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www.difficult.net newsletter

Helping Tough Teens, Professionals and Parents find solutions

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Q & A with Dr. Sells

Q: Dr. Sells, when I work with the parents of difficult children and teenagers, I often find that the advice I give them on how to improve their parenting skills and control their children better goes unheeded. It seems that they want their kids "fixed," but they won't lift a finger to help. What can I do to stop this problem?

A: One needs to remember that these parents typically have experienced many failures before they reach your office. Oppositional behavior in children and teens often begins early. What starts off as a simple temper tantrum in a toddler, or a few weeks of the "terrible twos" can escalate into an unending power struggle that the parent repeatedly loses.

Parents who lack good parenting skills tend to respond to their children's bad behavior with the same ineffective methods—threatening punishment, raising their voices, nagging, etc. These non-solutions, usually passed down from their own parents, are the only tools in their repertoire. They don't work, and the child very soon learns that he or she is, in effect, more powerful than the parents, and ultimately controls the mood of the entire household.

One solution is to replace traditional non-directive content therapy with directive process therapy. Non-directive content therapy, which focuses on helping parents gain insight into "why?" they have failed, may have only limited effectiveness. Instead, resistant parents typically respond much more favorably to process therapy that shows them "how" to stop an out-of-control kid with a step-by-step road map. The therapist moves into the role of "family coach" or "director" by using role plays to show parents things, like how to properly deliver a contract with the right tone of voice, or how to hug their child and go on special outings to regain lost nurturance. Otherwise, it's like "explaining" to somebody how to drive a car, without ever letting him or her get in the driver's seat, and then sending him or her off into high-speed traffic.

A good example of why we should focus on process was demonstrated several years ago on a Primetime Live documentary with Diane Sawyer. *(Cont. page 3)*

Savannah Family Institute Retreat 2004 Energize, Mobilize & Rejuvenate…Again

Here's a reminder that our Second Annual Retreat is coming up March 11-13, 2004

For three days and nights last March, over 80 people gathered from all over the world to reenergize and rejuvenate themselves with family therapy concepts and ideals. In those three days, we networked and talked about cutting edge concepts.

The 2004 Retreat promises to be even better!

Retreat 2004 "Finding Your Undercurrents"

Opening Plenary:

At the beginning of each conference day (9:00 am- 10:45 am), Dr. Sells will introduce the day's topic around the central theme of this year's conference: "Finding Your Undercurrents."

To the untrained eye and ear, undercurrents are difficult to see. Undercurrents are major themes, such as loss, betrayal, or abandonment, that lie right beneath the surface of a major and recurrent teen or child behavioral problem. *(Continued next page)*

This year's retreat will be, March 11-13th, 2004 at Wild Dunes Resort, (www.wilddunes.com) Charleston, SC. For registration please e-mail us at susan@difficult.net or call 1-800-735-9525. Bring the family for a vacation and rejuvenate yourself.■

March 2003 Retreat Charleston SC.

"This retreat helped me get answers to my toughest clinical questions dealing with high risk families." ***Kristy Snedden***

"I was so rejuvenated that I don't need to retire this year" ***Gaby Berliner***

Retreat 2004 Energize, Mobilize & Rejuvenate…Again

Retreat 2004 Energize, Mobilize & Rejuvenate…Again

(Cont. from front) They keep kids and their parents stuck and unable to move forward towards healing and resolution. This deep healing is not typically taught in graduate schools and requires specialized training. Undercurrents can lead to that elusive second order change.

Special Topic Areas Each Day

Day #1- Bringing Undercurrent Themes to the Surface and Discovering Their Purpose and Function

Dr. Sells will show you how to tactfully and respectfully bring your client's undercurrents to the surface. The phrase, "it's not what you say, but how you say it" will take on new importance and meaning as you make your first delicate cut with the surgeon's scalpel. You will quickly see how the wrong cut at the wrong time, with the wrong scalpel, will scare your family away and do more damage.

Day #2- Live Family Session-Onsite

Dr. Sells will meet with a live family to demonstrate the use of undercurrents and the deep healing that can happen as a result.

Day #3- Spirituality and Undercurrents

When your families have done everything in the natural world to solve their problems, at some point many begin to believe that there may be a spiritual component with deep hurt and pain. We must be able to go this deep with our troubled kids and their families. Dr. Sells will demonstrate through video case examples how this can be done.

Breakout Groups:

From 11 am – 2 pm each day, we will divide up into three breakout groups of 25 people in each group. You will be able to rotate into a new breakout or stay in the one you are in if there is room. These breakout groups will contain:

New Innovations in the Parenting with Love and Limits® Program
We will show you the latest innovations in the parenting program, and how to implement these changes to make your groups run more effectively.

Supervision With Your Difficult or Impossible Cases
We will ask participants to volunteer and present an impossible case, then use the "inner/outer circle" to open the door up to new ideas and possibilities for change.

Special Topic Areas
We will begin to discuss the use of the 15-Step Model within special treatment issues, such as sexual abuse, foster care, blended families, substance abuse, and domestic violence. Each day we will focus on a new topic.

Day 1 Thursday, March 11

8:30 AM - 8:30 AM	Continental Breakfast Provided by SFI
9:00 AM - 10:45 AM	Opening Plenary: Bringing Undercurrent Themes to the Surface and Discovering Their Purpose and Function
10:45 AM - 11:00 AM	BREAK
11:00 AM - 2:00 PM	Breakout Groups • New Innovations in the Parenting With Love and Limits® Program • Supervision With Difficult or Impossible Cases • Special Topic Area: Substance Abuse
2:00 PM - 7:30 PM	Free Time Lunch On Your Own
7:30 PM - ?	Special Event: Karaoke Everyone Is Invited At Lounge Onsite

Day 2: Friday, March 12

8:30 AM - 8:30 AM	Continental Breakfast Provided by SFI
9:00 AM - 10:45 AM	Opening Plenary: Live Family Session-Onsite
10:45 AM - 11:00 AM	BREAK
11:00 AM - 2:00 PM	Breakout Groups • New Innovations in the Parenting With Love and Limits® Program • Supervision With Difficult or Impossible Cases • Special Topic Areas: Juvenile Sexual Abuse
2:00 PM - 7:30 PM	Free Time/Golf Tournament - Lunch On Your Own
7:30 PM - ?	Special Event: Low Country Oyster Roast and concert/dance featuring Main Street, starring SFI's own Barry Lee - Compliments of SFI

Day 3: Saturday, March 13

8:30 AM - 8:30 AM	Continental Breakfast Provided by SFI
9:00 AM - 10:45 AM	Opening Plenary Spirituality and Undercurrents
10:45 AM - 11:00 AM	BREAK
11:00 AM - 2:00 PM	Breakout Groups • Using the New Survival Kit to Reach Your Unreachable Families • Supervision With Difficult or Impossible Cases • Special Topic Areas: Foster Care and Blended Families
2:00 PM - ?	Free Time/ Tennis Tournament Lunch On Your Own

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(Cont. from front) *Q & A with Dr. Sells*

It featured a single mother with fifteen-year-old twin boys who were out of control. A video camera recorded the family's life, 24 hours a day, 7 days a week, over a nine-month period.

The mother and sons spent one month in therapy. Then she sent the twins to a residential treatment facility for six months due to severe behavior problems (violence, disrespect, running away) and depression. While the boys were gone, the mother received approximately one month of therapy and parent training. Videotaping began immediately prior to the boys' removal, and then continued for several months after they returned home from residential treatment.

After the boys' return, there was a short honeymoon period of several weeks of good behavior from the boys, and some reasonably good parenting from the mother. She was more consistent and even praised the boys several times for doing homework. However, soon after, the boys began to act out again. They started getting violent with one another and disrespectful with their mother.

Why did these boys revert to their old behavior patterns? To the therapists and experts working with the family, Diane Sawyer, and probably millions of viewers, the answer seemed obvious: the mother herself was out of control and a bad parent. While the twins had clearly improved, the mother began to drift back to her previous style of parenting. She again started to lecture, nag, yell, whine, sulk, and blow up at minor faults. On the surface, she looked hopeless and resistant to treatment.

If we look deeper, the answer is not so obvious. Thirty years of bad parenting from her own mother and father did not prepare her to suddenly know how to parent after only one month of counseling. There was an imbalance in "treatment time." The boys where trained daily over a six month period in how to behave—what to say, what to do, how to control themselves. In contrast, their mother received one month of counseling, which consisted of discussion about what she should do. She received a prescription for mothering—praise your sons when they behave, write contracts with them, mean what you say and say what you mean, be firm without nagging—without receiving the how-to: process therapy with role plays and troubleshooting Plan B if Plan A fails. Needless to say, she was ill prepared to work with her sons when they returned from the treatment facility.

Not surprisingly, the mother failed miserably. Not unexpectedly, the more she failed, the more "resistant" she became to the therapist's suggestions, which were essentially more of the same. This began a vicious cycle. The more the therapist told the mother what to do without showing her how to do it, the more she failed. The more she failed, the more the therapist labeled the mother as "resistant" and "untreatable." The more this message was conveyed, the more the mother became apathetic, sullen, and closed.

Whatever chances there might have been to engage this mother in treatment soon died an unnatural death. This type of vicious cycle is far too common among counselors and therapists who see parents of difficult kids. It provides a fertile environment for resistance to breed, live, and grow stronger.

Parent resistance is often in the eyes of the beholder. What looks like a duck and quacks like a duck may not always be a duck. Process therapy helps a client step into the role of being a parent and try out different new behaviors in a non-stressful atmosphere. It may be what is needed to break through parent resistance and help you, the therapist, unfreeze what appears to be an impossible case.■

The SFI Difference

The SFI Difference by Greg H. Lindsey

While leading trainings and presentations for the Savannah Family Institute I am often asked the question, "What is it that makes the programs of SFI different from other approaches?" I could attempt to convince the querying party that it is the charming personalities of our staff, or the quality and attractiveness of our materials, but the answers to this question are based on a few simple beliefs, which underlie our work here at SFI. One of these is the foundational assumption we make in working with families: With the right support and instruction, most families can make effective changes in their family systems.

Regardless of your background and training in the helping professions, be it social work, psychology, marriage and family therapy, or counseling, we all have had to examine the role we as "the helpers" play in assisting in the process of change. In order for SFI theories and programs to truly be effective with our families and individuals, we, the helpers, must determine if we will be the *agent provocateur* or the *change agent*. In this sense the *agent provocateur* is the one who shines the light of truth on problems within the family system, and then offers tools the family may utilize to attempt to make changes for themselves. The role of the agent provocateur is to identify dysfunction and to offer a better way. On the other hand, a *change agent* is one who takes responsibility for making the changes happen. A helper assuming this role becomes the change catalyst by actually inserting himself into the system to cause the change, much like what happens in a chemical reaction.

Research is replete in supporting the idea that people who learn and utilize new tools are more likely to sustain changes than are those who have changes implemented for them. Hence, we as helpers do little service to those in our care when we "do the work" for them. We walk the thin line of disempowering them and abusing our own power. The typical result is that, when the helper ultimately is removed from the system, the system returns to its original homeostasis.

Yet, how do we help those in our care move to the point of implementing tools for change? As has been identified in Prochaska's research on "Stages of Readiness for Change" (Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). Changing for Good. New York: Avon Books.), people will not move to attempt change until they recognize it as a problem, identify possible solutions, and are empowered to act on the problem. This helps identify the role of the helper as the *agent provocateur.*

In my daily work as the Clinical Director of the Savannah Family Institute, I consistently find myself wearing many hats. Yet, I have a unique collection of hats and outfits I save for my role as helper. I find these especially useful in working with parents who feel they are at the end of their rope with their teens. The timing and use of the different hats and props is common and almost predictable.

1) **My Two Ears.** When first meeting a parent I often have to remind myself to put on my two "special ears." I have named them. One is Objectivity. The other is Empathy. (If I had a third ear I would name it Reflectiveness, but it doesn't fit the analogy.) These are the roles clients often need us to play in the beginning stages of our work. Before being open to change, they need to be heard. At this stage, I simply listen and support. All of our training in Rogerian counseling comes in handy here. My tools would include such things as "reflective listening," "remaining non-judgmental," followed with a strong dose of "unconditional positive regard." When people feel heard and valued, the walls of resistance often come tumbling down.

2) **Sherlock Holmes (or Inspector Clouseau for those who know me better).** In this role, the trusty magnifying glass is used to identify the glitches and impediments blocking clients from experiencing life as they want it to be. Once the client sees the impediment, we must quickly put away the hound's-tooth hat and the pipe for our next role.

3) **Stock Broker.** This is the role I find that most in the helping professions are least prepared or willing to assume. We have to *sell* the client on the idea that what they saw through the magnifying glass is an obstacle to change, but we also have to sell them on a potential solution. We are not trying to sell them a product, or sell them on why they should continue in sessions with us. We are trying to put the data in layman's terms and identify how a different course of action may help them overcome obstacles. Marketing is based on identifying or creating a sense of discontentment. Our role is to identify what is causing discontentment in the lives of our clients, and offer solutions.

4) **Macgyver.** I was once on a river trip with a group of teens when one of the canoes was holed by a rock. Being that this was a 4-day trip, we were in trouble. I got the group together and had them come up with ideas on how to patch the hole. We assembled all the materials we thought would

help in the repair, and then we came up with a plan. The plan included step-by-step actions, and who was responsible for each step. We resolved the problem by having everyone in the group chew all of the bubble gum we had on hand. The gum was then formed into the hole. The gum was heated with a small fire, plus the light of the sun through a magnifying glass. Finally, the hole was covered with duct tape. It worked! The canoe didn't leak a drop. While I had already developed that plan in my head, and actually guided the group to that conclusion, they took ownership of the process and assisted in making it work. After we were all done, the boat was christened, "Macgyver." In working with our families, we must use "the outer circle" to help. This outer circle may be other group members, or members of a client's family or community. Their function is to be there for support and ideas. Many times these ideas will be fresh and outside the box. Remember, you may think you know the solutions, but they will own the idea and change process more strongly if they and their supporters work through the process of identifying and implementing solutions.

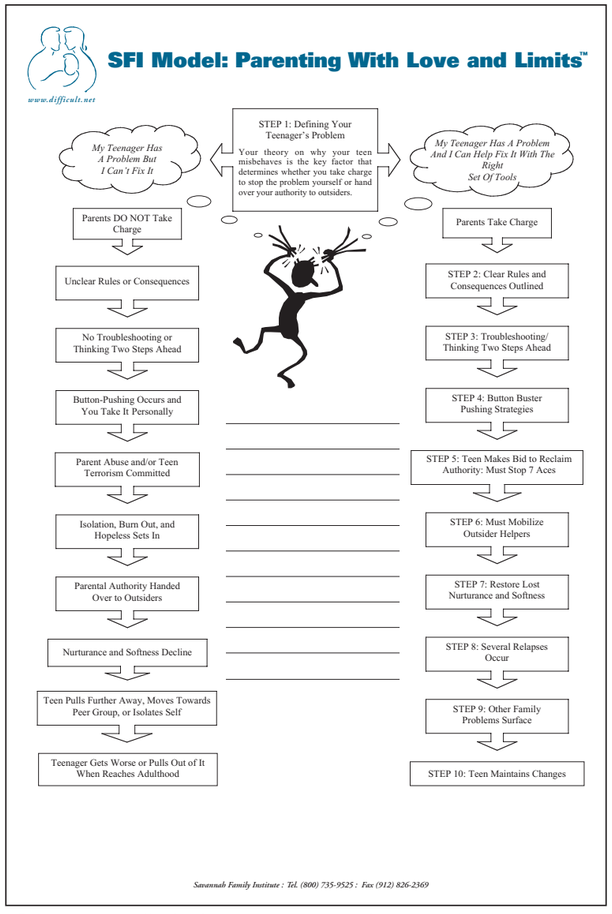
5) **Richard Simmons.** Love him or hate him, you cannot avoid the enthusiasm and excitement Richard Simmons can create when he enters a room. You can leave your striped shorts and tank top at home, but we must find a way to teach new tools and inspire our clients to action. You cannot do it for them, but just like Richard, you can show them what to do and do it with them. Planning, role playing, practicing, and predicting the next steps go a long way in empowering our clients to act with their newly acquired tools.

6) **1-800-CUSTOMER SERVICE.** As our clients move forward and experiment with their new tools, we must let them know they can contact us for troubleshooting and support along the way. We don't provide any warranty, other than that of continuing to be there for them. This is the essence of old fashioned social work.

While there are many other roles we as helpers may take with our clients, I find the roles above to be essential in helping discouraged and skeptical families move toward lasting change. It is important that we continue to improve these skills, and their timing and implementation. Each time I lead a *Parenting With Love and Limits*® series of classes, I learn new ideas and tools regarding my role.

In the next newsletter, I will give my second response to the question, "What is it that makes the programs of SFI different from other approaches?" What answer would you give? I would enjoy hearing your feedback.■

Greg H. Lindsey, M.A., LPC
Clinical Director
Savannah Family Institute



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Parenting with Love and Limits® Research Update

Ninety-three parents and 102 adolescents were referred by juvenile court and treated for substance abuse and a co-morbid diagnosis of either oppositional defiant or conduct disorder, using the *Parenting With Love and Limits*® parent education program over a six-week period. The goals of this study were to assess whether active parent involvement and the concurrent treatment of severe behavior problems would reduce teen substance abuse, as measured by the adolescent SASSI scale. In addition, if the SASSI scale indicated a significant reduction in substance abuse, would these changes be maintained after a 12-month follow-up period, as measured by re-arrest rates through juvenile court records? The results indicated that parent participation in a teen's treatment of substance abuse and other severe behavioral problems did have a major positive impact. Even though the adolescents' attitudes and defensiveness towards drugs or alcohol did not significantly change, their substance abuse did. This was demonstrated by both the statistically significant changes on the adolescents' SASSI scores and the fact that 85% did not relapse over the course of an entire year after treatment was completed.

Out of the 93 adolescents who completed the *Parenting With Love and Limits*® program; only 15%, or six adolescents out of 93, relapsed or re-offended over a 12-month period (as indicated by juvenile court arrest records that tracked each of the 93 adolescents). Re-offenses included both substance abuse behaviors (e.g., illegal possession of alcohol or drugs like marijuana) and conduct disorders behaviors (e.g., shoplifting, violence, running away, etc.). In addition, there was an 85% completion rate by adolescents and a 94% completion rate by parents for all six weeks of the *Parenting With Love and Limits*® program. It is interesting to note that, even though the teens were court ordered into the parenting program, the parents were not.

This evidence suggests that, if parents are given a set of step-by-step tools, like contracts and button-pushing, to take charge and stop their teen's severe behavior problems, substance abuse can be reduced whether or not the teen's attitudes towards drugs or alcohol use changes. In other words, the teens in this study may like drugs or alcohol and believe that they do not have a problem. However, their substance abuse can be reduced if their parents consistently apply consequences to hold them accountable, thus making it less likely that they will indeed use. In addition, these changes in behavior can be long lasting, even after the treatment piece is removed, as indicated by the large percentage of teen's that did not re-enter the juvenile justice system.

The key ingredient is parental involvement and giving these parents the right tools to take charge of their teen's problem. Future studies are needed to determine whether a direct correlation exists between a reduction in severe conduct disordered behaviors and a reduction in adolescent substance abuse. We can surmise from the SASSI results that there may be a strong positive correlation, but without direct measures in this area, we can only present it as a strong possibility.

Another important finding is the 94% completion rate by parents and the 85% completion rate by adolescents of all six two-hour parenting classes. The adolescents were court ordered to attend, so that may explain the high adolescent attendance. However, the parents were not. High parent attendance in this six-week course contradicts research findings that suggests this population of parents are extremely resistant to treatment and show a lack of participation in the overall therapeutic process.■

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