Deliver via: PDF EMAIL lmerchan@u.washington.edu Swsty 2/26/2007
Carolyn Lewis 206-744-1642
HCSATS/Harborview
359947
UW Affiliation: Staff
Payment Method: UW Budget
Budget Number/Account Info: 31-7816

066041

Will Pay Copyright Fee: Yes

Use Sources Outside HSLIC: Yes

Special Instructions/Comments: Please confirm delivery of article to: lewisc2@u.washington.edu Thank you

Citation Information:

Robin, A.L., Bedway, M., & Gilroy, M./Problem-Solving Communication Trainin g.
In C.W. Le___ (Ed.),
Handbook of Child and Adolescent Treatment manual, pp. 92-125, New York: Lexington Books

4
Problem-Solving Communication Training

Arthur L. Robin
Marquita Bedway
Marcia Gilroy

Introduction and Theory

The goal of this manual is to provide the clinician or advanced student with the information and skills necessary to intervene effectively to resolve parent–adolescent conflicts. The 12-session family-focused intervention program outlined here is based upon a behavioral family systems model of parent–adolescent conflict, which conceptualizes arguments about specific issues as exaggerations of the normal developmental processes of adolescent individuation (Robin & Foster, 1989).

Prior to the adolescence of their children, families evolve homeostatic patterns of interactions within which parents and children exercise mutual control over each other's behaviors. Adolescence severely disrupts such systems of checks and balances, as the biological/emotional/cognitive changes of the young teenager become associated with individuation. Developmental psychologists have carefully tracked the normal increase in family conflict that occurs during the junior high school years, and demonstrated that in most families this increased perturbation subsides by middle adolescence (Montemayor, Adams, & Gullotta, 1990).

A behavioral family systems model postulates three primary factors that determine whether the normal conflict associated with early adolescent individuation subsides or escalates to clinically significant proportions: (1) deficits in problem-solving communication skills; (2) distorted thinking about family life; and (3) family structure problems. The model postulates that these factors are additive: the more difficulties a family has in these areas, the more conflict they will experience during the adolescent years. Accumulating evidence supports portions of this model, although much more research needs to be conducted (Robin & Foster, 1989).

Skill Deficits

"Problem-solving skills" refers to the family's repertoire of cognitions and behaviors for negotiating mutually acceptable solutions to problems: sensing the presence of a problem, clearly defining the problem, brainstorming alternative solutions, evaluating the alternatives, reaching a mutually acceptable decision, planning the implementation of the solution, and verifying the outcome. "Communication skills" refers to the family's repertoire of sender and receiver skills for interpersonal interchanges, and particularly to their ability to express and understand affect and content without antagonizing each other by the style of their communication. Parents and adolescents who are effective problem solvers and positive communicators will have fewer conflicts than those who have not acquired these skills.

Cognitions

"Distorted thinking" refers to the tendency to jump to the worst possible conclusion about family events, to expect too much from another family member, or to adhere to fundamentally rigid, unreasonable beliefs about family life. Such absolutistic thinking promotes negative affect, which impedes rational conflict resolution. Parents may, for example, adhere to *ruinous* beliefs that their teenagers will get into serious trouble if given too much freedom; they may demand unflinching *obedience* or an unreasonable degree of *perfectionism.* They may attribute rebellious misbehavior to *malicious motives* ("He is doing it on purpose to hurt us"). Adolescents often have too keen a sense of injustice, adhering to the "injustice triad" of beliefs concerning *ruination, unfairness,* and *autonomy* ("My parents curfew rules are very unfair; I will never have a boyfriend and they will ruin my social life. I should be able to have as much freedom as I wish").

Structure

Family structure problems include difficulties in cohesion and alignment. "Cohesion" refers to the degree of involvement between parents and adolescents; it is very similar in meaning to what Patterson (1982) calls "monitoring." Disengaged families do not adequately monitor their youngsters' behavior and do not provide sufficient emotional nurturance for adolescent development to proceed normally; such youth engage in risky, delinquent behaviors and/or fail to acquire skills for intimate adult interactions. Overinvolved families smother their youth through too much emotional nurturance and hold them back from individuating with too much monitoring. A balanced degree of cohesion seems optimal. "Alignment" refers to the taking of sides: coalitions and triangulation. When parents work well as a team,

adolescents adhere to limits. When one parent takes sides with an adolescent against the other, or places the other in the middle, discipline breaks down, and adolescents stretch the limits, escalating risky behaviors.

Overview of Training Procedures

When presented with a family experiencing parent–adolescent conflict, the therapist's task is to assess the extent to which the three factors discussed above account for the presenting problems, and to intervene to change these factors. We have developed, refined, and tested intervention modules designed to teach problem solving and communication skills, to change unreasonable belief systems, and to alter family structure (Robin & Foster, 1989). Others have discussed the application of these techniques with children who have disorders such as Attention Deficit Hyperactivity Disorder (ADHD) (Barkley, 1990). Not all families require all interventions; this depends upon assessment. It is not possible, however, within the confines of a linear manual, to cover all possible permutations. Instead, we have taken the approach of giving concrete advice for the practicing clinician about the modal case of parent–adolescent conflict, with some hints for branching in other directions as necessary. We have chosen to focus in this manual primarily on the first two factors: skill deficits and cognitions. It is difficult to cover the diverse interventions needed to address family structure; therapists need both written guidelines and live supervision to learn these techniques. Interested readers should consult the following references for introductions to modifying family structure: Alexander and Parsons (1982); Haley (1976, 1980); Madanes (1981); Minuchin and Fishman (1981); or Robin and Foster (1989).

Behavioral family systems therapy is a highly directive, psychoeducational intervention. Such an intervention demands a therapist skilled at structuring the therapeutic context and also skilled at building rapport. Previous experience with families and adolescents is necessary to implement the techniques outlined in this manual. The beginning therapist who wishes to implement these techniques will need to have supervision to become effective.

We have organized the manual in terms of the phases of therapy, and of the sessions within each phase (see table 4–1).

For each session, we have provided concrete information about goals and methods, using many clinical examples and paraphrases of possible therapist remarks. First, the therapist must engage the family in this funny dance we call "family therapy"—simultaneously establishing rapport, assessing problems and interactions, judging sources of resistance, and building a therapeutic contract. The therapist might be seen as a "gymnast" during this phase, juggling many factors to create an impression while not letting any one factor fall down. Second, the therapist must teach skills for

Table 4–1
Phases of Problem-Solving Communication Training

I. Engagement Phase
   A. Session 1: Assess family interactions; build rapport
   B. Session 2: Assess individual/couple characteristics
   C. Session 3. Build a therapeutic contract and prepare the family for change
II. Skill-Building Phase
   A. Session 4: Introduce problem-solving skills
   B. Session 5: Introduce communication skills
   C. Sessions 6 and 7: Build skills
III. Intense Conflict Resolution
   A. Session 8: Introduce Cognitive Restructuring
   B. Sessions 9 and 10: Apply problem solving, communication training, and cognitive restructuring to intense family conflicts
IV. Termination
   A. Sessions 11 and 12: Relapse prevention and fading-out therapy

problem solving and communication. Now the therapist assumes the role of "teacher," imparting new knowledge and motivating families to practice the skills. Third, the therapist must change cognitions and intervene to resolve intense conflicts. Fourth, the therapist must gracefully "butt out," permitting the family to move ahead without a relapse.

Session 1: Build Rapport and Assess Family

Goals

The goals for Session 1 are (1) to establish rapport with the family; (2) to build a picture of the family's deficits in problem-solving skills, cognitive distortions, and family structure problems; (3) to shape a shared view of the problem, such that family members perceive the interactional nature of the problem; (4) to motivate the family to work hard for change.

"Musts" for Interviewing Families

First, remain unaligned. Don't take sides, even if family members ask you leading questions. Second, involve all family members. Bring out silent family members, and nicely control monopolizers. Third, be accepting and noncritical. Don't get defensive if challenged. And fourth, don't give premature advice or suggestions for change.

Opening Social Phase

Escort the family into the room. Arrange the chairs in a semicircle. Make light conversation ("Did you have any difficulty parking?" "It sure is cold

out"). Make positive comments, if possible, on some feature of the adolescent's appearance or clothing ("That's a great Detroit Piston shirt. How do you think they will do this season?"). This helps establish instant rapport.

Give Rationale for Engagement Phase

"We are going to get to know each other. I'm going to get a feel for how things are in your family. You will get a feel for how I work with families. It usually takes 3 sessions for me to learn enough to come up with a plan to help you change things. Today I will talk to you all together; next time, we will split up: I will spend half the session with ____(teen) and half with ____ (parents). In the third meeting I'll talk with you all together again and formulate goals for change and a plan of action to bring those goals about."

Give the Ground Rules for Controlling the Session

"As we talk, I've got several basic rules I need your help with. One person talks at a time. I will give you each a turn to talk. No hitting or getting physical. Say it in words. And by the way,____(parents), is it okay for____ (teen) to say whatever he wants without fear of punishment? (checking for teen to have permission to speak).

Problem Inquiry

1. Ask a family member to give you a brief description of the problem. Let them decide who will go first. "Whoever would like to start, tell me about the problems that are going on."
2. Listen attentively to the speaker for 4 or 5 minutes, blocking any interruptions from others.
3. Briefly paraphrase the speaker's problem, asking pinpointing questions to assess interaction sequences. Look for the antecedents and consequences of the adolescent problem behavior, and how the adolescent's behavior reflects family problem-solving and communication skills.
4. *Example:*

Mother: "Sally just doesn't listen to us anymore. She doesn't do her homework, talks back, comes in late, and has a bad attitude."

Therapist: "So you're upset that Sally does not listen in the sense of not minding what you request: homework, curfew, and so on. And you also don't like the way she communicates her opinions— she is disrespectful. Is that right?"

Mother: "Exactly."

Therapist: "Good. Now, recall a recent episode of not doing what you said around, let's say, homework. Give me a blow-by-blow description of the episode. How did it start? Who said what to whom? How did it end?"

5. After the first speaker has described the problem and you have commented upon his or her description, ask the other members of the family to give their perspectives. As you comment and pinpoint their problems, link the various perspectives into a chain of events. Comment upon any specific deficits in problem solving or communication you notice.
6. Control any angry outbursts or impulsive interruptions. Redirect comments that change the topic.
7. Maintain a neutral stance. Family members will try to get you to take their sides. Don't! Be neutral even if a member's position sounds ridiculous.
8. After obtaining a brief overview of the problem from each family member, reframe it in interactional terms, that is, as a sequence of events. This helps to shape a shared view of the problem, and prepares the family to accept a family intervention. For example, the therapist might say, "So when you and Sally have a problem with homework, several things happen. You ask her to start her math. She says 'in a minute.' You ask her more loudly. She accuses you of yelling. You deny it. She yells at you. Your husband threatens to ground her. She stomps out. Everyone feels angry. Is this the way it is?"
9. Continue with the problem inquiry until each family member has given his or her perspective, and you have reframed it in interactional terms. Don't get too convoluted. Stick to the "big picture."

Directly Assess Skill Deficits

1. Ask the family to what extent they engage in each of the following steps of problem solving when disagreements arise:
   a. "Do you clearly tell each other what is the problem?"
   b. "Do you try to think of several ideas to solve it?"
   c. "Do you discuss the good and bad points of each idea?"
   d. "Can you reach a decision you all can live with?"
   e. To teen: "Do you have a real say in such discussions?"
   f. To parents: "Does your teen try to dictate to you?"
   g. "Do solutions work? What happens if they don't?"
2. Review the Family Negative Communication Handout (see table 4–5) with them and ask which of the negative communication habits on the left side occur regularly in the family
   a. "What names do you call each other?"

b. "How do you put each other down?"
c. "Who criticizes?"
d. Go through the other items on the handout.

Assess Cognitions

1. Ask what runs through their heads during arguments.
2. When a family member looks upset, ask what he or she is thinking at that moment.
3. Suggest common beliefs that parents and adolescents have (see Session 8, table 4–6) and ask whether these apply.

Assess History of the Problems

1. How did the family get along prior to the adolescence of this child?
2. When did the problem begin?
3. How have the problems changed?

Assess Assets

1. How does the family have fun together?
2. What does each member like about the others?
3. Don't assume everything is negative. Look for the positive too.

Summarize and Assign Homework

1. Make a summary statement of what you have learned, giving hope for change. For example, you might say:

> "At this point, I'd like to pull things together. I've learned today that in your family there are arguments every day about chores, homework, curfew, bedtime, and friends. Sometimes mom or dad pick a fight; sometimes Sally picks a fight. When you tell each other what's bothering you, the other person gets very defensive, and the complainer gets accusing, and before you know it, you are bringing up everything from the past. Sally, you seem to believe your parents are old fashioned and too strict. Mr. and Mrs. Jones, you seem to believe Sally will get herself in serious trouble if you don't watch her closely. It's all very unpleasant. But, I've seen many families like this, and the thing that impresses me about you is that you do care about each other. You have what it takes to change things. But it's going to take some hard work."

2. Assign self-report questionnaires as homework. You may select:
   a. Issues Checklist (Barkley, 1991; Robin & Foster, 1989).

   b. Conflict Behavior Questionnaire (Barkley, 1991; Robin & Foster, 1989).
   c. Parent–Adolescent Relationship Questionnaire (Robin, Koepke, & Moye, 1990).
   d. Other family measures (Robin & Foster, 1989).
3. Set next appointment and handle billing and payment.

Session 2: Individual/Couple Assessment

Goals

The goals for Session 2 are (1) to establish rapport with the adolescent; (2) to assess adolescent psychopathology and/or cognitive functioning; (3) to obtain a developmental history; and (4) to assess marital interaction and family impact of adolescent–parent conflict.

Introductory Comment

Collect the self-report measures before beginning the session. If the measures have not been completed, ask each family member to complete them while the others are being interviewed.

Part One: Adolescent Interview

1. Do not begin by discussing the family problems since most adolescents will feel blamed, or alienated, and thereafter will not cooperate with you.
2. Begin by asking the adolescent to tell you about his or her interests, favorite recreational activities, sports, or hobbies.
3. Be genuine and convey your interest in getting to know the adolescent as a person. Don't be condescending. Don't try to be a peer to the adolescent either. Such approaches will turn off most teenagers. Be yourself: most teenagers are quick to spot a phony front.
4. Look for similarities between the adolescent's interests and your own recreational interests. Point out any similarities in a genuine, matter-of-fact manner. This will help establish your credibility.
5. Listen reflectively and do not criticize the adolescent or preach if you do not approve of the adolescent's recreational pursuits.
6. Adolescents will often ask you personal questions. Honest self-disclosure is usually helpful in building rapport and establishing the therapist as a positive adult role model. However, know your own limits for self-disclosure and respect them. Tell the adolescent if a question crosses your limit for self-disclosure. Do so honestly and without hostility.

For example, if the adolescent asked, "Did you, Dr. Jones, ever have sex without a condom when you were a teenager?," you should reply in this manner: "Bill, there are some things about my life that are too personal for me as a therapist to talk about with my patients. We are just getting to know each other. If there is a time later in our sessions when I feel it would help you for me to go into detail about such things, I'll consider answering even these questions, but not now."

7. Spend about 10 minutes on this phase of the interview. Don't shortchange rapport building because adolescents often size up adults based upon initial impressions. Your ability to produce change may depend upon establishing a good relationship with the adolescent as quickly as possible.

8. Make a gradual transition into a discussion about the presenting problems. Use an aspect of your discussion of the adolescent's interests as an opening to shift gears to family and/or school problems. The following dialogue illustrates shifting gears.

Teen: "I get off on SuperNintendo. I could play that for hours."
Therapist: "Do your parents set limits on it?"
Teen: "Yep. That's a real bummer. Mom makes me turn it off after three hours!"
Therapist: "What do you do next?"
Teen: "We usually get in a big argument."
Therapist: "I'd like to learn more about all the arguments you and your mom have. What other topics do you argue about?"

9. Inquire about the adolescent's perspective on the family conflicts, problem-solving skills, and communication patterns. Do not repeat what you did in Session 1; briefly get the teenager's perceptions.

10. Translate adolescent gripes into goals for change. Take a hopeful stance about the possibility for change. Ask the adolescent to give specific goals for change for each family member, and inquire about perceived obstacles to change. Adolescents often perceive their parents' rigidity as the major obstacle to change. Take their concerns seriously, and indicate that you will be doing your own evaluation of the parents.

11. Assess the individual adolescent's psychopathology and/or cognitive functioning. This is the portion of the overall assessment where intellectual and/or academic testing is done, if called for. This is also the portion of the overall assessment where the therapist assesses the adolescent for formal psychiatric problems such as ADHD, mood disorders, anxiety disorders, and so on. A detailed discussion of such assessment goes beyond this manual. Consult Mash and Terdal (1988).

12. Assess preconceptions about therapy. Begin by saying something like this: "People have all kinds of ideas about what we therapists do. I'd like to make sure we understand each about this. What are your ideas about my job as your therapist?"

13. Correct common misconceptions about therapy:
    a. *Only crazy people go to therapy.* Point out how therapy is designed to help people with problems in daily living, and note that the teen is certainly not crazy.
    b. *My friends will find out about my problems.* Review the general principles of confidentiality.
    c. *Parents never change; therapy is a waste of time.* Point out past successes and help the teenager see that his or her parents may be hurting too.

Part Two: Couple or Single Parent Interview

1. Open with a positive comment about the adolescent. Acknowledge with empathy the difficulties of parenting an adolescent: "He is a fine young man, but I certainly understand how his need for freedom can drive you nuts," for example, or "I was impressed by Sally's honesty. Sometimes I bet you must get pretty mad when she tells it like she sees it at home. There is a place for tact; teenagers just don't see that yet."

2. Take a brief developmental history, focusing on parent–child interactions. You are looking to determine at what developmental stage significant oppositional behavior occurred. Many adolescents were very oppositional as young children, and their parents' responses set the tone for later conflict.
    a. What was the child's temperament as an infant?
    b. What were the "terrible twos" like?
    c. How did the child relate to the parents as a preschooler?
    d. To what extent was noncompliance a problem from ages 6 to 10?
    e. What management techniques did the parents use to deal with noncompliant behavior? How effective were these techniques?
    f. How did the child get along with siblings?
    g. What associated medical problems or developmental delays occurred?

3. Make a smooth transition into taking a brief marital history. Remember, couples are often threatened if asked directly about marital problems. The developmental history provides the opportunity for a more indirect approach. In addition, focus your questions more upon the impact on the marriage of having a difficult teen, and how the couple would like to change this. Sample questions you could ask include:
    a. What was family life like before your child was born?
    b. How did you become a family? How did you meet?
    c. What were the early years of your life together like?
    d. How did the birth of your child influence your relationship?

e. To what extent do you agree about how to handle conflicts with your adolescent at present?
f. In what ways does your adolescent's rebellious behavior impact your marriage?
g. In what ways does your adolescent take advantage of your disagreements to "divide and conquer"?
h. How does the adolescent's problem behavior impact your social life?
i. How does the adolescent's problem behavior impact the family's finances?
j. How would improvement in parent–adolescent conflict benefit the couple?

4. Assess parental psychopathology. Follow conventional assessment procedures here. You are not attempting to do a detailed assessment; you simply want to get a quick feel for what is going on. If you uncover a major problem area, such as depression, substance abuse, or anxiety disorders, you may need to schedule an additional session. Often, these problems will be denied, but you will later learn of their presence and have to deal with them.

5. Make a brief summary statement and adjourn the session. Summarize what you have learned in this session and integrate it with the information collected in the previous session. For example, you might say: "Today I learned that the difficulties with Tom began as he turned 12; before then, family life was pretty peaceful and you were a close couple. As more conflict with Tom has occurred, it's made it more difficult for you to be close as a couple. This fits with the problem-solving communication skill deficits I learned about in the last session. All of this has been getting you, Mrs. Jones, down, and making you feel depressed recently."

Session 3: Contracting and Preparation for Change

Goals

The goals for Session 3 are (1) to establish goals for change which are salient and acceptable to the family; (2) to decide to what extent the family needs training in each component of the overall intervention; and (3) to give the family feedback about your conceptualization of their problems.

Tasks

First, present the Agreement for Action (see table 4–2) as a therapeutic contract. Second, complete this agreement, filling in the blanks, with the family's assistance. Third, provide information and answer questions as you go. This discussion sets the family's expectations for the remaining sessions.

Table 4–2
Agreement for Action

We, the ____ family agree with Dr. ____ that we need to take *action* in order to get along better with each other. We agree to take the following actions:

Problem Solving
____ Learn to tell each other our problems clearly, without blame.
____ Learn to think of many ideas to solve each problem.
____ Learn to think through the effects of our ideas on each other.
____ Learn to negotiate agreements we can all live with.
____ Learn to follow up carefully to carry out our agreements.
____ Learn to "stay cool" if our agreements don't always work at first.

Communication
____ Learn to think before we start running off at the mouth.
____ Learn to express anger/criticism fairly, without attacking the person.
____ Learn to listen to each other respectively, even when we disagree.
____ Learn to stick to the topic.
____ Stop making snide, sarcastic remarks.
____ Let bygones be bygones. Don't dredge up the past.
____ Learn to make it short, not to lecture.
____ Learn to answer each other, not clam up or say "I don't know.".
____ Other:_____

Thinking Straight or Realistic Expectations
____ Don't think the worst right away. Evaluate the evidence carefully.
____ Accept our imperfections. Don't expect perfect behavior or obedience all the time.
____ Don't assume more freedom always means more trouble. Evaluate the evidence.
____ Don't assume rules are always unfair. Evaluate the evidence.
____ Other: Improvement

Involvement
____ Parents agree to take the time to monitor or keep an eye on the adolescent.
____ Adolescents agree to monitor parental behaviors that may need change.
____ Attend therapy sessions as scheduled.
____ Carry out assignments between sessions.
____ Pay ____ per session.
____ Work hard for positive family change

Signatures

_____ _____
_____ _____

Introducing the Agreement for Action (AFA)

1. Give rationale and agenda. Distribute blank agreement forms. The therapist should say something like this: "Today I'm going to give you feedback about what I learned from the last two meetings. I hope to answer any questions and reach an agreement with you about our goals for change together. To make this easier, I've got an Agreement for Action. Here are copies for everyone. We will go over each section and check off the sections that apply to your family."

2. Read the opening paragraph of the AFA.
3. Give feedback about problem-solving deficits. Go over each step of problem solving. Assess reaction to feedback and check off the appropriate goals on the AFA.
4. Give feedback about communication skill deficits. Be specific. Check off appropriate goals on the AFA.
5. Discuss cognitions. Explain how absolutistic thinking can elicit excessive anger and impede rational conflict resolution. Note which distorted beliefs apply to this family and check off the applicable goals on the AFA.
6. Discuss involvement. These goals relate to general involvement and participation in therapy. All of the goals apply to all families. Explain and review them.
7. Obtain family members' signatures.
8. Answer any additional questions.
9. Adjourn the session.

Session 4: Introduce Problem-Solving Training

Goals

The goals for Session 4 are (1) to present the steps of problem solving to the family; (2) to guide the family through an initial problem-solving discussion; (3) to teach the family to use the problem-solving worksheet to organize their discussions; and (4) to give the family a success experience resolving a meaningful disagreement.

General Training Procedures

Teach problem-solving skills through instruction, modeling, behavior rehearsal, and feedback. First, give a brief rationale with instructions for each step of problem solving. Second, model appropriate verbalizations and each step. Third, ask each family member to rehearse the appropriate problem-solving response. Finally, praise appropriate statements and suggest corrective feedback for inappropriate behaviors. It is expected that family members' initial responses will not meet criteria. Therefore, you must be prepared to shape terminal responses through successive approximations.

Give Rationale for Problem Solving

The therapist should say something like this:

> "We are entering a new stage of treatment where you will learn new problem-solving and communication skills. It usually takes four sessions to learn these new skills and start to apply them at home. These skills will help you reach solutions you can all live with for important disagreements."
>
> "In problem solving, each of you will take turns defining a specific problem. You will then list some solutions, decide which ones you would like to try, and plan to carry them out. If you do not at first succeed, you will try again or renegotiate. We will learn to use these steps of problem solving to resolve disputes around specific issues such as curfew, chores, dating, and so on."

Give the Ground Rules for Controlling the Session

"We have several basic ground rules for this phase of our treatment, similar to before. One person talks at a time. No hitting or physical violence. Try to talk with respect. I will interrupt you if you break these rules."

Select an Issue for an Initial Problem-Solving Discussion

1. Select an issue rated with an anger-intensity level of two or three on the Issues Checklist, if the family has completed this measure. Such an issue will be meaningful but of moderate intensity. Moderate intensity issues are ideal for skill acquisition; high intensity issues arouse too much affect.
2. Ask the family to select a significant but not the most intense issue of disagreement.
3. Distribute the Problem Solving Outline for Families (see table 4–3) to each family member and/or post a large-print copy on the wall.

Teach Problem Definition

1. Issue the rationale and instructions: "We have selected curfew (substitute your issue) for discussion. First, we each must define the problem. We define the problem by starting with an "I", and making a short, clear statement of how we feel and what is happening that is a problem. Try not to be accusatory."
2. Model a plausible problem definition: "For example, Mr. Smith, if I were you, I might say, 'I am angry at you, Tom, because I have caught you coming home past curfew five times. I'm worried you could get in trouble being out late.' "
3. Conduct a behavior rehearsal. Ask Mr. Smith to define the problem: "Mr. Smith, please define the curfew problem, in your own words, following these guidelines."
4. Give feedback. If the problem is adequately defined, praise the family member and move on. If the problem definition is inadequate, give corrective feedback, accompanied by further modeling, culminating in another behavior rehearsal:

Table 4–3
Problem-Solving Outline for Families

I. Define the Problem
  A. Tell the others what they are doing that is a problem and explain why.
    1. Be brief.
    2. Be positive, not accusing.
  B. Repeat the others' statements of the problem to check out understanding of what they said.
II. Generate Alternative Solutions
  A. Take turns listing possible solutions.
  B. Follow three rules for listing solutions:
    1. List as many ideas as possible
    2. Don't evaluate the ideas
    3. Be creative; suggest crazy ideas.
  C. It won't have to be done just because it was stated.
III. Evaluate/Decide upon the Best Idea
  A. Take turns evaluating each idea:
    1. Would this idea solve the problem for the teen?
    2. Would this idea solve the problem for the parents?
    3. Rate the idea "plus" or "minus" on the worksheet.
  B. Select the best idea:
    1. Look for ideas rated "plus" by all:
      a. Select one such idea
      b. Combine several such ideas.
    2. If none is rated "plus" by all, see what ideas came closest to agreement and negotiate a compromise. If two parents are participating, look for ideas rated "plus" by one parent and the teenager.
III. Plan to Implement the Selected Solution
  A. Decide who will do what, when, where, and how.
  B. Plan reminders for task completion.
  C. Plan consequences for compliance or noncompliance.

Poor definition: "I get mad when you purposely come home late and show total disrespect for my feelings."

Therapist correction: "You started with an "I", but then you accused him of coming home late on purpose and failed to pinpoint the problem. It may or may not be done on purpose. It would be better to say, 'I get mad when you come home late because I feel as if you are disrespectful of me and not thinking of my feelings.' Now, please try again."

Teach Paraphrasing/Listening Skills

1. As each person states his or her definition, ask at least one family member to paraphrase the speaker to check for understanding. For example, you might say, "To make sure you heard what your dad said, Tom, I would like you to restate his words, without adding anything of your own."

2. Praise accurate paraphrases; coach the family member, involving clarification from the speaker, for inaccurate paraphrases. The following sample dialogue illustrates the procedure.

Tom: "So you think I come home later than that Stone Age curfew that anybody knows is unfair."
Therapist: "Tom, you added a put-down and accusation to your dad's words. Repeat just what he said."
Tom: "He thinks I come home late and disrespect him."
Therapist: "Good!"

3. Have each person define the problem and then ask others to paraphrase these definitions.

4. Afterward, reiterate that it is natural for family members to have different opinions about an issue, but that it is not necessary to persuade the others to accept one's own opinion in order to discuss the issue.

5. Correct problem definitions, but don't require perfection in the first session. You want to get through the entire outline.

Teach Solution-Listing (Brainstorming) Skills

1. Begin by providing a rationale and instructions. You might say, "Now that we have defined the problem, we need to think of some solutions. You will take turns listing as many ideas as possible. Say anything that comes to mind, even if it sounds silly. Don't judge the ideas yet; that comes later. You don't have to do it just because you said it. This is called brainstorming."

2. Ask one family member to write down the ideas on a Problem-Solving Worksheet (see table 4–4). In the early sessions, it is often a good idea to ask the adolescent to write down the solutions to maintain his or her involvement. But if you expect the adolescent to refuse, you should at first ask another family member.

3. Prompt the family members to take turns suggesting ideas. Keep the floor open to all ideas. Block any attempts to evaluate the ideas, critically or positively. Keep the mood light, and keep the pace of the session moving.

4. While it is not your responsibility to generate the ideas, the therapist may make several suggestions to lighten the mood or keep things moving forward. Suggest outlandish, unusual ideas to lighten the atmosphere and spur creativity.

5. Continue listing solutions until you either have 8 to 10 ideas or you judge the family to have moved beyond their initial positions. Most families reiterate their initial positions through their first few suggestions for change; afterward, they begin to come up with novel alternatives.

Table 4–4
Problem-Solving Worksheet

Name Date

Problem or Topic:

Solutions	Evaluations		
	Teen	Mom	Dad

Agreement:

6. Block attempts to manipulate solution listing to express anger and vent "hidden agendas."

Teaching Evaluation/Decision-Making Skills

1. Introduce evaluation/decision making by asking the family to review the ideas on the worksheet. Ask *each* family member to evaluate *each* idea, indicating whether it will solve the problem, whether it is practical, and whether he or she likes it. Then, ask the family members to rate the idea "plus" or "minus," recording the ratings in the appropriate columns on the worksheet. The therapist should say something like this: "Now that you came up with some ideas, we need to evaluate them and vote 'plus' or 'minus' if we like or dislike them. Take the first idea on the list. I want you each to say whether this idea will solve your problem, whether it will solve the others' problems, and whether it's practical. Then, rate it 'plus' or 'minus.' We will put your ratings in the correct column next to the idea on the worksheet."
2. Model a correct evaluation: "For example, the first idea to address the curfew problem is, 'Stay out all night.' As a teenager, I might say, 'That's a great idea; it solves my problem of missing out on late parties. Of course, I'd be dead meat if I tried it. So maybe it's not that great. I guess I'd give it a minus.'"
3. Guide family members to evaluate and rate each idea. Carefully control the interaction. Do not let it deteriorate into an argument. Directively help family members clarify ideas. Sometimes, additional solutions emerge; this is acceptable. Add them to the list and evaluate them.
4. Lead the family in the decision-making phase. After all the ideas have been evaluated, ask the secretary to read aloud any ideas rated "plus" by everyone. *If one or more ideas were rated "plus" by all,* congratulate the family on reaching an agreement and ask them to combine the ideas into an overall solution. Proceed to implementation planning. *If no ideas are rated "plus" by all,* you will have to help them negotiate a compromise.
5. Address negotiation/resolving an impasse. Why does the family seem to be stuck in an impasse? Possible explanations include:

1. A high level of mutual distrust and hostility
2. Extreme cognitions mediating refusal to compromise
3. Extremely coercive adolescent who typically controls the parents
4. Parent–child power struggle
5. The issue touches a basic value and is nonnegotiable.

In this manual, we cannot exhaustively cover techniques for handling each of these situations; readers should consult Robin and Foster (1989) for more details. We will offer a general outline of negotiation techniques: First, find

an idea on which the family came close to an agreement. For example, in a two-parent family, this might be an idea rated positively by one parent and the teenager. In a single-parent family, use your judgment. Second, clearly state the gap between their various positions. Third, ask the family to bridge the gap by suggesting several additional ideas in-between their positions. And fourth, ask the family to evaluate these ideas and try to reach a consensus.

6. As an example of negotiation, let's use the issue of putting away clothing. The idea on which the mother and her teenage son came closest to agreement was: "Teen will put the clothes away daily." However, the mother wanted him to put his clothes in his drawers, but he insisted that he would fold them neatly and leave them on the bed. They were asked to generate alternatives to bridge this gap. They suggested:

1. Build a chute from the bed to the drawer
2. Take turns putting the clothes away
3. Earn money for putting them away
4. Put them away some but not all days of the week.

After evaluation, they agreed that on Monday, Wednesday, and Friday the teen would put the clothes in the drawer. On Tuesday, Thursday, and Saturday, he would fold them neatly and leave them on the bed. On Sunday, they would flip a coin to determine what he did.

7. Help the family plan to implement the solution. Guide the family to specify a detailed plan to put the agreed-upon solution into action. Such a plan indicates:

   a. Who will do what, when, and where
   b. Who will monitor compliance with the agreement, and how monitoring will be carried out (with charts or graphs, or verbally?)
   c. The consequences for noncompliance, for example, punishments
   d. What if any performance reminders will be given
   e. What constitutes compliance, for example, what do we mean by a clean room?
   f. What difficulties are anticipated in carrying out the plan.

8. As an example of an implementation plan, let's look at a solution to a curfew problem. The agreement was that Tom will select one weekend night to have a midnight curfew and the other weekend night will be home at 10:00 P.M. Weekday curfew will be 9:00 P.M.

   a. The family defined "midnight" to mean within 10 minutes of midnight.
   b. Mom and dad agreed to take turns waiting up for Tom.
   c. Everyone agreed that loss of weekend going-out privileges on the next weekend would be the consequence for noncompliance.

   d. They anticipated problems such as "My watch is slow," or getting a flat tire. In emergencies, Tom was to call ahead to indicate that a problem had come up and he might be late. They also anticipated that if a special event came up, such as New Year's Eve, Tom could ask for an extension on the curfew, but he had to ask at least 48 hours in advance.

Summary and Assignment of Homework

First, praise the family for getting through the steps of problem solving and reaching an agreement. Second, ask for their reactions to the process of problem solving. Third, assign as homework implementation of the agreement. Fourth, explain that you will be teaching them how to integrate problem solving into their daily life at home as a means of resolving conflict.

Session 5: Introduce Communication Training

Goals

The goals of Session 5 are (1) to increase family members' awareness of their negative communication habits and the deleterious impact of negative communication on parent–adolescent relations; (2) to pinpoint the most salient negative communication habits for this family; (3) to teach positive communication habits, using instructions, modeling, behavior rehearsal, and feedback; and (4) to assign home practice of positive communication skills.

General Procedures

Begin the session by distributing and reviewing the Family Negative Communication Handout (see table 4–5). Family members are asked to recall recent examples of specific negative communication habits on the handout, to consider the impact of these habits on each other, and to suggest more constructive approaches for expressing their thoughts and feelings. Next, the therapist should select several salient negative communication habits for intensive correction, and train the family to replace these habits with more positive responses. Homework is assigned to practice the new communication skills in daily conversations.

The success of communication training depends upon the persistence of the therapist. It is important to consistently correct every instance of a targeted negative communication pattern, assertively but respectfully. It is also important to "balance" targets across family members. Don't single out the father several times while ignoring the adolescent's problem behavior.

Table 4–5
Family Negative Communication Handout

Check if your family does this:		Try to do this instead:
1. ____	Call each other names	Express anger without hurt
2. ____	Put each other down	"I am angry that you did ____"
3. ____	Interrupt each other	Take turns; keep it short.
4. ____	Criticize too much	Point out the good and the bad
5. ____	Get defensive	Listen: calmly disagree
6. ____	Lecture	Tell it straight and short
7. ____	Look away from speaker	Make eye contact
8. ____	Slouch	Sit up, look attractive
9. ____	Talk in sarcastic tone	Talk in normal tone
10. ____	Get off the topic	Finish one topic, go on
11. ____	Think the worse	Don't jump to conclusions
12. ____	Dredge up the past	Stick to the present
13. ____	Read others' mind	Ask others' opinions
14. ____	Command, order	Request nicely
15. ____	Give the silent treatment	Say what's bothering you
16. ____	Make light of something	Take it seriously
17. ____	Deny you did it.	Admit you did it, or nicely explain that you didn't
18. ____	Nag about small mistakes	Admit no one is perfect; overlook small things

Review of Family Negative Communication Handout

1. Distribute the handout to each family member.
2. Explain the rationale: "Today we will work on how you communicate with each other. I've noticed that you sometimes get really upset about the way you talk to each other. This leads to a lot of anger, hassles, and unpleasant arguments, sidetracking you from the issues you are discussing. Look at this handout. On the left side are negative communication habits; on the right side are positive alternatives. Give me some recent examples of the negative habits which occurred in your family."
3. Prompt family members to take turns describing recent negative communication interchanges.

Increase Awareness of the Deleterious Impact of Negative Communication on Family Relations

As the family presents examples of negative communication, help them to become aware of the impact of such habits on family relations. The following sample dialogue demonstrates this procedure.

Therapist: "What happens when your mom nags you about doing the dishes?"
Teen: "I get mad and put her down."

Therapist: "Mrs. Jones, what do you do next?"
Mother: "I start yelling."
Teen: "Then I never do the dishes."
Therapist: "So nagging spurs put-downs, yelling, and more defiance. You can see how one negative begets another, and before long everyone is very upset."

Suggest, Model, and Rehearse Constructive, Positive Communication Habits

1. Point out positive responses on the right-hand column of the handout.
2. Model the application of these responses to the examples under discussion.
3. Request the family to role-play the positive responses, coaching them as needed. The following sample dialogue demonstrates modeling, coaching, and role play:

Therapist: "Mrs. Jones, when it is time for Tom to do the dishes, you might start by saying assertively. 'Tom, I would appreciate it if you would now do the dishes; it's 7:00 P.M., the time we agreed upon.' "
Mrs. Jones: "And when he doesn't do it, then what?"
Therapist: "You clearly express your anger and frustration without put-downs or nagging. Start with an 'I,' say how you feel, and set forth conditions or consequences. For example, 'I am angry that you're not getting down to the dishes; I expect you to start now or I will put consequences into effect.' Now, Mrs. Jones, you try that in your own words, and let's see how Tom responds."
Mrs. Jones: "Tom, I expect you to start the dishes; it's 7:00 P.M."
Therapist: "Good."

Intense Correction of Selected Negative Communication Habits

1. Pick two or three habits to correct.
2. Ask the family to conduct a problem-solving discussion of a topic of their choice. Pick a topic likely to invoke the negative communication habits.
3. Indicate that you will stop the discussion whenever examples of the negative communication habits occur, and then request corrections.
4. Consistently interrupt the discussion.
5. Use feedback, instructions, modeling, and behavior rehearsal to coach the family to correct negative communication.
6. Continue this process for the remainder of the session.

7. Liberally praise positive efforts.

Communication Training Homework Assignment

1. Assign the family the task of practicing the newly acquired positive communication habits at home.

2. Give each family member permission to politely prompt the others to monitor and correct their communication at home. For example, the adolescent might be asked to call his mother's attention to nagging. The mother might be asked to call her son's attention to put-downs. If a family member encounters hostility when trying to call attention to negative communication, instruct him or her to back off and tell the therapist at the next session. Otherwise, the family may corrupt your assignment into an excuse for further arguments.

Sessions 6 and 7: Building New Skills

Goals

The goals for Sessions 6 and 7 are (1) to strengthen problem- solving communication skills through additional coached practice; and (2) to review homework and guide the family in applying the skills to their interactions throughout the week.

Procedures

Sessions 6 and 7 do not have a detailed content outline because they do not involve the introduction of new material. The therapist now works to help the family build upon the skills introduced in Sessions 4 and 5. Generally speaking, divide the session time between reviewing homework, conducting problem-solving discussions, and correcting negative communication. Additional homework to conduct problem-solving discussions throughout the week and to practice new communication skills should be assigned. Tailor the sequence of problem-solving and communication training activities to the idiosyncratic needs of each family.

We will give examples of the types of activities you might do to accomplish these goals.

Reviewing Homework/Problem Inquiry

1. Ask for a report of the past week's homework.
2. Ask whether the family successfully implemented solutions negotiated in the past week's therapy session? If the answer is yes, praise them liberally and ask them to continue implementing that solution. If the answer is no, investigate what went wrong:
   a. Did family members try to implement the solution?
   b. Was there resistance from one member?
   c. Did negative communication side-track them?
   d. Was there mistrust and hostility?
   e. Did they "forget" to do things?
3. Help the family straighten out any problems with the past week's solutions before beginning a new topic. You may need to coach them to renegotiate the original problem or discuss a new angle on it. Use problem-solving and communication skills flexibly in this process.
4. Did the family practice the skills at home? How did the practice work out? Ask for a report of any problem solving discussions. Also ask for a report of application of new communication skills.
5. Help them plan to practice the skills more effectively in the future. Identify any consistent themes that were problematic at home, and plan to incorporate them into today's session. For example, if problem definition deteriorated into a "free-for-all" accusation/defensiveness sequence, plan to work on problem definition. If the father dominated the discussion at home and failed to listen to the adolescent's ideas, concentrate on this problem during the session.
6. The family's ability to benefit from this type of therapy depends upon their success with such homework assignments. This is a very important part of Sessions 6 and 7, and may take most of the session.

Skill Practice

1. Conduct a new problem-solving discussion, using a moderate to severely conflictual issue. Focus on refining skills, as needed.
2. Target additional negative communication skills for correction, using feedback, instructions, modeling, and behavior rehearsal.

Homework and Summary

1. Assign increasingly complex skill-oriented tasks.
2. Ask families to set aside a regular time for family meetings. Suggest that they use problem solving to resolve accumulated gripes during these meetings. Suggest that they tape or videotape the meetings for your later review.
3. Assign implementation of any newly negotiated solutions.
4. Assign practice of communication skills.

Session 8: Introduce Cognitive Restructuring

Goals

The goals of Session 8 are (1) to increase family members' awareness of how their thoughts about their relationships can influence their feelings and mediate their responses to each other; (2) to teach family members to identify and challenge common unreasonable expectations and inaccurate attributions about parent–adolescent relationships; (3) to teach family members to generate reasonable cognitions and adopt them; and (4) to teach family members to reframe problem behavior in nonblaming, nonmalicious ways.

Increasing Awareness of the Role of Cognitive Processes

You can open the session by indicating that the focus of today's meeting will be on the role of thinking and feeling in parent–adolescent conflict, and that the format will differ from the previous sessions. Indicate that imaginal exercises, question-and-answer discussion, and role plays will be used to teach family members to become aware of how their thinking influences their feelings, which in turn may make it more difficult to deal with arguments.

An imaginal exercise is often useful for teaching clients the connection between thoughts, feelings, and behaviors. Pick a recent topic that the family has argued about. Construct an imaginal scene that depicts extremely absolutistic, unreasonable thinking about that issue. Tailor your imaginal scene to each family member, taking into account their idiosyncratic cognitive and communication style. Describe the scene in a lively, humorous fashion, blowing up or exaggerating the extreme thinking. After having them imagine the scene, inquire about their thoughts, affects, and likely actions in a manner that interlinks these variables. Keep your descriptions brief and involve family members in the exercise to maintain interest and attention.

As an example of an imaginal exercise, let's suppose that Andrew's parents forbid him to see his friend of many years, William, because they are afraid that Andrew might be corrupted by his friend because William was hanging out with a "bad crowd," smoking, drinking, and disobeying adults. The therapist was aware of this issue, and constructed the following imaginal exercise to introduce cognitive restructuring:

Therapist: "I'd like you to close your eyes and imagine this scene. Mr. and Mrs. Smith, you are walking past Andrew's room and you notice something that looks strange. You go in and see one of William's dirty T-shirts on the floor. You smell something funny—like beer. You look under the bed and find three empty beer cans, still damp from having recently been drunk. One of them has lipstick marks on it. Now, tell me, what would you be thinking?"

Mrs. Smith: "That's terrible. Andrew has been drinking beer, with William. And doing who knows what else with girls. Right in my very own house. I'll kill that disobedient kid. I knew William was a bad influence!"

Therapist: "Great. Sounds like you can relate to this. For one, sounds like you'd be thinking in a *ruinous* way all about how evil William is corrupting your innocent Andrew. We call this type of thinking *"Ruination."* Ruination refers to the idea that teenagers can ruin themselves and their future if they do the wrong things or have too much freedom. Also, you'd be upset about *disobedience.* Parents expect teenagers to *obey* them all the time and get very upset if they don't. Right?"

Mrs. Smith: "Right! I would be so mad I wouldn't know what to do next."

Therapist: "That's exactly my point. If you think such extreme thoughts, you will have strong angry feelings. And what would happen if Andrew walked in the door at that very moment?"

Andrew: "I'd catch hell. We would have the biggest argument in the world."

Therapist: "Thank you. Extreme thoughts leads to extreme feeling. Extreme feelings lead to fights and arguments."

The therapist can further develop such a rationale with Andrew, bringing out the themes of *Unfairness, Autonomy,* and *Ruination* by illustrating how his mother has unrealistically jumped to incorrect conclusions by misinterpreting the available evidence.

Identifying and Challenging Unreasonable Thinking

After showing the family the connection between situations, extreme thoughts, angry affect, and arguments, you should review the List of Common Unreasonable Beliefs (see table 4–6). Ask the family to give recent examples of how these beliefs apply to them. Have them specify the situation, the belief, their feeling, and their response. This exercise is designed to train them to identify unreasonable thinking in its many different forms: expectations, attributions, underlying assumptions, logical errors, and so forth.

Next, teach the family how to challenge the validity of unreasonable beliefs. Help them to apply the following types of questions to the examples of unreasonable beliefs they identified earlier in the exercise:

1. Does this belief really make logical sense?
2. What is the evidence that supports my belief?
3. What is the worst thing that could happen if my teenager keeps doing the things I think are terrible?
4. Did I feel the same way when I was a teenager? What, then, is the big deal?
5. Is it possible that my parents really have my best interest in mind?

Table 4–6
Common Unreasonable Beliefs

Parents

1. Ruination. "If I give my teenager too much freedom, he (she) will ruin his (her) life, get in serious trouble, and make serious mistakes."
   A. Friends: "If Andrew goes out with William and William does bad things, Andrew will become corrupted, a bum, an alcoholic, a sex addict, and a delinquent."
   B. Chores: "If she does not learn to do her chores now, she will grow up to be slovenly, aimless, unemployed, and a welfare case."
   C. Incomplete homework: "He will never graduate from high school, will never get into a good college, will never get a decent job, and will be dependent upon us forever."
2. Obedience/Perfectionism. "My teenager should always behave perfectly and especially obey me."
   A. Visiting relatives: "Doesn't she know Sundays are for visiting relatives. How dare she even think about going out with her friends? Such disobedience!"
   B. Doesn't follow directions: "He can't even put away the dishes without me bugging him 10 times. What disrespect! If I did this to my dad, I would have gotten the paddle."
   C. Curfew: "Why do we have to go through the same argument every Saturday? Can't she just do what I say and come home by 11:00 P.M.
3. Malicious Intent. "That rotten kid got in trouble on purpose just to get me mad."
   A. Playing the radio too loud: "He's just blasting the radio to get on my nerves."
   B. Withdrawing to one's room: "She's hiding out on purpose in her room to get even with me for asking her to do the chores."

Adolescents

1. Unfairness/Ruination. "My parents are totally unfair. They just don't understand me. They are going to absolutely ruin my life. I'll never have any fun because of their unfair rules."
   A. Curfew: "Why should I have to come home earlier than my friends? That's unfair. I'll lose all my friends and be an outcast."
   B. Chores and sibling rivalry: "Why do I always get stuck doing the dishes and trash? Why doesn't my brother get his fair share? My parents are always picking on me and letting him off easy."
   C. Bad teacher: "Mrs. Jones is a witch. She is going to ruin my whole school career. It's not fair that she always calls on me in class and is so strict about getting homework in on time."
2. Autonomy. "I ought to have as much freedom as I want. I should be able to do whatever I want."
   A. Sexuality: "It's my body and what right do my parents have to tell me not to have sex with my boyfriend? I can do whatever I want with my body."
   B. Homework: "I resent my mother asking about my homework. I can get it done all by myself. She has no right to interfere."
   C. Clothes and hair: "I'll dye my hair any color I like. And I'll wear any kind of jeans I choose. Parents shouldn't have anything to say about this."

6. Am I making a mountain out of a molehill? Am I overgeneralizing?
7. Am I seeing the trees but missing the forest? Am I focusing on one detail and missing the whole picture?
8. Am I viewing the world as black or white, all or none, when it really is many shades of gray?
9. What are some possible positive motives for my teenager's/parent's action that seems malicious to me?

10. What right do I have to expect life to be fair? Who said life is always supposed to be fair?
11. Does anyone really have as much freedom as I want? And would I really be happy if I had such freedom? After all, with freedom comes responsibility.

It may be helpful for parents and adolescents to write down challenges to particular beliefs. You may give them the list of challenging questions outlined here. Brainstorming can be used to generate a variety of creative alternative ways of thinking about situations. The goal at this stage is not to convince people to give up their favorite beliefs, but only to make them realize that there may be alternative ways to think about conflictual situations. Be careful to explain that you are not telling the family to change its beliefs; you may encounter resistance from rigid individuals, who will misinterpret exploration of alternative beliefs as being ordered to give up their cherished notions.

Disconfirming Unreasonable Beliefs

As you teach parents and adolescents to challenge their thinking about family relationships, the stage is set for disconfirming illogical reasoning, unrealistic expectations, or inappropriate attributions. Guide the family members to formulate more reasonable, alternative conceptualizations of the situation, and suggests an "experiment" to test out realistic versus unrealistic beliefs. The rationale for an "experiment" is to arrange for the family members to collect "evidence" that will convince them of the veracity of the realistic beliefs, so that they will not have to "take it on faith" from the therapist or any other authority figure. Several types of experiments have proven useful:

1. *Conduct a survey.* A parent might survey other parents or experts in similar situations to determine what they do or think. For example, parents who believe that failure to complete chores will lead to ruination in adulthood might survey five upstanding citizens and determine whether any of them ever failed to complete their chores during adolescence. Adolescents who believe that early curfews ruin peer relationships might survey five popular college students and determine whether they ever had early curfews. You must have some knowledge of the reference group to be surveyed, or the experiment can backfire.

2. *Collect archival data.* A family member might collect information from books, movies, videotapes, or other archival sources. For example, adolescents who believe parents are unfairly restricting their cigarette smoking might collect objective information about the dangers of smoking. Parents who believe teenagers who date will become promiscuous and pregnant

might read updated books about dating and adolescent sexuality. A father who believes a forgetful son purposely fails to turn the lights out in order to waste money might be given information on attention deficit hyperactivity disorder.

3. *Take another's perspective.* Ask a parent and an adolescent to put themselves in each others' shoes and to try to appreciate each others' perspectives on the problem. Reverse role playing might be used to facilitate taking another's perspective. For example, the parent could role-play an angry adolescent upset at an unfair curfew, while the adolescent role-plays a rigid parent insisting upon an early curfew. Prompt each role player to describe his or her thoughts and feelings throughout the exercise, guiding them to take each other's perspectives. Such exercises will sometimes help family members appreciate the need to think flexibly about rules and regulations.

Homework and Generalization

The exercises and tasks in this session interactively introduce cognitive restructuring to the family undergoing treatment for parent–adolescent conflict. They provide the family with a foundation upon which to build reasonable expectations, beliefs, and attributions.

In order for generalized change in thinking to occur, the family must apply cognitive change techniques outside of the therapy session. You can close Session 8 with one or more of the following homework assignments, designed to foster future use of cognitive restructuring techniques:

1. Pick a belief theme such as Ruination. Ask family members to monitor all occurrences of ruinous thinking throughout the week, log them, and give each other feedback designed to challenge such thinking.
2. Ask family members to eliminate extreme words such as "should" or "must" from family conversations, and make requests in a more tentative manner.
3. Ask family members to write down all of the challenges possible to a particular unreasonable belief.

Sessions 9 and 10: Skill Application

Goals

The goals of Sessions 9 and 10 are to teach family members how to (1) apply behavioral skills and cognitive change techniques to remaining intense family conflicts; and (2) learn how to manage crisis situations.

Procedures

You help guide the family to problem solve the remaining intense, anger-producing issues. Some of these issues may be discussed during the sessions; others may be discussed by the family at home, who then report back to you. It is preferable to have the family devote more time at home to such discussions, and use the therapy time to review problems that came up during the home discussion. However, the most severe issues may have to be discussed in your presence to avoid the discussion deteriorating into an argument.

Subtle aspects of communication should be targeted for change during these sessions. By this time, major patterns such as put-downs or accusations have probably been targeted. Negative voice tone, subtle sarcasm, and nonverbal communication habits may now need to be targeted. For example, one adolescent complained that her father's "English teacher smile" came across as sarcastic to her. The therapist learned that she was referring to the way her father curved up his lower lip as he was talking; the father, indeed an English teacher, was completely unaware of this pattern, but with feedback from his daughter and the therapist he agreed to monitor and change it.

You are likely to uncover cognitive distortions as more intense anger-producing issues are discussed. Unreasonable beliefs often mediate intense affect surrounding these issues. Cognitive restructuring will follow as a natural intervention. If affect runs very high, you may find it useful to talk with subunits of the family, particularly with regard to cognitive restructuring, only later bringing the family back together. For example, the Smith family was problem solving the issue of church attendance when John announced he was really an agnostic and had no plans to attend church again. The Smiths were a religious Catholic family; the parents became enraged and flew into a tirade. The therapist decided to discuss the matter with the parents separately from the adolescent, later bringing them together to work out a solution.

In this stage of therapy, siblings may be invited to join selected sessions. If the topic is sibling fighting, for example, siblings should be present. The adolescent can be appointed the "expert" who explains problem-solving steps to the siblings; this often enhances the adolescent's status in the session.

Crisis Management

A "crisis" refers to a situation in which a solution has broken down or a rule has been broken, and one family member is confronting another, with feelings running very high. We are referring to situations such as:

1. Dad greeting Sally at the door at 2:00 A.M. when her curfew was 11:00 P.M.
2. Mom discovering that John burned a hole in the rug with a match.
3. Sally learning one hour before her boyfriend is scheduled to pick her up for the prom that she is grounded for not doing her homework.
4. Mom denying Bill the use of the family car, and Bill refusing to leave mom's bedroom until she gives him the car keys.

Typically, parents and adolescents resort to yelling, screaming, ordering, power control, and a host of negative communication techniques in a crisis. Anger overwhelms family members and they lose control, even if they have learned positive problem-solving communication skills.

Crisis management is designed to help families calm down and avoid a physical or extremely hurtful violent confrontation. Problems are never resolved during crises, but only later after people have regained their composure. You need to help the family identify the most common types of crises they encounter, and to prepare to use anger management and related techniques to calm down and avoid a hurtful confrontation. In this manual we cannot exhaustively present such anger management techniques. Instead, we will outline in broad strokes the steps to be followed.

Steps for Managing Crises

1. Ask the family to describe the types of crisis situations they encounter. Mention crises that you observed throughout the earlier therapy. Pinpoint the sequence of escalating affect, and try to identify the points at which various family members lose control. What are the triggers for loss of control?

2. Explain that it is best to calm down and resolve the problems at a later time.

3. Incorporate cognitive-behavioral anger management techniques into the remaining discussion of crisis management.

4. Identify behavioral and cognitive "stop responses" that would permit family members to keep from "losing it" as a crisis escalates, for example, leave the scene, call a Time Out, or count to 10. Get a commitment from each family member to try one or more of these techniques.

5. Identify affect-dissipating responses that could take the edge off the anger during a crisis, for example, relaxation, exercise, or punching a pillow. Get a commitment from each family member to try one or more of these techniques.

6. Role-play a mock crisis, asking family members to use these techniques.

7. Ask them to try the techniques at home.

Summary

Most families will benefit from crisis management planning and resolution of intense conflicts during this stage of therapy. Some families also display unusual structural problems that need to be addressed: enmeshed parent/child relationships, disengaged parents, triangulation, blended family issues, coalitional patterns, and so forth. Such patterns should be addressed during this stage of therapy. Although it goes beyond the scope of this manual to provide the therapist with comprehensive techniques for changing such patterns, these patterns cannot be ignored. Readers should consult Robin and Foster (1989) for more detailed instructions for how to change such patterns.

Sessions 11 and 12: Termination/Disengagement

Goals

The goals of Sessions 11 and 12 are (1) to review the goals of therapy and assess the degree to which these goals have been achieved; and (2) to prepare family members to continue to apply the skills which they learned on their own in the future.

Procedures

You should space out the last two sessions, meeting every two or three weeks instead of weekly. This provides an opportunity for consolidation of session learning and additional generalization over time. During the sessions help the family consolidate and summarize what they have learned and plan for the future. We do not normally conduct problem-solving discussions or communication training during the last few sessions.

1. Give a rationale for termination. For example, you might say "I'm very impressed with the way things are going for your family. Things are not perfect, but you are coping effectively and have learned a lot. We are approaching the end of our contract together. You have been doing a lot between sessions to apply the skills we have worked on together. We need to review where we started, what we accomplished, and help you plan for the future."

2. Review the Agreement for Action introduced in Session 3. Go through each of the goals that were checked off, and ask each family member to comment upon the extent to which that goal has been accomplished.

3. Add your own comments about goal attainment. Be realistic. Point out to the family any goals that were too lofty for a short-term therapy.

4. Tell the family that it is rare for every goal to be accomplished to everyone's satisfaction.

5. Translate the goals that remain to be accomplished into concrete actions that the family can take on its own after termination of therapy.

6. You may find that their goals have changed somewhat as a function of working with you. Point out how therapy can change one's view of the world, and help them leave therapy with the flexibility to face future changes with courage and confidence.

7. You may also need to highlight additional therapeutic steps that you recommend. For example, if significant marital conflict was uncovered but not completely dealt with during problem-solving communication training, you may suggest a referral for marital therapy. If significant school learning problems or individual pathology was identified, you may need to suggest testing and/or individual therapy.

8. Leave the family with the idea that therapy is a mechanism for coping with periodic developmental crises. Make it clear that the family is welcome to return for another course of family therapy if they desire it.

Author's Final Comment

With the techniques outlined in this manual, a therapist who has had some general experience treating families and adolescents will be able to intervene to ameliorate parent–adolescent conflict. A number of clinical outcome studies have demonstrated the effectiveness of problem-solving communication training (see Barkley, 1990; Robin & Foster, 1989, for reviews) in reducing family conflict. While certainly not the only approach to such conflict, problem-solving communication training is an easily taught readily replicated, and clearly documented, intervention.

References

Alexander, J. F., & Parsons, B. V. (1982). *Functional family therapy.* Monterey, CA: Brooks/Cole.

Barkley, R. (1990). *Attention deficit hyperactivity disorder.* New York: Guilford Press.

Barkley, R. (1991). *Attention deficit hyperactivity disorder: A clinical workbook.* New York: Guilford Press.

Haley, J. (1976). *Problem solving therapy.* San Francisco: Jossey-Bass.

Haley, J. (1980). *Leaving home.* New York: McGraw Hill.

Madanes, C. (1981). *Strategic family therapy.* San Francisco: Jossey-Bass.

Mash, E. J., & Terdal, L. G. (1988). *Behavioral assessment of childhood disorders* (2d ed.). New York: Guilford Press.

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques.* Cambridge, MA: Harvard University Press.

Montemayor, R., Adams, G. R., & Gullotta, T. P. (1990). *From childhood to adolescence: A transitional period?* Newbury Park, CA: Sage.

Patterson, G. (1982). *Coercive Family Process.* Eugene, OR: Castalia.

Robin, A. L., & Foster, S. L. (1989). *Negotiating parent–adolescent conflict: A behavioral family systems approach.* New York: Guilford Press.

Robin, A. L., Koepke, T., & Moye, A. (1990). Multidimensional assessment of parent–adolescent relations. *Psychological Assessment, 2,* 451–459.