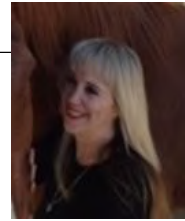


# Stories of Natural and Sustainable Healing from Trauma, Symptom Recidivism, and Despair at Now I See A Person Institute

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*This paper is a follow up to clients interviewed in our past research publications as well as the inclusion of new client voices (Swim, Stephan, Abramovich & Stone, 2016). Due to the significance found in the 2015 research, we have continued to conduct continuous interviews both to these clients and new ones who have received services at Now I See A Person Institute using Community Engagement: A Collaborative Recovery Model. In this presentation, we are attempting to describe the 100% recovery rate that happens every day at NISAPI.*

## **Who We Are**

Now I See A Person Institute (NISAPI), is a mental health and substance non-profit agency and graduate and postgraduate teaching institute devoted to serving populations that have not succeeded in traditional therapy, psychiatry or institutionalization. Our mission is to provide therapy, recovery, and transitional services to individuals, children/teens, adults, families, and couples/partners in underserved (low income, low viability to therapy, those considered unchangeable, those considered resistant and chronically mental health or substance labeled) populations in Los Angeles County. In support of this mission, NISAPI provides innovative therapeutic services to at-risk populations and promotes interagency and community collaboration in its therapeutic model of involving the community to support sustainability in change and wellness. Our organizational networking, community developmental efforts, and client services accomplishments are all reflective of our theory of Community Engagement: A Collaborative Recovery Model (CEACRM) and the inclusion of process-relational ethics (Swim, 2001) in every action we take as facilitators of change.

## **NISAPI and Communities**

NISAPI feels the community referral or any contracted sub-system involved in a client's recovery is an additional voice within the client's community of potential support and must be included in any therapeutic endeavor. Just as we do not see children without their families, we do not work with our clients without their referral systems and contracted sub-systems whether "voluntarily" assigned or formally mandated. For example, a client who is referred by Department of Children and Family Services (DCFS), Victims of Crime (VOC) or school and or

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<sup>1</sup> We thank Susan Swim for offering this text to *Metalogos*.

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criminal justice facilities must establish a collaborative relationship with this personnel to create sustainable change for themselves. Caseworkers and lawyers voices need to be heard and their voices honored for clients to have children returned or cases closed. The social worker and the client need collaborative goals that are self-tailored to their relationship with each other as well as the courts. School personnel and the criminal justice service staff such as school psychologist and probation officers require the same invitation as narrative and relational partners with the client's systems. A mother who does not sign a permission sheet for the school to take over a parent's right to seek, assess, and perform psychological and psychiatric services can find themselves in the judicial system quickly and in danger of losing custody of their children due to neglect. Children reluctant to testify against parents where the sexual abuse allegedly occurred can find themselves going to court emotionally unprepared to testify against someone they still love and find they can be forced by the children's lawyer to testify against a parent who they did not wish to testify against. NISAPI fosters professional relationships among professional members with our clients to ensure change is helpful to both parties and in a manner where clients do not feel deceived, manipulated or forced.

The types of services offered at NISAPI are strength-based, collaborative, and recovery orientated mental health and substance services to children, teen, adults and their families, and to aid the clients in success outside of the therapy session as within their homes, families, schools, employment, peers, and community. Clients and their community of support (parents, extended family, referral systems, and schools) all need a voice present in the therapeutic process and therapeutic success. Community resources are necessary and often critical variables to sustainable change and collaboration must exist for the client in a manner where the client feels in charge or at least a member with a voice of their own services.

Poverty and instability must be addressed for successful outcomes in clients. As a young therapist we all have wondered would these clients be in therapy if they had adequate finances and abilities to have "normal" environments for activities of daily living. Resources must be agreed upon by clients. Every client action should include a multi-agency collaborative effort within their communities. Clients should never feel manipulated, coerced, unheard, or shamed in their journey to wellness.

**Our Services: Self Tailored, Equality between Client and Professional, Genuine Caring and Multi-partiality on Behalf of both the Therapist and Client with each other, All Voices Heard Including Each Family Member/ or Community of Support Member Who Wishes to Attend, No Strict Time Limits, All Clients Leaving with Narratives of Hope and Possibility for Change in Each Session, an Ability for the Client to Always Contact their Therapist and CEACRM.**

As highlighted in an article by Gehart (2012), it can take up to five years for an experienced clinician to learn and be comfortable with the collaborative recovery tenants of CEACRM which include strength, collaboration, clients knowing their own needs, where individual culture is taken into consideration as well as family made values and mores, clinicians and workers being honest, genuine and transparent, where an attitude of families and clients being

capable and can change, and an attitude that a client and families are partners in sustainable change. CEACRM operates from a client-driven and client strength approach. These variables go against the grain of most historical modalities of therapy and schools of therapy and social work. It involves genuinely seeing client strengths rather than deficiencies, being genuine, honest and transparent, respecting everyone in the clients' community of support (client, caregivers (parents/grandparents/foster parents, social workers or mandated staff) and hearing their voices as well, being "impartial" or "multi-martial" and not assuming but listening with an authentic presence. Clients in this manner are in partnership with their therapist to create self-tailored/client/family/referral system driven goals and change. At Now I See A Person Institute and with the use of Community Engagement: A Collaborative Recovery Model (CEACRM), diagnosis and problems do not define the client, hope is created in the first session, clients are partners in client created and directed change, clients are seen as a people with potential for tremendous growth regardless of diagnosis or referral challenges, and clients regardless how they were referred co-create sustainable change. CEACRM embraces such words as defined below. The therapist becomes immersed in these tenants and successful, sustainable therapy develops within a short period of time especially in cases where clients have been hospitalized multiple times, are told they have an illness that can be managed only with medication but not cured, told they "don't want to get well or get their children back," and where clients are mistrustful of any professionals trying to aid them due to their past reports of manipulative therapeutic and psychiatric services that they, state, were not in their best interest. Some tenants, words themes or current utterances we have to describe CEACRM and how change occurs at NISAPI are:

- (1) Therapeutic normalcy with the use of horses and outdoor offices to foster normalcy between client and therapist and pave the way for normal conversations surrounding extreme challenges,
- (2) Multiplicity of individual and family needs and voices heard,
- (3) No strict time limits (Clients leave when all have hope and new possibilities for change),
- (4) Narratives transforming problems and deficiencies into strength and hope,
- (5) Narratives of genuineness and transparency between therapist and client-and client and therapist, where client and therapist or a team of therapist see each other as people try to help and resolve and talk as people to people and as people who care for each other,
- (6) An atmosphere from the therapist of care and curiosity rather than pre-knowing or therapist led conversations to produce sustainable change regardless of previous diagnosis, ethnicity, socio-economic status, or age, and
- (7) An environment devoid of coerciveness, manipulation, prejudice, non-intimacy, power and influence and lack of time to care and listen.

We see clients as "knowers" of their extreme hardships, co-developers of the therapeutic conversation, and co-directors of how and when a change occurs.

Therapy at NISAPI is a client-led endeavor and clients take ownership of therapy and strength in the change they co-create with our team. Clients genuinely care for the therapeutic team as does the team for the therapist. When clients become people, people not of deficiency but of strength, not of hidden agendas but noble and caring intentions change occurs rapidly for the client and the referral system that may have referred them. At Now I See A Person Institute (NISAPI) clients and therapist become people with one common goal. The goal is in the resolution of the “problems” or challenges or symptoms of the client or clients. Once a relationship of mutual trust and “fondness” ensues, solutions happen and continue to occur through the duration of therapy. Once therapy is over, which is client determined, they easily take charge of their own lives.

### **Non-Force / Non Manipulation / Natural Evolution of Relationships Lead to 100% Change**

Our research reflects forcing services on clients has proven not to work and aides to create non-collaboration and distrust. Clients continuously state if feel they can trust their service providers or any services offered significant change occurs and state this relationship of collaboration is necessary for sustainable change. Schools and referral agencies that NISAPI engages with are not educated in these strength and collaborative endeavors but can learn to work side by side with a therapist and other providers of care and resources. Communities must be educated on these novel ideas of client participation, where a client and their family feel safe to be honest, feel safe and hopeful with their providers, client self-agency and have resources, which can offer real change for them as they see fit. Buy in of all in the family constellation and available support system is paramount as are all therapeutic endeavors coming from a client led and strength based process where hope can be created in the first session.

At Now I See A Person Institute (NISAPI) we can solve these variables of prevention, 100% therapeutic success, parental and caregiver support, adherence to resources and resourcefulness (community agencies and schools), and dramatically reduce non-compliance (by having buy in to therapy, utilization of therapy for sustainable outcome, adherence to mandates from DCFS or other services, adherence to coming to therapy consistently, and building healthy children and families/support systems).

### **Therapist and Client Collaboration Leads to One Person Talking to Another**

Primary services are psychotherapy and recovery focused tenant services. Therein each client has an individual and family therapist. The client in most cases helps to define who they wish to be in therapy with them as far as additional family members. In the case of mandate clients, they do not have a choice. Each voice of the client’s family system is heard and respected. Each client is assessed for crisis and stabilization needs as in any therapeutic endeavor. Each assessment looks like one person talking to another and not a professional asking question in a linear fashion. These types of services where assessment and therapy mirror “normal and natural conversation” we feel that

prevent further victimization of clients. For most of our clients, the community of the referral systems must be involved, and we take the time with this member just as we do with the clients to establish collaborative goals. Our best case scenario is to invite these members into the clients' therapy session where they have the ability to hear and see new narratives of the clients from their referral office which often appears intimidating and coercive.

All sessions have the same intentionality as of other Collaborative Practices. An extra benefit of CEACRM is the use of horses. This type of relationship with a horse and a naturalistic ranch immediately forms a therapeutic relationship that may take several sessions in an office setting. If parents need to address concerns too difficult for children to hear or one couple with another, a therapist can take this member and go to the horses. In this venue no one is "sent out of a room," and relationships thrive among family members and the therapists regardless of themes.

### **All Relational Narratives, Intakes, and even Reports are always a Communal Effort**

At NISAPI we feel the therapeutic relationship starts with the initial contact. If contact is made with the parent or caregiver, we see the initial phone call as the start of therapy. Because the genuine, caring, and authentic therapeutic relationship is paramount to successful therapy we take time to talk with our clients or client's parents or caregivers over the phone as to begin to know their needs and the history of the trauma, as well as agency and community involvements. We consider this the beginning of therapy. All conversations are with a therapist, either by supervised trainees, licensed interns in training or licensed clinical therapist. All appointments are ideally made this way. We use clinical staff instead of administrative staff in all client interactions.

At NISAPI we feel standardized psychological assessment and evaluation tools are not needed or utilized due to the proficiency of our method of completing the intake assessment. We see this as a flowing theme for clients are continuously assessed for progress in conversational manners. The intake is a "live" and collaborative action, rather than being reduced to answers on a paper. The intake takes place at a horse ranch in Chatsworth. We do everything we can to make anything we do with clients as a normal versus clinical task or environment. Staff is in jeans; horses surround our inside and outside offices. In our therapeutic model of involving the clients and their community of support (parents, relatives, caretakers, referral workers) as active participants in gathering information and assessment to co-create client and client community desired change, healing, and wellness. We may take up to two to three hours in the initial assessment to learn about the client's and family members' (or caretakers'/referral systems') needs. This is accomplished in a natural setting, which leads to a trusting therapeutic relationship where the content area of background information seamlessly occurs rather than a sterile interview of questions and answers.

After the initial session, each additional session is similar to the first session. In each session, clients are the leaders in what is important to discuss and address. This resonates with Process Ethics (Swim, 2001) where one of the first

clients interviewed said therapy is a time in your day when a person facing challenges has someone to talk to and cares to listen. When I was first submitting the manuscript in the late nineties, an editor wrote bull sh-t next to this quote possibly not believing therapy can be so proficiently easy. We, of course, remember what happened in previous sessions but the importance is on what the client brings to the table each session and that it is their agenda and not their therapist's agenda. It is their time, and they should have the respect to talk about what is alarming to them currently. With the trust, intimacy or fondness the possibilities for solutions are boundless and abound in conversation.

When writing a report, we always invite the client to co-construct what is important to represent. We see our writing of a report as crucial to change and honor the voice of who is requesting the report. All referral systems are crucial to have a voice for collaboration to occur. All needs of the client and their communities must be addressed and transformed into new words of resiliency, strength, and possibilities. We see our clients as these words. We do not make them up to make someone look good. In our experience when any person is honored, respected, believed their strength and resiliency emerges. To the contrary when we look for deficiency, we always find it.

## **The Research**

All the following clients were referred by DCFS or VOC. All interviews used the same methodology as in our first article called Now I See A Person Institute Using Community Engagement: A Collaborative Recovery Model Transcending Diagnosis and Co-Creating Client Directed Change (Swim, et al., 2016). The same methodology was used. We had additional research assistants for the analysis of the data for this project. All clients had an extensive referral and contracted subsystems which were involved in collaboration for change. One client had her two parents attending every session, but the voices of the subsystems were continuously involved even though they were present for only a few sessions and these included her social worker, her brother's probation officer, her brother's lawyer, and her brother's team of psychiatrist and therapist. These community partners were all important to the successful outcome.

## **Methodology**

### ***Postmodern Qualitative Ethnography: Narrative Design and Collaborative Inquiry***

As stated in the previous article, postmodern ethnography (Kvale, 1996) invites subjects or interviewees to present their voices, uncensored by the researcher. As described in our previous article the goal of our research is to facilitate dialogue based on the design questions. "The design questions offer an opportunity to capture the subjects' experience on what they feel is important to disclose and discourse. The goal is to access verbatim accounts through an interview. Narrative design offers an opportunity for clients' voices to be accessed and honored by what they perceived to be helpful in therapy and resolving their challenges. These techniques reflect both collaborative and

recovery modalities: to access what a client wants in therapy and ways to aide in that occurrence (Swim et al., 2016).”

### ***Questions***

Participants named and emphasized themes they experienced which were relevant to the research questions. After reviewing the videotapes, a research assistant pulled themes and thematic statements that were relevant to this research study. The questions presented to the clients (research subjects) were:

- (1) How was therapy different here than previous therapy?
- (2) What was helpful for you here at NISAPI?
- (3) What was perhaps not so helpful here at NISAPI?

For participants who had been interviewed in the 2015 questions, we added that we were conducting follow up research on their last interviews and that the questions would be the same.

### ***Data Collection***

The research participants were thirty-three clients. Nine interviews were from clients who had previous interviews in 2015. Data were elicited for case examples as follow up and as new data from new clients.

### ***Interviews***

All interview conversations were videotaped after each client signed a written consent. Each client was asked three questions and allowed the necessary time to discourse about the question. All interviews were conducted in our barn offices near the horses, similar to where therapy is conducted to aid in the naturalistic process of talking, which they were used to and to provide consistency of client conversations.

### ***Word Theme Analysis***

Participants named and emphasized themes they experienced which were relevant to the research questions. After reviewing the videotapes, a research assistant pulled themes and thematic statements that were relevant to this research study. The questions presented to the clients (research subjects) were:

- (1) How was therapy different here than previous therapy?
- (2) What was helpful for you here at NISAPI?
- (3) What was perhaps not so helpful here at NISAPI?

The questions were designed to aid the clients in feeling relaxed and safe in conversing about the interview questions. The client participants used the questions as a springboard to talk about what is helpful in therapy. The intent was to capture what they felt proficient therapy was about for each, as well as find what we could have done differently to increase the proficiency of therapy.

## Results

### *Client Themes*

*The client themes offered, represent both how therapy at NISAPI was and how it was helpful.*

Nowhere to Turn, I Was in Despair: “My daughter and I didn’t have good communication before and I didn’t know how to reach her or help her through the sexual abuse she experienced. She didn’t want to testify against him, was angry at me and she thought she was damaged and that no man would want to marry her when she grew older.” “I thought I had lost my family was in despair and had nowhere to turn. Although I believe in God I couldn’t see any way of getting through this or having my family back together again. No one should have to face what happened to my daughter but here I was unable to help either of my children and as a father I felt I had failed my family beyond repair.” “When I first started here I was very depressed and didn’t think I could ever feel better again. I had no one to trust or to listen to me and I felt I was being forced by detectives to put a father figure in jail and I didn’t know if I could live through that.” “Originally I was very sad when I first started coming here and it helped me share my feelings and listened to me and helped me look at the future with peace.” “I didn’t want to come here and I didn’t want to talk although I was in so much pain that all I wanted to do was sleep, I didn’t want to go to school, I didn’t want to see my friends, I just wanted my mind to stop thinking and I didn’t trust anyone to talk to.” “I didn’t know how to talk to my daughter because I hadn’t seen her in long periods after her father hid her from me. I found out little by little how abused she was by her father when she started talking to me after the first day we were here.” “This situation (sexual abuse) made me learn that my situation isn’t my fault and this place helped me be a stronger person and to not be hopeless but know I can be myself and do things better in my life and not let this destroy me.” “It’s been so helpful here, I had a really lot of different therapists, today I just come here to get support now and then but we stopped coming because things became so much better.” It helped me and the girls get through a hard time (sexual abuse by their father) in our life, they (NISAPI) were here support to hear and support and guide us, the support was so important.” “Therapy at NISAPI is a very comfortable place and allows you to heal from your past and what has happened to you all are the staff is very nice and different, the most important thing is despite your past you can become normal again. And go on with your life, heal, and start a new chapter of your life.” It’s very nice I love the horse and feel comfortable and helps me forget everything in the past (sexual abuse).” “Therapy helped me get over my past (sexual abuse) and been very helpful it helps me get over fears and get over the past and how I can help myself get healed.” “The difference here is that other places center on the child but here they treat the family and you need the whole family treated to heal and with the horses you feel safe like it’s not therapy; she quit trying to kill herself and even stopped medication. The medication made her want to kill herself more. I quit my job to try and help her live. They treat everybody and help them cope and bring them together after a traumatic experience (sexual abuse), the horses and the nature really made all of us not feel like they were not having therapy having the whole family rehabilitation.” “Listening to what I was saying helped me feel like I could overcome my challenges.” “We were able to cry here together about what had happened and



everyone felt respected and supported.” “Therapy helps you heal and feel very comfortable to talk.”

***From the Start of Therapy We Felt Comfortable:***

“It was different from the beginning and with a feeling that we would be at ease and safe to talk. Each time I was almost excited to come because I knew we would make progress, it was incredibly calming reassuring and something I am convinced that they can help anyone.” “It was a matter of patience, respect, support, and listening.” “I could see the process where they listened to the heart of their patients.” “With being listened to, I knew I would be alright.” “From the start I felt I had a support system.” “Being listened to made me have a stronger mind and to find strategies to cope.” “The horses, the staff and Dr. Swim was very helpful.” “From the start I had hope I would get over my fears and I knew I could get better.” “I always feel so comfortable even from the first session, we felt validated and she helped us.” “They all are listening and care and advocating for us.” “I felt very good from the beginning and my self-esteem has become very high.” “It’s so nice and safe I can forget my problems.” “It is relaxing and I feel better just being here.” “My daughter and I learned how to trust each other.” “She found her self-esteem here and I became a supportive father. She would not talk to previous therapist but she did here from the first day.” “It is a nice experience and very loving here and they help you make the right decisions here when you are happy sad or mad.” “They let you pet the horses while you talk.” “If someone forces me to talk I will be polite but lie to them,” When other therapist told me I would never get well I believed her. A therapist has to be gentle even if the client is aggressive or not getting better.”

***A team of Experts with Multiple Perspectives:***

“Having a team of therapist made me feel listened to, supported and that they cared.” “We were all important, and the therapist somehow knew we were all suffering.” “We would touch the horses and it was beautiful and made me feel safe to talk.” “Every therapist is a professional here and knows what to say to help me feel better.” “Everyone is nice and caring, and they all help accomplish the same thing.” “They all know what to say to make me feel better.” “Me and my whole family always felt supported and that we would leave with good ideas.” “With the support of the team, my daughter has learned to trust me.” “Being here is like a family, they make you feel important, and it’s nice here.” “All the therapists are great and do not act clinical.” “The therapist here make you feel important and help you understand your pain.” “They help you to understand what is going on with your life.” “They are all believers.” “The therapist are knowledgeable, everybody has good insight and listens.” “I felt safe and believed here.” “They all provided us with support and guided us.” “They are all nice but different and helpful in different ways, but they all help you heal.” “They are professional and know the right words to say to comfort you and help you.” “I feel like I’ve been able to get over my negative past, over my fears and sadness and just feel better and normal.” When we touch the horses and talk as a group, I am not afraid, and I can go back to a regular life or a better one.” “It has really changed our lives for the best and is nothing short of miraculous.”

***We have our Family Back:***

“With the whole family being seen we have our family back again.” “She gave me back my daughter; there is so much need of this type of therapy, and I am so grateful. She would have died. The support here gave us hope she would be ok. I was told before if my daughter didn’t want to get well, she wouldn’t; when they told me this, I thought I would bury my daughter. I have her back, and our entire family has healed.” “This was exactly what we needed because we were all able to heal and not just my daughter; if you are suffering and confused you need to hear reassuring voices to be able to recover.” “I love my sisters again.” “I trust my mom now.” “For the first time, my dad has said he loves me, although I knew he did he couldn’t say the word before.” “She has been in therapy since kindergarten, and this is the first time I have seen progress on a consistent basis, I feel like I’m getting my daughter back with a second chance.” “They made me realize you don’t have to be aggressive, here they help you realize how to be nice and to not separate from your friends and family.”

***Experiences Before Now I See A Person Institute Didn’t Help:***

“I felt other therapists, and I’ve had many; they forced me to talk and I wouldn’t; I didn’t want to share what had happened to me with who I didn’t feel that was authentic or cared. This would make me more suicidal by going to therapy in the past.” Forcing someone to do therapy with someone they have no relationship with it never helps and makes me feel alone in my problems.” “When I’m told what to do I just want to do the opposite or hold my breath until I can leave that person.” “She tried to kill herself more before she came here. She was getting medication and therapy and hospitalized several times and still, she tried to kill herself. We are no longer coming here, and she is totally rehabilitated, and I do not worry about her now.” “When I saw the name, Now I See A Person it calmed me down, and I thought maybe they could help when I was so lost and without help.” “I didn’t know my children and who they had become nor could I comfort or guide them. Now they are all making good grades and getting along better than I thought they ever would.” “We struggled in other therapies because they were so confined and on a time schedule.” “No matter how much therapy or medication she had she still wanted to go back into the hospital for she couldn’t cope with her life.” “It’s a different atmosphere the horses and the therapist are calming and we always feel like we progress.” “It’s so relaxing. Not like four walls. One session feels like we’ve had multiple sessions because of what we are able to accomplish.” “I always feel like I’m a good parent with good children when I’m here.” “I have become so much stronger, and I no longer think I have a mental illness but that I was traumatized and coped as any person would cope.” “I am mentally stable, and I’m no longer afraid.”

***Always Available:***

“Dr. Swim and her staff were always available. If it was a crisis, I could call her, but if also I had a question I thought was important I felt I could call her. If we needed two hours, we could stay instead of just the 45 minutes.” “We always felt they were available and were accessible.” “Knowing we could call or come in if we needed to made me think we could get through anything.” “They are always available no matter what time I call them.” “They actually care, not just

trying to get you better, they care, and their words and actions show this as well as being able to reach out to them.”

## **Conclusion**

All clients interviewed at NISAPI in 2015 have stopped therapy and any psychiatric medication except for one client. This one client only comes in every month and has had a remarkable reduction in her medication. She currently attends college full time and is learning to live normalcy and without fear of becoming psychotic again. All 2016 clients interviewed have terminated therapy except for one family, which is still working with the court system. If the family court case were closed the family therapy would be terminated.

Every client that comes to NISAPI becomes transformed and asymptomatic. The interviews for 2016 were 70 % referred by Victims of Crime for sexual abuse and the 30 percent were referred by DCFS for alleged abuse. Every case with VOC or DCFS was closed except for one that was for mentioned. All clients interviewed in 2015 and 2016 reflect process ethics or what is the right and good in therapy for each client. Because we are client led and see through strength-based lenses as well as multi partial our clients do not hear deficiency and learn to see themselves as “people with challenges and not victims, or people with bad parenting skills or people who do not cope well with life.”

People who see themselves as people moving through challenges heal especially when they have a team of therapists, who are client-driven and are supportive of their inherent self-agency for change. In these interviews, such themes as caring, genuine, support, respect were words that aided the client in self-solutions. We feel if clients have therapists to genuinely care and respect them, believe in them and advocate for them then they can accomplish their goals.

We do everything to lose the traditional therapist posture. We are warm and welcoming and dress like we're on a ranch. We do not use psychology but everyday words. We believe and trust in our clients as they do us. Through this collaboration, change is easy to accomplish despite the nature of the hardship that drove them to seek therapy. Therapy becomes a natural movement between therapist and client both hoping to resolve what the client desires. Immediately we find clients leave with hope and healing as well as their own novel ideas for change, and change happens quickly. Our one, two and three-year research reflects sustainability and no need for therapy in these clients' lives which should be the goal of every therapist.

Our goal is to continue our research to help the field embrace the natural healing that can occur when therapists are just people helping other people in times of challenges and nothing more. We know we can prevent chronicity from no parity diagnosis. We know all clients can heal if they stay past the initial sessions. We know people with labels can develop chronic mental health lives and those who do not see themselves as mentally ill recover. We wish to be on the side of seeing people recover from any trauma and see themselves as people and never labels.

We wish to mention the importance of the clients' community especially in the referral and the sub-contracted systems. In every case, we were in continuous

conversation with these members. For some, it was VOC, DCFS, lawyers, school personnel and probation officers. Without this collaboration, we believe the change cannot occur. These members of the clients' system must become collaborators. Without collaboration, change may only be seen by the clients themselves, and this is not enough to aid judges in returning children home or lawyers or school personnel seeing clients as people who may not be ready to testify or may need caring and compassion rather than medication to conform to.

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