



Fall 2008

## Introducing...the SMART Program

Contributed by Alexandra Cook, Ph.D.  
Director of Development

Children are often a bundle of energy, and traumatized children are frequently a bundle of nervous energy. We are always looking for new ways to help traumatized children and their families regulate their arousal level. Thanks to initial funding from the ANS Foundation and subsequent funding from the Cummings Foundation, the SMART program-Sensorimotor Art Research Team-is currently developing a treatment protocol that focuses on arousal modulation by incorporating aspects of Sensory Integration, Sensorimotor Psychotherapy, and Expressive Arts therapy.

Sensory Integration is an occupational therapy approach that aims to assess and treat the five primary senses—tactile, visual, auditory, gustatory, and olfactory—as well as three other senses—vestibular (relation of the body to gravity through the inner ear), proprioceptive

(muscle and joint sensation leading to balance, movement, and body awareness), and visceral (gut sense). Moreover, Sensory Integration seeks to facilitate these different sensory systems working together. The vestibular, proprioceptive, tactile, and visual systems all work together to determine our sense of body awareness, which is often significantly affected in traumatized individuals. Sensorimotor therapy is a non-verbal, body-centered approach developed by Pat Ogden that focuses on the ways in which trauma is stored in the body. Treatment, therefore, seeks to use movement and careful tracking of bodily sensations to process past trauma. Expressive arts have long been a medium of accessing and expressing emotion, using creativity, metaphor and tactile media exploration to process trauma.

Here's an example of how these different approaches might affect treatment. A 7-year-old girl comes for treatment

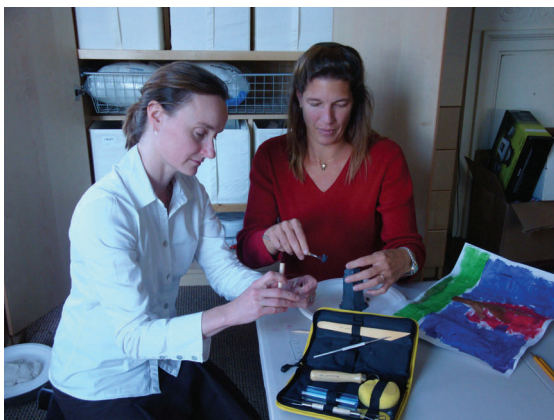
after suffering sexual abuse by a family friend. She frequently runs away, forcing her caregivers to run after her and catch her. A Sensory Integration therapist might comment on her need for deep pressure stimulation (the catching part of running away), because she has become tactilely defensive, meaning that she needs greater tactile stimulation than many children. Thus, the treatment could involve finding ways through play and interaction to meet that need for deep pressure, such as draping a weighted blanket over her shoulders, or using pillows to make her into a sandwich. Treatment could also help this girl explore different art media choices, finding the right sensory input to help her externalize, communicate and find resolution for her experiences. For example, she may make a clay

sculpture or paper cut-out image of a girl and create a safe place out of a box to protect this image. She may make a magazine collage or plaster masks of feeling faces, or she may make a wooden jail to house her abuser. Her innate creativity can be a resource and a guide for framing her treatment.

SMART is pleased to have several consultants working on this project. Jane Koomar, Ph.D., OTR/L, FAOTA, Executive Director, Occupational Therapy Associates, is widening our perspective on our child clients with a Sensory Integration lens. Anne Westcott, LICSW, a Trauma Center supervisor, is working on adapting Sensorimotor Psychotherapy to children and their caregivers. Erika Lally, LMHC, and Michelle Harris, LMHC, are staff clinicians who are registered, board-certified art therapists and are delighted to bring their skills to bear on the issue of self-regulation in traumatized children. The leaders of the project are Elizabeth Warner, Ph.D. and Alexandra Cook, Ph.D.

Through the study of videotaped sessions, the SMART program hopes to develop a treatment protocol that focuses on arousal regulation. Specifically, we are looking at how to calm overaroused children through movement and the use of different media, how to help caregivers better regulate the arousal and feelings of their children, and how to stimulate positive energy and creativity. After developing the treatment protocol, we will then research its effectiveness with traumatized children.

For more information about SMART, contact Erika Lally (617) 232-1303, ext. 308 or Alexandra Cook ext. 216.



Erika Lally demonstrates the use of clay with Alexandra Cook in the Trauma Center's newly renovated Susan Miller SMART room. The room has been equipped with a mounted videocamera, a full range of art supplies of various media, and Sensory Integration materials thanks to grants from the ANS and Cummings Foundations.

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# Spotlight on...Pathways to Permanency Program (P2P)

Contributed by Kristina Konnath, LICSW  
Co-Coordinator of P2P

It has been an exciting eight months for the Pathways to Permanency Program. The program is well underway, providing specialized services to nine foster and adoptive families at the Trauma Center. Additionally, we have been talking to countless other families to provide them with information and referrals for services both within our clinic and in their communities.

When we first began this journey, we hoped to fill a gap in the many services available for foster, adoptive, and kinship families. Given our experience and understanding of the needs of children who have experienced neglect and/or abuse, we felt we could provide valuable insight to families and service providers about how to best meet these children's unique needs as trauma survivors. What we have found as we have talked with these families is that we indeed can provide special insight and knowledge, but perhaps even more is about the dedication, bravery, and commitment of these very special families.

This dedication and commitment has brought families from many parts of the state and even as far away as New Hampshire and Vermont. In many cases these families have sought out and researched services on their own so that they are better equipped to help the children living in their homes. A primary intervention we have provided to families has been consultation. One of the greatest lessons families

have taught us in providing these consultation services is that it is paramount to bring a flexible approach to these sessions as each family comes with unique needs and questions. Some families come with a need to explore the life-changing decision to bring a foster child into their home. For other families, who have already welcomed foster or



**P2P Co-Coordinator,  
Kristina Konnath, LICSW**

adoptive children into their homes, they come to better understand the impact that trauma has had in their child's life and to learn new strategies to support their child. We have found that working with these families and providing support as well as information has helped them to feel more confident and secure, and to build deeper bonds with their children.



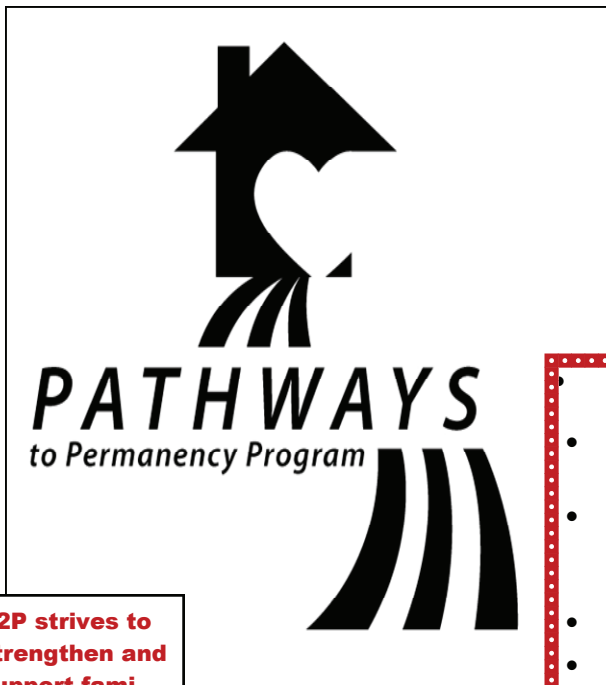
**P2P Co-Coordinator,  
Rona Sandberg, LICSW**

ents, adoptive parents, etc.) specific behavior management techniques as they play with their child. PCIT-A focuses on improving the caregiver-child relationship and increasing children's positive behaviors. Families who have completed this intervention have found they have developed a closer relationship with their child, as well as feel

more confident and have more success when addressing their child's difficult behaviors. In addition to providing this service to families, we have begun to provide trainings and consultation to local providers so that we can expand the ability of the community to be able to offer this powerful intervention.

As the Pathways to Permanency Program continues to grow, we thank the families who have already given us so many opportunities to learn. We look forward to meeting many more foster and adoptive families who seek to expand their knowledge about trauma and improve their relationship with their children.

*For intake or more information about services, please contact Kristina Konnath, LICSW at 617-232-1303, 306.*



**P2P strives to strengthen and support families in providing foster and adoptive children with nurturing and stable home environments.**

One of our newest and most exciting interventions, Parent-Child Interaction Therapy-Adaptations, has seen several referrals. PCIT-A is a proven parent training intervention that teaches caregivers (foster par-

## PCIT-A...

- Has been found to be a particularly effective treatment,.
- Has been adapted over the past several years for children who have experienced trauma.
- Is for children ages 2-12 years old.
- Is unique to other forms of parent training, as caregivers are coached live by the therapist while engaging in specific play therapy and discipline skills with their child.
- Is a short-term, mastery-based treatment that is based on the specific needs of the family.

# The Cutting Edge: Exploring & Solidifying the Rhythms of Life

Every kindergarten teacher seems to know that the brain develops in the context of rhythmical interactions with others. In contrast, mainstream psychology and psychiatry have paid little attention to rhythmicity within and between human beings. People discover who they are by coordinating their physical rhythms with those of the people around them—via body movements, touch, facial expressions, and sounds. Rhythmicity helps us to regulate our sleep, food intake and physical interactions with our surroundings. Synchrony is mediated by mirror neurons in our brain, by physical movements, expressed on a neuroendocrine and physiological level, and experienced mentally as a sense of joy and connection.

People need to be seen, heard and attended to in order to establish a sense of identity. Child development research shows that babies organize their sensory input into an “internal working model” of self and surroundings. Our interactions with our environment shape the connections between billions of neurons in our brains: nurture is our nature.



**Dr. Bessel van der Kolk**  
Founder & Medical Director, Bessel van der Kolk, MD

Children who have been raised in orphanages or who have been moved from foster home to foster home can serve as painful examples of what happens when children are deprived of regular, predictable and attuned interactions with other human beings. Lack of synchrony early in life, for example as a result of abuse and neglect, sets the stage for problems with self-regulation, as well as problems with being in sync with others in love and work. This can be manifested in problems with anger, anxiety, panic and depression, as well as with food intake, sleep and concentration.

Adjustment to an out-of-tune caregiver means having to ignore bodily sensations: losing a sense of one’s internal world. Instead of attuned and collaborative members of social groups, these children are likely to become clingy, angry and oppositional, or anxiously obedient. Institutionalized orphans, abused and neglected children have problems in immune systems and fine motor coordination.

The profession that has paid most attention to these issues has been occupational therapy. Several years ago, clinicians at the Trauma Center started to collaborate with Occupational Therapy Associates (OTA) in Watertown to help children with sensory integration problems. OTA Executive Director Jane Koomar, Ph.D., OTR/L, FAOTA and her colleagues taught us that helping children (and adults) achieve good sensory integration may be a critical element in effective treatment of traumatized children and adults (the yoga program at the Trauma Center is another aspect of this recognition). This year these lessons converged into a new program at the Trauma Center. Anne Westcott, LICSW and Elizabeth Warner, Psy.D., Senior Supervisors at the Trauma Center with a long-standing interest in combining child therapy with sensory integration, have teamed up with Staff Trauma and Art Therapist Erika Lally, LMHC and Jane Koomar to develop our new sensory integration program. (For more information, please refer to the front-page story on the SMART program.) The ANS and Cummings Foundations have generously donated space and equipment for this new venture. We will keep you posted about our progress and findings.

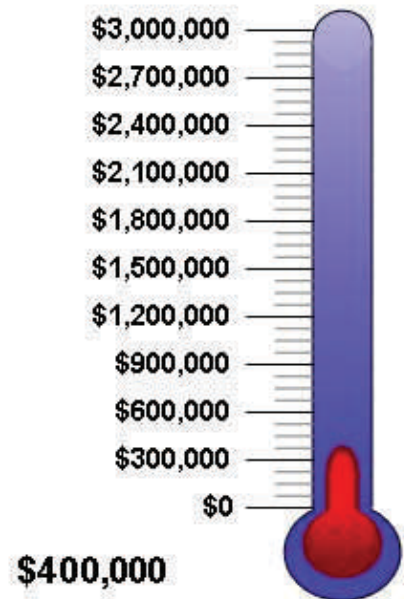
## Endowment Fund Watch

At last year’s 25<sup>th</sup> Anniversary gala, we announced the beginning of the Catherine Jacobus Endowment Fund that was initiated by a \$200,000 grant from the Margaret Biddle Foundation and matched by Trauma Center reserve funds, so that we are currently at \$400,000. We are pleased to announce that we will be able to **match all gifts to the Catherine Jacobus Endowment Fund up to \$50,000**, making your donation go twice as far. The interest from the Endowment Fund is being used to seed new program initiatives at The Trauma Center. Our Endowment Fund goal for this year is \$50,000. Our overall goal is to reach 3 million dollars. This level would ensure that The Trauma Center could exist in perpetuity because the infrastructure of the three branches (clinical services, re-

search, and training) would be covered by the interest from the Endowment Fund. It is a long road, but it is a worthwhile goal.

In addition, we will continue to raise money for various on-going programs, including Pathways to Permanency, Neurofeedback, Sensorimotor Art Research Team, and Yoga, to name a few. We are focusing this year’s program fundraising efforts on Pathways to Permanency (P2P). Our goal is to raise \$20,000. Details about a spring fundraising event to support the P2P program will be in our winter newsletter. Please look for our annual fundraising letter that will be coming in the mail shortly. If you have any questions, please contact Alexandra Cook, Ph.D. at (617) 232-1303, ext. 216.

## Catherine Jacobus Endowment Fund



*Please consider donating to the Trauma Center's Endowment Fund!  
Visit [www.traumacenter.org](http://www.traumacenter.org)*

## Currently Enrolling

The Trauma Center is currently enrolling for several new and ongoing therapy groups:

Life After Trauma: An Identity-Building Group for Women who are Attracted to Women

Tuesdays, 6:15-7:30pm

Contact: Ilya Yacevich at (617) 232-1303, x321

Advanced DBT Adult Group

Mondays, 6-7:00pm

Contact: Ritu Sharma at (617) 232-1303, x208

This Musical Journey: A Therapeutic Group for Musicians Impacted by Trauma

Wednesdays, 10:30am-12:00pm

Contact: Ilya Yacevich at (617) 232-1303, x321

Trauma-sensitive Men's (Tuesday evenings) and Women's (Wed. evenings & Sat. mornings) Yoga Classes for trauma survivors who are currently in therapy (at the TC or elsewhere).

Contact: Ritu Sharma at (617) 232-1303, x208

Additionally, our National Institutes of Health-funded study, Women's Yoga, Health & Self-Care, is currently screening interested participants. Contact: Ritu Sharma at (617) 232-1303, x208.

*Visit our website for more information.*

## UPCOMING EVENTS...



### NOVEMBER

Friday 14th: 9am-5:30pm at the Trauma Center  
Beyond Words: Creating a New Language for Healing;  
The Use of Art Therapy in Trauma Work  
Presenters: Erika Lally, LMHC & Michelle Harris, LMHC

### JANUARY

Monday 26th & Tuesday 27th: 9am-4pm  
Attachment, Trauma, and the Body  
Regional Training: Manchester, NH  
Presenters: Bessel van der Kolk, MD & Janina Fisher, Ph.D.

### FEBRUARY

Friday 6th: 9am-4:00pm at the Trauma Center  
Beyond Mind/Body Dualism: Integrating Cognitive & Sensorimotor  
Approaches in the Treatment of Complex Trauma  
Presenter: Amie Alley Pollack, Ph.D.

February 24-26 & April 2-3

Parent-Child Interaction Therapy—Adaptations:  
A Dyadic Treatment for Traumatized Children & Their Caregivers  
Location: Family Justice Center, 989 Commonwealth Ave., Boston  
Presenters: Dawna Gabowitz, Ph.D. & Kristina Konnath, LICSW

### MONTHLY

1st Thursday of every month, 12-1pm: FREE! No registration necessary.  
Bessel van der Kolk, MD's Lecture Series at the TC. See website for topics.

*For more information or to register, please visit our website.*

 **TRAUMA CENTER**  
At Justice Resource Institute

1269 Beacon Street  
Brookline, MA 02446

Phone: 617-232-1303

Fax: 617-232-1280

Clinical Intake:

617-232-0687

Email:

moreinfo@traumacenter.org

Website:

www.traumacenter.org

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