

# **“Of Mind, Body, and Spirit”: Therapeutic Foster Care— An Innovative Approach to Healing from an NTU Perspective**

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This article examines Progressive Life Center's (PLC) innovative Therapeutic Foster Care (TFC) program, and its incorporation of a unique clinical approach, NTU (pronounced in-to) psychotherapy, into its program model. PLC is an African American private nonprofit community-based organization that strives to improve the delivery of mental health services through culturally competent therapeutic techniques. PLC expanded its services to include TFC for seriously emotionally disturbed children, ages 2 to 18. All PLC services are delivered within the spiritual and cultural framework of NTU.

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The Progressive Life Center, Inc. (PLC) was founded in 1983 as an African American, private, nonprofit human services organization. Its mission is to improve the quality of African American life through the development and provision of quality mental health-related services to individuals, families, local governments, and community and private organizations. PLC provides a continuum of individual, child, youth, and family services, striving to improve the delivery of behavioral health care services through culturally competent, therapeutic techniques. Its staff of 90 professionals provides helping and healing services in Washington, D.C.; Prince George's County, Maryland; and Baltimore, Maryland.

PLC is recognized for its culturally specific services and programs, which are based upon the principles of NTU (pronounced in-to), an Africentric, spiritually based, therapeutic framework. Although developed primarily for African Americans, NTU is suitable and effective for persons of a wide range of cultural backgrounds. Among the services provide by PLC are behavioral health care, substance abuse treatment and prevention, home-based family counseling, adoption placement, parent training, adolescent rites of passage programs, program evaluation, and management consultation and training.

In 1989, PLC expanded its services to include therapeutic foster care for seriously emotionally disturbed children and youths ages two to 18 in the state of Maryland and the District of Columbia. Therapeutic foster care at PLC encompasses various clinical and educational services, including parent training, rites of passage, in-home family therapy, planned and unplanned respite care, preservice and ongoing training, a foster parent support group, 24-hour crisis intervention, a foster parent advisory board, and multifamily retreats. All PLC services are delivered within the spiritual and cultural framework of NTU.

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## The NTU Philosophy

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NTU is PLC's underlying philosophy and therapeutic framework, and forms the basis for PLC's approach to therapeutic foster care. NTU psychotherapy is culturally congruent to the African American population that is the agency's primary client base. The word *NTU* comes from the Bantu peoples of Central Africa and describes the spiritual essence that underpins and suffuses all material phenomena. This unity, called variably among African subcultures as *Sunsum*, *Spirit*, and the *Vital Force*, is positive in its force and universal to all people. It unites individuals with one another and connects them to all else that exists.

NTU emphasizes the interrelatedness of intrinsic factors, (which are psychic and immaterial), and extrinsic factors (which are social and material). This interrelationship fuels the ability to both influence and respond to problems of daily living. NTU psychotherapy is both culturally and spiritually based and enables people to function authentically and harmoniously within their systems of living. NTU's core tenet, the ubiquity of spirituality, provides the foundation, purpose, and direction of PLC therapeutic intervention.

PLC's clinical approach is consistent with the NTU philosophy, which organizes its approach to healing around four basic principles that incorporate the African-centered philosophy of health, life, spirituality, and energy [Phillips 1990; Foster et al. 1993]. The four clinical principles are harmony, balance, interconnectedness, and authenticity.

*Harmony* is the concept of natural order, implying that relationships should be purposeful, orderly, and spiritually based. It is our life task to be in harmony with ourselves and with our environments. Good mental health, then, is defined by a harmony of individuals with the natural order; it follows that healing is a natural process.

*Balance* is inextricably related to harmony, and is sometimes used synonymously with harmony. Balance suggests a process such as the mediation of seemingly conflicting or opposing forces of nature. Balance is a centering of spirit and energy. It is often symbolized in African philosophy by the *Mandala*, a holograph that reflects the tendency to reestablish balance by forcing integration when any one aspect of the whole gets too far out of equilibrium.

The principle of *interconnectedness* describes the oneness of the universe. The essence of this oneness is the spiritual, healing energy that connects all material manifestations. The experience of interconnectedness encourages a sensitivity to the environment in a way that actualizes the interdependency of life. Through interconnectedness, we are conscious of the "We who are I." To put it differently, we grow in our awareness of the extended self. Within the NTU philosophy, the highest value lies in the interpersonal and spiritual relationship among human beings.

Relationship assumes the *authenticity* of the person. The relationships we build within the larger family and community of people define the quality of our own being. Knowledge of self is fundamental to living and authenticity. The priority within NTU is the development of cultural awareness as a necessary first step to self-knowledge.

NTU psychotherapy uses the Seven Principles of Kwanzaa developed by Karenga [1977] as guidelines for healthy living.

1. Umoja (Unity): To strive for and maintain unity in the family, community, and nation.
2. Kujichagulia (Self-Determination): To define ourselves, create for ourselves, and speak for ourselves.
3. Ujima (Collective Work and Responsibility): To build and maintain our community together and to make our brothers' and sisters' problems our problems and to solve them together.
4. Ujamaa (Cooperative Economics): To build and maintain economic enterprises and to profit from them together.

5. **Nia (Purpose):** To make as our collective vocation the building and developing of our community and to be in harmony with our spiritual purpose.
6. **Kuumba (Creativity):** To do always as much as we can, in the way that we can, in order to leave our community more beautiful than we inherited it.
7. **Imani (Faith):** To believe with all our hearts in our parents, our teachers, our leaders, and our people.

The concepts of NTU psychotherapy are universal, and are equally applicable to European Americans, Latino Americans, and other racial/ethnic groups, with appropriate modifications for cultural diversity. The response to NTU psychotherapy was so significant that PLC decided to incorporate its philosophy and psychotherapeutic model into its approach to treating children and families in the therapeutic foster care program.

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## **The Therapeutic Foster Care Program**

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The therapeutic foster care program at Progressive Life Center is called NIA (Nurturing Individuals Always). NIA also means "purpose" in Kiswahili. The therapeutic foster care program was the result of the convergence of four factors.

The first factor was the mental health problems of the urban and suburban children and youths. Aggressive behaviors in this population were becoming increasingly severe with the growing negative social forces that affect urban, suburban, and African American communities. The second factor was the recognition that traditional out-of-home care was inadequate to meet the needs of seriously emotionally disturbed (SED) youths, who need sustained and comprehensive mental health treatment. The third factor was the growing disillusionment and dissatisfaction with available institutional care for SED youths. The fourth factor was PLC's faith that its Africentric NTU-based psychotherapy would benefit SED children and youths.

Our first therapeutic foster care program was started in Washington, D.C., in 1990. In 1993, the American Psychological

Association's Division of Child Psychology recognized PLC's therapeutic foster care program as a national model program in service delivery for child and family mental health. Currently, four therapeutic foster care programs are located in Washington, D.C., and Maryland.

### *Child and Youth Characteristics*

The children or adolescents targeted for the therapeutic foster care program must meet two principal eligibility criteria: (1) they must have a serious emotional disturbance that is identified via a DSM-IV diagnosis; and (2) they must have an I.Q. of at least 72 as measured by the Weschler Intelligence Scale for Children. Some children diagnosed with developmental disorders may be eligible for the program, providing the developmental disorder fits the criteria for placement, and the developmental disorder coexists with another diagnosable psychiatric disorder.

Children referred to our program have a history of neglect, abandonment, and physical and/or sexual abuse. They are overwhelmingly African American. In the majority of cases, they have parents who are unemployed, have medical or psychiatric disabilities, drug or alcohol addictions, and histories of physical or sexual abuse themselves. A significant number of children in care have parents who are deceased or whose whereabouts are unknown.

In the program's early development, children or adolescents who demonstrated aggressive, life-threatening behaviors were not eligible for placement; as the recruitment and program services have evolved, these children are now also admitted. Examples of aggressive, life-threatening behaviors that, at one point, were excluded from the program include threatening the lives of other, setting fires, use of a deadly weapon, sexually aggressive acts against other children, and participation in drug trafficking.

The common clinical pattern of these children is one of severe cultural deprivation, spiritual disconnection, lack of

awareness of their own personal biography, disconnection from community and family, and an intense sense of not belonging. The most common traditional diagnosis is dysthymia and other major depressive disorders. The most frequent diagnosis for latency-age children is Attention Deficit Hyperactivity Disorder, while adolescents experience a frequent diagnosis of dysthymia or other major depressive disorders. Other diagnoses include oppositional defiant behavior, posttraumatic stress disorders, conduct disorder, and psychosis.

Over 50% of the children enter the program with a pharmaceutical regimen. Within 6 to 12 months after admission, their medication is either reduced or discontinued. Pharmaceutical regimens for children in care have been significantly diminished from 70% at admission to 42% during placement. The most common medicinal intervention with this population is Ritalin. Many children in out-of-home care have severe behavioral problems. Typically, these children may be physically and verbally assaultive. They may find following rules and respecting authority difficult, be distrustful, lack a sense of belonging, experience very low self-esteem and self-worth, lack a sense of identity, and have difficulty establishing and maintaining authentic relationships.

PLC maintains a fundamental belief that severely emotionally disturbed children and adolescents can be served in a home setting where there is a high level of structure, skilled supervision, and extensive clinical support services for the individual and family. Our approach to serving this population involves a network of support that includes mental health professionals, biological and foster families, community resources and mentors; educators and therapeutic recreation specialists, and medical personnel and clergy. Through intensive foster care services, we can move the client to a higher level of functioning and a less restrictive setting. The program goal is to return the clients to their biological families or a permanent living arrangement within 18 to 24 months of placement.

### *Foster Parent Recruitment*

PLC's success in recruiting foster parents is attributed to its NTU approach. Foster parents are recruited within a 50-mile radius of our office sites. Recruitment methods include making presentations on waiting children before church congregations, and distributing brochures, posters, and other printed materials. The most effective recruitment method has been newspaper advertising that stresses PLC's Africentric approach. Radio spots, public television announcements, and talk shows are other vehicles for recruitment.

Persons interested in becoming treatment foster parents submit an application and attend an orientation meeting. After a substantive interview and application process, the prospective treatment foster parent must successfully complete the H.E.L.P. (How Empowerment Liberates Parents) training program. This training program spans five consecutive weeks and provides 32 hours of preplacement classroom and field placement training. The training includes an ACT (Actualizing, Coaching, and Teaming) internship for foster parents. The 10-hour internship is supervised by certified and experienced foster parents, who are teamed with prospective foster parents to provide hands-on training during the intern's field placement. The training includes lectures and workshops on education about emotionally disturbed children, the NTU principles, behavior management, crisis intervention, passive restraint, medication administration, communication skill building, effective discipline, parenting the child from a multicultural perspective, and the foster parent's role in facilitating reunification. The treatment foster parent must be able to meet all agency qualifications and requirements, and comply with agency policies and state regulations.

### *The Admission Process*

The admission process for foster children consists of videotaping both the foster child and the foster parents, so that they each see the other's video before an actual meeting occurs. The ad-

mission process for the foster child consists of videotaping his or her interview and clinical assessment. The videotape is used to introduce the foster child to the prospective foster parents and is typically experienced as nonthreatening and noncommittal. This process allows the foster parents to determine whether they can meet the needs of the child and whether they are interested in parenting the child. The videotape process has been effective in eliminating premature introductions and reducing the number of failed placements. Foster parents are videotaped in their homes, affording the child the opportunity to become familiar with the home structure, environment, and family members before meeting them. This process has the added benefit of empowering the child in need of a placement, allowing him or her to choose the foster parents, and includes the foster child in the process of matching.

This initial introduction procedure for the children and treatment parents diminishes anxiety and fears of rejection. Permission is granted by the local authorities for videotaping the children and using the videos in matching children with foster families. Consents are also required for the foster parents. After reviewing the child's clinical record and his or her videotape, foster parents can decide whether they are interested in working with a particular child. If the parents decide to work with the child, the foster parent's video is sent to the child and his or her team to review. If all parties agree with the match, the match is approved and a formal introduction is scheduled. Foster parents rarely are rejected by the children. The children are not informed about foster parents who choose not to parent them, but are notified only of the family(ies) who are interested in them. This process ensures a successful placement beginning and diminishes the risk of failed placements. In our first year of child placements, 10 children were placed, with no failed placements. In our second year, 30 children were in placement, with three failed placements. The average number of child placements agencywide is 30 per year. The average number of failed placements agencywide is three. Failed placements represent unplanned discharges from the program.

PLC provides transition homes for those children who are returning from out-of-state placements with other agencies. The transition homes are temporary placements for children requiring a therapeutic environment during their gradual introduction to their treatment parents and their move into a PLC therapeutic foster home. Transitional parents are certified under the same training as treatment parents and are required to supervise the child or adolescent 24 hours a day. Most children coming from out-of-state placements do not have educational placements secured and require supervision during the day until their schooling begins.

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## **Program Services**

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After the placement, PLC maintains services for the foster child, foster parent, and biological family.

### *Services for Children*

**Transition rites of passage.** This period last four weeks, beginning with a Welcoming Ceremony, and provides a structured gradual transition for the child from the current residence into the new foster home. This transition is marked by cultural rituals and ceremonial activities. Children are prepared during this period for the Rites of Passage component of their treatment program. It is in this phase of the transition that the seven Principles of Kwanzaa are introduced. The four-week transition culminates with a Crossover Ceremony that signifies a successful transition, completion of goals, and the child's ability to bring his or her transition to a close.

**Rites of passage.** All foster children are required to participate in our rites of passage program. The program's duration is four to nine months, it prepares latency-age children for adolescence, and adolescents for adulthood. All groups are gender-specific, and are culturally and spiritually focused. The children/adolescents review the Seven Principles of Kwanzaa, and begin

practicing them every day by accepting additional family and community responsibility and other structured activities. The children are given African names and are educated about their culture.

**Therapy.** All clients engage in weekly in-home family and in-office individual therapy; play and group therapy are provided as needed. Therapeutic intervention ranges from three to six hours per week per child. Psychiatric consultation and psychological evaluation are provided for each client.

**Retreats.** Retreats take place at a sequestered environment out-of-town and are scheduled on an ongoing basis for the children during the year. A team of clinicians supervises the children in the absence of their foster parents. The retreats include clinical, social, cultural, and recreational activities.

**Education incentive programs.** These programs are designed to encourage and motivate academic success. Monetary incentives and awards are given to children who strive for academic excellence, and who have few absences.

**Tutoring.** This help is available for those clients who need it, and can be provided in-home or on-site.

### *Support Services for Foster Parents*

**In-service training.** Beyond the preplacement training, a minimum of 30 hours of ongoing training annually is required for treatment parents.

**In-home family therapy.** Each treatment family participates in weekly in-home family therapy.

**Foster parents' support group.** This group meets monthly to provide a nurturing environment for treatment parents to discuss specific incident problems and successes. Suggestions on parenting are offered. Group members engage each other in joining and networking.

**Crisis intervention.** Therapists are on-call around the clock to provide help in crises. All crises are followed up with an incident report. Treatment parents access the crisis hotline by dialing direct to the office or paging a therapist for assistance.

**Multifamily retreats.** These retreats are an integral component of the complete foster care program. The retreat is a communal experience structured to intensify the curative factors normally operative during the treatment process. Treatment families with their foster children, and in some cases biological families, attend these retreats annually.

**Foster parent advisory board.** This board consists of treatment parents who are responsible for advocating for other treatment parents and for the children in care. They act as liaisons for foster parents' grievances, plan and implement activities and special events, and represent the agency at conferences, meetings, orientations, and trainings. This board works closely with the project director.

**Planned and unplanned respite.** All treatment parents are required to take a respite at least one weekend per month. Treatment parents may take up to two weekends per month of "planned" respite. Treatment parents and the children in care use the same respite parents, establishing an extended family. Planned respite requires the coordination of transportation between treatment parents and respite parents. In a crisis, or "unplanned" respite, foster parents have access to respite as needed. The therapist is responsible for identifying a respite home, and transporting clients to that site when they are in crisis.

### *Services for the Biological Family or Other Caregivers*

**Parent training.** Biological parents or caregivers who enter into a service agreement with PLC are given parent training, a natural support component that focuses on life skills, educating the parent about the special needs of the child, behavior management, and communication skills.

**Family and group therapy.** Biological parents or caregivers receive in-home family therapy and group therapy that sometimes includes the treatment foster parent as well. Parent-child interaction is observed, and parents are given the expert assistance they need to improve their relationships with their child and their parenting skills.

**Twenty-four hour crisis intervention.** Biological parents or caregivers have access to the agency hotline and can page a therapist for assistance in the event of an emergency during the child's transition period.

**Respite.** Planned and unplanned respite services are provided for the biological family or caregivers during the step-down phase of child's discharge. During the child's transition out of the program, caregivers have access to a respite home, providing support services for 30 to 90 days.

### *The Step-Down Program: Preparing for Reunification*

As the foster child and the biological family or caregiver progresses toward reunification, PLC's Step-Down program prepares the young person for separation from the program with a transition back into the permanent home. The Step-Down phase provides diminished clinical and supportive services while assisting the youth and the identified family resource, whether a biological family or an adoptive family, with the adjustment back into the home or community over a period of 30 to 90 days. This array of services is provided during the child's or youth's treatment program and culminates in discharge from the program.

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## **Program Outcomes**

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The principal objective of PLC's therapeutic foster care program is to identify children who would benefit from our services and place them in therapeutic foster homes that would facilitate their incorporation back into their communities and their biological family, or into a different permanent living situation. PLC is

committed to ongoing evaluation of its programs. To evaluate our clinical intervention we use the Child and Adolescent Problem Checklist, which is administered to clients pretreatment and every six months thereafter. Treatment parents complete these assessments, which focus on emotional problems, academic achievement, and behavioral areas. Treatment parents also complete a six-month internal evaluation of clinical services in the form of a survey. In turn, treatment parents are evaluated semi-annually by clinicians through the use of an assessment tool with scale ratings to determine the foster parents' strengths, level of effectiveness in their work with the child in their care, and their compliance with agency requirements.

Evaluation efforts to date demonstrate that PLC's faith was justified: 74% of the youths improved significantly emotionally, 37% improved in school academically and 47% stabilized in their school situations, and 53% of the children showed significantly improved behavior. Eighty-three percent of the treatment parents indicated that they received direct clinical services frequently and consistently, while 90% indicated that the clinical intervention was effective and that they could see the child's progress in the healing process socially, emotionally, psychologically, and spiritually.

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### **NTU'S Contribution to Treatment Foster Care**

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Spirituality is the core distinguishing principle in an African-centered philosophy of life and is the fundamental concept of healing in the NTU psychotherapy approach [Phillips 1990, 1996; Nobles 1986]. Healing involves a transformation of one's attitude and emotions, it is a personal experience. Bolling [1986] states, "A heightening of awareness of the correct values and ethical considerations is necessary first to wake the healing energies of the inner self." NTU therapy facilitates this process through the exposure of clients to the Seven Principles of Kwanzaa.

One of the rituals commonly used in NTU psychotherapy

within group processes for centering, empowering, and healing purposes is *libation*. Staff members, foster parents, and children alike engage in the practice of libation. Libation is conducted through the pouring of liquid into the earth for circular connectedness, and is accompanied by the calling forth of the names of family and historical ancestors. These ceremonies are often practiced during special events, such as foster parent graduations, Kwanzaa celebrations, retreats, and Welcoming and Crossover Ceremonies. The essence of the libation ritual is that we can all gain real strength from the recall of anchoring a family ancestor into our consciousness. Though the "strength" may come through the emotional or spiritual avenues, it is available on the physical and mental levels also. It has been our experience that immediately following a libation ritual, both foster parents and children feel emotionally better, physically stronger, mentally clearer, and overall empowered.

NTU has given the therapeutic foster care programs both purpose and direction for clinical intervention. In the African tradition, the NTU therapist/healer counters the despair of clients by giving them hope, which liberates the soul. The therapist seeks to purge the falsehoods from the abused self of the client's bodymind, flushing out the poisons from the body and soul. This process allows clients to rediscover their authentic self. It allows for the unfolding of the NTU healing spirit-energy. The healer assists the client system to synthesize all its scattered energies, thereby empowering the bodymind. The therapist's work, then, is one of seeing, hearing, and knowing the spirit-energy of the client system bodymind, and helping with the awareness, realignment, and integration process. The healer becomes a conduit for the healing process to take place. The healer encourages the client to "go with the flow" and remain centered in his or her own life-sustaining spirit-energy as he or she harmonizes in a healing relationship with the client system [Phillips 1996].

The goal of NTU psychotherapy is to restore harmony, balance, interconnectedness, and authenticity to the bodymind in

order to facilitate the internal healing spirit-energy. Succinctly, the role of the NTU therapist in this process is that of a spiritual guide, assisting the organism to become aware of, and stimulate, its self-healing mechanism. The healer inspires and energizes the client system through the infusion of positive healing energy within the framework of authentic human love.

PLC's therapeutic foster care programs are short-term placements of up to two years. We do not maintain a large number of children in care for any lengthy period of time. Short-term placements with intensive care are preferred, and a constant "revolving door" movement of children through the system of care, avoiding the probability of children getting stuck in the system, is our purpose. This short-term intensive care allows our agency to serve more children more efficiently and effectively. It is a program that allows children to realize and actualize their goals, to "grow on, instead of hold-on." ♦

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