Therapy Chat Episode 256

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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, Episode 256.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan LCSW-C. Information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims and scheduling with clients, it can be hard to stay organized. That's why I recommend Therapy Notes. They're easy to use platform, lets you manage your practice securely and efficiently. Visit therapynotes.com to get two free months of therapy notes today, just use the promo code TherapyChat, when you sign up for a free trial at therapynotes.com. [00:01:00]

[00:01:02] **Laura Reagan:** Hi, welcome back to Therapy Chat. This week we are, again, going to be talking with Janet Courtney PhD, who is an expert in infant and child and family therapy with children and families that are affected by trauma. This week's episode is part two, my first conversation with Janet, we heard last week. And if you missed it, there's a link in the show notes for this week's episode this week.

[00:01:30] I think the topic is something that I have heard less about, and did not learn anything about in school, which is infant mental health. So, I think that this will be really interesting to you, whether you are just someone who's interested in understanding more about mental health, or if you are a clinician or a parent, we were all once children, and this information is relevant [00:02:00] to all of us.

[00:02:01] So I hope you'll enjoy our conversation. Let's dive right in. Quick note, I just wanted to make sure you know that if you are a therapist who's interested in joining one of my Trauma Therapist Consultation Groups, I will be opening up registration in January and more information will be available here, starting in January, 2021, all the information you'll need to register. Thanks.

[00:02:29] And I'm really glad that you started talking about the kinesthetic storytelling. I'd love to sort of shift gears a little bit and talk more about your work with zero to three children in that age group and, and your First Play Therapy method. And, because as I was saying to you before we started recording, I just don't think that there is a lot out there about ways to work with infants and toddlers who have mental health challenges [00:03:00] that they're faced with and in our culture, we tend to just think they don't know what's going on, they don't remember, so they're not impacted when something traumatic happens.

[00:03:10] **Janet Courtney:** Well, absolutely. And this is one of my areas of expertise is the infant mental health and infant Play Therapy modality. And I also just had a book that came out in April of this uh, this year, uh, called Infant Play Therapy: Foundations, Models, Programs, and Practice. And I also have a

chapter on, uh, First Play Infant Play Therapy and the Healing Child and Family Trauma Book, but you're right- that what see, what we know about working with children, especially in the area of Play Therapy is a lot of the focus over the years, traditionally, we've worked with children and been trained to work with children ages three to four and above which [00:04:00] left a huge gap of, okay so what about the zero to three populations. And a lot of what we know now is that there was always this myth that because maybe a young child didn't recall or remember a trauma that they might've had as an infant then since they didn't remember it, then they're okay.

[00:04:26] Well, we do know now and I credit the amazing neuroscientists out there- what I call all the really smart people: Bruce Perry, Daniel Siegel, VanDerKolk Alan Shore, all these really amazing people who now research, the neuroscience has come to be, you know, come to the forefront in the past, like say 20, 30 years to really let us know that peering into the window of the mind [00:05:00] and the brain that yes, that, that brain really is wiring up in those early years.

[00:05:07] And the, the neurons, the synapses are firing and their experience - dependent. So if they, you know, it's like the neurons that fire together wire together, and those that don't die together. And so going back to that, it's experienced- dependent.

[00:05:29] **Laura Reagan:** Can you explain that that phrase experience-dependent, just to make sure everybody's with you?

[00:05:34] **Janet Courtney:** Right, so it's, it's relational. It's what that infant has gone through their life experiences, what has been given to them, and what hasn't been given to them during those early, for that first year of life, the first, the second year of life. And so they, you know, because the brain is just amazingly, just growing it's, [00:06:00] you know, it's, it's, it's coming together, as Alan Shore explains it is wiring and then, you know, then it dies and then it kind of comes back, and it's based upon what life experiences that the children are and infants are experiencing during that time. So who are the caregivers in that child's life, and what type of caregiving are they receiving?

[00:06:27] So do we have attuned caregivers. Does that child have caregivers that attend to the needs? I was able to spend time my husband and I with the Bowlby's a few years back, Sir Richard Bowlby. And we were invited to their home and England, which I was very, very honored about that.

[00:06:52] And so, but Richard talks about, and he's the son of John Bowlby and he always talks about this. [00:07:00] Uh, he asked this question to his audience and of course I've learned it from him. And I do, I provide it in my trainings to the practitioners that I'm training. But he says, what are the two most important things that help to build a secure attachment relationship between the parent and the infant?

[00:07:23] So think about that for yourself, I'm going to ask you that question. What did the two factors that helped to build a secure attachment relationship for an infant? They'll put you on the spot a little bit. I will ask you that.

[00:07:37] **Laura Reagan:** I mean, I don't know what the answer should be, but I'm going to guess that attunement would be one of the main factors and the presence of a secure caregiver, you know, safe, a safe, secure presence of the caregiver. That's those are the two things that I come up with.

[00:07:59] **Janet Courtney:** And, you know, [00:08:00] and, and it's like, yes, absolutely. And so the way that I've learned is the first one is how sensitive that parent is in helping to relieve the distress of that child. So if the child is in distress, how sensitive is that parent to help, to lower the stress and the child?

[00:08:26] So what is the distress? The distress would be, are they hungry? Are they cold? Are they afraid? Are they, are they sick? You know, so these are some of the areas that we look for. What do we mean by distress? Not did the parent take the cookie away from the child or saying, no, you can't have that cookie now that's a different type of distress.

[00:08:47] **Laura Reagan:** Yeah.

[00:08:48] **Janet Courtney:** So, but it's, that is the first one. And the other one is, and this is where, when I heard this, I like fell over in my chair because I was like, [00:09:00] are you kidding me? This helps to build a secure attachment? But when you think about it, it's really the truth. And that is how much does the parent or the caregiver and the child experience joy within their relationship?

[00:09:14] **Laura Reagan:** Hmm.

[00:09:15] **Janet Courtney:** So it's the joy within the relationship helps to build secure attachment relationships. And so, that's really for me the crux of what the work is the foundational work in the first Play Therapy where we're helping to facilitate joyful experiences between that parent- infant, or maybe the parent and the child. So we're focusing on the strengths in the relationship. We're

focusing on the resiliency in the relationship. But going back to the joy, if you think for yourself, and if you have relationships in you know, your life, you know, a partner, what made you decide that, you know, maybe you [00:10:00] had a date together, but what made you decide that you wanted to have a second date with that person? So, or if you have a group of, you know, friends, you know, girlfriends or, you know, guy, friends get together and you go out for lunch together, which I can't wait to do by the way, after all this COVID is over.

[00:10:20] **Laura Reagan:** See friends!

[00:10:22] **Janet Courtney:** Yes, absolutely. But when you know, when you're done with that lunch, what do you usually say?

[00:10:27] You know, let's say you have a, you're out with a group of girlfriends. What did you say? Ah, let's do this again. Let's get together again. When can we do this again? Well, that all goes back to that parent infant relationship. And what would we call the Reciprocal Serve in the Return of the Relationship is where, you know, the parent initiates something to the child, and then the child may coo back to the parent, or they smile back to the parent or they use that wonderful body language to say, yes, I love this, [00:11:00] do this again, that they are doing every single signaling to that parent that I enjoy this. I really, really liked this. Let's do this again. And so it's a reciprocal co-regulated relationship that then begins to happen. It's a beautiful, beautiful relationship. So in my First Play Infant Play Therapy Model what we're doing is to help to facilitate the joy within the relationship and how do we do it?

[00:11:33] We provide, we do it through teaching parents, how to provide, touch, touch techniques to their infant. At the same time, they're also learning a therapeutic story and it's a manualized program. So the story is called The Baby Tree Hug. So we pretend that the baby's a beautiful tree. And so we teach the parent how to guide them, to touch their, you know, the legs, the limbs of the, [00:12:00] the legs or the limbs and the feet are the roots and the hands of the leaves.

[00:12:04] And so then we're encouraging the eye contact, you know, that's happening. But between that parent and child, and also being attuned to how that child is responding to the touch. So we teach the parent prior to beginning the story massage, how to ask permission from their infant, how to respect, respect them, and that that begins in infancy and then we take that all the way up through childhood, always respecting that child. And that the child recognizes, I have boundaries, I have boundaries that need to be respected. And so I have one of my practitioners told me that she was, uh, had a, um, a

grandparents that had custody of their grandchild and that the child was like about, about two years old.

[00:12:55] And so she did the First Play Therapy Model with [00:13:00] the grandparents. And so the, the parents taught the child that the baby too, how to, that we have to ask permission first. And so the practitioner came back and she said, the grandfather said, well, you've ruined it for me. Now she's asking me that I have to ask permission for everything, but he said it in a way that was, I'm happy about this because I'm feeling good that she knows that she's developing boundaries and that she has boundaries and that she has, that her that her body belongs to her and there are so many family systems where that's not taught and the boundaries of body are so finally, you know, violated. And so it's huge, huge work that I feel like I'm bringing [00:14:00] to the table here, you know, because you know, we, we crave touch. We need touch, but how do we give it?

[00:14:07] And that also reminds me, I have a friend and, um, she's in England and her name is Jane Barlow wonderful woman. I love her to death, but she has a program called Child to Child massage in the schools and she's actually taken it all over the world, but they provide, they actually have they teach the children, they start them in like preschool, how to provide a touch to children in the classroom, but they do it through like massage on the back and they, children always have to ask permission of each other before they can, you know, have that time.

[00:14:49] And so I, I have, uh, a girlfriend who's a school counselor and she says, Janet, it's so beautiful too. And she's in the UK. And she said, so beautiful to pass, [00:15:00] you know, after lunch, they usually do the period of massage in the classrooms and she'll go and I'll walk by the classrooms. And I see the room lights are dimmed and that the children, they have some light use it going on and the children are providing this time to, you know, to each other.

[00:15:17] So I use that model as a foundation, The Kinesthetic Storytelling, um, for one of the founders, you know, what, if the roots of what I use for the Kinesthetic Storytelling, but it's pretty amazing what they're doing in the, in Europe and in different places with the children in the classroom. And I have, uh, another book that I'll mention here, it's called Touch a child Counseling and Play Therapy: an Ethical and Clinical Guide.

[00:15:45] And that there is a chapter in the book that's related to that school program. But I just, I just mentioned, and I just talked about yeah,

[00:15:54] **Laura Reagan:** Yes. And that, you know, for all of you who are internally [00:16:00] recoiling at the idea of touch in therapy, even though this isn't about the therapist doing the touching, it sounds like that book would be able to help everybody settle down and understand a little better, how it can, how it can help.

[00:16:14] **Janet Courtney:** Right? Yeah. Thank you. Yeah, it's, it's a powerful book and you know, it looks at touch from all different angles for, you know, children that have been sexually abused, you know, therapeutic models that use touch as an intervention, which. My, you know, I, for the Kinesthetic Storytelling, it, it is a therapeutic touch model, but again, we're not providing that where we're using the parents as doing that, but it is a sensitive topic. And again, I write about that touch, the area of touch to heal a child in the family trauma booked as well.

[00:16:46] **Laura Reagan:** That's wonderful. And, uh, you know, when you were talking about the baby as a tree, I forgot exactly what you called it, but that, that, um, intervention that the parent [00:17:00] can do with the child, I just had this like, thought that the first thought was a sense of delight, like the parent and the child are experiencing delight within their relationship together.

[00:17:13] **Janet Courtney:** Oh, that's such a beautiful word. I love that word. And that's exactly what we're facilitating because we know when we provide that touch and we pray, we get the hormones are being released in the body, those positive hormones: the serotonin, the dopamine, oxytocin, that those high levels of joy are we know in that moment, the child's brain is wiring up for healthy neuro-pathways.

[00:17:46] **Laura Reagan:** Yes. Let's just pause for a moment. So I can give you a little bit more information about why I love Therapy Notes. I switched to [00:18:00] Therapy Notes few years ago. I'd say it's about three years now, I believe, and I have never regretted it. I was very happy with the EHR I used before, but Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes.

[00:18:29] And there are opportunities to put check marks rather than having to write out the intervention used. So I have cut my time, spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time-consuming and that is why.

[00:18:53] I love using Therapy Notes. If you are considering switching EHR or [00:19:00] you're looking for one to use in your practice, give Therapy Notes a try. You can get two free months by using the code, TherapyChat. Now let's get back to our interview.

[00:19:14] Exactly. And you know how I mean, I know we, most of us probably have heard before about the studies where the, um, infants and young children who were so severely neglected in orphanages and countries like Romania, and they did the brain scans and found that the, you know, the areas of the brain that experienced joy and pleasure were smaller. I hope I'm remembering that accurately. So if you know that I'm talking that I'm missing it, please tell me, but just thinking about how, like, you know, you want to be able to have the experience of joy as one of those neural pathways that's like the super highway, [00:20:00] not the little dirt road, you know,

[00:20:05] **Janet Courtney:** That's a good way to put it, but yes. I mean, that's it, you know, that's a very sad thing that has, that we understand that happened in some of those orphanages and yes, I'm aware of those brain scans and, you know, in the areas of the social and emotional development in the brain that they absolutely were like you know, black, you know, blank, there's no activity happening, but then within that part of the brain, but you know, it's not easy, but it can be done. So what I want to bring here is some hope, and this goes back to the mentor that I worked with and she, she got me all on this touch topic cause she wrote a book called The Dialogue of Touch. And when I first met her back in the early nineties, I attended a workshop with her and she was talking about a Play Therapy Model that [00:21:00] worked with children, not using toys, but using the relationship and back then with developmental play therapy, which was her model, the practitioner would do the, the, the developmental games with the children directly.

[00:21:15] And as I was sitting in this workshop, I raised my hand. And I said, I said, Dr. Brody. I said, what about the concerns of practitioners touching children? And of course she had been, you know, she was in her eighties at this time. So back in the day, the concerns about practitioners touching children or teachers it wasn't so highlighted for us until like around the 1980s, when all those high profile cases came into being, and then everybody in society went, what you mean you know, we put these people in a trusted positions. But anyway, so her response back then was like, Oh, I've never had a problem with that.

[00:21:57] And so I have to say, I, [00:22:00] you always have to be careful what you ask, because I actually ended up answering that question and what I

realized later, it's like, Oh, it's the ethics, it's the ethics of touch. So going back to those children, you know, In Romania or, you know, or orphanages is the lack of touch and that we know that touch and attachment go hand in hand.

[00:22:26] Literally, you can't talk about with touch without talking about attachment and attachment without talking about touch. They absolutely go hand in hand together. And this goes back to the sadness that we're aware of is that some infants are, you know, abused and some infants don't get that at the experience of someone giving them nurturing, loving touch, but the hope is, and this is where I want to come back to and I know I'm coming full circle now, but the hope is this is what Viola [00:23:00] Brody would say is that for especially the younger, you can go to them the better. If a child did not get good experiences in those early years, that it's not too late, if we can have a good caring caretaker, a foster parent who can then be taught how to have that child pick up what they missed, teach them how to go back and give that child what, and I call it first play because it's the first type of play that we have in life that play between that luscious play between a parent and an infant where there's that joy within the relationship. So, if we could teach that parent or the caregiver, how to give those experiences to that infant or to that child, they can actually pick up what they missed and this goes back to the neuroplasticity of the brain The brain can change. So I had, uh, [00:24:00] a situation one time where I had a mom she adopted, uh, a child from, uh, China. And so she, so at four years old and she got the child when the child was about 12 months to 18 months. I think the child was about 18 months old when she finally was able to bring the baby home. And so then she came to me and the child was now four years old and was having night terrors and, you know, a lot of behavioral problems. And so I said, To the mom. I said, well, when you brought her home, I said, how did you, how did you interact with her? You know, you know, what did you do with her? And she goes, well, I just treated her like a, a regular 18 month old child. And I said, well, did you sing to her? Did you rock her? Did you play, you know, developmental games? Peek-a-boo or, and she looked at me, she said, [00:25:00] no. And I and then I explained it to her a little bit of the theory and how, you know, children can, can pick up, you know, what they miss and, you know, if they miss those developmental act, those developmental experiences, um, that, you know, what can, what can happen. And then. I said, I looked at her and I said, well, guess what? She said, what? I said, it's not too late. And then see, but she looked at me though. She was really stunned and she, her mouth just kind of dropped.

[00:25:30] And she said, you know what? I wish somebody had said this to me had told this to me when I brought her home, when she was 18 months old. So anyway, I gave the hope and, and she was willing, you know, that's the other thing, you know, with when we're going to go back and do the work of the

developmental trauma and, and, and do the healing work with it, you have to have the available caretaker that's willing to put in the work to do it.

[00:25:58] So that goes back to the [00:26:00] commitment of okay, I'm going to teach you this these ways and we can practice in the office together and I can guide you. And, and, but then when you go home, you have to commit to at least, you know, 15 minutes, two times a day, 15 minutes. And I say like, 10 minutes, 15 minutes. And, you know, just to make it like something reasonable, because if they feel like, Oh, I have to do the whole, you know, story, you know, massage with them or if I have to, you know, if it seems like a long time, then they say, Oh, I don't have time to do it. If you say, Oh, if you just do five minutes, if you do one minute, then hopefully when they start practicing and getting together, then that feels good and joyful. And then they'll continue this offer in bite size, bite sizes, but we need for them to make that commitment.

[00:26:49] So it's okay to ask our families to do that. I mean, they're coming to you, they're paying their insurance is paying to see you, or they're paying out of pocket to see you, or however, you know, you're being [00:27:00] reimbursed. So we have to say, okay, it's not going to just happen the magic just with me here, but our week or every other week, you have to also be a partner in this with me as a parent to, you know, provide the, the interventions that I'm asking you to do or, you know, give it, give it a good try. And if that one doesn't work, let's try another one.

[00:27:23] **Laura Reagan:** I, as I hear you talking about that, I, I think about a question that, you know, it may be a little, a little off, I don't know, it's not quite off topic, but it's, it's like, I think for many parents, well, let me just say this: I tend to work with families if I'm working with a child, which I don't do now, but I have in the past, you know, oftentimes where the attachment wounds are for the parent and where the parent's trauma comes into the relationship is, is where it interferes with the child and parent relationship, it seems. So when you [00:28:00] said, you know, the parent has to be willing, I'm wondering if you have any suggestions, guidance for therapists who are working with families in this way, where how the parent can help, how the therapist can help the parent get bought in because, you know, I think if they have their own trauma or their own attachment wounds, it can be, it could feel too vulnerable somehow.

[00:28:27] **Janet Courtney:** Right well, that goes back to starting with the we have to start with the parents first. And so we have to understand, uh, there, especially when we're looking at the First Play Model, but you know, we have to understand their touch experiences and we need to understand their attachment experiences. And because again, this goes back to, they can only

give what that, what they've received. So if, you know, especially when we're in session together, and this is where we [00:29:00] can lose out on, you know, having to do things, telehealth, I mean, those limitations to the telehealth process, but we can do our best to to work with, with parents in that way. So sometimes we need to have sessions that are separate from the child, because now we're working with the parent with their own inner wound of their inner child wounds that that need to be addressed and sometimes as a, uh, a therapist working with children, we always have to kind of make the distinction of boundaries.

[00:29:35] And where am I going to be the therapist for the child, and where might I need to refer this parent to someone like you, you know, to maybe work on some of the areas that we've identified in the sessions. So I can, you know, take it so far with them. But sometimes I would do that. I would have, you know, say, you know what, you [00:30:00] know, maybe it would be good for you to see Laura and Laura can maybe kind of dig deeper with you with this. And then it kind of helps to keep that hat, you know, for like I'm the child's therapist, I could be the Family Play Therapist, but now once we get into the, you know, now, am I going to be the couples therapist? Do you see what I mean? Then it starts getting really, especially if they decide that maybe this they, this company, they don't want to be together anymore and then oh my goodness. And then, you know, I call it the, the Therapy Child Therapist, I'm the neutral in the, in the relationship, but then, you know, it can get very, very, very, uh, out of control very, very quickly, so I've learned over time, it's better to have different people that can, you know, different therapists that we can refer to that can then handle the different areas that may emerge.

[00:30:57] But then again, on the other hand, if it's [00:31:00] like a parent who has been, has some wounds and maybe they were abused as a, as a child. And so now I'm teaching them to provide touch with their child so maybe, if I, again, this goes back to, if I'm in session with them, I might say, can I show you on your arm that, you know what I mean, by this type of movement, this type of touch with your infant? Is that okay with you if I do that. And so then I can touch them. You know, if the parent is agreeable with that and I can show them on their arm, how to, how to do that, or if it's a backstory as you would, can I, are you okay if I show you on your back and do this with you? So the parent could feel it and then if they feel it, then they know what that infant is experiencing or they know what the child is experiencing. But then, I might have exercises that have connection that I might do with the parent. Like, you know, in my training, I do like a holding hand [00:32:00] exercise. I have practitioners hold hands with each other and ones the giver, ones the receiver, but that's really relevant. That's a powerful tool to use with a parent or a teenager. I've used it with teenagers in the office where, you know, we just

maybe hold hands for a few minutes before we start the session, just to connect depending on the the presenting problem, depending on the, the issue, but the, you know, cause it might not be obviously, you know, relevant for all the children that we're working with. And then it's also that the mediating factors, if that was a teenage boy, I might not feel comfortable doing with that with them versus maybe a teenage girl, I might be felt comfortable that, you know, so we always have to look all the different mediating factors involved in that type of touch. And then you have to use your clinical judgment.

[00:32:43] **Laura Reagan:** Thank you. That's that's awesome. And. We've been talking a long time and I'm still eager to learn so much more, but for now, can you kind of finish up by telling our listeners a little bit more about your, your [00:33:00] training program and, and where they can get more information about that and your books and anything else that your doing?

[00:33:07] **Janet Courtney:** Okay. Well, thank you so much. Well, I do have a website. And it's www.firstplaytherapy.com. And you can go there and learn a little bit more about The Infant Model and then also the, the model for the older children. I have an online course for the First Play Kinesthetic Storytelling Course. And it is a, a self-paced course, it's intensive, but it's like, 35 hours of recorded training.

[00:33:39] **Laura Reagan:** Wow.

[00:33:40] **Janet Courtney:** And, um, and at the same time, because it leads to a certification and then they, once you it's like three different levels and once you go through level one, then you contact me. And then we, you know, we set up a supervision or consultation time together, and then there's level two, and then I have group ongoing group sessions that I offer with that. [00:34:00] And the First Play Infant Model Program, I have normally always told myself that it would always be in person. And because of COVID, I just did my first group online in July. And I was so surprised how successful it was, because what happens is, is we have a live lab and in that live lab, we actually have real parents and their infants come to the training. And in this case, the parents came on Zoom and the practitioners that were going through the training, they learned the, the manual and they implement that manual real time with the parent and infant together. Well, I've never done this in any other way, other than live trainings where the parent and infant actually come to the training and it's it's, to me, it's like party time it's like, I always get so excited when the babies come and the parents, and it's so [00:35:00] magical, it's such a magical experience. And each practitioner is paired with their own parent infant dyad. Well, again, I just did this online and it worked out. Really well, and the parents gave very

good feedback on how they virtually, they said that, you know, doing it virtually really worked out well for them.

[00:35:18] So the next training coming up as in November, uh, for the First Play Infant Model, and again, that's going to be online. Now that training is 45 hours and yeah, it's, it's very intensive. And then beyond that, Uh, and that's for the, a certification then there's some, you know, they have to implement what they learned in real time, beyond the training for the requirements for the certification.

[00:35:43] **Laura Reagan:** Well, it sounds amazing. And is it a CEU training for this certification? Yeah, I and I, as a play therapist, I'm a provider through the Association for Play Therapy. Uh, some people are, you know, you have to have so many hours to become a registered Play Therapist [00:36:00] or registered Play Therapy Supervisor. So some people are working towards their hours and they gain that in that way.

[00:36:07] And I also am a provider through the state of Florida for CEU's as well. But anyway, beyond that, uh, the, The Healing Child and Family Trauma Through Expressive and Play Therapies, both that, that is some online that if you go to Norton publishing and I know that they have a webpage there for, for the book, and then also it's on Amazon. And then, um, my other two books are also on Amazon, the Infant Play Therapy Book and the Touch and Child Counseling and Play Therapy book.

[00:36:42] Fabulous. I am so grateful that you took the time to come and talk to us on Therapy Chat today, this was a really fascinating conversation and I really enjoyed it Janet, thank you so much.

[00:36:56] **Janet Courtney:** Laura, thank you so much for the invitation and you are a wonderful [00:37:00] host. You really are. Thank you.

[00:37:05] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. There are many ways to keep your practice organized,but Therapy Notes is the best. They're easy to use secure platform, lets you not only do your billing, scheduling and progress notes, but also create a client portal to share documents and request signatures.

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[00:37:42] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.