program. Lichtenwalner connected the parent with our Director of Education, who reached out to discuss the academic setting and answer questions.

Although he was some distance away, the TRICARE-funded youth in this example also wanted to see the campus. So Lichtenwalner turned to Paul Iannacone, Customer Relations Liaison, with a request for a virtual tour of the Orchard Hills Campus. “The virtual tour provides a brief video overview of the residential program and includes house-specific photos, from bedrooms to lounge and recreation areas,” Iannacone says. “Families are looking to be reassured, and the virtual tour is one

way to not only show the tremendous facilities we offer, but it also gives a chance to talk about the great people working at KidsPeace.”

In the example we’ve been following, Iannacone noted that the virtual tour went very well, with the youth having the opportunity to see the campus and ask any and all questions. Within a week of the virtual tour, this youth was admitted into our residential program.

We strive to offer a referral process that is not so much interested in getting an answer overnight, but getting an answer that is “treatment-right.” The process of reviewing, assessing and ultimately determining to accept a youth into our residential program truly takes a team approach. Each player brings their own experience and expertise to the table with the goal of ensuring the youth and family are a good treatment fit.

This treatment fit is a two-way street; not only are we making a decision to treat a youth, the family is also making a decision that KidsPeace is the best treatment fit for their child and themselves. ◀



*Chris Sylvester joined KidsPeace in 1992 as a direct care worker at the Graham Lake Campus in Ellsworth, Maine, advancing to take on a variety of roles and responsibilities. In 2014, Chris became National Customer Relations Liaison for KidsPeace covering the Northeast Territory, which includes all of New England and New York, to ensure customers are aware of the KidsPeace Continuum of Care and the treatment services offered for youth and families.*

## Pennsylvania Orchard Hills Campus



(Continued from page 23; Kids, Grief and COVID)

## Conclusion

The COVID-19 virus has assuredly created new stresses, anxieties, and challenges surrounding grief and loss for kids. In many cases this virus and its subsequent quarantine has generated feelings of isolation, loneliness, and social limitations which inhibit the grief process in the “ordinary” way. Girls and boys are living in “extraordinary” times and navigating uncharted territories. Yet the silver lining for many children in this COVID-19 era is their surprising ability to persevere during challenges, learn new coping mechanisms, and problem solve in ways previously unimaginable.

The resilience displayed by our youth far outweighs their limitations. A new generation of youngsters has arisen, many strengthened by their accommodation to the coronavirus. They are mastering effective health procedures while growing compassion for their underserved peers. As their guides, mentors, and loving presence, caring adults can support children in this newfound way of living - reminding them they are loved and respected for their ability to cope during difficult times.

“We are powerless to control the losses and catastrophic events our children may need to experience, but by honoring their inner wisdom, providing mentorship, and creating safe havens for expression, we can empower them to become more capable, more caring human beings.” ◀

(Goldman, *Children Also Grieve*, 2020)

### References:

- Callahan, Chrissy. September 25, 2020. Teen creates COVID-19 quilt to honor those who have died. *Today*. Retrieved at <https://www.today.com/health/madeleine-fugate-made-quilt-honor-those-who-died-covid-19-t192406>
- Goldman, Linda. 2021. *Life and Loss: A Guide to Helping Grieving Children, Classic Edition*. NY: Taylor and Francis.
- Goldman, Linda. 2017. *Creating Inclusion and Well-being for Marginalized Students: Whole-School Approaches to Supporting Children's Grief, Loss, and Trauma*. London: Jessica Kingsley.
- Goldman, Linda. 2021-in press. *Climate Change and Youth: Turning Anxiety into Activism*. NY: Routledge.
- Goldman, Linda. 2009. *Great Answers to Children's Questions About Death: What Children Need to Know*. London: Jessica Kingsley.
- Goldman, Linda. 2020. *Children Also Grieve*. P. 72. MD, Goldman.
- Karst, Patrice. 2001. *The Invisible String*. CA: Devorss and Co.
- Miller, Jenny. October 14, 2020. 13-year-old created 'COVID memorial quilt' to pay tribute to lives lost in the pandemic. Yahoo. Retrieved at <https://news.yahoo.com/covid-memorial-quilt-pay-tribute-lives-lost-pandemic-193830369.html>
- Mills, J. 2004. *Gentle Willow: A Story for Children about Dying*. DC: Magination Press.

Sesame Street. 2020. *Caring for Each Other: Community Resources*. Retrieved at [sesamestreet.org/caring](http://www.sesamestreet.org/caring),

Sesame Street. 2020. *Helping Children Grieve*. Retrieved at <http://www.sesamestreet.org/caring>

Wadsworth, B. 2003. *Piaget's Theory of Cognitive and Affective Development: Foundation of Constructivism, 5th Edition*. NY: Pearson.



Linda Goldman, LCPC, NBCC, is a grief therapist and author who has written and lectured extensively on issues of grieving and trauma, with an emphasis on their effects on children. She holds a master's degree in counseling and early childhood education, and previously worked for nearly twenty years as a teacher and counselor in school systems in Maryland. Linda has served as an adjunct faculty member at Johns Hopkins University and Kings College in Ontario, Canada, and lectures at numerous colleges and school systems. Her newest books are *Life and Loss Classic Edition 2021* and *Climate Change and Youth: From anxiety and depression into action and hope (scheduled for publication in 2022)*. [www.grievingchildren.net](http://www.grievingchildren.net)

**The resilience displayed by our youth far outweighs their limitations. A new generation of youngsters has arisen, many strengthened by their accommodation to the coronavirus.**



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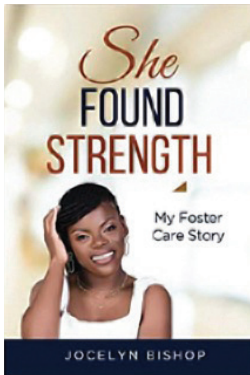
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## Book Review:

# Building resiliency and finding hope in foster care

*"She Found Strength: My Foster Care Story" by Jocelyn Bishop*  
Reviewed by Caitlin DeLatte



This book is a beautiful meditation on growing up in foster care and the transformative power of love and family. Ms. Bishop became a client at KidsPeace in the early 2000s and is now a self-published author and professional in the Maryland school system. She offers a hopeful message for all who have been in foster care, particularly those who experienced mental health challenges.

In the first section of her memoir, Ms. Bishop describes her childhood growing up in Baltimore City and the events that led to her placement in foster care. She writes with compassion towards her biological family and frankness about the challenges she faced in her home environment. In middle school, a visit from a social worker began the process of removal from her childhood home. Ms. Bishop and her eight siblings were separated. She and one other sibling were placed in a therapeutic foster home with the Davis family. The love and tenderness that she experienced in the home was life-altering for her, and she writes that it "felt like paradise" to be in foster care with the Davises.

A great deal of the book focuses on her relationship with them and how they positively impacted her sense of self-worth and belonging. It is clear that the bond between Ms. Bishop and her foster parents was extraordinary. The other major thread throughout is her spiritual journey and the way her faith empowers her with purpose and resiliency.

Ms. Bishop invites readers into a rich and loving world when she tells stories about her time with the Davis family. They were her advocates and teachers, helping her to learn life skills and set goals for herself.

With the Davises as a model, Ms. Bishop also learned what a healthy family dynamic could be. She writes passionately about her determination to break the cycle of estranged relationships that had affected her biological family.

Hearing "I love you," from the Davises and being introduced to others as their daughter helped build Ms. Bishop's confidence and remind her that she was appreciated and deserved respect. Even when she aged out of foster care at age 21, Ms. Bishop stayed with them until she was ready to move to independent living on her own. After transitioning out of care, Ms. Davis earned an Associate's Degree in Healthcare Administration and embarked on a successful career.

This book would particularly benefit current and prospective foster parents, as well as anyone who is interested in the field of child welfare. Due to descriptions of substance use, trauma, and suicidal ideation, I recommend this book for adults and older teens under the supervision of adults.

Ms. Bishop's book may particularly serve as a source of hope for young adults previously in foster care who may see their stories reflected in Ms. Bishop's. On the first page of the introduction, she speaks to them directly and reminds them that being a former foster youth is not a monolithic identity. As Ms. Bishop says, "Never think that you are in this by yourself because you're not. Stop and take a look at yourself and know that you are created for greatness."

*"She Found Strength: My Foster Care Story" is available through Amazon.*

*Caitlin DeLatte is the Manager of Community Partnerships at KidsPeace Maryland Foster Care and Community Programs.*

# Healing Magazine Word Search

## Spring/Summer 2021 Edition

D	F	A	D	S	F	R	P	C	L	U	M	Q	R	S	T	T	B
C	U	L	A	Q	D	F	O	S	T	E	R	C	A	R	E	E	G
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