

HEALING

25 Years



MAGAZINE

2021 Vol. 26, No. 2

Telling Stories

Plus:

- Listening to Stories and Finding Hope
- Talking to Kids About Climate Change
- Urgent Care for Behavioral Health



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About KidsPeace

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.

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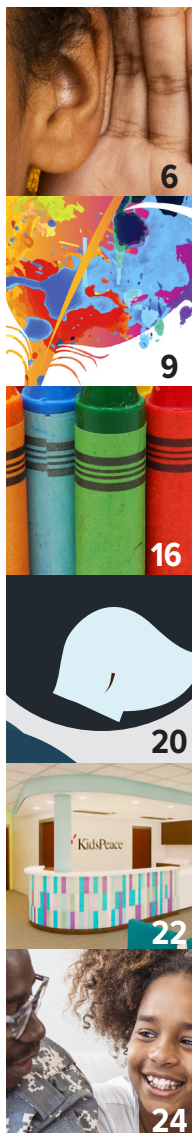
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Providing practical, clinical information to families and children's professionals



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Are you interested in writing for Healing Magazine?

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

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

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It may not be obvious but mental health issues are as real as physical health issues. They can affect anyone. Even future astronauts.



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“To be a person is to have a story to tell.”

— Novelist Isak Dinesen, author of *Out of Africa*

Human connection is absolutely vital for the success of therapeutic programming. More often than not that connection is made by listening to an individual tell their story - what happened to them, how they feel about it, what impact do they see such events having in their lives. In this issue of *Healing Magazine*, our Spotlight focus is on the power of storytelling in mental and behavioral healthcare:

- A pair of experienced therapists explain why journaling is an important tool for reaching their patients.
- A new approach to therapeutic outreach aims to use the impact of film to help jumpstart the telling of stories by clients.
- We detail a way to help foster children capture and remember their own stories as they move through multiple placements.
- And we hear from a professional storyteller on why that passion is leading her to a new career as a mental health practitioner.

In this issue, we also continue to examine the impact of COVID-19 on our children -- with perspectives from teachers at the elementary and high school levels on returning to in-person instruction. We also offer guidance to parents on ways they can answer their kids' questions about another global issue - climate change -- while our *Therapist's Corner* feature discusses suicide prevention efforts, including one for non-professionals and trained clinicians alike that's described as "CPR for suicide prevention."

And we highlight a couple of key parts of KidsPeace's own "story" of *Hope, Help and Healing* in this issue - as we debut a recurring feature on the KidsPeace Foundation's efforts, and present the case for a new way to address crisis among youth through an innovative program we're starting in North Carolina.

As you'll see, our stories start in many ways, but our goal in providing care to those in need is to do whatever we can so that their stories end in the traditional way: "... and they lived happily ever after."

We'd love to tell YOUR story in the pages of *Healing Magazine*. If you are interested in contributing to the magazine, or if you have any feedback on stories we should be telling, please let us know at healing@kidspeace.org.

Enjoy this issue of *Healing Magazine*!

Michael W. Slack

Michael W. Slack
President and CEO



QPR

Listening to Stories and Finding Hope

By Jessica Racine, MS, LPC

Each year, September is designated National Suicide Prevention Awareness Month, which includes World Suicide Prevention Day on September 10. A multitude of events and observances during this time demonstrates that there are so many movements throughout the world continuously addressing and trying to combat the public health crisis of suicide.

Dealing with suicide requires listening to stories. So often those stories are riddled with self-doubt, shame, unmet expectations, bitter loneliness and the overwhelming sense that things will

never be ok. Sometimes we silently agree that the story is too painful to hear, and too burdensome to tell, so we just keep walking past each other. But that's the challenge – stopping, listening with such empathy and understanding that a person literally standing at the edge of their own existence pauses long enough to look back – to take a chance – and trust that you want to hear about their darkness.

QPR (Question, Persuade, Refer) is one of a number of suicide prevention curriculum offerings available in the U.S., and it's the one used at KidsPeace. QPR

was created by Paul Quinnett in 1995 as an emergency mental health intervention. It was first offered in Spokane, Washington; after a three-year partnership with Spokane Mental Health, the QPR Institute was formed in 1999. Anyone - and not just a mental health professional - can be trained as a QPR gatekeeper (a person with the knowledge and training to utilize the *Question, Persuade, Refer* intervention) in as little as one hour.

QPR starts with knowledge - learning the seriousness of suicide as both a personal and public health crisis. The statistics are



sobering, and certainly remind us about the importance of paying attention to warning signs. (For example - in 2019, there were nearly 2 ½ times the number of suicides than there were homicides). When we consider these statistics, we may be more likely to wonder why someone jokes about killing themselves each time a friend doesn't answer a text, or how come someone keeps to themselves so much more these days, even after some of the pandemic restrictions have lifted and being with other people is OK again.

Armed with these insights, we ask the **Q**uestion – “Are you ok?” “You haven’t seemed yourself lately,” “I’m worried about you,” “Do you ever think about suicide?” “I’m worried that you’re thinking about killing yourself.” Here is where the story begins. We listen, without interrupting or debating whether what the person believes or feels is “right” or not. We keep listening, without offering an easy solution to their most complex problem. We hear the story that is their hardest to tell, because they’re not the hero in their story. They’re not saving the day and they believe they’re out of options.

Persuading someone (the second step of QPR) is not about convincing someone not to think about suicide. It’s about persuading that person to consider staying alive until they can get help, consider that their lives changed from just a few minutes ago. This is where the hope begins: one person listening to the story another person tells. We can change their lives in that moment from “no one cares” to “this person is listening to me,” “this person is trying to understand what is happening to me,” and “this person is not blaming me for what has happened or judging me for what I’ve done.” Maybe...

Then the last piece – **R**efer. We join their story. We talk with them on an inpatient unit. We go with them to their parents’ house, and sit with them while they tell their mom how awful things have been. We wait with them at the Emergency Room for an evaluation, and possible hospitalization. We help them find the number to that therapist they were always going to call and encourage them to take that first available appointment.

Their story doesn’t automatically have a happy ending. Hear enough people’s stories and you know the hero doesn’t always win – and the ending isn’t always happy. But, armed with the tools to see where a story needs to be told, to listen to that story and join the next chapter as the person finds their way back from that edge, we can all find the next important chapter of our own story. ◀

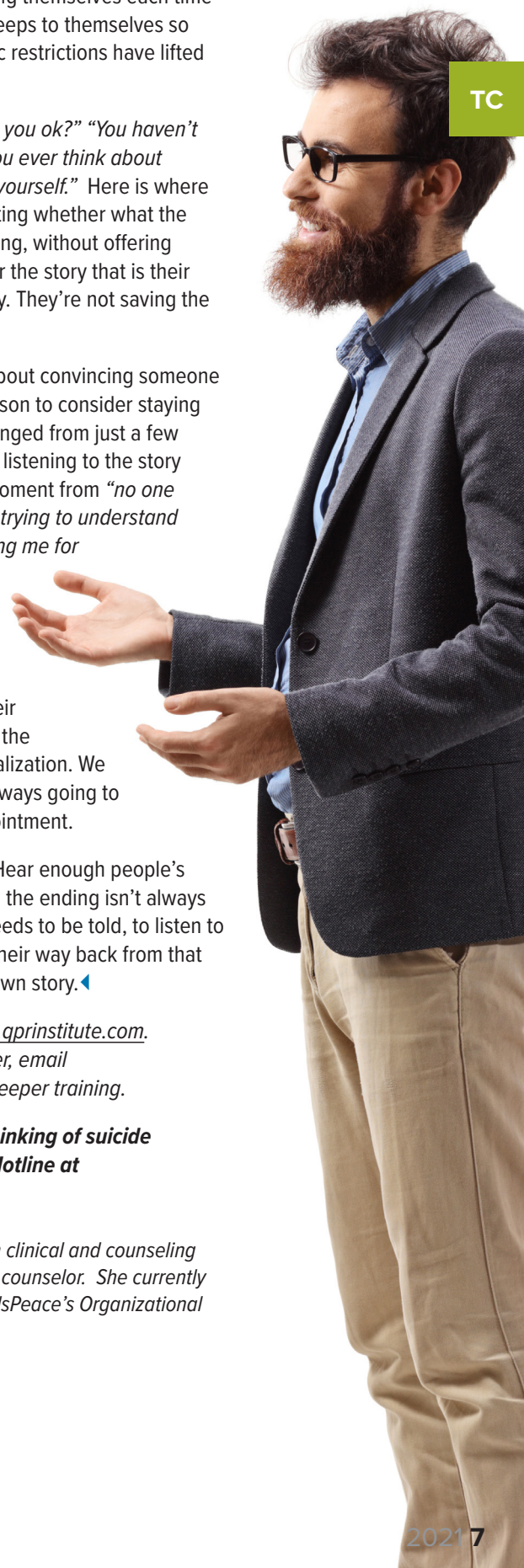
For more information about the QPR Institute, visit www.qprinstitute.com.

For more information about becoming a QPR Gatekeeper, email KPinfo@kidspeace.org, with the subject line: QPR Gatekeeper training.

IMPORTANT: if you or someone you care about are thinking of suicide or self-harm, please call 911 or the National Suicide Hotline at 1-800-273-8255.



Jessica Racine holds a master’s degree in clinical and counseling psychology, and is a licensed professional counselor. She currently serves as Clinical Training Manager for KidsPeace’s Organizational Development and Training department.





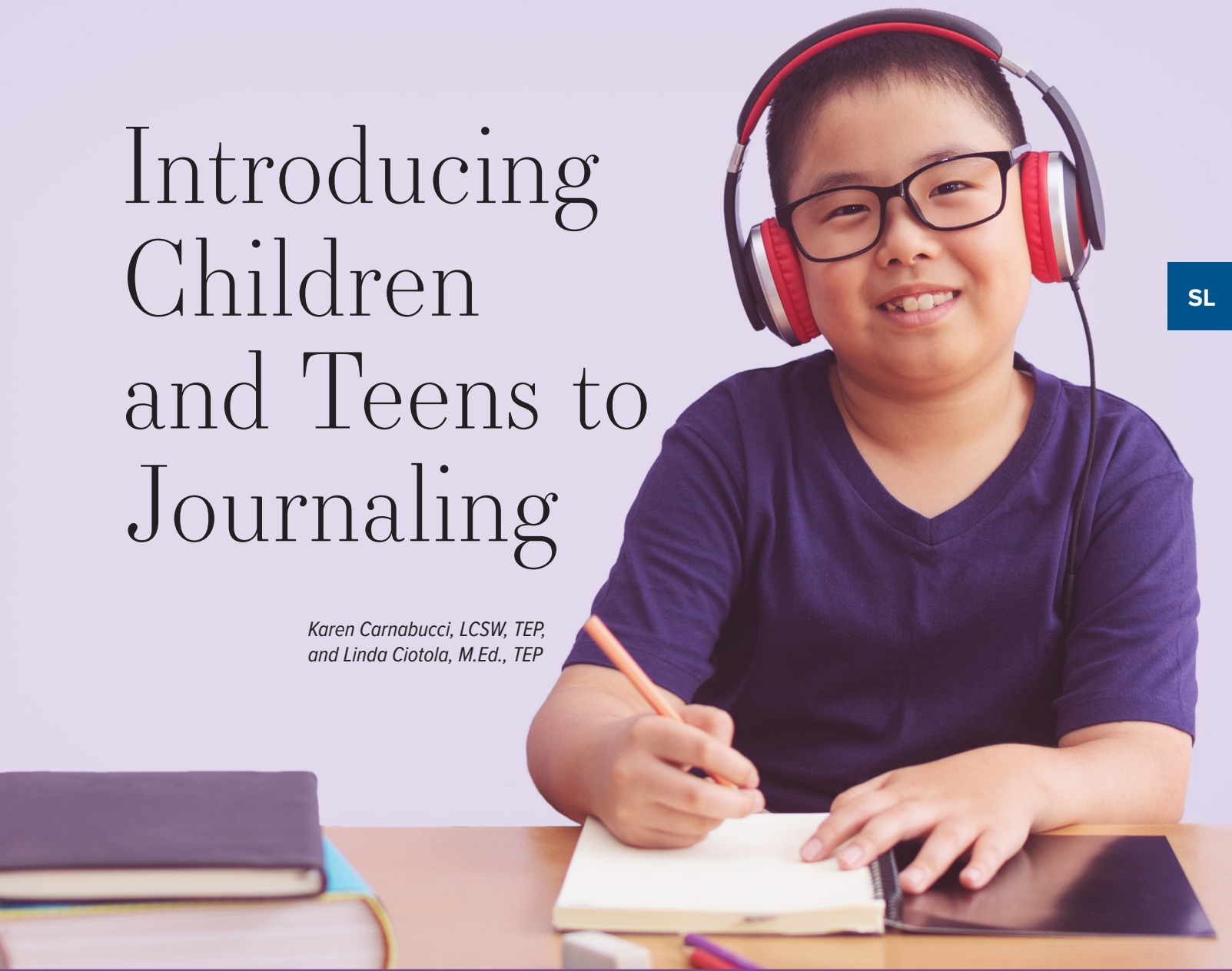
Spotlight

SL

The Power of Telling Stories

Introducing Children and Teens to Journaling

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



Journaling and diary-keeping have been used for a very long time by people to express their inner lives. From the therapeutic point of view, writing provides a safe and private way to begin or expand personal growth and supplement psychotherapy, as well as encouraging reading and writing which supports learning in the school setting.

Diary-keeping is generally considered a way to record feelings, thoughts and events in a person's life, and *journaling* is generally considered the recording of ideas on specific topics and exploring them in greater depth. A main objective in teaching students how to keep a diary or journal is to help them learn how writing can be an important means of exploring thoughts and expressing feelings while developing emotional literacy. (It is important to clarify that a student's diary is a private matter, and a journaling assignment is a learning opportunity overseen by the teacher or therapeutic professional.)

In this article, we focus on the prescription of journaling not only as a creative and therapeutic activity in itself but also as a warm-up that can deepen into an experiential vignette of simple psychodrama or sociodrama.

Journaling may involve specific prompts – for instance, write about any incident that occurred during the day, how you felt and how you responded in words and action. Prompts provide a focus so that the young person can explore a particular topic that is designed to promote school learning or personal awareness.

However, the helper may also encourage what Karen calls “free-style” writing – writing about whatever you wish. This choice may be especially helpful as an assessment – what will the chosen topic be? – as well as give the young person autonomy over their choice of writing.

(Continued on page 10)



Diaries and role reversal

Children's book authors often use the diary method to tell stories, such as the popular "*Diary of a Wimpy Kid*" series, "*Jedi Academy*" and "*Dork Diaries*." Historical fiction like the "*Dear America*" or "*Royal Diaries*" series help kids put history into perspective by placing the reader in the main character's shoes.

Journaling may also integrate popular press books, like "*When They Bully: Rainbow Girl*," and classic books like the beloved "*The Diary of Anne Frank*" that have certain themes that young people will quickly identify with.

English and literature teachers often include *The Diary of Anne Frank* in the curriculum as a history assignment. The diary, written by a young Jewish girl while in hiding with her family during the Nazi invasion of the Netherlands, also may be used for therapeutic purposes.

For instance, reading excerpts from Anne's diary can introduce students to the process of personal writing, particularly when living in a traumatic environment. Exploring questions like these can encourage imagination, thoughtfulness and empathy:

- "Can you imagine how you might feel in Anne's situation?"
- "Are there any ways in which the pandemic lockdowns, mask mandates and being kept out of school (tele-school) may have given you more understanding of Anne's feelings?"
- "What similarities and what differences do you see between yourself and Anne?"

As psychodramatists, we often use role reversal and other psychodramatic techniques in working with narratives. As an educator, Linda has used role reversal to help students gain understanding and insight into historical or literary figures. This allows the young person to step into the role, speak from the "I" rather than the "she" and discover more about the character and themselves.

Sometimes follow-up narratives may be employed. For example, in addition to "*The Diary of Anne Frank*," there is another book, "*Anne Frank, Family Secrets, the Untold Story of Her Sister Margot*." Margot, who was Anne's older sister, also kept a diary that was lost, meaning that her story was never told in the first person.

Telling students what we know of Margot and having them role reverse with her develops imagination. Then, assigning a journal entry about what Margot may have written will provide the opportunity for students who felt unseen or unheard to express their feelings through Margot.



"Freedom Writers"

Older students may watch the film "*Freedom Writers*" to learn and practice stages of journaling by viewing the film in segments and following the progress of the students in the film who are angry members of warring gangs.

The film stars Hilary Swank and is based on the innovative work of Erin Gruwell, the teacher and founder of the Freedom Writers Foundation, who wrote the book "*The Freedom Writers Diary*." In the film, students who initially view each other as enemies experience a shift in their feelings when they tell their stories.

This shift occurs when the teacher uses a sociometric intervention called *step to the line* which reveals that all students had lost someone to gang violence. This shifting of the interpersonal dynamics paved the way for Swank's character to educate the students about the history and the meaning of the Holocaust in a profound and unexpected way. Again, providing an opportunity for students to journal about what they imagine the characters are thinking and feeling eases them into the exploration of their feelings.

This way of introducing journaling is particularly helpful to students who are reticent to write or to express themselves verbally. Because journaling is so versatile it can be used in a variety of subject areas.



General suggestions on journaling

- **Warm up to the journaling process.** Having a few moments of meditation, dancing or simple yoga postures allows preparation for journaling, in addition to taking time to explore the materials to journal or talking about the writing topic.
- **Encourage writing by hand rather than by typing.** A 2017 study in the journal *Frontiers in Psychology* found that regions of the brain associated with learning were more active when participants completed a task by hand instead of on a keyboard. In addition, the study's authors found that writing by hand frequently promoted "deep encoding" in a way that typing does not.
- **Refrain from critiquing spelling, grammar, writing style or punctuation.** Make it clear that the activity is designed to express feelings and thoughts for therapeutic purposes.
- If the young person insists that he/she/they are uncomfortable with writing, **give options for bullet journaling**, where the focus is on words, phrases, lists and other bits of short writing.
- **Give the young person the option to write and read aloud an excerpt from the journal** to the helping professional or group -- but NEVER insist that a journal entry be read aloud if the child resists. Offer the option of having the helping professional or a trusted peer read aloud.
- When reading happens, there is **no criticism by listeners**; instead, say, "Thank you."
- **The reading of an excerpt may produce an additional prompt**, to write more about a part of the original writing.

- The helper may **design prompts to suit therapeutic goals or borrow prompts from online resources.** Check out Pinterest for hundreds of options for journaling activities.
- **Include art materials and art processes for journaling options,** such as providing colored pens, markers, and collage materials for the cover as well as inside pages.
- **Make a book** by using sheets of thick or interesting paper, such as rectangles cut from brown paper bags – which may be stapled, hand sewn, or machine sewn for the binding – or several greeting cards that are folded inside of each other and fastened together. Older students might make a handmade book with the help of an art teacher or art therapist.
- Make a **“smash book,”** a kind of a modified scrapbook in which you can write, draw, paint and glue on embellishments and memorabilia. (You can find instructions for making smash books online.)
- Integrate other media into the journaling process:
- Watch a movie or YouTube or TikTok video or listen to music and write from the viewpoint of the main character in the media of choice or one of the other characters.
- Using a deck of oracle cards, such as Louise Hay’s “Power Thoughts for Teens” or “Empowering the Teenage Soul Oracle Deck,” have the young person pick a card from the deck, examine the picture and message on the card and write about it. Or you may make your own “cards” out of magazine pictures that are glued to card stock.
- Use music or sound as a warm-up to writing. This may include live or recorded music, playing drums or other percussion instruments in a group setting, or using sound tools such as singing bowls or gongs. Music may also play while the child or teen is writing.

- Journaling may also involve taking photos or watching videos. Instagram, the app which focuses on photos and captions, is one option or “vlogs,” or video blogs, may be created on a theme or for the prompt of “A day in my life.” A follow-up option may be to write about the process of making the photo or video.

Focused journaling prompts can serve as a starting point for the development and practice of more refined and expressive skills while supporting the maturation of emotional intelligence. Educators and helping professionals who wish to use psychodrama and sociodrama to supplement journaling are advised to find training to learn the basics of the method and its techniques. ▼



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.



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.

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.

From the therapeutic point of view, writing provides a safe and private way to begin or expand personal growth and supplement psychotherapy, ...



By Amy Silfies

Preserving a Child's Memories

Children involved in the child welfare system often have questions about their past and why they were placed in out-of-home care. **Lifebooks** are an important tool in helping a child understand his/her journey. A Lifebook can help a child in that situation process how their past relates to where they are today.

Lifebooks are utilized within the Statewide Adoption and Permanency Network (SWAN) child preparation unit of service. Child preparation can be referred for any child in the legal custody of a county children and youth agency, regardless of the permanency goal. The goals of child preparation are to give the child a voice, honor the child's past, answer the child's questions, make connections and look to the future. In the child preparation unit of services, Lifebooks are created for children in order to tell their story.

What does a Lifebook look like?

Lifebooks can be developed in many different ways. It can be a scrapbook, binder, photo album, or other book. It can include words, photographs, artwork, and memorabilia. It should be individualized based on the child's experience. Ideally, the child should be engaged in making the Lifebook, though as you might expect younger children will require assistance.

What are some important things to include in a Lifebook?

The Lifebook should include birth history and birth family information, reasons for placement and a map of the child's placement journey, and information relevant to the child's future. It should also have an "All About Me" section, which can include information about the child, such as a physical description, likes, dislikes, interests strengths, accomplishments,

and values. This section also includes information about how the child expresses different feelings and coping skills that are helpful. The birth family section should include information about the child's birth, birth parents, siblings and any other significant extended family members. It is also important to include memories and traditions the child experienced while residing with their birth family.

Next, information regarding the reasons for placement and a map of the child's placement journey are significant in helping the child understand and process the separation from their birth family. Additionally, a section relating to the child's future can help the child understand the permanency goal. This section should also include the child's wishes and goals for the future.

The Lifebook is meant to be ongoing; the child and/or family should continue to add

to the Lifebook throughout the child's life. A timeline of life events is a valuable tool for helping the child understand his/her journey.

Finally, the Lifebook should include plenty of pictures – including but not limited to pictures of the child, birth family, past and current foster families, and places the child has resided.

What are some benefits of a Lifebook?

The Lifebook is an important tool to engage the child in difficult and meaningful conversations. It can be uncomfortable for the child and family to talk about the experiences that led to out-of-home placement; the Lifebook can be utilized to begin and expand upon conversations. For example, the child may be curious about what his/her birth parents look like or about things that they like. The Lifebook can share important information about the birth family with the child, which can assist in reducing the child's fantasy about his/her birth parents.

Information in the Lifebook can also help to answer the child's questions about family

history, including medical information. Additionally, the Lifebook can help the child look to the future by having space for future events. If the child is being adopted, it can help to normalize adoption language and promote attachment and a sense of belonging within the adoptive family.

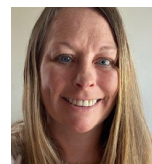
Overall, the Lifebook is a significant tool to improve self-esteem, develop a positive identity, answer questions, and promote meaningful conversations:

- Jennifer Krepps, a permanency supervisor in KidsPeace's office in Chalfont, PA, recalls a child who was so proud of her Lifebook, she excitedly ran into the house to show her grandparents. She was very specific with asking them to each sit next to her on the couch so she could show them all of her hard work!
- In addition, a permanency supervisor in Reading, PA, Nicole Gardecki, reported working with a family who said they were very impressed with the Lifebook - and excited about having a place to keep the child's memories.

For more information about Lifebooks and the child preparation unit of service, please visit the following websites:

<http://www.adoptpakids.org/Swan.aspx>

<https://swantoolkit.org/> ◀



Amy Silfies is Permanency Program Manager for KidsPeace. A graduate of Muhlenberg College with a master's degree in school counseling from West Chester University, Amy worked as an outpatient and community-based therapist and HR training professional at a non-profit organization before entering the foster care and adoption field in 2004. In her current role, she oversees permanency services for KidsPeace Foster Care offices in Bethlehem, Chalfont and Reading, PA.

The Lifebook is an important tool to engage the child in difficult and meaningful conversations.





I am 15 and was diagnosed with lymphoma the first day of summer. All I ever wanted in life was to be an average girl and fit in at my new school, but as soon as that goal came close, my life got flipped upside down. The intensive chemo I go through messes with my mind and I have gone into psychosis and committed a lot of self-harm because of how mad I was at my body. I hate the way I look now, the medicine made me gain 40 pounds. I had to stop dancing, my hair, eyebrows, and eyelashes fell out, and everything I looked forward to was taken away. People I knew in the hospital have died. I can barely cope with that, knowing the doctors couldn't help them, help me consistently. I isolate myself from everyone because I don't want them to see me, but at the same time, I feel so hopelessly lonely. A month from now I will have finished treatment, but I don't know if my thoughts will ever recover like everything else.

-Teen Writing in to Teen Central

Do you watch the news? Listen to the radio? Check out top stories on social media? How often do you see or hear stories about terrible things happening in the world around us? How often does it hurt to hear about things our young people are going through today, and how often have you wished you could help?

KidsPeace has spent almost 140 years working with children who have stories like those in the situation above, with more every day. Our wide array of services are out there for so many of these painful situations, but there has always been difficulty in reaching out to those who can't seem to help themselves - the ones who may be going through terrible situations, but don't want the world to know who they are. Maybe they don't have the supports to get them the help they need, or they're scared of retaliation. Those who seem unreachable...

TeenCentral.com: Youth Telling Their Stories

By Barbara Kendall

You guys at teen central helped save my life. ...I'm back this year in in person school and it's WONDERFUL. I have so many friends, I've become popular, ... I'm getting good grades.





I'm 9 years old. My mom abuses me. I'm tired. If you have time call 911 and send it to the address I'm giving you.

– Another Teen Central Story

That's where Teen Central comes in. We've established a website that reaches out to those who may not feel able to access the resources they need, or who may just want to ask for advice on how to move forward because they're stuck and don't know where to turn. With Teen Central, we encourage teens to write in their stories. We don't print any identifying information so their anonymity is safe, and we will have a reply for them from trained people within 24 hours. Stories may range from contemplating suicide, suffering from abuse, to breakups.



I want to kill myself. I've told myself many times that I have no purpose here. I'm starting to think that's true. I mean I don't have many friends, my family hates me, they're not supportive of anything. Every time I feel like talking to someone about something serious, I get shut down every time. They say the same words, "you're fine", just because I'm too young to understand what depression is. For so long I have been told that I'm fine and for so long I have been manipulated until I became numb. Self-harm hasn't fixed that. I'm sick of living. I just want to end it all, but I'm too scared to die. I'm scared that one day I'm actually gonna end my life. I hate being like this, I confuse myself too much. I make myself angry. I don't understand, I want to die but at the same time, I don't. I feel like I'm just not brave enough to risk it all. But I want to sleep forever. I don't bring this up very often because I feel as if no one would care, so I push people away. I push everyone away. I hate being hugged or touched or kissed. But at the same time, I just want someone to hold my hand. Am I gonna be alone forever? Why would anyone love someone like me? I'm too confusing for people. I don't want to sound mean when I tell someone "don't touch me", but I just can't help it. I get scared when someone reaches for me. I feel like something bad is gonna happen. It's like a monster reaching out for me trying to hurt me. The monster tells me to hurt myself or hurt others. The monster tells me to kill myself. I think the monster is me. I feel like I'm drowning in all of these words and thoughts. I'm drowning to the point where I don't have any motivation or I have loss of interest in everything. I miss the feeling of happiness. I hate being aggressive and angry all the time. I hate being sad. I hate being confused and not being able to focus. I hate everything about myself. I just hate myself. Whenever I see a happy little family, I just get so jealous. I just want someone to love me, care for me and tell me that everything is going to be ok. I just don't want to be abandoned all the time. Is that too much to ask for? I feel like I'm being selfish again, which always brings me back to the option of killing myself.

–Teen Central Story

In Teen Central all of our counselors and administrators take time and effort in formulating their responses to the impressionable young people who write to us. There is always the consideration of how hard it must be to put themselves out there, even anonymously, and to share their anger, fears and insecurities in their stories. We always want them to understand that we are truly honored that they feel comfortable sharing their stories with us, we have respect and concern for them and what they're going through, and - most of all - they are NOT alone.

We all know that there are children out there who may not know how to reach out to anyone. Because an online presence is so common for today's youth, this site provides an available and much needed resource. This site is not just a local resource, but has reached youth around the world. Not only have we received stories from across the United States, but also Africa, Asia and Europe as well.

Think about how many children are out there in the world today who feel hopeless and alone. In their mind it could mean the world to have just one person understand what they're feeling. One person to tell them they're enough, and they're valued. Teen Central is one of the things I'm most proud to be a part of here at KidsPeace. By encouraging these teens to write in their stories, we can do what we'd all like to do- find a way to reach the unreachable.

So, I have a lot to say and I just...ugh. You guys at teen central helped save my life. I went through a phase of depression during the pandemic and you guys sent police to my house and if you hadn't...I probably would've ended my pain. I'm back this year in in person school and it's WONDERFUL. I have so many friends, I've become popular, I'm still single (sadly), I'm getting good grades. I'll be back with my story that will help a lot of people but for now.....Thank you guys so very much. You have my full gratitude.

–Teen Central Success Story ◀



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. Barb is also a counselor for Teen Central and a member of the Critical Incident Response Team at KidsPeace.

I'll be back with my story that will help a lot of people but for now.....
Thank you guys so very much. You have my full gratitude.

SL



Story and Film: Empowering Survivors of Commercial Sexual Exploitation to Heal

By Emily Taylor-Ginger and Mark Steenbarger,
Point of View Story, LLC

*The film's protagonist
is approached by her
pimp on a city sidewalk.
He appears seemingly out of
nowhere and says, "Zoi, what are you
doing?" She turns around and responds
while forcing a smile, "Nothing...Where ya
been?" He doesn't answer...*

This subtle yet realistic exchange is one of many nuanced moments in the short narrative (fictional) films we create at Point of View Story (POVS) to empower survivors of Commercial Sexual Exploitation (CSE) towards healing. Viewing a scene like this is what we call a *Meaningful Moment* - in which a client can connect with a scene, character, or even a feeling or body sensation that arises while watching the film. A Meaningful Moment happens when a client makes a connection with the story in which a belief or piece of their worldview is illuminated. This is done in such a way that the client is prompted to open up on their own terms, without intrusive questions that may lead a client

to shut down due to emotional overwhelm and shame. Since the worldview is highlighted from a distance (through someone else's story in film), a client is more safely able to voice a wound or core belief they are carrying.

Core beliefs have an immense impact upon how we experience the world. Abusers use power and control tactics to exploit vulnerabilities, ultimately creating "stuck points" within one's belief system - like, "*I deserve the beatings from my pimp, because I ran away from my foster home,*" or "*I don't belong in this recovery program; I'll only ever be accepted by the streets.*" These stuck points often reinforce a victim to remain in situations of abuse and chronic trauma.

Stuck points are hard to get "unstuck!" Stuck points are why, even though logically (in our mind) we might be able to list reasons why we belong, in our body and in our heart we don't experience them to be true. An example of this could be: "*I can list three reasons why my best friend likes me (they ask me to hang out, they remember important details about me, they tell me they like me),*" but if I carry the emotional belief that "no one likes me" in my heart and body, the insecurity tells me this belief is true despite logic and reason.

As a therapist I can sit across from a client and speak truth into them saying, "You belong," and as trust is developed they may start to believe that I truly believe that

about them. I've had clients say before, "I believe that you believe that about me, but I don't know how to believe that about myself."

This is where film comes in. With film, I can sit alongside a client, no longer "the expert" sitting across from them. Sitting *with* the client, we can watch a short film and observe the story of a teen being exploited. Through that experience I can then gently begin to ask questions like, "Do you think she deserves belonging?" Through discussion it may be unveiled that the client can recognize that the character in the film deserves belonging and therefore maybe she could deserve that too. Through connection with a story and a felt experience, the client is able to gain new insight that may never happen simply through a therapist telling them "You belong."

Film has been utilized in psychotherapeutic settings since the 1940s (the similar use of books/story began much earlier). Traditionally films were used alongside therapy by either showing a short clip of a movie during the therapy session or prompting the client to watch the entire film prior to the session. Once the film was viewed, the therapist and client would review ways in which the client could relate to the story and its characters and explore emotions and meaning.

As the authors of the book *Cinema as Therapy* say:

"Cinema is an important agent for the stimulation of inward growth and the process of individuation. It has the capacity to provide viewers with transformative intellectual and [psychological] experiences in which self-discovery can occur."

What's unique about our approach at POVS is that we carefully craft films with a specific audience and message in mind for healing-centered spaces, rather than cherry-picking clips from movies intended for broader audiences and leisure. Additionally, we provide easy access via a streaming platform where each crafted film is ready to play with the click of a button, resulting in an all-in-one-place resource, with an accompanying facilitator guide and worksheets for the

therapist to utilize. This alleviates the need to curate clips from various Hollywood movies. Furthermore, while lengthier clips from traditional films might support one or two talking points, the 5-minute films that POVS crafts are dense with numerous talking points to explore in each film in the series.

Through the feedback and critique of field experts, therapists, researchers, and survivor-leaders across the country, we have received overwhelming validation of the hope of this innovative work to promote healing and prevent re-exploitation. Our films do not depict any one person's story, but seek to highlight the vulnerabilities that subtly groom an individual into a situation of sexual exploitation. The soft yet raw approach is crafted with a survivor-centered perspective and avoids sensationalizing the CSE experience. The films - coupled with the facilitator guide and worksheets - allow the viewer to question preconceived notions and offer them the opportunity to understand more deeply not only what a CSE scenario can look like, but how it can take place.

We believe our films create space for client empowerment, reduced shame, increased empathy, decreased isolation, and reduced re-exploitation. With the guidance of a skilled clinician, films can be a platform to release stored trauma from the body, create cognitive meaning, and find healing.

One of our goals is for the client to experience autonomy over their healing process. So often autonomy is taken from survivors of CSE by buyers, pimps, family, legal systems, and even by service providers. As the client views the films, they will see the story through the lens of their own lived experience. The client gets to narrate the missing pieces of the story - which most often they fill in with details from their own life and beliefs about themselves, others, and the world.

In the short time POVS films have been accessible to organizations, survivors and therapists, we've already heard about how they prompt "aha" moments and healing. We've heard that clients are identifying and relating to key moments in the film by

noticing something that was said (or not said) that then opened up processing about their past. At the same time, therapists report learning something about the client's value system and worldview that then empowers them to better support their client's healing process.

Hearing the story of others can unlock a story within us that we didn't even know was there. It is this that allows us to get "unstuck" and write a new narrative of healing. ◀



Mark Steenbarger

Mark became involved in anti-trafficking work in 2018 after his wife, Jill, began working as a case manager serving trafficked youth. Mark has a passion to create moments through story and film that evoke healing and growth. As a filmmaker, director, producer, and creative, Mark uses his talent and skill to artfully craft, produce, and execute story through film. In addition to his nearly 30 years of creating meaningful moments through art, Mark received his MFA in film in 2021.



Emily Taylor-Ginger, LCSW

Emily is a licensed clinical social worker and mental health therapist who began working in the anti-trafficking field in 2013. She has worked alongside survivors of CSE ages 12-50 providing therapy, groups, case management, and advocacy. She has participated in anti-trafficking research, policy directives, curriculum development, and education and training in addition to her clinical practice. Emily offers her expertise in the field of mental health, trauma-informed/healing-centered care, and working directly alongside survivors of CSE and complex trauma.

For more information, to see the films, and learn how you can incorporate them into your therapeutic services, go to <https://www.pointofviewstory.com/films>, or visit [instagram.com/pointofviewstory](https://www.instagram.com/pointofviewstory)

Resources:

Izod, J. & Dovalis, J. (2015). *Cinema as Therapy: Grief and Transformational Film*. Abington, UK: Routledge.

I have always been a storyteller. When I was little, I would fill small notebooks with my stories, creating worlds and reporting on what I saw around me. Storytelling is in my blood; my father is a great one. Our family dinners were lively as he told tales of growing up in Queens or what he experienced that day at work.

But stories are not unique to our family. The storytelling instinct lives inside EACH of us - it's humans' oldest way of communicating, of passing down wisdom and insight, of entertaining each other, of sharing. Stories give us a way to make meaning, to make sense of what's happening or has happened, and sometimes even to offer redemption.

Here's a story I tell often: When I was in graduate school, I found myself overcome with intrusive, obsessive thoughts. My typically friendly mind became a landmine. My university was in Manhattan and I was suddenly terrified of everything: the subway, the streets, my dorm, the world. If my pen fell to the floor in class I would leave it there because the floor felt too contaminated to retrieve it. I would throw clothes and books into the garbage chute because they too became irretrievably dirty. I could barely concentrate on my classwork, instead waiting to get out of the class to wash my hands. One day I was riding the crosstown bus and my umbrella fell on the floor. *Oh god*, I thought. The floor where our shoes step, where there could be poop, blood, pee, who knows what. It was pouring rain, but that didn't matter. I got off at the next stop and tossed the umbrella in the garbage.

By Nicole Falcone

Stories Help Us Heal

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Contamination fears were not all that plagued me. When I was home visiting family, I would drive somewhere, only to be wracked with thoughts of accidentally hitting someone with my car. If my shoulders brushed someone as I walked on train platforms I worried they had fallen onto the rails because of me. I felt like I was losing my mind.

Luckily, the story doesn't end there. Before long I realized these intrusive, swirling, painful thoughts were because I had obsessive compulsive disorder (OCD). I made an appointment with the university psychologist. Then I went to the bookstore, walking down the aisles looking for stories of people like me. In the mental health section I found a book by renowned psychologist Dr. Edna Foa, called *Stop Obsessing: How to Overcome Obsessive Compulsive Disorder*. I flipped to the back of the book where there were little vignettes, short stories, of people suffering:

- A mother who couldn't cook anymore for fear of stabbing her family with kitchen knives.
- A person terrified of dirt and germs, spending hours in the shower each day.
- A child who struggled getting out the door because of needing to feel "just right."

I read of their suffering and then of their recovery, and I wept. There was a way out of this hell. Their stories showed me the way.

The way out of OCD is paradoxically leaning into the things you fear most, accepting uncertainty, and refusing to use a compulsion to diminish your anxiety. It's a therapeutic technique called exposure and response prevention (ERP) and it's the gold-standard for OCD treatment. ERP calls for you to expose yourself to your fears and, when you are faced with the terror of anxiety, don't use a compulsion to whisk it away; instead, sit in the terror. It is excruciating, but living with uncontrollable OCD is still worse. I used to say to myself: *this is already torture, I might as well torture myself towards healing*. It meant doing things like riding the subway, holding onto the cool metal bars, and then rubbing my face with my hands. Finding a crowded lobby and taking the contents of my purse and laying them

on the floor while people walked by, nearly stepping on me, and then using the objects without cleaning them. Driving somewhere without turning around.

Each time I did an exposure my brain slowly learned new ways of handling anxiety. I could withstand the onslaught of thoughts. I did not need to check or wash them away. I started rewriting my story of how I approached anxiety, of what my life could be. Every exposure was a step out of prison and I wanted out.

I did get out. That was more than 10 years ago now and although I have had seasons where my OCD has ramped up, I have the tools to handle it. When I am feeling afraid I know I have to walk towards it. The more I avoid something, the bigger it will become. These are good skills for everyone, not just those with OCD.

The other skill I have when my obsessive thoughts come creeping in is storytelling. Like the soothing bedtime routine of childhood, I tell myself stories. I remind myself of what I have lived through, of what I have overcome, and that I did it then, and I can do it again. My story heals me.

I have made a living as a writer and now I am working to become a therapist. I am interested in how our stories can heal us or, in some cases limit us ... **if** we let them. In many therapeutic approaches, the therapist is paying attention, not only to the content of the stories told by a client, but also how they tell it. Are they always the victim or the hero? Are they joyful, or sorrowful? Can they laugh? What do the stories we tell say about ourselves?

This is something you can take with you. Think about the stories you tell yourself about who you are and what you have lived through. Are there ways to rewrite these stories? To find some glimmers of healing even in the hell? There wasn't much healing when I was throwing my umbrella away, or Cloroxing my room for hours, but my stories about that time help me continue to make sense of it, to help me look back at the pain and see my growth. My intuition says storytelling lies within each of us. I see it every day in my own life and the lives of those around me. I now see it in my children. The other afternoon, as cool fall weather began to settle in, I watched my five-year-old sit under the maple tree in our yard. The leaves draped around her majestically and she made up stories, talking to herself about the brown curling leaves, and bugs, the little fairies she had propped up around her feet.

"I'm telling a story, Mommy. Don't interrupt me."

I won't, my love, I thought. Go on storytelling. Let the stories fill you and heal you when you need them to. ◀



Nicole Falcone is a writer and storyteller. She runs a storytelling agency, Gather&Create, which specializes in telling audio and narrative stories about innovation in education. In 2020 she published her first collection of poetry on motherhood, ***Sitting By The River in the Sunshine***. She lives with her husband and children in the Lehigh Valley, where they spend their days telling and listening to stories. She hopes to become a therapist; storytelling will most certainly be part of her therapeutic approach.



High School: The Kids are (Maybe, Kind of, Mostly) Alright

By Kristin Jacoby



In Fall 2021, many schools that closed because of the COVID-19 pandemic resumed in-person learning. Healing Magazine asked two teachers for their observations on how kids were coping with being back in class:

E don't want to jinx my profession, but the 2020-2021 school year was probably the hardest teaching year any of us will have to face in our careers. Juggling students physically present in classrooms as well as attempting to encourage and teach students who appeared only via a blank screen on Zoom was the type of challenge that doesn't come up in college education courses. It was a new reality—hopefully not a permanent change—and it demanded shifts across the board.

As the world continues to stumble, teachers are back in their classrooms with thirty-plus students once again. In some ways, it was technically easier to manage classes of six students, but the return to full-sized classes brings a necessary reminder of why we became teachers in the first place: because we want to **teach**—and that involves student participation.

Last year, getting students to participate was often a struggle; the smaller classes and online classes created a bigger barrier instead of breaking them down. For some students, there were less places to hide which caused them to burrow even further inside themselves. This year, students are participating more. They're engaging more with course material during class, though they continue to avoid doing the independent work that contributes to their continued learning as well as their grades.

There's a shift in energy, too. Granted, the masks make it difficult to read expressions, but there was a distinct lack of happiness last year. Everyone, including teachers, seemed a little beaten down, and

understandably so. This year, it seems as though students have shaken off some of the troubles that previously plagued them. Again, I've no desire to jinx anything, but the kids actually seem... happier.

Though the kids may never admit it, there's an obvious factor that connects to the increased happiness: routine. Regular school days demand routine; they're structured around it and compel even the most disorganized student to adhere to it, at least enough to get through the day. When we consider the fact that these students lost the most predictable routine in their lives (regular school days) in March 2020 and didn't get it back until the end of August 2021, the trials of last school year seem far more understandable.

Truthfully, though, the current school environment is not all roses and rainbows. Yes, a return to normalcy has had a positive

impact on many students, and will continue to do so. Other students, however, are struggling with the return; fighting, skipping class, irregular attendance, and apathy continue to disrupt students' capacity to learn. Some of these behaviors are heightened, which seems to be in correlation with shifting from a lack of routine back into a set routine (we all know how it feels to come up against new boundaries!). In time, hopefully, we'll see a decline of the more troubling behaviors as students acclimate to the routine and expectations that they were without for nearly 18 months.

It hasn't been a seamless transition, but I doubt anyone in education was expecting it to be. The important part is that we have our kids back, and they have us back. Together, we'll be alright. ◀

Kristen Jacoby teaches high school English in Bethlehem, PA



First Grade: “Pandemic kids” are thriving

By Maggie Peale

At the end of our class’s morning meeting each day, we wish each other well by reciting the following:

“May you be happy.” “May you be well.” “May you be at peace.”

It took lots of kid-friendly language to explain what these phrases meant. But now it is the most intentional part of our day.

In the spring of 2020, we transitioned overnight from in-person instruction to fully virtual learning. Then we started and ended the next school year in a fully virtual space. Finally, this fall, we returned to the physical classroom, but nothing is the same. Kids are struggling to keep their masks up. My students did their kindergarten year virtually, and many haven’t mastered what we would consider the basics of school (i.e. sitting in a chair, raising your hand, etc.).

But even considering everything they endured, they have so much joy. My kids have already been through enough trauma to last a lifetime, yet come to school every day ready to learn and grow with each other. We do *GoNoodle* to give our brains a break. We have dance parties. We have

joke contests. There is proof all around us that kids are not only surviving, they are thriving...

We are happy.

The most difficult part of returning to in-person learning is the constant tension of making sure we do everything in our power to keep each other healthy. This manifests through mask reminders, consistent hand-washing, and spacing students more than what they’re used to. These are COVID-era kids. They hardly remember a time where they didn’t socially distance themselves. COVID testing is randomized and definitely interrupts learning, but it’s an easy trade-off if kids are kept healthy...

We are well.

The most common phrase you hear from our classroom (after “please pull up your mask”) is, “We are a family.” We mean that.



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We spend every day together. We laugh, we cry, we get mad, but most importantly, we learn. There is a lot of talk from politicians and the media about kids “falling behind.” With all due respect, my firsthand in-the-classroom and socially-distanced teaching and learning experience tells a different story. Together, we learn to conquer big feelings. We learn to support each other when life is hard. We learn how to disagree respectfully. We learn how to celebrate with each other when great learning happens. It’s not an accident that I use the word “we.” If this is what we accomplish all year, we are okay with that...

We are at peace.

If I could tell the adults of the world one thing, it would be this: have faith in our kids. Sure, they may be “below grade level,” but why do we care when they are driven, excited and proud of themselves? Why does that arbitrary “level” dictate anything? They are learning more and more each and every day. That is the purpose of education. It may sound cheesy, because they’re six years old, but I am incredibly proud of my students, their strength, and their resilience through the year so far.

There is outside noise and pressure, but at the end of the day, I am good with where we are ...

We are happy.

We are well.

We are at peace. ◀

Maggie Peale teaches first grade at H.D. Cooke Elementary School in Washington, D.C.





Talking to Kids About Climate Change

(Part One) *By Linda Goldman*



Adapted from *Climate Change and Youth: From depression and anxiety to activism*. In-press 2022. Routledge. www.grievingchildren.net

The topic of climate change might be one of the most important conversations kids can have with adults. Too often with sensitive topics, parents and professionals fear they will frighten children, or they might not know the right words to use. Whether the dialogue surrounds sex, drugs, climate change, or global annihilation, now more than ever we need to bring the subject into the light of day. In this way we help young people and grownups cope with climate anxiety and depression and seek positive action for ourselves and the planet.

Kids today are savvy, and many have been referred to as digital natives. Their ability to glide through social media and navigate the web often puts their parents to shame. They usually get their information

from peers or TV, Facebook, Instagram, and more. But is it accurate or a compilation of opinions, and can we be sure our youngsters are processing information effectively - especially what they are seeing and hearing?

Eco-anxiety

Eco-anxiety has become a common term regarding climate change. *Medical News Today* defines it as “a fear of environmental damage or ecological disaster. This sense of anxiety is largely based on the current and predicted future state of the environment and human-induced climate change (Huizen, 2019).” It often appears in children as a constant worry about the environment, the future, and is accompanied by a sense of inability to control what is happening. This persistent feeling of helplessness is exacerbated by media images and sounds

surrounding climate-related extreme weather conditions such as wildfires, floods, droughts, and hurricanes. This constant bombardment of facts and fiction experienced by the young, from preschoolers to college students, leaves them with fearful, even terrifying emotions about their future and the future of their planet.

The American Psychological Association (APA) has recognized the “profound connection between climate change and mental health, that the changing environment is a legitimate source of distress already affecting many young people, and it has the potential to be psychologically destabilizing (Schlanger, 2017).” This anxiety and depression children feel is a basic understanding when exploring conversations about climate change. Presenting facts, positive outcomes, actions, and role models helps to dissolve worry and promote resilience.

The Real Talk about Birds and Bees

When talking to young people about climate change, it is critical to present age-appropriate facts, listen to feelings, validate fears, affirm desire for action, and create a non-judgmental foundation of discussion that can be fostered throughout their growing up. At an early age, these conversations serve as a foundation to build more complex understandings as kids mature. Ask youngsters to explain what they have heard about climate change and help them differentiate fact from fiction and misinformation. Often little children will take what they hear literally, and distinguishing misconceptions can help eliminate false ideas.

Six-year-old Emma was watching TV and was inundated with the wildfire images in California, and the disastrous forecast of smoke spreading through the country. “We have to move!”, she shouted to her dad. “The smoke will kill us if we stay here!” Emma’s parents were wise enough to take out a map to visually reassure her living in Washington D.C. was a safe distance from wildfires reaching them. Her teenage brother Adam also saw the news and decided to wear his mask every time he went outside to guard against toxic smoke. Both reactions of Emma and Adam were fertile grounds for discussion.

Building a Love of Nature

We often forget we can provide children with a virtual classroom, devoid of walls, and filled with the beauty and abundance of the environment. This classroom is nature. Being in greenery is refreshing and relaxing, and actually enhances a feeling of happiness for children.

Sophia lived in a poverty-stricken area in California. The only nature she experienced was visiting the California National Park. Due to the devastating wildfires, the National Forests in California closed to visitors as a precautionary measure of safety. When Sophia heard about this closing on the news, she began to sob. “Mom!” she cried out, “We can’t go to the park. It’s not fair. I’ll miss the trees!” The despair that her special, peaceful place in nature was unavailable made her very sad.

In 2020 Timiny Bergstrom researched the impact of nature on third graders and found their happiness, attention, and calm levels rose after time spent in a green schoolyard. Ms. Bergstrom’s research project, *The Positive Impacts of a Nature Experience for Third Graders*, concluded what Timiny instinctively knew, and research validated - nature provides stress reduction and attention restoration. She concluded, “As it becomes more apparent that time spent in nature is good for humans and children in particular, it is time to consider whether nature experiences have a role in and should be consistently implemented in public education by further investigating the value and the positive impacts of nature experiences for elementary age students (p.6).” Findings indicated nature is innately restorative and directs attention from the fatigue of the digital world to a simpler connection of being present in the moment.

Suggestions for Climate Change Conversations

The following are practical suggestions to dialogue with young people about nature, climate change, climate actions, and climate fears and hopes in a constructive way.

1. Build a checklist of environmental activities

- Plant seeds and care for a family garden
- Turn water off when brushing teeth

- Throw trash away
- Use both sides of paper
- Feed the birds
- Make toys from things around the house
- Recycle
- Compost
- Turn off lights
- Bike instead of drive
- Walk to school
- Family hikes

2. Make a family or classroom emergency kit. Kids feel safer if prepared for emergency events. They can discuss what they think is important and create a kit and a designated space for it. Some items to include are:

- Water
- Energy Bars
- Phone numbers
- Batteries and chargers
- Powdered milk
- A whistle

3. Promote interest and concern about the environment by seeking informative websites.

-National Geographic Kids (<https://kids.nationalgeographic.com>.) This website encourages youngsters to question if they are Habitat Heroes, Biodiversity Champions, Climate Change Warriors, or Pollution Preventers by taking a quiz that unfolds their specific interests.

(Continued on page 30)



THE HOPE CENTER

FOR YOUTH AND FAMILY CRISIS

FUNDED BY ALLIANCE. OPERATED BY KIDSPeACE.



By Tammy Margeson

Urgent Care: A Model for Behavioral Health Providers

As providers of mental and behavioral health we enter the field with the desire to serve, to give back, and foster wellness in our communities. The stark reality is that we often struggle to meet the needs of our clients due to a lack of adequate community resources. Coming from working several years in the delivery of crisis services for adults, that struggle is very real to me. It is even more real for providers who specialize in the mental and behavioral health needs of children and adolescents.

There's a teenager in crisis in need of services or referral. Where do you refer them? How do you as a provider insure their safety, and get them the best possible care? Do a Google search for my state of North Carolina and nine 24-hour crisis centers show up on the map. Only two specialize in child/adolescent care (and neither has a behavioral health urgent care attached to the services they provide); six programs in south central and western NC will assess youth, but they cannot provide extended observations due to the fact they are designated adult facilities.

What's next? Call the local hospital or managed care organization based on the

type of insurance your client has, and send the youth to their emergency department (ED).

As a trained mental health provider, my next thought is, "Would you take your computer to an auto mechanic for repairs?" That would be impractical and not produce the needed results. Hospital EDs are equipped to aid the sick and injured. They are frequently very frenetic environments, and there is no time to stop and devote the needed time to a child/teen in crisis. Even if they had time, ED staff are not adequately trained to provide the needed support behavioral health issues demand. Members of the community in mental/behavioral health crisis are frequently (and sometimes routinely) warehoused in emergency rooms while waiting to be placed in a state mental health hospital. There is little to no intervention provided outside of a brief crisis assessment and medication to calm anxiety or dangerous behaviors.

As I noted, hospital staff have their hands more than full with the amount of medical issues their patients present in the ED. One way the medical system is addressing that problem is through the establishment of "Urgent Care" centers -- programs in

the community that can divert cases from overcrowded EDs while continuing to provide individuals the appropriate physical healthcare they need. It's time we consider that model for mental and behavioral health issues as well - and look at creating a new kind of Behavioral Health Urgent Care (BHUC).

Opening in early 2022, The Hope Center for Youth and Family Crisis in Fuquay-Varina, North Carolina will be a partnership between KidsPeace and Alliance Health. The Hope Center is a 24-hour, seven days a week, 365 days a year program designed to provide crisis assessments, observation and short-term support to youth in an environment that specializes in their mental and emotional wellness and care.

Under the BHUC model, a teen in crisis can be referred to The Hope Center where they and their family can meet and work with a team of admission specialists, parent partners, qualified professionals, licensed clinicians, nurses, mental health technicians and providers who are all caring and trained to support the needs of the teen and his/her family at a difficult time. The focus is on providing a therapeutic, least restrictive, comforting experience.

How does it work? Let's look at an example of a youth in crisis, whom we call Joe.

Joe's story

When Joe and his family arrive at The Hope Center, the first thing they notice is, "This really doesn't look like a hospital." There are murals on the walls in the lobby and the waiting area is painted in bright happy and calming colors. An admission specialist greets Joe and his family with a smile, asks them for some important information to get the process started, and asks Joe and his family, "Is there anything I can do to make you more comfortable?" Joe is a little nervous and asks for a drink. He is given a small glass of tea or juice, and he and his family take a seat. (Had he been a small child he may have been offered a stuffed animal for comfort)

Joe's mom and dad appear anxious, and the admissions specialist decides the best next step is for the "family partner" to greet them. The Hope Center's family partner is a person who has lived experience in caring for a loved one with mental/behavioral health challenges, and supports the youth and family throughout their time at the center. The family partner greets Joe and his family and answers their questions - providing another layer of comfort in the process.

Within 15 minutes of walking through the door at The Hope Center, Joe and his family are sitting down with our licensed clinician and talking about what brought them to seek assistance. After the brief crisis assessment, Joe meets with the nurse and has a short physical health assessment while his parents talk further with the clinician or qualified professional about what the next steps should be.

From triage to disposition the entire intake for Joe lasts approximately one hour. Had he been sent to the local ED, he may still be in the waiting room at this point. Had he been sent to another behavioral health urgent care that does not specialize in youth or provide 23-hour observation, he may have been sent to the ED anyway -- to begin that wait all over again.

After assessment, and based upon the needs of Joe and his family, it is decided that Joe will remain at the center overnight for observation. He spends the rest of the day being supported and observed for safety while engaging with center staff and other youth in therapeutic socialization and treatment activities. He is provided with necessary medication per provider orders and the consent of his guardian, a quiet place to rest in comfortable recliners, and is continually assessed for the next 23 hours. The next day, if it's determined that Joe can return safely home, the family partner and treatment team will work together with his family to arrange for continued treatment and support. The family partner will assist in communicating with other providers, check in on Joe and his family, and even accompany them to his first appointment if needed. Joe's case, again, is like that of someone with a physical illness or injury who can be treated appropriately at an urgent care facility without burdening the resources of the local ED.

Linking BHUC with inpatient crisis intervention

If, on the other hand, it's determined Joe needs more intensive treatment, the BHUC staff will refer his case to an inpatient crisis center. Initially The Hope Center will rely on local mental/behavioral health hospi-

tals to support inpatient admissions for youth with the need for longer-term care. But within a few months of opening, it will complete the licensure process for a 16-bed inpatient Facility Based Crisis unit, where youth like Joe can transition to a higher level of onsite treatment lasting up to two weeks.

While in The Hope Center's Facility Based Crisis unit Joe will have around-the-clock monitoring for safety, support from qualified professionals, skilled nursing, psychiatric evaluation and follow up, regular treatment team and case manager support, and encouragement to engage in social and physical activities with peers. The Hope Center will be the first program in North Carolina to bring together behavioral health urgent care and facility based crisis services for children and youth in a single facility. The ability to quickly assess, begin providing support, and transition through the system of care all in one location will increase safety, improve outcomes, and reduce costs for consumers and stakeholders alike. ◀



Tammy Margeson is Program Director for The Hope Center for Youth and Family Crisis. She holds a master's degree in mental health counseling, and is a licensed clinical addictions specialist, a licensed clinical mental health counselor and a certified clinical supervisor. Prior to taking her role at The Hope Center, Margeson served in supervisory roles at several mental and behavioral health organizations in North Carolina.





Giving Back via the KidsPeace Foundation

By Richard Tisinger, Trustee, KidsPeace Foundation

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I received a call from an old friend who served on the Board of Associates of KidsPeace Georgia since it opened a Residential Treatment Facility in Bowdon in 2004. He invited me to join him for a tour to learn more about its mission of caring for some of Georgia's most troubled youth. The idea of learning more about a non-profit that addressed the needs of such kids appealed to me.

On the tour I learned that the youth receiving treatment were adolescents who suffered from behavioral and mental health issues stemming from trauma suffered earlier in their lives. And I learned of examples of neglect and abuse that are typical for the kids there. As I met and saw the kids, it came to me that they may have been victims of the abuse and neglect I learned about... and that, if not for the "birth lottery," my children could have endured those same circumstances with the same result.

I was asked to join the BOA, and it did not take me very long to say "yes" and to commit to do what I could to help those kids find "Hope, Help, and Healing."

But I learned very soon that that commitment would involve a significant challenge. KidsPeace was in the process of developing plans to construct a gym for recreational therapy, but the funding would have to be raised from private sources. While the challenge was daunting, we on the BOA knew that failing to take it on was not an option.

To make a long story short, the funds were raised and the gym was built, and it continues to be a tool in KidsPeace treatment protocols and a joy to the kids who play, perform and celebrate together there. From my personal perspective, when I see the kids use the gym, I am gratified and my eagerness to support the kids at KidsPeace grows.

So, what was next? Christmas gifts!

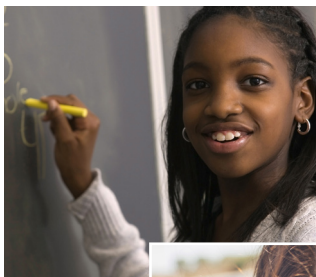
Kids at KidsPeace have been deprived of many of the pleasant experiences that most children in America enjoy. One of those is a safe and happy Christmas celebration with Christmas gifts, so we raised funds to give them gifts. After opening his gift, one of the kids exclaimed, "This is the best Christmas ever!" Another youngster opened his gift of shoes and looking at them with glee said, "...and they're new!"

The big things that KidsPeace does by putting these kids on the path to a better life confirm that giving some of my time and resources to their cause is worth it, but the vignettes like the Christmas gift reactions are the ones that put my heart in the effort and moves me to continue.

The KidsPeace Georgia Board of Associates has continued its success in helping the kids in programming at Bowdon -- including a major facility expansion, events like Thanksgiving and Christmas dinners and homemade birthday cakes for each child, as well as new programming such as K-9 and Equine Therapy and a ropes course and climbing wall. (I want to note that these successes came about through the dedication of the BOA's members and amazing leadership on the part of their chairpersons.)

Setting the right "Foundation"

In 2009 I was asked to join the KidsPeace National Board of Directors, and I soon came to the conclusion that the National Board needed to make a more vigorous effort to raise donations in support of the other services it provides for children and adults. If we could increase the donations



and grants received at the national level, we could expand and amplify the quality services already provided to kids. Along with some staff members, we began to develop messages about what we do, the nature of the kids we serve, the circumstances that brought them to us, and the effectiveness of what we do for them.

But we needed more—we needed an organization solely devoted to the fundraising effort, with a leader dedicated to the effort and who got up every morning devoted to making it successful. So in 2017 we completed the legal work to create the separate nonprofit KidsPeace Foundation, overseen by a Board of Trustees under the leadership of Ann McCauley as Foundation President.

The first challenge for Ann and the Trustees was to develop a focus and commitment of many to the cause. Today the Foundation enjoys 100% support from the Board of Trustees, KidsPeace's National Board of Directors, the Trustees of the Foundation, and the KidsPeace organization's Executive and Senior Leadership Teams. Through their support, and the work of volunteers on eight local Boards of Associates, the Foundation has raised a total of more than \$14

million. And those efforts are supported in turn by Ann's outstanding Development team, who work every day to match funding opportunities with the needs of KidsPeace's vital programming.

The KidsPeace Foundation has certainly been a successful initiative and I am proud to have advocated with the National Board for its establishment. But if I had to choose one KidsPeace Foundation initiative as my favorite, it would be the annual KidsPeace Foundation Awards. Our Trustees fully fund the awards and then select the projects and KidsPeace Associates to be recipients. In this way, members of the KidsPeace family can propose creative ideas and strategies that need funding to become reality. With the funding provided by the KidsPeace Foundation they are better empowered to have impact and make a difference in the lives of the children we serve. Projects with names like "The Coping Skills Tool Box" and "You are Special" provide helpful strategies and tools and celebrate special occasions like birthdays – which many of our children have never celebrated before. I am proud to read and hear the creativity, passion and enthusiasm of our Associates in going above and beyond to bring a smile

to a child's face - and I am proud as well of the KidsPeace Foundation's role in making those smiles possible. ♦



Richard Tisinger, Sr., of Carrollton, GA, graduated cum laude from the University of Georgia Law School.

During more than 40 years as an attorney at Tisinger Vance, P.C., he represented commercial real estate clients and electric membership corporations on a regional and statewide basis. Mr. Tisinger is a former President of the Carroll County Chamber of Commerce and a past member of the Board of Directors of Tanner Medical Foundation. Mr. Tisinger served on the KidsPeace National Board of Directors 2009-2021 and was the first Chairperson of the KidsPeace Foundation Board of Trustees.

For more information about the KidsPeace Foundation, visit

www.kidspeace.org/foundation

To donate to KidsPeace's efforts to bring Hope, Help and Healing to children, adults and those who love them, visit

www.kidspeace.org/donate

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"This is the best Christmas ever!"

**KidsPeace Bowdon Campus
Bowdon, GA**





By Chris Sylvester

KidsPeace and TRICARE: Success Stories Lead to Expansion of Residential Certification

KidsPeace has been a TRICARE-certified provider for youth/adolescent residential and psychiatric hospital treatment services at our Orchard Hills Campus in Orefield, PA for more than ten years. During this time KidsPeace has delivered our core mission of Hope, Help and Healing to hundreds of military-connected youth and families through a full Continuum of Care of programs and services. In addition to the residential and psychiatric hospital services offered at the Orchard Hills Campus in Pennsylvania, KidsPeace provides residential services in Maine and Georgia.

For the past several years *Healing Magazine* has featured “TRICARE Success Stories,” highlighting the treatment commitment of youth and families and the determination of our clinical and care professionals to ignite hope, offer help and begin the healing process. In a 2018 article,

a KidsPeace Clinical Manager posed the question, “What determines the likelihood of long-term success?” Her response shines light to what is truly needed in providing a pathway for treatment success in working with youth and families:

“Instead of supplying strategies and interventions that will act as a Band-Aid to the wounded and fragmented individuals and relationships, how can we instead help them to truly heal? By definition, to “heal” means to alleviate, to cause (someone, something) to become sound and/or healthy again. When we treat to heal, we significantly improve the chances of long-term success.”

The article detailed the treatment journey of a female youth and her family, culminating in a successful transition home as an “intact family with a deeper bond,” better prepared to take on life’s challenges.

Expanded Opportunities to Heal, from PA to GA

Successful treatment outcomes for military-involved youth and families have resulted in expanding available TRICARE-certified residential services. In September 2020, the Orchard Hills Campus became TRICARE-certified in all nine of our residential treatment programs. The expansion opened treatment opportunities for TRICARE-funded youth in our T.R.E.E. (Trauma, Resiliency, Empowerment and Elevation program, females ages 10-18 and males ages 7-18), A.S.P.I.R.E. (Adolescent Sexual Preoccupation, Intervention, Responsibility and Education program, males ages 13-18), KidsHope (MH/ID 50-70 FSIQ, males ages 12-18), as well as our two original TRICARE residences (males/females ages 13-18).

In the summer of 2021 KidsPeace's Bowdon (GA) Residential Campus obtained TRICARE certification and KEPRO approval to serve military-involved youth and families. The 80-bed KidsPeace Georgia facility, located about an hour west of Atlanta, offers residential care and treatment services to youth from 12-17 years old. KidsPeace Georgia serves 20 females and 40 males who present with a range of mental health, substance abuse and behavioral issues. In addition, the Bowdon Campus has a 20-bed free-standing facility and self-contained program for males with sexual issues.

To meet the education needs of its residents, KidsPeace School of Georgia is a licensed non-public school that works in partnership with the Carroll County School System and is accredited by the Southern Association of Colleges and Schools (SACS).

In 2021 the Bowdon Campus received the "Gold Seal of Approval" from the Joint Commission - a designation considered the gold standard of safety and quality assurance in healthcare. The campus has been accredited by the Joint Commission since 2009.

In discussing the impact of the TRICARE certification, KidsPeace Georgia Executive Director Louis Shagawat shared, "We are privileged to be approved to serve TRICARE youth and families. This will allow us to

reach a very deserving group of youth and families who are in need of our services. Military-involved youth and families sacrifice a great deal and endure many stressors that can take a toll on one's well-being. It is an honor to support youth and families who have given to our nation."

TRICARE Residential Treatment Needed Now More Than Ever

In the face of the COVID-19 pandemic and its effect on the mental health of America's youth, our ability to serve the TRICARE-funded population has never been more critical. As KidsPeace CEO Michael Slack recently stated: "Studies and news reports paint a consistently alarming picture of the state of our kids' mental health in the face of the COVID-19 pandemic. They are experiencing greater stress and anxiety, at the same time that many are separated from their traditional support networks of friends, classmates, teachers and counselors, and extended family members."

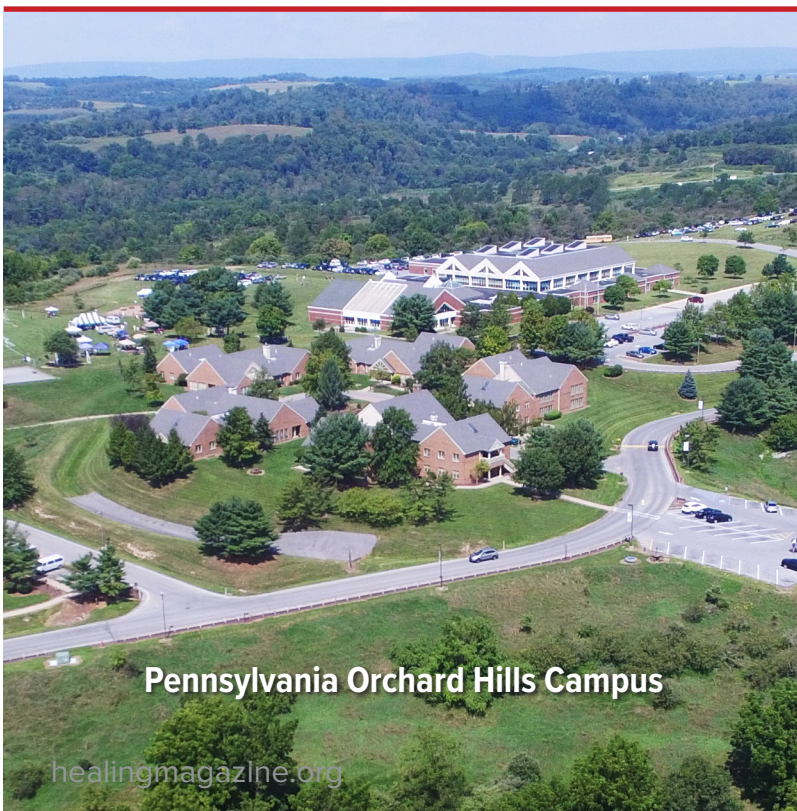
Orchard Hills saw an increase of military-involved youth in 2021, resulting in more TRICARE-funded youth than at any time since we were certified. Expanded TRICARE capacity at both the Orchard Hills Campus and the Bowdon Campus affords KidsPeace the opportunity to meet the growing mental health needs of military-involved youth and families.

**"Being challenged in life is inevitable. Being defeated is optional."
(Military family saying)**

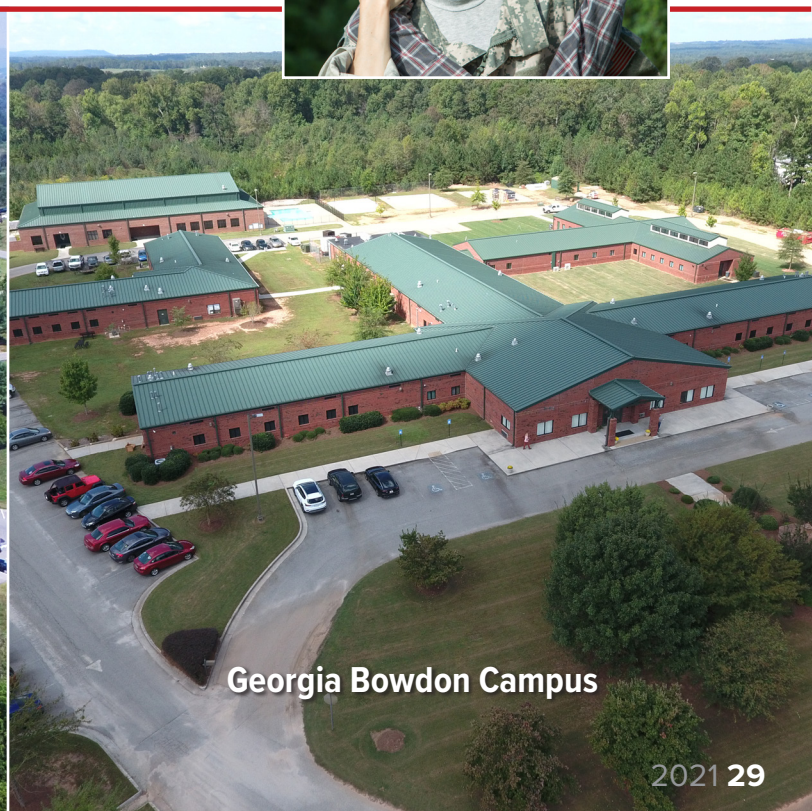
Mental health issues and unresolved trauma are significant stressors leading to daily challenges which, at times, may seem insurmountable. Our TRICARE-certified residential programs at the Orchard Hills Campus and the Bowdon Campus stand at the ready to engage with youth and families in delivering evidence-based treatment and care, transforming the seemingly insurmountable into a brighter future for military-involved families - made possible through Hope, Help and Healing at KidsPeace. ◀



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



Georgia Bowdon Campus

-*Parachutes for the Planet* (<https://motherearthproject.org/parachutes/>). This website is an international project for young people to create parachutes at school, home, or in their community to express feelings and actions about climate change. It is a global endeavor and part of the Mother Earth Project.

-*Meatless Mondays*. (<https://www.nrdc.org/stories/new-york-city-students-are-taking-climate-change-starting-lunchroom>). It is an initiative sweeping school cafeterias to lessen the climate impact of weekday lunches.

4. Create an honest and non-judgmental environment. Honor children's questions, use age-appropriate language, ask kids to explain what they already think they know. In this way a continuous space for dialogue is created and extended throughout growing up.

5. Monitor TV and media information. Young people easily glean information from technology, and it is helpful to screen media input and use factual climate change data as teachable moments for exploration and dialogue

6. Seek acceptance of school-based curriculums. These curriculums would include progressive, factual information and promote abilities to discern fact from fiction, generating dialogues that can continue through the grades.

7. Maintain a resource library for adults and children. The following examples for adults and children contribute to realistic conversations promoting resilience, action, and validation.

Conclusion

As caring adults our goals must be those that reassure children that they are safe, they are listened to, and they are not alone. We must reaffirm to young people they do not need to carry the burden of climate change - that all generations will join their pleas for a healthy planet. The first step is age appropriate, meaningful, and honest conversations that respects kids' feelings, honors their wisdom, and acknowledges their innate love for Mother Earth. ◀

Watch for Part Two of "Talking to Kids about Climate Change" in the next issue of Healing Magazine!

Adapted from Climate Change and Youth: From depression and anxiety to activism. In-press 2022. Routledge.

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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



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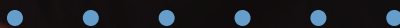
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