

Another Year Older!

As we head into our **Third year of business** here at Foundations, agency growth continues to move forward. The Intensive In-Home Program's demand has increased steadily in all the counties we work in which, in turn, has allowed for continued agency growth. In three years the agency has grown from providing one full time In-Home team serving 8 families to *seven teams serving 76 families* and we are hoping to expand our capacity in the near future. In addition to county and other agency referrals, we are seeing an increase in self referrals from families who have heard about us from friends or relatives who have benefited from our services. We have also seen

an increase in outpatient clients at our office in Belleville which many of our staff have agreed to take on in addition to their already full In-Home case loads.

For those of you who have made referrals for our In-Home Program and are on our waiting list, thank you for your continued patience. We are working hard to serve as many families as possible and will continue to keep you posted on the status of your referral.

We recently audited our client files in preparation for the state surveyor's visit. As we were going through this process we felt it would be a good opportunity to obtain some overall demographics of the current cases and families we serve. The data we collected was from the 76 open In-Home cases at the time of our file audit, not including outpatient cases. Of these 76 cases, we gathered some

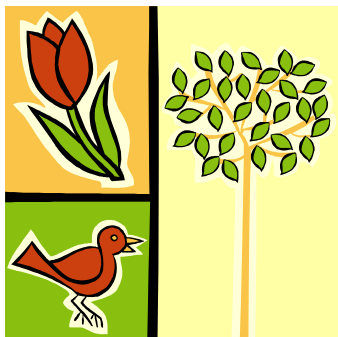
statistics from the identified clients on **gender, age, diagnosis, and county of residence** to see if we found any trends. We compiled this information into graphs that you can review inside this newsletter. Just as we had found last time we reviewed statistics, there continues to be a consistent **decrease in CAFAS scores for those clients who have been receiving Intensive In-Home Services for 3 months or more in addition to being able to consistently maintain stable placements in their home.**

As our ability to grow and serve more children and families increases, Foundations is committed to continuing to provide the best possible treatment services. We are always looking for ways to improve our agency's services and remain open to all feedback and suggestions.

Alisa Kelly-Martina

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Play Therapy; Its Use in Working with Children and Their Families



By: Jessica Beckett, LPC

Play is a natural form of communication for children to express themselves and share their feelings. Therefore therapists often use play as a technique to assist them in appropriately diagnosing and treating problems in children. The reasons that play is so essential for psychotherapy of children is:

- Play allows children to communicate their feelings effectively and is a natural way for them to do so.
- Play allows adults to enter the world of children and show them they are accepted and recognized. A child is less likely to feel threatened when the adult plays with the child.
- Observing children at play helps adults understand them better.
- Play is enjoyable for children and therefore they are more relaxed. Play reduces their anxiety and defensiveness.
- Play gives children opportunities to release difficult feelings such as anger and fear and take them out on play materials.
- Play allows children the opportunity to develop social skills.

Play gives children a chance to try out new roles and to try problem-solving approaches in a safe environment one of which they have control over (Hughes, 1999).



Play materials vary for each therapist and child depending on the child's needs and issues. When therapy is done in the home the therapy toys are often limited because the therapist is the one who brings the appropriate toys. When a child goes to a play therapy room it is often equipped with many toys for different kinds of play which can make it easier. Eliana Gil who has worked with many abused children suggests that there are some essen-

tial toys and techniques that are useful for all children such as telephones, sunglasses, feelings cards, storytelling, puppet play, sand play, dolls with bottles and dishes, and video therapy. She states that telephones encourage intimate verbal communication with the child. Sunglasses are magical, the child believing that they are invisible and thus disinhibiting their communication and increasing their openness to various topics of discussion. Storytelling allows the child's imagination to work and the child identifies with the theme or characters in the story. Puppet and doll play allows the child to express themselves and tell about conflict without being directly involved. In sand play, children can use their tactile experience to soothe and nurture themselves or they can use it to create environments that allow them to work through difficult issues. Video therapy



allows the child to connect to and discuss issues from a distance and videos, like storytelling, keep their interest. Many cartoon characters and movies show important life lessons that can be assigned to the entire family to watch and then discussed in a family therapy session. Drawing and art can also be a therapeutic technique to gain insight into the child's perception of family, how each member interacts and feels about the others, and overall family functioning. Asking the child about their drawing allows the therapist to gain insight from the child's perspective and creates therapeutic rapport between the child and therapist.

Foundations works with many families who have small children and therefore our therapists need to use play therapy techniques for treatment purposes. I have not come across any research that has specifically addressed using play therapy techniques in family therapy, but through my experience doing In-Home there are

several benefits to this particular approach used with families and include:

- The therapist can establish rapport and show the child that he/she is accepted for who he/she really is. Many times these children have no one in their lives who listen to them and who accepts them. Play allows the therapist to enter the world of the child and help identify, accept, and gain insight into their feelings.
- Through working with the child, the parents may see improvement in their child's behavior which results in the therapist establishing rapport with the family as well.
- These techniques can be modeled to parents who can gain insight into their children's issues and learn to better help their children especially when the therapy team is no longer involved.

Many parents need to learn how to connect with their children and better understand them and they can do this through learning how to play with their children.

Game playing with families can be therapeutic for everyone involved. Parents can learn how to connect with their children in a fun, non-threatening environment. This is especially true for those families with adolescents who feel they cannot find any means to connect and often times these teens do not want to spend any time with their parents. Children can learn that their parents do care by spending quality time with them and make an effort to enter their world even if it is for a short time. The family can learn that there are times they can get along and have fun with each other. The therapy team then encourages the family to build on these moments and create more of them especially when they are not present.



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Play is essential to understanding and treating children. It can be a large aspect of out work with families especially those that are difficult to connect with and have small children. Involving the parents in this therapeutic process can benefit the child/parent attachment, improve the child's view of the parents who take interest in them and attempt to understand them, and may benefit parents by allowing them to work through issues from their own childhood.

Resources: [The Healing Power of Play: Working with Abused Children](#) Eliana Gil, 1991.

[Play Therapy: The Art of the Relationship](#) Gary Landreth, 1991.

[Children, Play and Development](#) Fergus Hughes, 1999.

Staff Updates

We would like to announce that **Justin Woodward** has been hired on as a full-time secondary therapist. He began in the fall as an intern working with Tera Reichelt. He will now be working with BJ Nichols in the counties of Columbia and Dane.

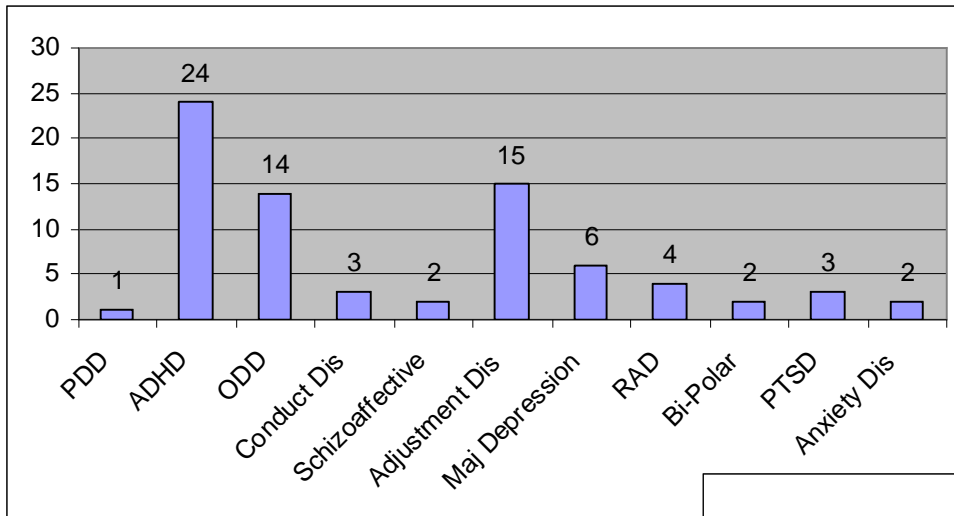


BJ Nichols has received her provider status and has been hired on as our newest Primary Therapist. Congratulations BJ!

Tera Reichelt will now be heading up our internship program. She will be taking on and supervising up to 3 interns a year. She also will be overseeing any other internship placement with our agency. We are excited to have the internship program up and running and growing. We are dedicated to our commitment to becoming a teaching organization.

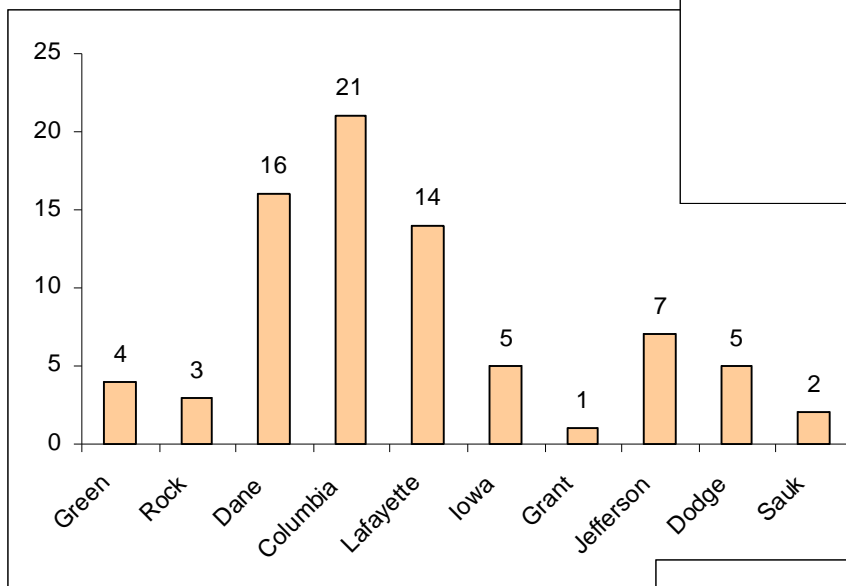
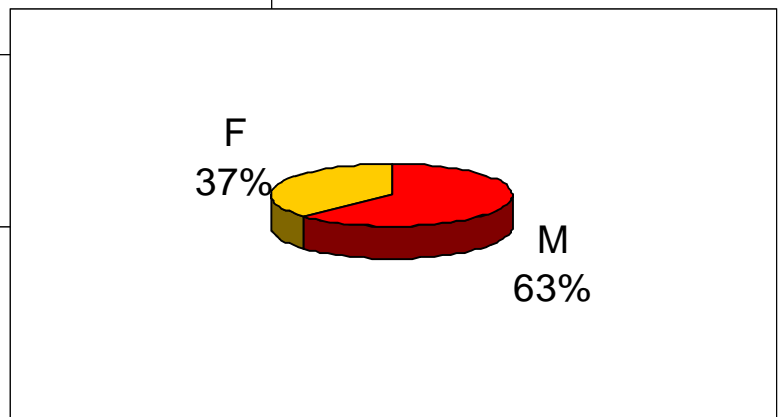


Foundations Current In-Home Demographics



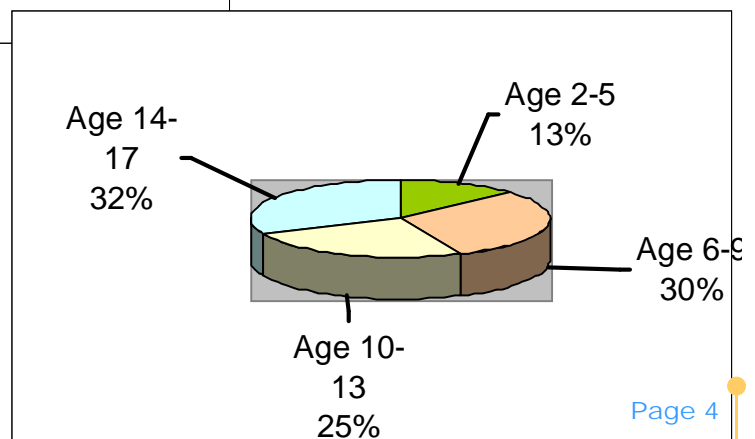
Client
Diagnoses

Client Gender



Client County
Location

Age Range of
Clients



Indicators of Parental Satisfaction in In-Home Family Therapy

I would like to thank the staff at Foundations Counseling Center for their collaboration in this study. The study was conducted from October 2006 to December 2006 by Eric Guzman, Marriage and Family Therapy graduate student at Edgewood College, and the In-Home staff at Foundations Counseling Center. The purpose of the study was to examine the level of parental satisfaction with services received from in-home family therapy and its implications with therapeutic outcome.

Participants filled out a Parental Outcome Questionnaire at either the six-month evaluation or at termination of in-home family therapy. The questionnaire was based on a Likert-type scale (1 –strongly disagree to 7 – strongly agree) to measure the following: overall effectiveness of in-home family therapy, overall satisfaction level regarding the effectiveness of individual therapy, overall satisfaction level regarding the effectiveness of parent counseling or training, overall satisfaction level with the staff’s ability to connect families with community resources. The questionnaire also measured the in-home team’s ability to help parents with crisis management, improvement in familial relationships and helpfulness of the therapist to the families.

There were a total of 11 participants in the study. Eight of the participants were Caucasian, there were also one Latino, one African American and one Asian participant. Referrals to the in-home program were from social service agencies, the court system, or hospitals. Families typically received an average of 1 to 2 hours of family therapy and 1 to 2 hours of individual child/adolescent therapy per week. Case management services were also provided. In-home family therapy ranged from 6 months to 1 year and more.

Results indicated that parent’s were generally satisfied with the overall effectiveness of in-home family therapy provided by the staff at Foundations Counseling Center. There were only two parents who disagreed that their family relationships did not improve. Parents indicated that after the course of 6 months or more of treatment, their families showed improvement in familial relationships. The in-home team was also effective in helping families decrease difficult behavior as well as helping the child with improvement in social behaviors. Parents also indicated strong agreement that their therapists were helpful and understanding of their situation and helped them improve in the area of crisis management.

Results from this study support previous findings that in-home family therapy is an effective model with working with some of the toughest child and adolescent cases. Families receiving in-home family therapy lessen the number of out of home placements; lowers the risk of hospitalizations, and reduce symptoms that are being treated in therapy.

There is a need for research to look at how family and individual variables contribute to the effectiveness of in-home family therapy. Managed care regulations and medical assistant funding have become increasingly stringent making it difficult for those who bill for their services to justify funding for home-based family therapy. With more therapists working in home-based settings, with tightened budgets, and with the need to document treatment outcomes, it seems increasingly important to assess the effectiveness of this work, including variables that are related to successful outcomes.

I hope that the findings from this study will give addition support to the good work that the staff is doing at Foundations Counseling Center.

Foundations Counseling Center, LLC

Helping to Create emotionally healthy
individuals and families.



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**As a reminder, Foundations Counseling Center,
offers a varied array of mental
health services.**

- Intensive In-Home Counseling
- Traditional Outpatient Counseling
- Psychiatric Assessments, and Medication Management.
- Coordinated Services/Wrap Around Case Management
- Crisis Intervention
- Bilingual (Spanish) Speaking Staff.
- Divorce Education Seminars for Couples with Children.

Foundations also provides:

- Family Bonding Assessments
- AODA assessments and treatment
- A myriad of services to help with your Comprehensive Community Services program (CCS).
- Group Therapy

If you wish to make a referral, are interested in hearing more about these services, or have some service needs you feel we could help with, please contact the Foundations Counseling

Center office at

608-424-9100.