

The Application of Italian Brief-Strategic Therapy to American Delinquent and Oppositional Youth

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Abstract

The effectiveness of Italian Brief-Strategic therapy is noteworthy. This paper will examine the feasibility of applying the Italian model, with some modification, to American populations. The Italian model has been successfully demonstrated with upper and middle socio-economic strata populations in Italy who largely present with problems such as anxiety, eating disorders, and obsessive-compulsive disorders. At a San Diego clinic that serves members of the lowest American socio-economic stratum, the model has been shown to be promising for the treatment of oppositional defiant disorder, conduct disorder, and disruptive behavior disorder. An overview of the American-adapted model is presented.

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Background

The Italian model of Brief-Strategic therapy has shown a great deal of effectiveness and efficiency in the treatment of problems like eating disorders, obsessive-compulsive disorders, anxiety, phobia, depression, and psychosis. With an overall effectiveness of about 88% and a level of efficiency averaging around 10 sessions (Nardone et al, 2005), the Italian model is the envy of the world psychotherapeutic community. However, can the Italian model be applied to American populations? In the Italian clinics, the populations served are socio-economically privileged clients with strong family ties. Italian families are known for their closeness and interest in each other's affairs. The clinics are privately owned and free from excessive bureaucratic regulation. Is the model capable of serving the socio-economically underprivileged as well? Can the model work with poor American families that tend to be distant, function autonomously as collections of individuals, and frequently take the view that symptoms in the identified patient are "their problem?" Moreover, can the model be effectively utilized in public health clinics that are highly regulated and overly focused on mental health treatment through the medical model?

For approximately three years a clinic in San Diego has adapted and applied the Italian model to American families. The population served could not be more different than those served in Italy. In San Diego, the clients were the poorest members of the region. Below the level of the working poor, these families largely are not employed, suffer from persistent multi-generational psycho-social dysfunction, experience widespread drug abuse, and suffer from ethnic and class discrimination from the larger society. These families tend to have divorced parents and children that are out of control. The clinic predominately treats adolescents and children who meet Diagnostic and Statistical Manual IV-TR (American Psychiatric Association, 2000) criteria for oppositional defiant disorder, conduct disorder, or disruptive behavior disorder. Consistent with the findings in other American studies (Tolan & Henry, 1996) the San Diego clients typically have one or more co-morbidities, typically attention-deficit hyperactivity disorder, alleged bipolar disorder, or substance abuse. It is not uncommon for the youth to have learning disabilities and are frequently one or more academic grades behind (Kazdin, 1995; Frick 1998). The clinic is a public health clinic and must operate under tight regulatory control and oversight from governmental agencies that are inculcated in the medical model for mental health treatment.

The application of the Italian model brought with it some unique challenges in this setting. At the time of the original implementation of the model, no specific protocols for the treatment of oppositional defiant children and adolescents were in use at the Italian clinics. It was necessary to deconstruct the model into its fundamental logic and begin to construct a new treatment protocol for this type of problem. At the same time, the Italian model had to be adapted to American cultural norms. In Italy, many of the families were over involved with the problems of their children (Nardone et al, in press). As a result, interventions were designed to neutralize the effects of this over involvement. In America, another trend was discovered. Rather than having families that were over involved, many of the families were distant and all too ready to let the youth persist in their difficulties without their support, or to abandon the youth to professionals for help. Therefore, interventions to move the family out were unnecessary; moreover, strategies to engage the family and block reliance on professionals were of more pressing concern.

Several predictable patterns emerged in the families being treated in the San Diego clinic. These poor American families, often products of divorce or illegitimacy, were unlikely to have adult males in the home. When father figures were present, they tended to be stepfathers or the live-in lovers of the mother. The families tended to have adolescent or preadolescent males that were aggressive, oppositional, and disruptive in their behavior. When adolescent females were present, although historically presenting with depression, they currently seem to follow the male trend of aggressive defiance. When no father was in the home, mothers were frequently incapable of dealing with the aggression of their young. When there was an adult male in the home, they lacked the legitimacy to be able to effectively control the youth, or responded to the youth with excessive punishment. Almost a quarter of the families treated had grandparents who had taken over the role of parenting their grandchildren because the natural parents were drug addicted or seriously mentally ill. In these families, the infantilized parents either remained in the home to form counterproductive coalitions with the children against the grandparents or were expelled from the family to have their memories linger like ghosts haunting a cemetery. These grandparents appeared to function well when the grandchildren were young, but failed miserably as they progressed into early adolescence.

Parents, or adult parent-like figures in the home, fell into distinct categories regarding their attempted solutions to the disruptive behavior of their kids. Some parents perceived their children's acting out as attacks on their hearts, the spiteful withdrawal of love. These parents, fearful of losing

the love of their children, would attempt to correct the misbehavior of their young, only to undo their corrections by buying back their love and overlooking or rewarding the youth's transgressions. Although it was clear that these parents were reinforcing bad behavior, traditional behavioral methods of reward and punishment or parent education were ineffective. This is an instance where behaviorism may be useful to explain why children act out (reinforcement of misbehavior), but it is virtually useless in producing behavior change. This is because these parents who fear the loss of their children's love will never consistently apply reinforcement schedules that they view as punitive. For therapy to be effective, the therapist must understand underlying perceptive reactive system of the parent. Similarly, child-focused group therapy completely ignores this aspect of the parent-child relationship and merely serves to contaminate the less disruptive youth with the behavior of the more seriously delinquent youth (Gordon, 2002).

The perceptive reactive system is a person's primary way of viewing their environment and responding emotionally, behaviorally, and cognitively to it. Thus, perception occurs prior to the formation of emotional reactions and cognitions, and drives a person's behavior (Nardone et al, 2004). The challenge in therapy is seldom that an experienced therapist does not see what needs to be done, rather it is actually getting patients to do it that is the focus of treatment. To get a parent who will not punish because they fear the loss of their child's love to take control of the situation is more than a simple educational process. The therapist must employ a series of strategies designed to either change the perceptive reactive system of the parent or to fit the parents' corrective actions into the existing perceptive reactive system such that it is no longer a conflict to correct the youth.

Another pattern found in families with disruptive children is where the parent perceives the youth's transgressions as acts of disrespect. Unlike the parents who fear that their children do not love them, these parents are more than willing to punish misbehavior. In these cases, however, punishment does not correct the transgression of the youth. Instead, the more parents attempt to force their children's respect the less their children actually respect them. These families get caught in an endless cycle of punishment and resentment. Eager to correct the problem, it is not uncommon for these parents to seek out self-help groups like Tough Love that encourage parents to take more control of their offspring. It is not hard to see that this will only cause further deterioration of the situation.

In some families that fear the loss of love of their kids, parents will respond to their children's acts by becoming enraged and spiteful. Unlike

those who continually undo their own attempts to correct the youth's problems, the rageful parent, hurt that their children do not love them, lash out in vengeance. The more their vitriol infects the relationship, the more they push their children away from them, prompting further acting out and more retribution. Although this may appear similar to parents who view their children as disrespectful and become punitive, the perceptive reactive systems of the parents are different. The quality of the punishment also takes on subtly different tones. With the punitive parents concerned with respect, the relationship in the family is cold and distant. With the vengeful parent, because they are actually seeking love, the relationships are hot with attempts from the parent to pursue the children and provoke them.

Some families germinate disruptive children because they are organized around the idea of democratic-permissiveness (Nardone et al, in press). In these families, children are given equal voice in all family decisions. Aggrandized by responsibility that they are developmentally and cognitively unable to handle, their behavior becomes transgressive. Parents attempt to respond to the problem by being understanding and reasonable with their offspring when problems develop. The more reasonable the parents become, the more tyrannical their children become. The author views these families as a variant of the parents who view their children as being disrespectful. In contrast to the parents who try to force their children's respect, these families try to gain their children's respect by demonstrating polite and respectful behavior in the hope that their children will respond in kind. Parents in this category might be uncomfortable exercising power, even viewing it as barbaric. The children, far from gaining respect for their elders, view them as weak and with contempt. In these families, parents continually play the role of Neville Chamberlain to their children's Adolf Hitler.

Most recently, the clinic has become aware of another variant of the democratic-permissive family that hides a slightly different dynamic. In this subtype, the parent still perceives the youth's misbehavior as disrespect. The parent also attempts to placate, cajole, or reason with the child to gain their compliance. As above, the parent attempts to avoid asserting control over their offspring. But in this variant, the parent avoids asserting control, not because they esteem the values of democratic-permissiveness, but rather because they fear that if they succumb to using forceful corrective measures, that they will lose control and abuse their children. Indeed, many of these parents were themselves the victims of physical abuse. The parents in this group may actually make requests of their children, have their children disobey, and fearing their own anger, attempt to reason or temporarily appease the child, all

the while they fume with anger. The longer they appease or give extensions to compliance, the more their anger builds until they lash out and abuse their children. At this point their force is no longer corrective. Having waited too long between stimulus and response, the children no longer associate punishment with their original misbehavior. The parents, now enraged, are more likely to apply disproportionate punishment and simply vent their ire on their children. By trying to avoid being abusive, they unwittingly create the very abuse they detest.

Method

The treatment of these American families with disruptive, oppositional, and aggressive youth is based on an adapted model of the Italian Brief-Strategic Therapy (Nardone & Portelli, 2005). As in MRI Brief Therapy (Fisch & Schlinger, 1999), the determination of customership is an important first step. Disruptive and oppositional youth can be difficult to engage in outpatient treatment because of they are uncooperative and negativistic. Many of these youth don't want to give up the power and status they hold in their families and are not likely to be "customers" of treatment. Rather, it is likely that the family, school, or law enforcement agency has coerced the youth into therapy. Customership therefore is most likely found in the adults around the youth not in the youth themselves.

The treatment is thus designed as an indirect treatment. The therapist typically works with the adults in the youth's life and avoids direct contact with the child or adolescent. From a customership perspective, the reason for this is clear: this maneuver neutralizes attempts of the non-customer disruptive youth to directly sabotage therapy and eliminates the most direct source of resistance in the therapy session. But the technique is also designed to counter a subtle counter therapeutic message that is commonly but unwittingly sent in child/family therapy. When a child is seen directly in therapy, there is a message that is sent to the child that "something is wrong with you." Children are especially susceptible to negative messages because of they have yet to develop a clearly formed identity and lack sophisticated developmental and psychological resources. They can internalize such negative messages by becoming more disturbed. The author believes that it is absurd for therapists to invite children in to therapy and then attempt to normalize the situation. By overtly refusing to see the youth, the therapist is sending a stronger normalizing prophecy. Furthermore, by treating the parents, the therapist can counter their attempts to abdicate their authority and disqualify themselves as

parents. When therapists act as child counselors they can easily get placed in the role of child advocate, parent-child mediator, or as a substitute parent. Each of these roles can actually hinder the therapeutic process. Child advocates by definition have sided with the child and adopted their position, creating an adversarial relationship with the parents and making it more difficult to get the parents to change their behavior. Parent-child mediators assume an allegedly neutral stance between the parties, yet this stance reifies the idea that parents and children are equals. Since many of the youth with disruptive behaviors are already operating from an artificially aggrandized position, the role of mediator can reinforce the hierarchical equality of the parent-child subsystems and inadvertently support the maintenance of the problem. Child therapists, on the other hand, run the risk of supplanting the parent in the family system. The more the therapist engages the child to fix the problem, the more the parents abandon the child to the therapist. When problems continue to arise in the family, rather than try to solve the problems, the parents wait to tell the therapist and let him/her handle it. The child develops more trust in the therapist and less trust in his or her own family. In the worst case, the bond may strengthen to the point where the therapist begins to side with the child against the parents.

The American Brief-Strategic model therefore ideally focuses on treating the parents directly and refuses direct contact with the child where possible. Funding requirements can complicate this process. The local public health system requires that children be directly assessed for mental health treatment. The American model compensates for this by conducting an initial family assessment and then using the youth's apparent oppositional attitude as justification for working with the parents directly. This puts the parents at ease and reduces their anxiety that they are the problem.

The treatment is designed as a short-term intervention, working indirectly through the parents, to induce rapid change in juvenile behavior and reform the family's perception of the youth as bad into a more positive expectancy. The therapist helps the parents change their child's behavior by altering their own interactions with the youth, then transfers the instrument of change to the family by explaining the maneuvers so they can apply the new techniques on their own without the therapist's help.

The protocol uses the strategic dialogue as an initial assessment/intervention to define the problem while simultaneously reframing it and altering the parent's perceptions of the problem and how it operates. The strategic dialogue (Nardone et al, 2004) is a form of Socratic questioning that leads the parent to arrive at a new understanding of the problem and to see

that their methods are not working. The dialogue is an advanced technique that is based in hypnosis and sophistry. The dialogue operates at several levels at the same time. It uncovers diagnostic information, begins to change the view of the problem, and uncovers attempted solutions. The dialogue also prepares the client to receive the intervention, reduces resistance, promotes a strong therapeutic relationship, and motivates the client for treatment.

The strategic dialogue is structured as a series of closed ended questions that gather information but also, through the asking of the questions, induce a new understanding of the problem in the client. By answering the questions, the parents begin to shift their views of the problem as something that is incomprehensible into a view that the problem is predictable, understandable, and correctable. The therapist periodically paraphrases the dialogue and answers back to the client to ensure that the therapist is on track, and if not, the therapist will self correct to get back in synchronization with the client. Once the strategic dialogue is completed in the first session, both the therapist and the clients will have simultaneously arrived at an interactional understanding of the problem, that is to say, that the problem is maintained as a consequence of repeating failed attempted solutions. At this point the therapist delivers the next intervention: the strategic therapeutic contract (Nardone and Portelli, 2005).

The therapeutic contract is ostensibly an agreement on how therapy will progress. Embedded within the verbal contract, however, are hypnotic commands and a double bind. The contract hypnotically motivates the client to follow through with the interventions and reduces their resistance. The contract is a standard brief-strategic technique that is not unique to this protocol. Following the contract, the final task in the first session is to deliver the therapeutic interventions. The interventions are tailored to counter the specific attempted solutions discovered within the strategic dialogue. If the therapist is unsure of the operation of the problem, or wants to test the family to determine their compliance, the initial interventions may be something benign that are not designed to interrupt the symptoms, but merely to gather more information.

The following is a transcript of a session with the parents of a 14-year-old Caucasian/Latino female who presented for treatment for defiant and oppositional attitude, failure to follow household rules, and stealing. The session occurred shortly following their discovery that the patient had stolen a credit card number from the parents. After a brief meeting with all the members of the family, the following was a dialogue with the therapist and the parents.

T: I just wanted to speak with you both and get a little more clarification... I am kind of stuck a little with figuring out what the actual problem is and was wondering if we could take a moment time trying to figure out what the real issue is here...it sound like, from what you presented earlier, and I am not sure if I heard this right, but the stealing is the main problem.

M: Yeah, its one of the main problems

T: Okay, its one of the main problems. So when S steals, how often has this occurred? It sounded like for only the last six months...

M: It is only when we catch her, she could stolen this whole time, but until we catch her we don't know. We have change lying around; we found some money missing from (my) wallet, sometimes in the washing machine, stuff is missing...

F: There are others times...?

T: So how often do you think she steals?

M: I don't know. Actually, I don't know how long she had the credit card number, I just caught her yesterday...

T: So when this occurs, what is your reaction to these instances?

F: Hers or mine? She (pointing to the mother)...

M: Oh, I start screaming, I yell, I grab boxes and start cleaning out her room. I go through her backpack.

T: Okay and your reactions? (indicating to the father)

M: He sits there.

F: (smiling) Yeah, when she gets mad there is nothing much I can say or do

T: S steals something, your find out about it, and stumble across the situation or...?

M: Usually...

T: or does she ever come to you and admit it?

M&F: No never! And she'll hold to it to the end. We found the credit card number and she held to her story to the end. She said, she never used it, it was in her backpack, she lost it...

T: So she steals, you find out indirectly, and she reacts how to this?

F: Well the thing is that she reacts so badly because we keep asking her and she keeps denying it.

T: So wait, I missed something, she steals then you confront her first with the evidence or ask her about it?

F: Well, we try to ask her one more time...

M: In fact, we give her 5 or 6 chances to tell the truth.

F: and she...I don't think that she gets it that when we ask the question, we already have proof and we already know that she is doing it.

T: So you already know that she stole, you go to her, how do you go to her?

F: Actually, I'm the one who goes to her

T: You go to her (pointing to the father) and...

F: It's like around the \$20, I went to her and asked her if she paid for the (sic), she says no, and then I say but why didn't you pay for it. So she'll say well I spent it on little stuff, and then I say well why didn't you pay for it and then she'll say something like she lost it. And I tell her well I already know you didn't pay for what you were supposed to and the reason I am asking you once or twice about it is because that I already know the answer but I want to hear what you will say.

T: So this type of question if what you do when you found out when she stole?

F: Yeah, we give her the opportunity to admit to it

T: So is that you most often try when you go about dealing with her on this behavior?

M: Do you mean to get her to admit to it?

T: Or just to confront her? Has there been anything else that you have done that is different than what you described?

F: No, not really...

T: So this has been the only way that you have addressed it?

M: Yeah pretty much...

F: Well, in the beginning we used to yell a lot.

M: Yeah, a lot

F: But we found out that yelling is not taking us anywhere

T: So yelling didn't work?

F: I found that it gets to her more when I talk than when I yell. So I start talking her, she starts crying, and I like I am the one who feels bad.

T: So now when you find out she stealing, you used to yell and now you talk...

M: That's the way he does it...

F: yeah, that is the way I do it...

T: (to the mother) you have different way, you just go right in and yell...

M: I give her the chance to tell the truth

F: Well I am not going to say that I don't yell because I still do

T: So these things have happened just this one time or several times?

M: You mean how we've dealt with it?

T: Yes...

M: This is how I have always dealt with it...since kindergarten...

T: Since kindergarten?

M: Yes, since kindergarten...she has been stealing since kindergarten

T: So this is how you have always dealt with it, and she is how old?

M: 14

T: So...Nine years...

M: ...it's not working! I have restricted her, taking things away from her, stripped her room, put things in the garage. I have had her stereo and all she has to do is bring her grades.

F: Yeah, all she has to do to earn it but is bring up a single piece of paper from school...

T: We seem to be getting off track...I would like to go back to the past nine years...and how you have dealt with her stealing.

M: Is always been done the same way...

F: Well, my way has change...

T: It sounds like you said that it wasn't working...

M: Yeah it's not working, well, it seems like it does and everything goes find, sunshiny, and great...and boom, it falls apart.

F: (attempts to go on about S's school work)

T: I don't mean to interrupt, but I would really to like to stay focused on this behavior in particular and would like to really think it through. Let me ask you a question, who deals with S more when the stealing occurs?

F: (raising his hand)

T: You're first?

M: Not always

F: Not always because I am at work...

M&F: Well, about half and half...

M: Most of the time we go in together...

F: Yeah, I will listen and she'll talk or I'll talk and she'll listen

M: Like a spot light...

T: You said a spotlight?

M: Yeah, because we go in there like we have a spotlight, saying did you do it? Did you do it? It's like an attack...

T: What's the result of that?

M: Nothing...the lying...

T: Well, what's the outcome of that approach...?

M: Hmm, it's just the way we do it...I just realized that (smiling), we go in there like we're a firing squad.

T: Yes, it sounds like a pressure situation.

M: Yeah, and she never admits to it.

F: Well, maybe like 2 hours later but...

T: So when the stealing comes up, both of you confront her,

M: well we usually do it together and then we separate,

T: Kind of like good cop, bad cop. So you try to go in together and that doesn't work, and then you try it separate and that doesn't seem to work either...

M: So while he is in there talking to her, I am like grabbing a box throwing everything in,

F: yeah, she is in the background telling me that you know she is lying so don't bother...

T: so what is S reaction to this?

F: She just sits there...

T: blank...

M: no reaction...

F: Well that is when she'll start saying I guess, I guess...I guess I could have

T: But you are not getting results.

M: No

F: Well, when I talk to S she always says that she doesn't know why her mother always has something to say that's negative... (Inaudible statement)...

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T: Thank you for that, I was trying to see the entire sequence...Out of what I am hearing you say, are you most concern that by S, that she disrespecting you or that she is not show that she loves you?

F: that...

M: well...

F: it seems that she disrespects ...

T: let me ask again, are you most concerned that by this behavior, that S is disrespecting you or that she is not showing you love

F: I think that is it disrespect...

M: I don't think that is either one of those...because she is the one that has to deal with it goes on, so it upsets me.

T: What part upsets you, the fact that she is disrespecting you, by stealing from you, or that she is not showing you the love that you deserve?

M: It's the lying...

F: I think its disrespect...

T: (turning to the mother) would you agree that it is disrespect?

M: Yes...I would

F: Yeah, because I don't have the feeling that she doesn't love, so it is definitely disrespect

M: ...disrespect

Phone

T: I am glad that you could both agree, because it helps me see how you see these behaviors and from this I can now ask another question. So when you feel that she is disrespecting you, do then tend to pull away and not deal with her or do you become harsher and have more restrictions or rules?

M: I pull away

T: You pull away.

M: Yes, I do

F: I think that I try to get calmer with her...

M: He talks to her, tries to reason with her...

F: I try to understand her, she gets both ways. She (pointing to mom) pulls away and I tend to go in more

T: So when you go in, do have additional consequences or discipline?

F: No, just the same rule...

T: So when you deal with hear, you don't try to get harsher and have anything additional than normal?

M: Not really

T: So I just want to repeat what I have heard, and make sure that I got this. When she demonstrates this disrespect, you (pointing to the mother) indicated that you tend to withdrawal. And then you (pointing to the father) attempt to try to do something, like engage with her.

M: (nods)

F: Yes, I do...

T: So when you do that with S, you attempt to do what you do in your respective position, do you feel that the response that get from S, makes you feel more respected or do you continue to feel disrespected or less respected?

M: He usually comes out of there feeling better, like some headway was made...

T: But I am curious is that accurate? (Indicating to the father)

F: I guess, you know, I almost think that I am getting through to her...

T: but you feel better...

F: Yes...

T: You come out of there feeling more respected...

F: Yeah, I feel that she listens to me...

T: Okay...this is helpful because it helps us narrow things down.

F: I always try to go in there with S and try to get her to understand things...

T: So when you come out of there feeling respected and that she listened to you, do you tend to find that the problems gets better, that there is some resolution to that behavior or do you feel that it gets worse?

F: (looks at mother)

M: Well, she keeps doing it...

F: to me she is doing better...

T: even it is for a little bit, you see the problem get better

F: I think she seems to make from an improvement for couple of weeks but...

T: That is my next questions, how long do you think she gets better for?

F: Yeah, for a few weeks she'll be helpful, nice...it's almost when I go in there yelling, and then I eventually start talking to her, which seems to make the big difference. I don't know how long...but...she is a great kid...it's just sometimes the lying...

T: So it seems that she does get better for awhile...

F: Yeah, she get better, it's just that...

M: Yeah, for a few weeks...I don't know what triggers it...

F: I used to play with her...but I don't know how to relate to her...

T: Well, I want to make sure I understanding everything...when she does this disrespectful behavior, you tend to (pointing at the father) engage with her in a discussion around her behavior and you (pointing to the mother) tend to withdrawal from the situation...

M: I have to...because I will get really upset...

T: Okay... because I have some ideas that I would to discuss about this situation and but I need to go over the same thing with you (indicating to the mother)...after you withdrawal from the situation, from your perspective, does make it better or worse?

M: Temporarily...

T: Temporarily better or worse?

M: Temporarily better...because it keeps me from screaming at her...so better, because screaming at her is not working...so I have to, breath, and walk away...

T: So it seems better for you...

M: Yes.

F: (nods)

T: so how long is that better for?

F: usually a couple of hours...

T: so unlike you (pointing to father) it only gets better for a couple of hours? I am talking about this in relation to her behavior. So you notice that by you withdrawal from the situation the behavior gets better?

M: Yes, I think so...cool off.

F: (tries to say something)

T: So you withdrawal, things get better for a couple of hours and...

M: Yeah, we usually get along really well until something like this happens and then I get like... (Shaking)

F: Yes they do...

T: So let me make sure that I have it down, so by withdrawing you believe it gets better, even if only for a few weeks.

M: (nods, smiles)

T: Thank you...this is real important...but what I am struck with... is that this cycle that is occurring, between you both and S...it seems that you're stuck in this situation...a vicious cycle keeps occurring with S stealing and then your responses...and I am not sure if you see this or not?

M: Yeah...

T: So over time you have seen that when you respond to S behavior by either withdrawing or engaging that even though it appears to get better in the short run...over time it has really not changed?

M: yeah, for a few weeks...

T: Yes, I want to acknowledge that it certainly gets better in the moment but in the long run...

M: yeah, it seems that nothing her behavior changes. You don't what she is doing...and when she gets caught everything blows up...you just don't see it coming...

T: I think that you both are doing a really good job but right now what I am see is that the problem seems to be stuck in this vicious cycle, and I am not sure if you are in the position to do something about this just yet...

M: Oh but I want to...

F: yeah, I don't want to do it anymore because I don't want it to cause more problems...

M: Yeah, that's what is happening...it is causing so much chaos in our house.

T: It sounds like that you both want to change the situation but I am not sure that we want to rush into this too fast...I think that based upon what we have talked today that we have some things that we can do for this situation. What I don't know, is that you would be ready to follow them. Okay? What I want you to be concerned with is that by intervening in the way are, the problem does not seem to getting better, and I want you to be almost afraid of continuing to do the same things...

F: I am not sure that I understand...

T: Well, what I am saying is that I believe that we have some things to offer you ...but what you will need to think about first, is that you will need to fear intervening with S in the ways that you have in the past, because it seems that these responses are not solving this problem and may begin to make this problem worse.

M: I so agree...because the way we're doing now is not working...and I am fed up...and I willing to try anything

F: I think that what she is getting from her mother is that she doesn't love her or like her, or something and that is not even true.

T: I am not sure that is the case or not but I am so glad that you said what you just did (pointing to the mother) because that is so important.

F: We've got to change... (sic)

M: We've go to...it takes so much energy to handle all of this

F: and her sister wants to be just like her... (Laughing)

M: We have such different children... (Laughing)...

T: What I am thinking is that I have some thing to give you to do but before I give it to you I need you to understand that I will need you to follow these instructions to the letter. It is very important.

M: Okay. Can you write it down for us?

T: Yes...but will you be ready to follow exactly?

M: We have to...

F: Of course...

T: What I am going to ask you to do may be very difficult...

F: are we going to have to change our name? (Laughing)

T: Of course not...

F: Then it can be done...

T: I am going to ask you to do some things that are very special and that if you do them, it will begin to change this situation. I need you to go back to the idea of fearing to intervening in the ways that you have because you continue to responds in the ways that you have, you will continue to make this problem worse. We have to do something very different. So once a night, every night, I

need you to find 30 minutes to set aside to gather your family. Find a timer and set it for 30 minutes, no more, no less. Gather you family, set the 30 minutes and for that entire time, S, will have that entire time to lament about her life. During those 30 minutes, you both are to just sit there in religious silence, as if you were in a great cathedral or hall, and listen to what she has to say. Attentive and listening to everything she has to say but it is important that you do not respond to anything that she has to say. No matter how difficult, no matter what subject,

M: This is going to be hard to do...

F: I can be quiet...

T: I told you that it might be difficult...so do what ever you need to do to make it through this 30 minutes. When the timer goes off, no matter what she is saying, I wanted you both to get up, thank you her all of these wonderful things, and give her a kiss on the cheek or hug or something. Go your separate ways and please do not respond to anything that she said.

F: What if she says...

T: It is very important that you do not respond. The other part of this is that throughout the remainder of the day, 23 ½ hours, you will not entertain any complaints that S has, if she attempts to engage you, gently reminder her that she has her 20 minutes.

M: What if she has a problem with her sister?

T: Well, you have to decide if it is a complaint or a problem to be solved. Act accordingly...

If she does not have anything to say, then the entire family will sit there waiting for her to speak until the timer goes off and then the ritual is over...

M: So we have to sit there...

F: Without saying anything...

T: Religious silence...also throughout the day, it will be very important to not engage in any discussion around the problem. Please do not bring up the problem with her or any other problems that she discusses during her 30 minutes. Any questions?

M: No, I think that we're ready...

F: It is going to be hard...

T: So tonight, I want you to explain this to S and let her know that you will start this tonight...if you have any questions please give me a call and I will be happy to explain any thing again. Thank you!

Session ends (38:03)

Subsequent sessions will follow up with the interventions and determine their effectiveness. The interventions will be modified until the previous

attempted solutions are changed and the problem behavior altered. The therapist attempts to get the parents to change their perceptions of the problem and interrupt the psychopathogenic system. When the therapist is able to do this effectively, it can produce a corrective emotional experience in that can further unblock the vicious cycles and hasten the resolution of the problem. As the therapeutic process unfolds, the language becomes less directive and injunctive, and more colloquial. Resolving school problems must frequently follow resolving the problem in the family, as the therapist begins to generalize the behavior change into other arenas. Since these youth have typically alienated prosocial peer groups, work must be done to assist the youth in social development. Other sequelae of the problem (low self esteem, academic problems) are now brought forward for resolution.

Sessions are not held weekly, rather they begin as every other week to give the interventions enough time to take effect and to resist dependency on the therapist. As soon as the family is able to begin taking control of the situation, sessions are titrated down to every three weeks, then every four weeks, and so on to support the family's autonomy while consolidating treatment.

Results

This method has been employed in San Diego for two years. During this time 240 cases have been followed for treatment that lasted between 6 months and one year. Sessions are ideally scheduled in two-week intervals to start and then titrated down by increasing the intervals between sessions. The majority of cases included co-morbidity with another mental illness, most frequently ADHD and/or substance abuse (Tolan & Henry, 1996). Although complete data are not yet available, initial results are encouraging. Eighty percent of youth receiving this treatment experienced significant reduction in symptoms. Hospitalization rates were reduced by 95%. Incarceration rates appear to have dropped, but definitive statistics are still pending.

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