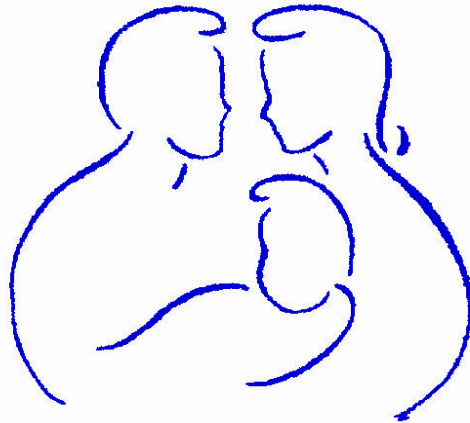


Savannah Family Institute

Helping Professionals, Parents, and Tough Teens Find Solutions



Parenting with Love and Limits[®]

Family Therapy Supervision Manual

A Step-by-Step Guide to Completing the Tracking Form

SCOTT P. SELLS, PH.D.

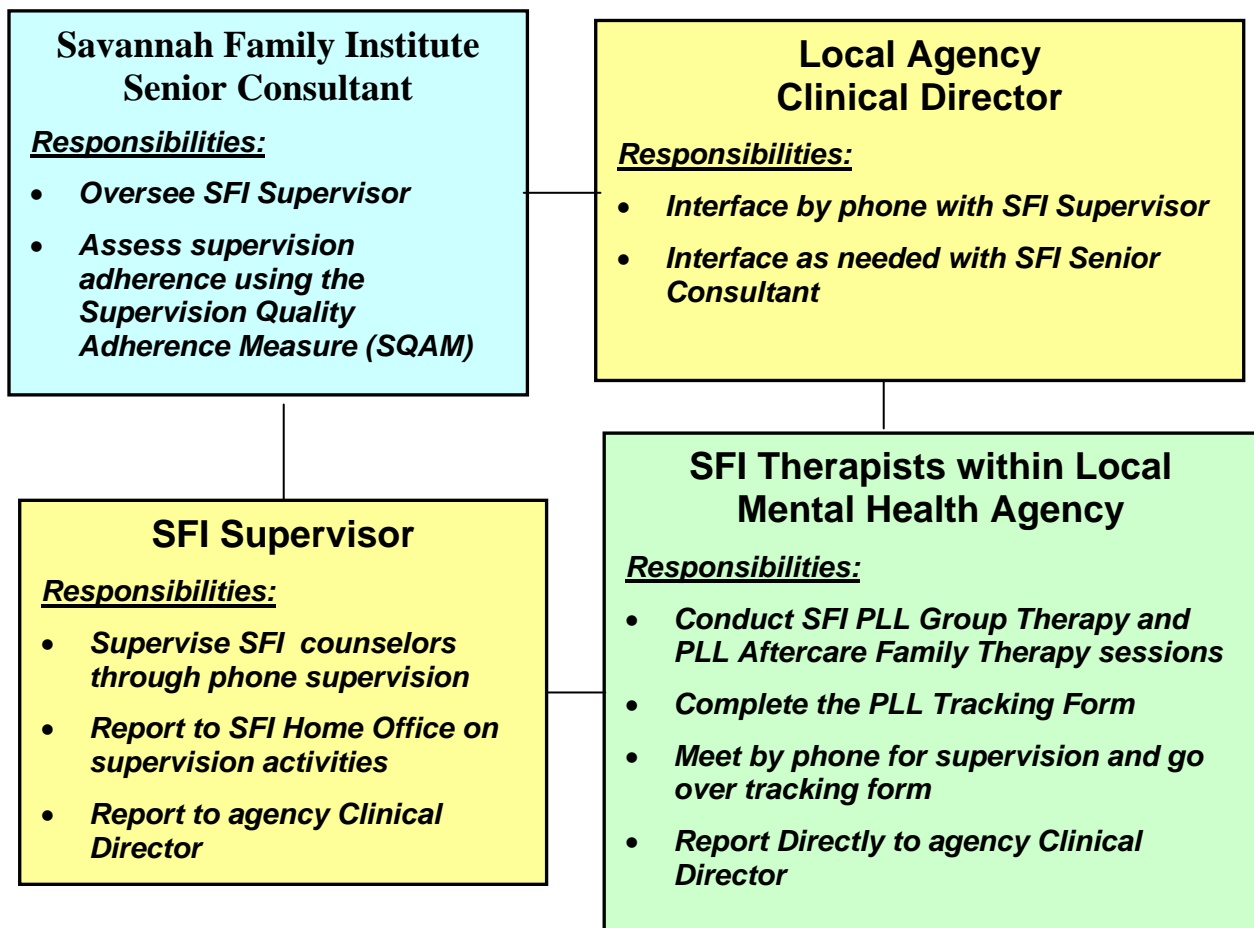
STEVEN BURGGRAF, PH.D.

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Overview

This manual will be used in conjunction with the *Parenting with Love and Limits*[®] (PLL) Family Therapy Supervision Tracking Form (Appendix A) to grasp the concepts embedded within the PLL Family Therapy Model and to complete the tracking form more effectively.

Your SFI Supervisor will also use this manual during your supervision meetings to go over the tracking form, using the format presented in the diagram below:



The following supervision structure will be used in conducting the actual supervision:

OVERALL SUPERVISION STRUCTURE

Step #1 SFI Therapist will fax to his SFI Supervisor the PLL Family Therapy Supervision Tracking Form that has been chosen for supervision review.

Step #2 The SFI Supervisor will review the Tracking Form as he supervises the PLL Therapist.

- Frequency of phone supervision sessions will be established by SFI, according to the number of families being served
- Phone supervision will last for one hour.
- The PLL therapists and their mental health clinical director will meet in front of a speaker phone, or dial in through a conference line to speak with the SFI Supervisor.

Phone Supervision Guidelines

1. Make sure you have faxed in your “PLL Family Therapy: Supervision Tracking Form” to the SFI Supervisor two days prior to the scheduled phone supervision date.
2. Set aside one hour for supervision – two people on the team will each have ½ hour –The next supervision time will be with two therapists who have not yet had a chance to be supervised. The same format applies.
3. Pick one difficult case and, with the SFI Supervisor, follow that one case completely through to termination (through all 15 steps of the model). SEE APPENDIX B - The SFI Supervisor will not directly address your other cases. You should direct these cases to your clinical director/supervisor at your own agency.
4. Please check ahead of time with your SFI Supervisor to make sure that it is your particular week to be supervised.
5. Make sure that you have a copy of your tracking form in front of you before the phone supervision begins.
6. You and the other PLL Therapists in your group will call the SFI Supervisor at the appointed time and place, gathering around a speakerphone or using a conference calling service.

PLL Family Therapy Tracking Form

The PLL Family Therapy Supervision Tracking Form (**Appendix A**) will be broken down into 9 Areas (shown below) to further clarify how to successfully complete each section. Short case examples will be illustrated:

Area #1- Locate Where You Are On the PLL 15-Step Model

<p>Area #1: Current step or steps where the family is functioning within the 15-Step Model</p> <p><i>Circle the corresponding step or steps:</i> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</p> <p><i>Type or Print Neatly: On the back of this page please provide concrete examples that clearly illustrate why you are currently in the step(s) you selected (see APPENDIX B)</i></p>	<p><i>See Pg for Case Example</i></p> <p>Step One: Please circle the current step or steps of the PLL Model where you are currently working with your client. SEE APPENDIX B</p> <p>Step Two: On the back of this sheet, list concrete examples with the corresponding micro step or micro steps on the PLL Model.</p>
	<p>Step 4: Clear Rules and Consequences Outlined</p> <ul style="list-style-type: none"> ▪ <i>Select top three relevant behaviors</i> ▪ <i>Convert abstract behavior into concrete rules and consequences</i> ▪ <i>Construct effect consequences</i> ▪ <i>Put a well-written contract together</i> ▪ <i>Incorporate adolescent's expertise</i> ▪ <i>Facilitate consistency</i>
	<p><i>I am currently on Step 4 with Joe Smith, aged 15, and his family. I used the Survival Kit to complete the micro-steps of "Selecting the top three relevant behaviors" and we converted those behaviors into concrete rules. We got stuck, however, at creating an effective consequence for Joe, and I need supervision help to overcome this difficulty.</i></p>

Area #2- List Page Numbers of Survival Kit and Do They Match Up With The Step You Are On Within the PLL Model?

<p>Area #2: List the page numbers that you used in the Survival Kit this past week? ___ _____</p> <p>Do the page numbers in the Survival Kit match up with the step(s) selected in the 15 Step Model? ___yes___no</p>	<p><i>See Pg for Case Example</i></p> <p>Step One: List the page numbers you are on within the Survival Kit and a “yes” or “no” if they match up with the PLL 15-Step Model</p> <p><i>I used the Survival Kit to complete the micro-steps of “Selecting the top three relevant behaviors” and we converted those behaviors into concrete rules on pages 7-10. And “yes” it matches up with Step 4 “Rules and Consequences Outlined” that I am currently on. As I stated in Area #2, I am having difficulty in constructing effective consequences and using the Survival Kit worksheet to assist me on page x. It is not flowing like I thought it would and the parents cannot agree on what their teen cares about. What do I do?</i></p>

Area #3- Diagram out the PUSH Model

<p>Area #3: On the back of this page, diagram out the PUSH Model for your family. See Appendix C of your tracking form manual for further guidance on completing the PUSH Model</p>	<p><i>See Pg for Case Example</i></p> <p>Step One: Diagram out the PUSH Model in these areas (See APPENDIX C for guidance on completing this model.)</p> <p>P - Protection or Function of the Symptom –<i>Tell your supervisor to see your answer within Area #4</i></p> <p>U - Unit- Diagram Out Two Triangles –<i>Draw out the triangle around the symptomatic adolescent and the triangle that involves you, the therapist.</i></p> <p>S - Sequences of Dysfunctional Communication Patterns–<i>Draw out the two or three key dysfunctional feedback loops that show how the central figures (parents, teachers, friends, etc) around the symptomatic teenager help him or her act out and misbehave. These are the feedback loops that you must eventually alter with the teenager.</i></p> <p>H – Hierarchy - <i>Draw out incongruous hierarchy. Whoever controls the mood of the household is the one in charge! Draw out boundaries, coalitions, and alliances and then what the hierarchy will look like after you restructure this family by changing the dysfunctional communication patterns.</i></p> <p><i>As I diagrammed out the PUSH Model, some very important things jumped off the page and gave me new insights into my chronically stuck family. First, the P or function of the symptom appears at this juncture to be 80% power and control issues. This teenager is definitely drunk with power. After I drew out the U-triangle, it appears that the teen’s parents are having severe marital problems. Their marital instability is being damaged further by his acting out behavior, because they are focused on him rather than their own pain. Also Mom has a secret coalition with the teen against Dad. This coalition must be exposed and broken apart. The U directly feeds into the S or dysfunction sequence of communication, whereby the parents clearly help this teen misbehave by disagreeing on their parenting philosophies (dad too harsh-mom too soft) and the mother secretly siding with the son against the dad. This S directly feeds into the H-Hierarchy whereby the mom and son are at the top with a secret coalition, and enmeshed boundaries with the dad emotionally disengaged from both wife and son are at the bottom.</i></p>
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Area #4- How Were Your Adolescent's Symptoms Created?

<p>Area #4: How were the adolescent's symptoms (aces, i.e., disrespect, violence, truancy, etc) <u>primarily</u> (60% or higher) created and maintained? (circle one):</p> <ul style="list-style-type: none">A. Power and Control - Drunk With PowerB. Wounds or Traumas (rape, unresolved grief)C. A Creative Way to Get Needs Met (get out of homework, get Dad home more)D. Biological/Chemical Imbalance in the Brain <p>Does the by-product symptom you circled currently match up with the step in the model you circled in area #1?</p> <p>_____ Yes _____ No (if no, why?)</p>	<p><i>See Pg for Case Example</i></p> <p>Step One: Circle the area or areas where the symptoms in your adolescent are primarily (60% or higher) connected.</p> <p>Step Two: Check "yes" or "no" if you are using the PLL Model correctly based on the symptom by-product you chose. For example, if you circled "B - Wounds or Traumas," and you are focused on Contracting to shut down your teen's drunk-with-power issues, you are incorrectly using the PLL Model.</p> <p><i>After careful questioning I discovered that this family experienced some major wounds and traumas around the time that the problem teen Jessica started acting out. She was raped by her boyfriend, and as a result the mother became overprotective and bitter. As a result "Step 4: Contracting" is actually making things worse. I need to go to Step 12 and do undercurrent work.</i></p>
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Area #5- Check Off the Top Two Dysfunctional Undercurrents Overall

Area #5: Check the top two dysfunctional undercurrents in this family overall?

- Role Confusion - **Role Clarity/Correct Hierarchy**
(Child is the parent or one parent acts like the child)
- Unresolved grief and loss - **Resolution/Grief Education**
- Betrayal or abandonment - **Security/Unconditional Love**
- Drugs or alcohol abuse - **Sobriety & Fill in What's Missing**
- Sexual Abuse or Rape - **Healing, Support, Forgiveness**
- Preoccupation with Death/Suicide - **Love, Security, Spirituality**
- Lack of Intimacy - **Creation of Intimacy, Closeness, Security**
- Depression - **Happiness, Joy, Peace, Not Lonely**
- Violence or Threats of Violence – **Peace, Playfulness**
- Family Secrets - **Openness/Reveal Secrets**
- Lack of Forgiveness and Bitterness - **Forgiveness**
- Drawn out Medical Illness/Brain Injury - **Support**
- Someone Seen as a Patient/Mental Case - **Normality**
- Anxiety - **Security & Safety**

Circle the corresponding opposite healthy undercurrents you must replace as their change agent.

Are you currently injecting this new healthy undercurrent into your family ___Yes ___No? (if no, why?)

See Pg for Case Example

Step One: Check off the top two dysfunctional undercurrents in this family overall.

Step Two: After you check off the dysfunctional undercurrent, please circle the opposite healthy undercurrent.

Step Three: Ask yourself if you are currently injecting this new healthy undercurrent into this family and if not please tell your supervisor why.

The top two undercurrents in this family are betrayal and sexual abuse. The mother is still seeing the father on the side, even though he has been removed legally from the home for sexual abuse charges. The children feel betrayed because of this. As a result major work has to be done to bring this mother to a contemplative stage of readiness whereby her consciousness is raised to see her role and to apologize and see the betrayal and end the relationship with the father.

Area #6- Locate Each Family Members Stage of Readiness

Area #6: Current Stage of Readiness

Please place a check for each individual's current stage of readiness (circle appropriate person D=Dad; M=Mom; C=Caregiver; T-Problem Teen; Th=Where You Are As the Therapist). Note Dad's stage is often different than Mom's and so is the problem teenagers

- Pre-contemplation (D M T TH)
- Contemplation (D M T TH)
- Preparation (D M T TH)
- Action (D M T TH)
- Maintenance (D M T TH)
- Termination (D M T TH)

Please Note: Your supervisor will ask you to list behavioral evidence that supports the stage of readiness you selected for each of your clients (see page for a list of behaviors under each stage).

See Pg for Case Example

Step One: Place a check for each individual's current stage of readiness and circle if it is Mom, Dad, teen, or you the therapist. SEE APPENDIX D

Step Two: Identify and list behavioral or observable evidence that leads you to believe that this family member is at this particular Stage of Readiness. In other words, what does the person do or say that clearly indicates that he or she is in this Stage of Readiness or another stage?

The mother is at the precontemplative stage based on these facts: (a) she states that things are hopeless; (b) she blames all of the family problems on the fact that her husband is inconsistent with her son - she appears unwilling or unable at this time to see her part in the problem; and (c) when I made attempts to get her to see her role, she became very irritated. I noticed that I, as the therapist, have been two steps ahead of this mother. While she was in the precontemplative stage, I was in the action stage, recommending action steps like putting together a contract. I now know that I am not starting where the client is.

Area #7- Your Strategic Interventions to Create New Undercurrents

Area #7: Based on the Healthy Undercurrents circled in Area 5 and the Current Stage of Readiness in Area #6, which strategic intervention and which section(s) in the Survival Kit are the most appropriate to help create new undercurrent interactions or dance steps in your family?

Check the appropriate intervention(s) that you will be or are implementing (see pages 5 &6).

- Consciousness Raising**
- Social Liberation**
- Barriers to Change**
- Creating Emotional Intensity**
- Self-Evaluation/Consolidating Changes**
- Getting Battle Ready-Preparation**

Please Note: Write below the techniques you will use under the intervention(s) you selected and the reasons you selected them. MAKE CERTAIN THAT THE TECHNIQUE YOU SELECTED MATCHES UP CORRECTLY WITH THE INITIATION OF RESTORING HEALTHY UNDERCURRENTS?

Technique #1 _____

Reason for this choice : _____

See Pg for Case Example

Step One: Place a check next to the interventions you will be using (both readiness and Survival Kit techniques) to inject healthy undercurrents.

Step Two: Write the technique down and the reason for your choice

The top undercurrent in this family is the father's abuse of cocaine. The father, however, is firmly entrenched in the precontemplative and will not go near his drug addiction. Therefore, it is best to try to engage him in Step 1 of the PLL Model by focusing on helping him alleviate some of his teenager's symptoms of disrespect. This is designed to gain trust and for me to be seen as competent by the father. I will attempt to do this in two ways. First, I will engage in consciousness raising by showing Dad reasons why teens misbehave using the Survival Kit and showing him the 15-Step Model. We will use exception- and hypothetical solution-focused questions to mutually come up with one small workable goal around disrespect. I will also need to use the micro-step in "Step 1: Engagement of Working Both Sides of the Fence" and work simultaneously with the angry teenager to get some of his needs met, placing them in the contract as rewards. After laying this groundwork and proving my worth to the father, I will then bring up the drug use issue within a "Barriers to Change" interview.

Area #8- Fill in the Eco-Map and Do I Have the Right People on the Bus?

Area #8: Fill in the blank Eco-Map (Appendix E)

Check all supportive people or institutions that are directly involved in helping the problem adolescent maintain their symptoms or causing the parent(s) undue stress.

- Church
- Peers
- Other Counselors
- School

Based on your Eco-map: Do you have the right people on the bus coming to your sessions- Person or persons outside the immediate family who need to be embraced because they are supportive and helpful or neutralized because they are toxic?

_____ Yes

_____ No (If no, what prevents you from bringing these people in or going to them?)

See Pg for Case Example

Step One: Check off all the supportive people or institutions and the non-supportive ones causing stress.

Step Two: Take your list and fill in your Eco-Map (See Appendix E in your manual). Copy this page, fill it in, and attach it to your tracking form that you fax to your SFI Supervisor.

After completing my Eco-Map, it was very clear that I did not have the right people on the bus. The husband's mother was crossing the marital boundaries and undermining the marriage. She spoke badly of the wife and the husband was always in the middle. This strife contributed to the parents being ineffective. Therefore, I would have to try to build a relationship with the grandmother and invite her to the next meeting in any way that I can.

Area #9- Is Your Client Currently Stuck or An Impossible Case?

Area #9: Is your client currently stuck or is he/she an “impossible case”?

_____ Yes
_____ No

If you answered “yes,” to each of the questions below and you are still stuck, please schedule a live supervision session with your SFI Supervisor!

Have you conducted focus group questions with the parents and teen (Appendix C) every 2nd Session?

Do you have the right people on the bus (Area #8) and coming to your sessions?

Are you focusing on power and control when you should be on undercurrents or vice versa?

Do you like your clients and can you name at least 5 heroic qualities in each family member?

Are you on the right stage of readiness with your clients or one step ahead of them?

Do you think your client is resistant or unmotivated OR that you are the one missing something?

Are you doing role plays in the “here and now” to fill in the missing healthy undercurrents?

See Pg for Case Example

Step One: Ask yourself the tough question whether you think your case is stuck or an impossible case and answer “yes” or “no.” Your case is stuck or impossible if there is no significant change in the problem adolescent’s symptom after numerous attempts or after 6 to 8 therapy sessions.

Step Two: If you determine that your case is stuck or impossible, make sure that you have completed each item on this checklist. If you have not, doing so will tilt the odds in your favor that new answers will be revealed and/or your client will get unstuck.

Step Three: After you complete the checklist and you are still stuck, tell your SFI Supervisor to schedule a live session with you.

My case is officially stuck. It has been three months now and 8 sessions and there is still no significant change in Mary’s disrespect and running away behavior. As I study the checklist carefully, there are some definite clues as to why my family might be stuck.

First, I do not think I have the right people on the bus. Looking at the Eco-Map, I have never invited the older brother into the session. He is away at college, but I could use my speaker phone and have him call in at a certain time and date. The mother also has some grandparents that are very supportive. Getting fresh ideas and perspectives from these key people may give me more ideas.

Second, I have not completed the tracking “Barrier to Change” questions in Appendix F, so I have no idea from the client’s perspective how I am doing or what he thinks needs to happen in the future for sessions to be more productive.

Third, to my credit, I have found at least 6 or more heroic qualities in each of my clients and I see their strengths.

Fourth, I also do not see my clients as resistant. They are telling me something by not getting better, and I am not going to take it personally. Instead, I will try to uncover the missing links.

Fifth, I am doing healthy role plays trying to inject nurturance back into the system through the Positive Teen Report, but it may not be the optimal undercurrent.

In sum, I will complete the checklist and if I am still stuck I will request a live supervision session.

APPENDIX A

***PARENTING WITH LOVE AND LIMITS*[®] FAMILY THERAPY TRACKING FORM**

PARENTING WITH LOVE AND LIMITS® FAMILY THERAPY

Supervision Tracking Form

(To be filled out every week with one case you select)

Client Number: _____ SFI Program Site: _____
Date of Admission: _____ SFI Supervisor: _____
Date Form Completed: _____ Supervisor Fax: _____
SFI Counselor: _____ Date Faxed: _____
Number of Family Counseling Sessions Completed: _____

Please fill out the following supervision form completely concerning your current assessment of the client and his/her family.

Area #1: Current step or steps where the family is functioning within the 15-Step Model – Appendix B

Circle the corresponding step or steps: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Type or Print Neatly: *On the back of this page please provide concrete examples that clearly illustrate why you are currently in the step(s) you selected (see attached page 2)*

Area #2: List the page numbers that you used in the Survival Kit this past week?

Do the page numbers in the Survival Kit match up with the step(s) selected in the 15 step Model? yes no

Area #3: Diagram the PUSH Model on the back of this page for your family. See Appendix C of your tracking form handbook for further guidance on completing the PUSH Model.

Area #4: How were your adolescent's symptoms (aces) - (i.e., disrespect, violence, truancy, etc) primarily (60% or higher) created and maintained (circle one):

- A- Drunk with power from a lack of consistent structure and/or nurturance
- B- Unhealed traumas or wounds (rape, unresolved grief, loss, betrayal, etc.)
- C- Creative way to get an unmet need (get out of homework, get Dad home more)
- D- "Stuckness" at a particular developmental stage in the family life cycle
- E- Biological/chemical imbalance in the brain

Does the created symptom you circled currently match up with the step in the PLL Model you circled in Area #1?
 Yes No (if no, why not?)

Area #5: Check the top two dysfunctional undercurrents in this family overall?

- | | |
|--|--|
| <input type="checkbox"/> Role Confusion - Role Clarity/Correct Hierarchy
(Child is the parent or one parent acts like the child) | <input type="checkbox"/> Depression--- Happiness, Joy, Peace, Not Lonely |
| <input type="checkbox"/> Unresolved grief and loss - Resolution/Grief Education | <input type="checkbox"/> Violence or Threats of Violence – Peace, Playfulness |
| <input type="checkbox"/> Betrayal or abandonment - Security/Unconditional Love | <input type="checkbox"/> Family Secrets---- Openness/Reveal Secrets |
| <input type="checkbox"/> Drugs or alcohol abuse - Sobriety & Fill in What's Missing | <input type="checkbox"/> Lack of Forgiveness and Bitterness---- Forgiveness |
| <input type="checkbox"/> Sexual Abuse or Rape --- Healing, Support, Forgiveness | <input type="checkbox"/> Drawn out Medical Illness/Brain Injury- Support |
| <input type="checkbox"/> Preoccupation with Death/Suicide- Love, Security, Spirituality | <input type="checkbox"/> Someone Seen as a Patient/Mental Case- Normality |
| <input type="checkbox"/> Lack of Intimacy- Creation of Intimacy, Closeness, Security | <input type="checkbox"/> Anxiety ---- Security & Safety |

Circle the Corresponding Opposite Healthy Undercurrents to Replace As Their Change Agent

Are you currently injecting this new healthy undercurrent into your family Yes No? if no-why not?

Area #6: Current Stage of Readiness - See Appendix D for a listing of the Stages of Readiness

Please place a check for each individual's current stage of readiness (circle appropriate person D=dad; M=mom; C=caregiver; T=Problem Teen; Th=Where You Are As the Therapist). Note Dad's stage is often different than Mom's and so is the problem teenager. **List behavioral evidence to support the stage.**

- | | |
|---|---|
| <input type="checkbox"/> Pre-contemplation (D M T TH) | <input type="checkbox"/> Action (D M T TH) |
| <input type="checkbox"/> Contemplation (D M T TH) | <input type="checkbox"/> Maintenance (D M T TH) |
| <input type="checkbox"/> Preparation (D M T TH) | <input type="checkbox"/> Termination (D M T TH) |

Area #7: Based on the Healthy Undercurrents circled in Area 5 and the Current Stage of Readiness in Area #6, which strategic intervention and section(s) in the Survival Kit is the most appropriate to create new undercurrent interactions or in your family?

Check the appropriate intervention(s) that you will be or are implementing

- | | |
|---|---|
| <input type="checkbox"/> Consciousness Raising | <input type="checkbox"/> Creating Emotional Intensity |
| <input type="checkbox"/> Social Liberation | <input type="checkbox"/> Self-Evaluation/Consolidating Changes |
| <input type="checkbox"/> Barriers to Change | <input type="checkbox"/> Getting Battle Ready-Preparation |
| <input type="checkbox"/> Step 1: Why Teens Misbehave? | <input type="checkbox"/> Step 4: Button Pushing |
| <input type="checkbox"/> Step 2: Contracting | <input type="checkbox"/> Step 5: Stopping the Teen's Seven Aces |
| <input type="checkbox"/> Step 3: Troubleshooting | <input type="checkbox"/> Step 6: Working With Outsiders |
| | <input type="checkbox"/> Step 7: Restoring Nurturance |

Please Note: Write below the techniques you will use under the intervention(s) you selected and the reasons you selected them (i.e., consciousness raising = using techniques within Step 1- Why Teens Misbehave using the Survival Kit video, handouts etc).- MAKE CERTAIN THAT THE TECHNIQUE YOU SELECTED MATCHES UP CORRECTLY WITH THE INITIATION OF RESTORING HEALTHY UNDERCURRENTS?

Technique #1 _____

Reason for this choice _____

Technique #2 _____

Reason for this choice _____

Area #8: Fill in the blank Eco-Map in APPENDIX E

Check all supportive people or institutions that are directly involved in helping the problem adolescent maintain his/her symptoms or causing the parent or parents undue stress?:

- | | | |
|---|--|--|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friends | <input type="checkbox"/> Extended family |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Children services | <input type="checkbox"/> Police officers |
| <input type="checkbox"/> Other counselors | <input type="checkbox"/> Probations officers | <input type="checkbox"/> Psychiatrists |
| <input type="checkbox"/> School | <input type="checkbox"/> Co-workers | <input type="checkbox"/> Bosses |

Based on your Eco-Map, do you have the right people on the bus coming to your sessions - Person or persons outside the immediate family who need to be embraced because they are supportive and helpful or neutralized because they are toxic?

_____ Yes

_____ No (If no, what prevents you from bringing these people in or going to them?)

Area #9 Is your client currently stuck or an impossible case? _____ Yes _____ No

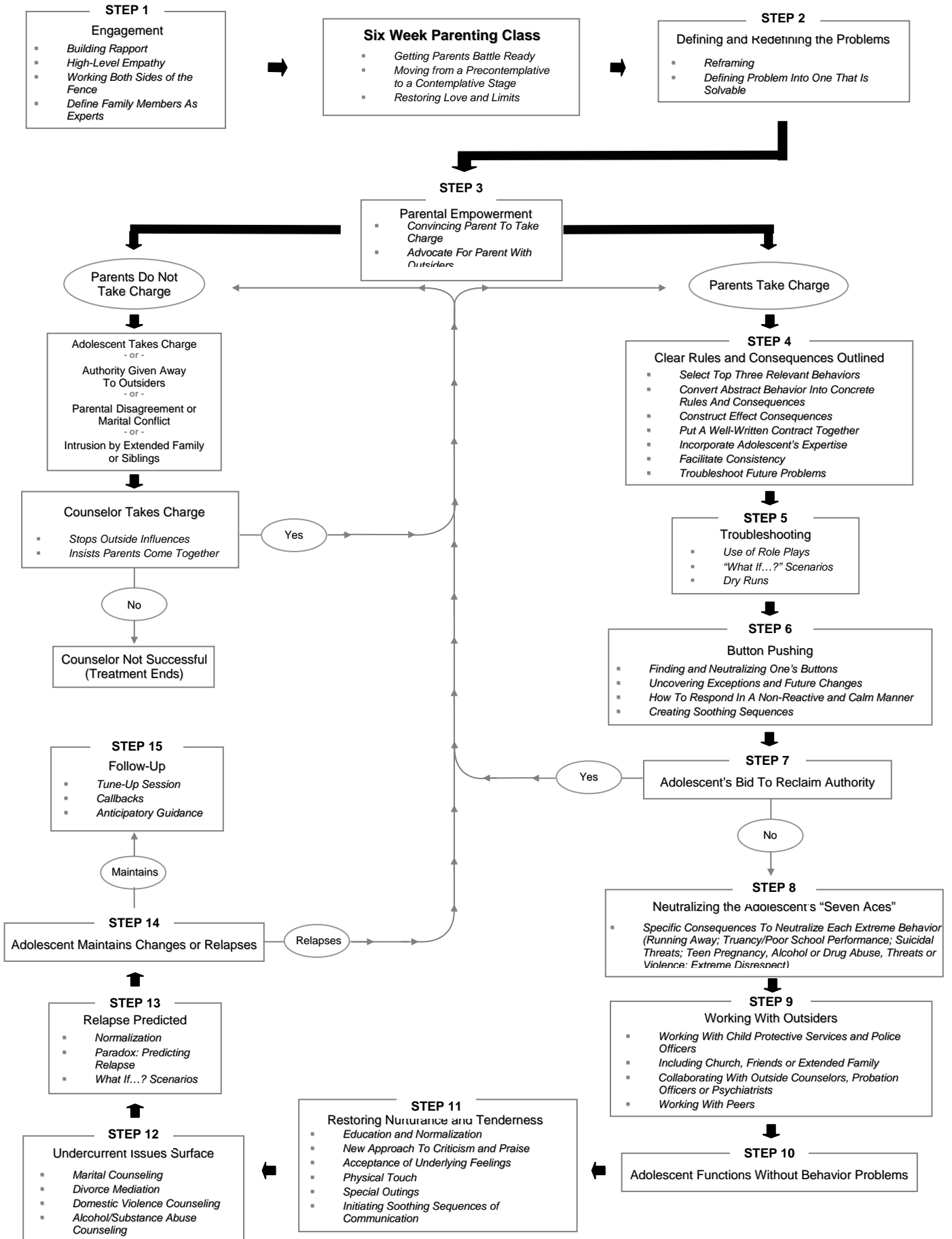
If you answered "yes," to each of these questions and you are still stuck please "schedule" a live supervision session.-

- Have you conducted focus group questions with the parents and teen (**APP F**) every 2nd session?
- Do you have the right people on the bus (Area #8) and coming to your sessions?
- Are you focusing on power and control when you should be on wounds or *vice versa*?
- Do you like your clients and can you name at least 5 heroic qualities in each family member?
- Are you on the right Stage of Readiness (**APP D**) with your clients or one step ahead of them?
- Do you think your client is resistant or unmotivated OR that you are the one missing some thing?
- Are you doing role plays in the "here and now" to fill in the missing healthy undercurrents?

APPENDIX B

15-STEP PLL FAMILY THERAPY MODEL

PLL Family Therapy Model of Practice



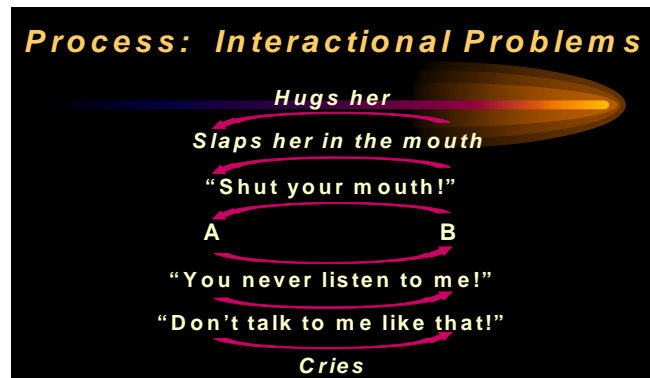
APPENDIX C

PUSH MODEL

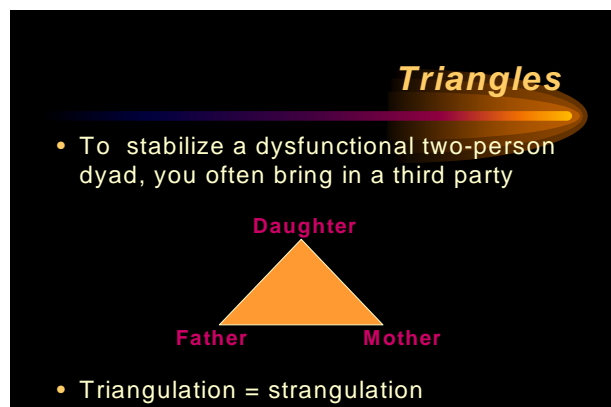
P - Protection or Function of the Symptom – In which of the following areas was your client’s symptom conceived or born? The symptom is born to protect some painful wound and medicate the pain, the result of “stuckness” in a developmental stage, a creative way to solve a problem, or incongruent hierarchy (power and control).

- A Drunk with power = A lack of consistent structure and/or nurturance**
- B Unhealed traumas or wounds (rape, unresolved grief, loss, betrayal, etc.)**
- C Creative way to get an unmet need (get out of homework, get Dad home more)**
- D “Stuckness” at a particular developmental stage in the family life cycle**
- E Biological/chemical imbalance in the brain**

U – Unit - Diagram Out Two Triangles – Draw out the triangle around the symptomatic adolescent and the triangle that involves you the therapist.



S - Sequences of Dysfunctional Communication Patterns - Draw out the two or three key dysfunctional feedback loops that show how the central figures (parents, teachers, friends, etc) around the symptomatic teenager help him or her act out and misbehave. These are the feedback loops that you must eventually alter to change the teenager’s symptoms.

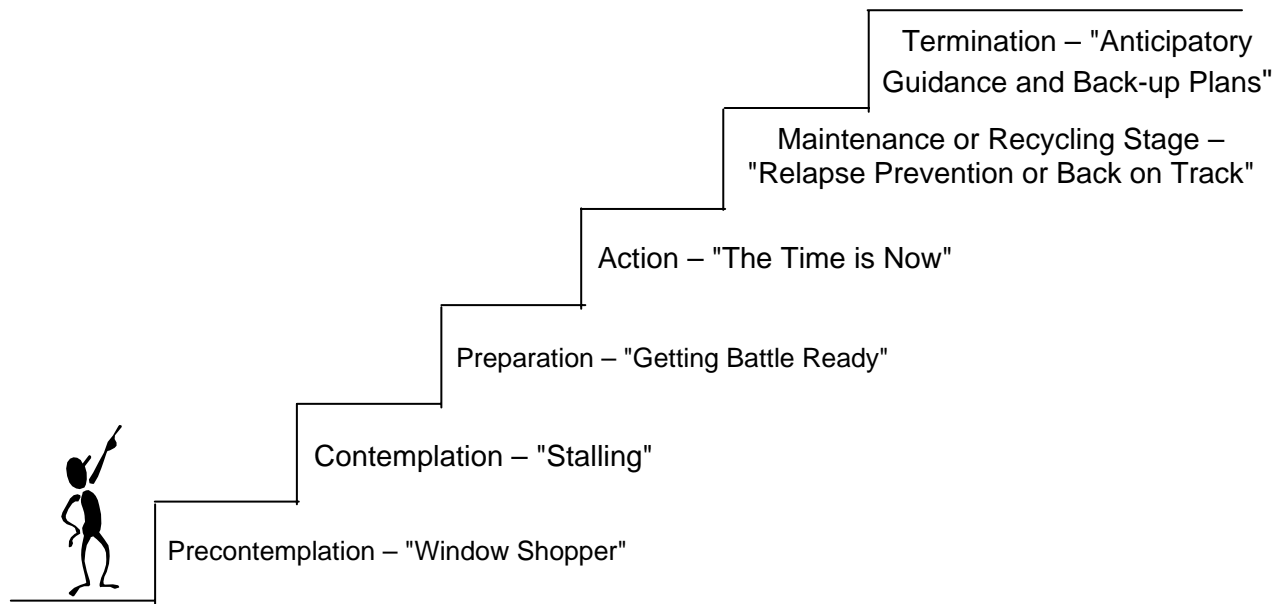


H – Hierarchy - Draw out incongruous hierarchy. Whoever controls the mood of the household is the one in charge! Draw out boundaries, coalitions, and alliances and then what the hierarchy will look like after you restructure this family by changing the dysfunctional communication patterns

APPENDIX D

STAGES OF READINESS

THE 6 STAGES OF READINESS FOR CHANGE



Precontemplation

- ▶ Do not see that they are part of problem/solution
- ▶ Feel situation is hopeless
- ▶ No intention of changing
- ▶ Want others to change
- ▶ Others see problem they cannot
- ▶ Minimize or rationalize



Contemplation

- ▶ Acknowledge problem and their part in it
- ▶ Not ready for change yet
- ▶ Stalling – "analysis paralysis"
- ▶ Wait for magic sign
- ▶ Focus only on problem not solutions



Preparation

- ▶ Contracting and troubleshooting
- ▶ Ambivalent-need final reassurances
- ▶ Dry Run Role Plays
- ▶ Make final adjustments



Action

- ▶ Person or family tries to change or stop problem
- ▶ Person or family tries to change environment
- ▶ Overlooks possible relapses
- ▶ If relapse or change fails recycles back to one of three earlier stages
- ▶ Others see problem they cannot



Maintenance

- ▶ Consolidate gains
- ▶ Relapse prevention-troubleshooting
- ▶ Potential to recycle is initially high
- ▶ Communicate that relapse is normal
- ▶ Goal: Spread moments of relapse further apart



Termination

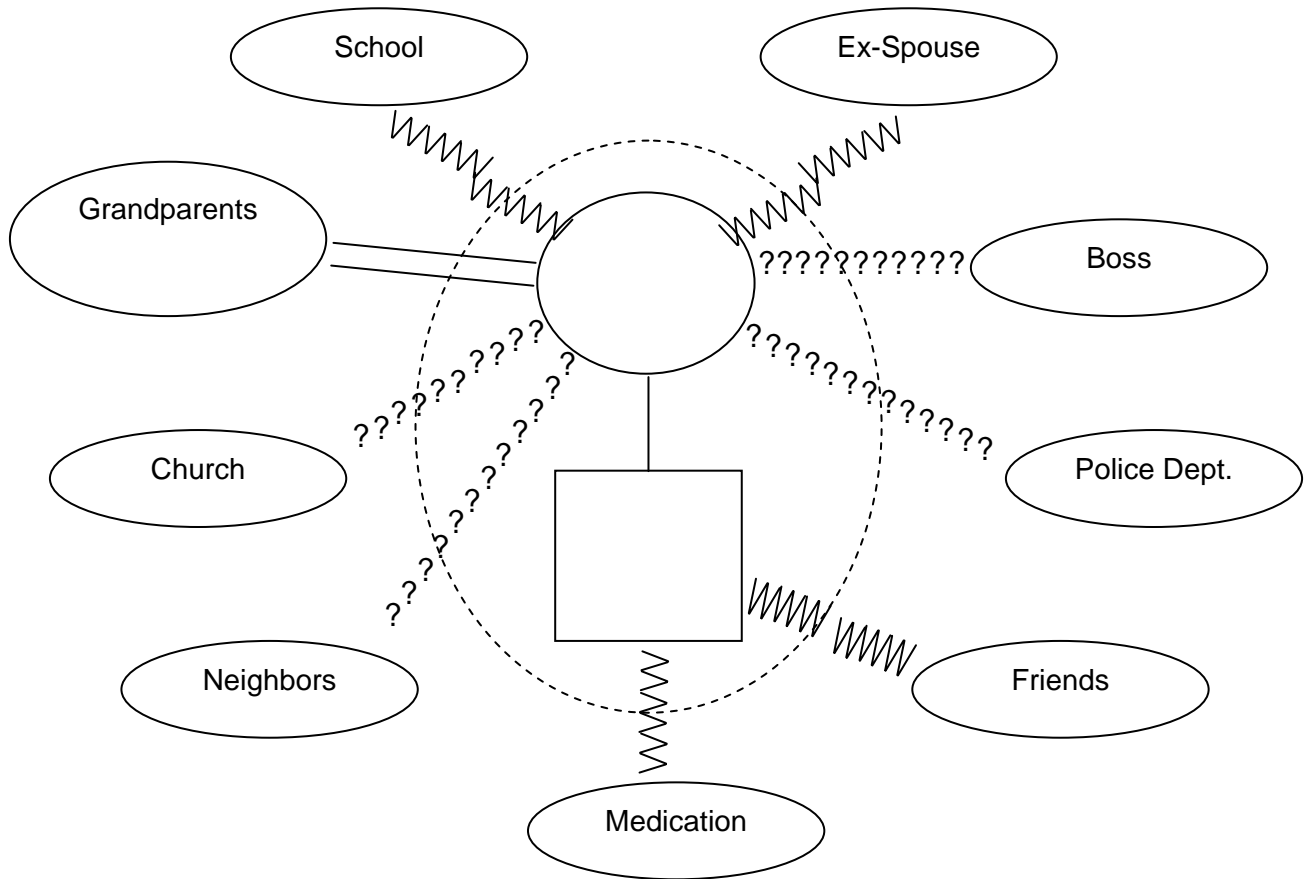
- ▶ Anticipatory guidance
- ▶ Letting go of "old self"
- ▶ Back-up plan
- ▶ When to use tune-ups
- ▶ Line up support systems and secure a co-therapist

APPENDIX E

ECO-MAP

ECO-MAP

- ==== Supportive and Presently Helping;
- ?????? Potentially Supportive But Not Presently Helping; or
- ~~~~~ Unsupportive and Not Presently Helping



Supportive People or Institutions	Potentially Supportive People or Institutions	Non Supportive People or Institutions
1.	1.	1.
2.	2.	2.
3.	3.	3.

APPENDIX F

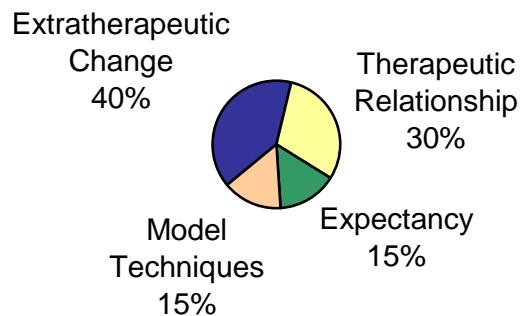
BARRIERS TO CHANGE

QUESTIONNAIRE

BARRIERS TO CHANGE QUESTIONS

- ✓ What has been most helpful in our meetings together so far?
- ✓ What have I done or said as your counselor that has been most helpful?
- ✓ What has been least helpful in our meetings together so far?
- ✓ What have I done or said as your counselor that has been least helpful?
- ✓ What do we need to do in the future to make these meetings more helpful or productive?

4 Principle Factors that Account for Change



MEET THE CLIENT AT HIS/HER PARTICULAR STAGE AND MOVE THEM FROM ONE STAGE TO THE NEXT

