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Helping Tough Teens, Professionals and Parents find solutions

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How to be Brief and Still Experience Deep Healing *by Dr. Scott Sells*

Deep Healing

Brief treatment and deep healing are often viewed as mutually exclusive terms. Two main camps in mental health support this perspective. At one end of the continuum, there are therapists who believe that successful treatment for major problems, like clinical depression or alcoholism, is long-term with the goal of uncovering the "root" cause of the problem through insight. Medication is emphasized because it facilitates the healing process and helps the client cope with his or her symptoms. However, if treatment ends, the medication stops, or the motivation for seeking help lessens (i.e., probation ends, spouse does not divorce, etc.) there is a high probability that symptoms will return, either immediately or in the future.

At the other end of the continuum, there is a different group of therapists who believe that successful treatment should be brief, with the focus of replacing insight with the formation of solutions in the here-and-now and doing more of what worked in the past. The need for deep healing and insight is de-emphasized and replaced with the optimism that changing one's present and future circumstances will lead to quick, but long lasting changes. In fact, Steve deShazer, the founder of solution-focused treatment, boasted that "every client could be cured within 10 sessions using his model." Medication is de-emphasized in favor of finding solutions in the here-and-now. With this approach, symptoms may also return with the discontinuation of therapy, but it is less likely because you are creating solutions collaboratively with the clients. **(Continued on page #3)**

Undercurrents - How to be Brief and Deep-Healing Simultaneously *by Dr. Scott Sells*

The answer to how to be brief and deep healing at the same time is found within the concept that I call "undercurrents." The Undercurrents concept is the bridge between brief therapy and long term psychotherapy within a spiritual and systematic theory framework. Undercurrents are deep wounds, such as abandonment, loss, fear, role confusion, or violence, which must be uncovered and addressed if your client's problems remain unchanged even after many therapy sessions. This is not a new concept. In psychoanalysis, Freud called them part of the unconscious protected by defense mechanisms. In Jungian therapy, they are called archetypes, and in object relations they are formed from attachment problems. What is new is their application within the framework of brief therapy, insight oriented psychotherapy, systems theory and spirituality.

Here is how it works. In Step One, the therapist must start where the client is by solving the problem the client wants solved — not necessarily the problem that needs to get solved for true healing to take place. For example, it may be obvious that marital conflicts with undercurrents of violence are the real reasons why the child is acting out. But if you go into this "hot spot" before you have earned your wings, by first solving or addressing the acting out kid problem, you will never round first base.

"solving the problem the client wants solved"

The best way to complete step one is to use classic solution-focused questions to move the client's presenting problem into a concrete goal in the client's own language. For example, you might say to a parent with an out-of-control teen, "If your son was more respectful, what would he be doing or saying differently?" That parent might say something like, less swearing, doing chores the first time he is asked, or obeying curfew.
(Continued on page #2)

The therapist then has a clear goal, with objectives co-written by the clients themselves.

Before you can proceed to Step Two, however, you have to show competence in relieving some of the pain and discomfort associated with the symptoms. Otherwise, your clients have no reason to see you as a skilled surgeon who is qualified to make deeper undercurrent cuts into their wounds. For example, if my client does not see me as instrumental in helping them alleviate her depression by prescribing the right anti-depressant or the right cognitive intervention, why would she ever trust me to cut deeper to bring out wounds, like abandonment, that directly led to the birth and maintenance of this depression? The answer is, of course, that she would not! The bottom line is that you must prove your competence and skill to go forward.

"you must locate and label the undercurrent"

During Step Two, you must locate and label the undercurrent with your client's collaboration. Rotten fruit is the result of rotten roots that are underground and unseen by the naked eye. Therefore, you must gently tease these undercurrents out into the open where everyone can see. This takes great skill and must be done with the delicacy of a surgeon's scalpel. Otherwise, if you cut in the wrong place or too deep and too fast, the client will bleed all over the table and be re-traumatized all over again. For example, if the undercurrent is unresolved grief that has been suppressed by your client for thirty years, you do not want to go in like a "bull in a china shop" and bring it up without any tenderness and respect. You want to go at a slow, but steady pace. This is where your training in psychotherapy and defense mechanisms is invaluable. You must maneuver past blockages to the wounds, such as denial, projection, or displacement, to gain access to the wound itself. Once you are able to bring the wound out into the open and label it correctly, you can proceed to Step Three.

During Step Three, you will use process therapy within systems theory through the technique of "enactments." You will move from the role of therapist to that of a coach, or great director like Steven Spielberg or Ron Howard, by asking your clients to re-enact the dysfunctional communication patterns that cause their undercurrent problems or give energy to them.

"Steven Spielberg or Ron Howard"

For example, in one couple the wife had just returned from rehab and was sober for the first time in 11 years. One of the big undercurrents was "role confusion." When the wife was drinking, her husband viewed her as an "incompetent parent." As a result, he took over as parent, and she had no voice or authority. In turn, the kids saw Mom, not as a parent, but as a playmate. This confusion of roles created in the wife and the resulting deep wound of resentment played itself out in the family's day-to-day interactions. After the undercurrent was revealed to the couple in Step Two, the therapist used enactments by asking the couple to talk about the "role confusion" and the resulting wound of resentment, right in front of the therapist in his office. The therapist then moved to the role of director and assisted the couple in "healing talk" or communication that would move them from the past hurt into present day, here-and-now healing. One healing conversation might be about how they will clear up their role confusion in the future and discipline their daughters together.

These healing talk conversations are absolutely necessary to heal the wounds that have resulted from unhealthy undercurrents. You must be prepared to change them in your office because, in the early stages, they are too fragile to successfully pull off healing talk in the privacy of their own home. It is just too new and awkward at first, and they will quickly return to old and dysfunctional communication patterns.

"The Fallout of Change"

During this critical time, you must also openly talk about Step Four: The Fallout of Change. Until these new communication patterns are solidified, your clients are at a high risk of relapsing. You must perform a preemptive strike and tell your clients how "normal" this is when you open up old wounds. The natural tendency is to cover them up, once exposed with their previous coping strategies. Once relapse is exposed and normalized, you can prevent it. This process will be explained in the case study. **(Continued on page #3)**

Deep Healing

They own the solutions and therefore the changes they make are more permanent and long lasting.

My view is that the truth lies somewhere in the middle. You can be brief, but may also need insight and the subsequent healing of "root" causes or "wounds" to experience long lasting, permanent, or "second-order" changes. "Second-order" changes occur when clients maintain their improvement long after treatment ends, because there is a permanent change in the structure or lifestyle of the client. The wound is cleaned out and healed so that, even when future stressors occur, the client does not relapse into old patterns or symptoms. The alcoholic does not start drinking again, even after his beloved spouse unexpectedly dies in a car accident, or the anorexic teenager does not starve herself again, even after she gains weight and her boyfriend tells her she is fat. The changes are permanent.

Most of us, however, only get to experience "first-order" change. Our clients change or maintain their progress only as long as they are in treatment, or there are no major stressors in their lives. The wounds are still largely unhealed and they return to their symptoms over time.

This second-order change stuff is what we as therapists were born to do, and why most of us got into the field of mental heath in the first place. Unfortunately, the sighting of a second-order change is rare and elusive. So the question for many counselors is: "How can I still be brief, but see permanent changes in my clients? "The answer to this question will come in this month's article entitled "Undercurrents."■

"undercurrents and spirituality"

During Step Five, after you survive several relapses with your clients, you will continue to use enactments to solidify the formation of new and healthy undercurrents. Using the example of the sober wife, new healthy undercurrents of role clarity were supported by clear contracts written by the parents and kids together and an "institutionalized" date night for the husband and wife. These new undercurrent interactions healed old wounds and eventually brought about "second order change." For many clients and families, this represents the final step and termination of therapy, but for some clients there is one final step to go — called "undercurrents and spirituality" in Step Six.

"mind, body, and soul"

There is little disagreement that human beings are balanced by mind, body, and soul. Many books and articles have revealed the negative impact that an imbalance in these three areas has on people. In the United States, surveys reveal that up to 90% of the population believes in God, and there is widespread acceptance of surrendering to a "higher power" as the key principle in a 12-Step program. In my experience, clients have been extremely open to an acceptance and understanding between undercurrents and spirituality.

The reason is that wounds will also wound the person's spirit. Clients immediately understand the concept of spiritual pain. They also inherently understand how unresolved bitterness, a common wound, poisons the person's soul, and that forgiveness and prayer can be extremely helpful. Finally, after clients have unsuccessfully tried everything in the natural to fix the problem (therapy, medication, support groups, etc.), they often desire to seek help to solve this problem spiritually. Counselors must be open to offering support to clients who desire undercurrent work in this area.■

In my opinion, suicide is the most serious and deadly of all extreme teen behaviors. If a teen is violent, he or she may hurt someone, but live to face another day. However, if the teen successfully implements the "suicide" ace, he or she dies. With this problem, there are no second chances.

Unfortunately, this problem seems to be on the rise with teens. This is especially true if the teen has spent time in a mental hospital or a residential treatment program. At these places, they meet a concentrated number of kids with the same problems. Some of these kids have learned the power of this ace. They begin to teach it to other teens in the unit. They instruct the teen how the threat of suicide works. By saying the words, "I'm going to hurt or kill myself," you can immediately get everyone off your case.

In addition, if you are suicidal, everyone gets scared and so no one holds you responsible for anything. A suicidal teen is not expected to do homework or even go to school. A suicidal kid is not expected to clean his room or stay off the phone. Some of the kids in the hospital will personally show the teen how to take a razor blade and make small cuts all over the arms and stomach. Not enough to do harm, but just enough to freak everyone out.

Recently, one of the kids I worked with went into the hospital for trying to burn her house down, but came out of the hospital having completed a crash course on "How to Get Your Way by Threatening to Kill Yourself." Any time her parents tried to ground her or hold her accountable, she started to cut on herself. The parents would get scared and instantly back down. This only further served to reinforce the suicidal behavior. What happens in our hospitals mirrors what takes place in many of our prisons. Criminals do not go to prison to be rehabilitated. They come out learning how to be better criminals.

The real danger lies in the fact that the teen may accidentally kill himself. The teen's threats of suicide may be emotionally based or based solely on manipulation. Emotional suicide means that the teen is severely depressed and finds no reason to live. Manipulative suicide means that the teen is using the threat of suicide as a ploy to get you to back down. The teen has no intention or desire to kill himself. In the end, it does not matter. The teen may still kill himself, whether it is on purpose or by accident.

"I Felt Backed Into a Corner"

Special Treatment

Sixteen-year-old Mindy had problems with ditching school. During the course of counseling, her parents temporarily put aside their marital differences to enforce the rule of going to school. They did this by attending school with Mindy and sitting on either side of her in class. Mindy hated this consequence with a passion. She was the talk of the school.

One night at dinner, Mindy rose out of her chair and told her parents that they had better cease and desist immediately. Otherwise, they would be sorry. The father stated that they would stop if Mindy started to go to school on a regular basis. Mindy got angry and immediately went to the kitchen knife drawer where she proceeded to take out a large butcher knife. She said, "If you don't stop going to school, I am going to kill myself."

This had been the first time Mindy had ever made this kind of statement. She had never been suicidal and was basically a very happy kid. Because of these facts, the parents thought Mindy was joking. The father said, "Mindy, put the knife down and stop trying to manipulate us. It won't work. Come back to dinner."

It went back and forth like this several times until Mindy took the knife and sliced through all the tendons in her wrist. When asked later what she was thinking she replied:

"I honestly had no intention of hurting myself. A girl in my class told me about how to use suicide to the advantage. I thought my parents would get scared, back down, and that would be the end of it. I had no idea that they would not take it seriously and would call my bluff. I felt backed into a corner. I could not let them win, so I cut myself. I am so sorry I did. I had no idea how bad it would hurt, or that I could really die."

Our teens today often don't think before acting. It is also important that they save face. These two things combined make threats of suicide a deadly game of Russian Roulette. You never know whether there is a bullet in the chamber.

Because of this problem's high risk nature, there are really only a few possible strategies to stop the threat of suicide. To successfully use these strategies, the parents must have their own stuff together. If they

have severe marital conflict, incompatible parenting styles, domestic violence, or drug or alcohol use, they cannot use these strategies. The parent must seek counseling to work through these issues, or get them to a point where they are workable. Anti-suicide strategies must be carried out with precision. There is no margin for error. The stakes are too high. If you make a mistake, the teen may die and you will never get a second chance. ■

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