

March 20, 2018: Therapy (Individual, Family, Behavioral)

Panel of therapists: Dr. Miguel Firpi, Ph.D.; Dr. Julio Vigil, Ph.D; Dr. Laura LoBuglio; PsyD; and Helenann Shapiro, LCSW. Various types of therapy, relationship with therapist, effectiveness, etc.

The meeting began with some **general advice for being an effective GAL:**

- Be respectful to all (including the parents!!) and listen to everyone. The more they feel you are willing to listen and hear what they have to say, the more you will learn.
- Be fair.
- Help navigate the system by empowering rather than enabling. (Example: You can help with the adoption packet, but they are responsible for references, fingerprints, financials, etc.)
- Monitor referrals and services to make sure people are staying on task and in compliance in order to achieve goals of the case plan.
- If you ask for an assessment and it is ordered, contact the person doing the assessment and make them aware of your concerns. If you don't communicate prior to the evaluation, it may not address your concerns in the findings or recommendations.

Play therapy can be very effective for helping younger children express their feelings and communicate. The therapist must take those feelings and subjects communicated and address them or there may not be change. A child cannot continue to express emotions and not have them dealt with.

Questions a GAL can ask a behavior therapist/ analyst:

- What is the identified behavior?
- What are the triggers?
- What is the frequency, intensity, and duration of the behavior?
- What intervention are you using to change this behavior?
- How will you measure the change?

The behavior therapist will not share with you things discussed confidentially during therapy, but they should answer the above questions.

What will an individual therapist share with a GAL:

- The treatment goals for the child.
- The most prevalent thing they are working on.
- Whether they plan to involve other family members or to recommend other services.
- How long it should be before you see some change.

If you ask the above questions and don't see any change in behavior or if the therapist is ineffective, BE SPECIFIC. (Use the above questions and answers as references.) Tell the Judge and ask for a "pair of fresh eyes".

Helpful suggestions:

- 6 months is an eternity in a child's life. Don't wait to ask for your case to be set on calendar if you see a problem. Call your supervisor and attorney and discuss the issues.

- There are times when asking for a male/female therapist is appropriate. This also applies to ethnicity and language. In those cases, it is appropriate to speak to the agency and ask for a male, female, Spanish-, or Creole-speaking therapist.
- Therapy needs to be a safe place for children to be able to express themselves. Kids need to know that this is about them and for them and they are not the cause/ reason their case is in the court system. They must be able to talk freely and explore their feelings.
- Our Kids has programs which help foster parents assist kids receiving therapy.
- **A child's individual therapist should NOT be the family therapist.** That is a conflict. It is okay for an individual therapist to bring in a family member(s) for a therapy session to address what they feel is necessary, but that is different than doing family therapy on a continuing treatment basis for the family unit. In individual therapy, the child is the client. In family therapy, the family is the client.
- If you reach out to the therapist numerous times by phone, email, text, etc., and the therapist continues to be unresponsive, contact your supervisor and the therapist's supervisor; then contact the director of the program. If all those efforts are unsuccessful, contact your attorney and address the issues with the Judge

What do you do with kids who are resistant to therapy, especially teens?

- It takes time! Kids will continue to test before they will trust. Once they start talking, they don't stop! You can encourage them to write or buy them a journal. Sometimes they will give the silent treatment and other times they will talk about nonsense and everything unrelated to the issues at hand.
- The therapist should give them reassurance that there is confidentiality and anything they share will remain private.

What can the therapist share with the GAL?

- "The chapter titles, but not the sentences that make up the chapters."

Last thoughts:

- Be sure the child is not receiving duplication of services.
- When a case is referred for therapy, the therapist should see all relevant documents and be made aware of any collateral contacts, service referrals.
- It is more than ok for you to speak with the therapist and express your concerns or update them on any incidents or issues relevant to the child.
- You should speak to the psychiatrist if the child is on meds. The therapist should also be speaking to the psychiatrist.