

Second Edition

# THE THERAPIST'S NOTEBOOK FOR FAMILIES

Solution-Oriented Exercises for Working with  
Parents, Children, and Adolescents

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017



**BOB BERTOLINO**



# The Therapist's Notebook for Families

*The Therapist's Notebook for Families, Second Edition*, provides 72 solution-oriented activities for an array of challenging problems faced by mental health professionals when working with clients. *The Therapist's Notebook* offers clear, practical, easy-to-use exercises to help therapists work effectively and creatively with parents, adolescents, children, and families. Its solution-focused perspective provides a foundation based on collaboration, the utilization of client strengths, and the creation of possibilities to facilitate present and future change. The book is arranged in five parts, with 15 fully revised and 23 brand-new exercises.

**Bob Bertolino**, PhD, is an associate professor of rehabilitation counseling at Maryville University in St. Louis, Missouri. He is also senior clinical adviser at Youth In Need, Inc. and a senior associate at the International Center for Clinical Excellence. Bob has taught over 500 workshops throughout the United States and internationally and has authored or co-authored 14 books.

This page intentionally left blank

**The Therapist's Notebook**  
**for Families**  
*Solution-Oriented Exercises*  
*for Working With Parents, Children,*  
*and Adolescents*

SECOND EDITION

Bob Bertolino

Second edition published 2016  
by Routledge  
711 Third Avenue, New York, NY 10017

and by Routledge  
27 Church Road, Hove, East Sussex BN3 2FA

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

© 2016 Taylor & Francis

The right of Bob Bertolino to be identified as author of this work has been asserted by him in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. The purchase of this copyright material confers the right on the purchasing institution to photocopy pages which bear the photocopy icon and copyright line at the bottom of the page. No other parts of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*Trademark notice:* Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

First edition published by Routledge 2002

*Library of Congress Cataloging in Publication Data*

Bertolino, Bob, 1965–

The therapist's notebook for families : solution-oriented exercises for working with parents, children, and adolescents /

Bob Bertolino. — Second edition.

pages cm

Includes bibliographical references and index.

1. Family psychotherapy. 2. Child psychotherapy. 3. Adolescent psychotherapy. 4. Solution-focused therapy. I. Title.

RC488.5.B485 2016

616.89'156—dc23

2015012199

ISBN: 978-0-415-72693-1 (pbk)

ISBN: 978-1-3158-3285-2 (ebk)

Typeset in Times

by Apex CoVantage, LLC

**To my stepmother, Dottie, for embracing the “Bertolino tribe,” standing by and supporting the seven of us as we faced the trials and tribulations of childhood, adolescence, and young adulthood. Families are forever.**

This page intentionally left blank

## *CONTENTS*

Acknowledgments	xi
Introduction	xiii

### PART I: THE FAMILY AS A RESOURCE

1. The Therapist's Notebook: Preparing for Working With Families	3
2. The Pyramid: Identifying Levels of Need	6
3. Reputation Matters: Examining the Culture of Therapy	11
4. Collaboration Keys: Strengthening the Alliance	15
5. Preferences: Eliciting Clients' Ideas About Therapy	18
6. Who Are You? Qualities Within	22
7. Recollections: Finding What We Do Well	25
8. Factors: Influences on Problems and Solutions	28
9. Taking Stock: Creating a Family Inventory of Resources	32
10. More Than: Challenging Unhelpful Influences	36
11. More like Whom? Speculating About My Parents	39
12. Significant: People Who Know or Have Known Me	44
13. Inside Job: Exploring Family Solutions	48
14. Inherited or Learned or Both?	51

### PART II: GETTING CLEAR ON CHANGE

15. Cycling Through	57
16. The Language of Possibility	60



17. Invitations to Accountability: Separating Feeling and Doing	63
18. Translations: Using Action-Talk	66
19. Solution-Talk	69
20. Determining Goals: What Needs to Change?	71
21. Indications: Identifying Goal-Related Improvement	74
22. The Crystal Ball	76
23. The Time Machine	78
24. Movement: Signs of Progress	80
25. Scaling: Taking the Temperature of Change	83
26. Exploring Theories of Change	87

**PART III: CHANGING VIEWS AND PERSPECTIVES**

27. Future-Talk: Acknowledgment and a Vision for the Future	93
28. Reviving the Soul: Spiritual Energy and Resources	96
29. Did You See That? Acknowledging Efforts	100
30. Family Views: Appreciating Different Perspectives	103
31. Teaching Your Children	107
32. Requests for Change	109
33. Catch 'Em Doing Well	111
34. Seize the Moments: Identifying Exceptions	114
35. Gaining the Upper Hand: Searching for Counterevidence	117
36. How Does That Help You? Reevaluating Viewpoints	120
37. What Would Einstein Say? Considering Alternative Views	123

38. The World as a Consultant: Learning From Experienced Others	127
39. Scene It: Movies as Life	130
40. Separating From Problems	133
41. The Big Picture	137
42. What's My Mission? Finding a Meaning	141
43. Before Tomorrow: Finding a Vision for the Future	145

PART IV: CHANGING ACTIONS AND INTERACTIONS

44. Our Lives as Patterns	153
45. Exception-Seeking: Changing Patterns	156
46. Stay With It: Going Along With the Pattern	159
47. Try-Outs: Exploring the Benefits of Turning Patterns On and Off	162
48. Do Something Different: Experimenting With Pattern Interruptions	164
49. United We Stand: Creating Caregiver Agreement	167
50. Who's Doing What? Sharing Household Responsibilities	170
51. Script It Out	173
52. Trouble With the Curve: Doing the Unexpected	175
53. Here, There, Not Everywhere: Change Some Aspect of Context	178
54. Something Different, Something New, Something Unpredictable	180
55. Remember When: Utilizing Past Solutions and Successes	183
56. Nothing's Forever; It Just Seems That Way: Problem Wind-Downs and Endings	186
57. What a Difference a Day Makes: Charting Solutions	188

PART V: KEEPING THE BALL ROLLING

58. Three Forward, Two Back: Managing Setbacks and Challenges	193
59. Putting the Brakes On: Keeping Things From Getting Worse	196
60. What Worked? Evaluating and Employing Successes	199
61. Parent Preparation, Parent Prevention	202
62. Traditions: Consistency, Continuity, and Connection	204
63. The Real World: Keeping an Eye on Between-Session Change	208
64. Where's the Evidence? Identifying the Facts of Change	211
65. Bring It to Light: Identifying and Amplifying Change	214
66. It Really Is You!	218
67. Are We There Yet? Evaluating the Significance of Change	222
68. Self-Examination: Making the Most of Differences	224
69. The Scrapbook of Life	227
70. Certifiable	229
71. Pursuing the Future	233
72. Simply Said: The Gift of Gratitude	236
Index	239

## Acknowledgments

My love to Misha, Morgan, Claire, my parents, my siblings, and my extended family. Thank you for your unwavering love and support as I continue to chase my passion of making a difference in the lives of others.

To the staff, past and present, at Youth In Need (YIN), Inc. for 25 amazing years. YIN is an extraordinary organization in every regard. I have been blessed to work with so many caring others at YIN and would like to especially thank our Executive Management Team: Pat Holterman-Hommes, Tricia Topalbegovic, Michelle Gorman, Mark Solari, Rob Muschany, April Delehaunty, Amy Putzler, Keri Young, and Melissa Chambers. I'd also like to extend my gratitude to Cara Merritt, Erin Strohbehm, Dawn Hiatt, Rachel Woepke, Stephanie Williams, Regina Whittington, and Brittanie Gellings-Zwart.

Thank you to Michael Kiener, Kate Kline, and Mya Vaughn, and Dean Chuck Gulas, my colleagues in the College of Health Professions, Department of Rehabilitation Counseling, at Maryville University in St. Louis. I extend my appreciation to my current and former students, who have helped to build our remarkable program.

To Jim Braun, Amy Brown, Melanie Rodman, Denise LaBarge, Bill O'Hanlon, Lynn Johnson, Scott Miller, Charlie Appelstein, Calvin Smith, Adrian Blow, Jay Memmott, Susanne Bargmann, Jason Seidel, Rob Axsen, and Cynthia Maeschalck, thank you for your friendship and collegiality.

And my deepest gratitude to George Zimmar and the Routledge/Taylor & Francis family for your expertise, care, and patience in bringing ideas to life.

This page intentionally left blank

# Introduction

Lambert and Ogles (2004) wrote, “Psychotherapy facilitates the remission of symptoms and improves functioning. It not only speeds up the natural healing process but also often provides additional coping strategies and methods for dealing with future problems. Providers as well as patients can be assured that a broad range of therapies, when offered by skillful, wise and stable therapists, are likely to result in appreciable gains for the client” (p. 180). We know psychotherapy works. But in a sea of models and specialized techniques the question of how to select an approach is of utmost importance. A starting point can be found by reviewing over 50 years of research on psychotherapy outcomes, which has revealed some consistent findings. A key finding is that while most therapy models affect change, no one approach can claim superiority over others (Lambert & Bergin, 1994; Lambert, Shapiro, & Bergin, 1986; Smith & Glass, 1977). The same conclusion can be found when looking at family therapy itself (Doherty & Simmons, 1995, 1996). There are many viable options available to those who work with children, adolescents, and families, but there is an absence of research that supports the effectiveness of one model over another.

What, then, have we learned about effective therapy? Studies have shown that there are several characteristics that can be found when therapy works. In brief, several key findings indicate that effective therapy

- Is client-informed and incorporative of clients’ views of the therapeutic relationship, therapy processes, goals, and tasks to accomplish those goals.
- Is provided with respect to clients’ characteristics, culture, and preferences.
- Is change-focused and future-oriented, as opposed to focusing on finding causes or explanations for problems, except when this focus does not fit with the client.
- Includes an emphasis on clients’ strengths, abilities, and resources as opposed to deficits and pathology.
- The presence of hope facilitates positive change.
- Techniques are enhanced when they fit with clients’ belief systems and ideas about how change will occur.

Because therapists need to have frameworks to bring structure to therapy, the issue becomes one of selecting an approach that incorporates the preceding factors, fits with clients, and most importantly, is shown to be beneficial with the concerns or problems that led to therapy. This book emphasizes all three of these characteristics through a *solution-oriented* approach to therapy. The following diagram both illustrates characteristics of a solution-orientation and delineates the differences between it and traditional therapeutic approaches:

## *Traditional Therapy Approaches*

Search for impairments/deficits →  
Focus is on discovering pathology →  
Belief is people are bad, have hidden agendas, and are resistant →  
Focus is on the therapist finding that and administering cures →

## *Solution-Oriented Therapy*

Search for competencies/abilities  
Focus is on promoting health/well-being  
Belief is people have good intentions and are cooperative  
Focus is on creating small changes lead to bigger ones

The therapist is the “expert”	→	Therapy is collaborative—both the therapist and clients have expertise
Focus is on the past/past events	→	Focus is on the present and future
Therapists emphasize expression of emotion as necessary for change	→	Therapists validate felt experience
Therapists diagnose stuckness	→	Therapists are change-oriented
Emphasis is on finding identity and personality problems	→	Emphasis is on action and process descriptions

Solution-oriented therapy focuses on helping caregivers, children, and adolescents and those associated with them to feel acknowledged, validated, and understood while simultaneously employing a collaborative process to help such persons to make changes in their lives (Bertolino, 1999, 2010, 2014, 2015; Bertolino, Kiener, & Patterson, 2009; Bertolino & O’Hanlon, 2002; O’Hanlon & Bertolino, 1998; O’Hanlon & Weiner-Davis, 2003). Because emphasis is on the future, solution-oriented therapists tend to be active in facilitating the change processes. One way of doing this is to use exercises that identify, amplify, and promote growth and development.

### **THE PURPOSE OF THIS BOOK**

This book was created to help therapists to facilitate change processes with their clients by offering flexible, easy-to-use exercises. The exercises offered here are for both therapists *and* caregivers, children, adolescents, and families. The therapist-oriented exercises can be completed alone or with clients. The client-oriented exercises can be used in office-based and home-based settings or can be given to clients to complete on their own. Although a solution-oriented foundation is offered, these tools are designed to be compatible with mental health professionals’ withstanding traditions and can be adapted easily to already existing therapeutic processes. The intention is to invite therapists to focus on finding and using what works in therapy that is both respectful and effective from the perspective of clients.

A number of the exercises in this volume are designed for use with caregivers. Occasionally a caregiver will wonder, “Why do I have to change when my son or daughter is the one with the problem?” There are different ways to respond to such questions. One possibility is to explain that we are looking for something to change, and we have found that the person who is most upset by the problem is the one most likely to be willing to put forth an effort. In addition, many of the changes suggested are designed to give caregivers more influence in a situation where they feel they have none.

Clever exercises do not make for effective therapy. Certainly, there have been a great number of therapists who have worked very effectively without ever using exercises as a tool. However, exercises are another means for the therapist to include those common factors that do make a difference. A good exercise will show the client that the therapist understands him or her, accepts his or her goals, and offers hope, among other things.

### **THE FORMAT OF THIS BOOK**

This book is divided into five main sections. Each section offers specific activities that mental health professionals can use at various points in the therapeutic encounter. Part I, *The Family as a Resource*, helps clinicians to work with caregivers, children, adolescents, and others involved to learn about the family’s strengths, support systems, preferences about how to approach therapy, ideas for working collaboratively, and ways that

therapists can explore their own beliefs, ideas, and theoretical underpinnings. *Getting Clear on Change* is Part II. In this section emphasis is on determining goals, how to monitor progress, perspectives about the future, and using language as a vehicle for change.

Part III, *Changing Views and Perspectives*, includes what families are paying attention to in problem situations, how they are interpreting those events, and the identity stories that are created and lived out in families. Part IV, *Changing Actions and Interactions*, covers how family members interact with one another, including how they act during the problem situation and how they talk with one another or others about the problem. We are searching for repeating patterns and helping parents, children, adolescents, and others to change those problematic patterns. Parts III and IV are companion sections that focus on identifying and interrupting typical problem patterns and on seeking, highlighting, and encouraging solution patterns.

The fifth and final part is *Keeping the Ball Rolling*. In this section ways of identifying, amplifying, and anchoring change are explored. In addition, several exercises delve into ways to manage and recover from setbacks and to keep the momentum going in the direction of positive change.

### **HOW TO USE THE EXERCISES IN THIS BOOK**

Each exercise is broken up into two main sections: an overview, which gives the purpose of the exercise and considerations for use, and the exercise itself, which has directions for implementing it. This format will help you to know the purpose of the exercise, how to use it, and any helpful hints. In addition, there are some specific things that can assist you in the use of exercises. First, clarity is a must. It's important that as a therapist you have clear goals that you are working on with the children and/or adolescents and families with which you're involved. The clearer you and your clients are about the complaint(s), the more specific and, in our experience, effective your exercises will be. Thus, this book is organized such that activities and exercises are categorized into specific areas and are easy to access.

Next, the use of an exercise is highly contingent on the therapeutic relationship. If we offer an exercise and a caregiver, for example, does not believe in going home and trying something out, then we shift our approach. This is not about giving directives to unwilling clients. We are committed to hearing the voices of parents, adolescents, and family members and finding out what they feel won't work, might work, or is worthy of a try. With that said, be sure to notice the reactions of your clients when you discuss a possible exercise. If they're not interested, then move on to something else.

It can be helpful to frame exercises as "experiments." In this way, family members learn that therapists don't have all of the answers. Additionally, by using the term "experiment," room is left to modify or change some aspect of the exercise or to do something completely different. Finally, it implies that the mental health professional is interested in results. That is, we don't typically do experiments unless we have an outcome in mind; with clients we're clearly working toward a favorable outcome.

We often offer a smorgasbord of possibilities and let clients choose what they think might work. This allows clients to select or pass on the ideas presented, or come up with something on their own. When clients are more enthusiastic about an exercise offered or generate their own ideas, the chances that they will do something different are improved. Another way of improving the chances that families will try an exercise is by setting it up through the telling of a story or by giving examples of others who have tried similar things and the results they attained. Take care not to imply that an exercise *will* work, as an unsuccessful outcome can lead to family members feeling like failures or that their problem is really worse than previously thought.

If you are not using a photocopy, you might consider writing down the exercise. This can give family members something to refer back to should they forget what was agreed upon. Doing so can also serve as a prompt if the exercise is posted somewhere that each person can see it. If you do this, be sure to keep a copy for yourself to remind you what was done.

When clients have tried an activity or exercise, talk with them about what happened. Did the problem get better or worse? Did any part of the exercise work? What did each person learn? This kind of feedback is essential as it helps the clinicians to better understand whether goals are being met, whether a modification is



necessary, whether an entirely new approach or activity is called for, or whether a move away from exercises is necessary.

Last, the term “homework” can be off-putting as it implies that the task or assignment must be completed. If not, the client is considered “resistant.” This is an unhelpful idea. Instead, consider the entire process of therapy as a collaborative process. Family members are consulted in the construction of goals, direction of therapy, when goals have been met, and use of exercises.

Ultimately, this book is considered to have two primary uses:

1. A way for therapists to offer new ideas in the form of exercises to caregivers, children, adolescents, and families. These tools can help to clarify goals and outcomes, change views and/or actions, and solidify gains that are made in and out of therapy. Family members decide whether to do a task. In addition, if something doesn't work, don't do more of the same. Do something different.
2. A way of generating new exercises with families that evolve out of the use of the ideas in this book. For example, although an exercise may have been oriented more toward caregivers, you may find it more useful with adolescents. New activities and exercises are often spawned by therapists thinking “outside the box” and by clients telling us what they think might work and what they would be willing to try. Family members can have great ideas, and we ought to attend to their voices wherever possible.

The exercises in this book serve as a map, but they do not represent the territory. They can be altered, changed, and modified to suit your needs and those of your clients. It is hoped that as a result of using this book and working with your clients, you will create new exercises. Best of luck!

Bob Bertolino

## REFERENCES

- Bertolino, B. (1999). *Therapy with troubled teenagers: Rewriting young lives in progress*. New York, NY: Wiley.
- Bertolino, B. (2010). *Strengths-based engagement and practice: Creating effective helping relationships*. Boston, MA: Allyn & Bacon.
- Bertolino, B. (2014). *Thriving on the front lines: Strengths-based youth care work*. New York, NY: Routledge.
- Bertolino, B. (2015). *Working with children and adolescents in residential care: A strengths-based approach*. New York, NY: Routledge.
- Bertolino, B., Kiener, M. S., & Patterson, R. (2009). *The therapist's notebook for strengths and solution-based therapies: Homework, handouts, and activities*. New York, NY: Routledge.
- Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston, MA: Allyn & Bacon.
- Doherty, W. J., & Simmons, D. S. (1995). Clinical practice patterns of marriage and family therapy: A national survey of therapists and their clients. *Journal of Marital and Family Therapy*, 21(1), 3–16.
- Doherty, W. J., & Simmons, D. S. (1996). Clinical practice patterns of marriage and family therapy: A national survey of therapists and their clients. *Journal of Marital and Family Therapy*, 22(1), 9–26.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143–189). New York, NY: Wiley.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139–193). New York, NY: Wiley.
- Lambert, M. J., Shapiro, D. A., & Bergin, A. E. (1986). The effectiveness of psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp. 157–211). New York, NY: Wiley.

- O'Hanlon, B., & Bertolino, B. (1998). *Even from a broken web: Brief, respectful solution-oriented therapy for sexual abuse and trauma*. New York, NY: Wiley.
- O'Hanlon, W. H., & Weiner-Davis, M. (2003). *In search of solutions: A new direction in psychotherapy* (2nd ed.). New York, NY: Norton.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752–760.

This page intentionally left blank

*PART I:*  
*THE FAMILY AS A RESOURCE*

This page intentionally left blank

# The Therapist's Notebook

## Preparing for Working With Families

### OVERVIEW

#### *Purpose of Exercise*

Culture background, experience, education, and training are but a few of the influences that shape how we think about and work with families. A starting point for therapists is to explore beliefs and assumptions, which represent our "personal philosophies." From there we can consider how our personal philosophies affect all aspects of therapy, from assessment through transition from services.

Whereas some personal philosophies open up possibilities for change, others close them down. The purpose of this exercise is to identify underlying personal philosophies and to gain a better understanding of how they inform therapy. Doing so can help therapists to remain better attuned to any preconceived feelings and thoughts and those that may arise during therapy and influence the therapeutic relationship and course of services.

#### *Considerations for Use*

1. This exercise can be completed prior to the start of services or after a phone contact or face-to-face interaction.
2. It should be noted that the more information the therapist has about an adolescent and/or family, the more likely there are to be preconceived ideas. This is because information influences us.
3. This exercise can be repeated and/or updated in between interactions or sessions as a way to monitor biases and changing perspectives.
4. It can be helpful to share information from this exercise with a supervisor or peers as a vehicle for discussion and learning. In doing so it is important to remain open to the feedback of others.

### EXERCISE

*For Therapists:* To complete this exercise, reflect on the following questions. Then write your responses in the space provided.

What are my core beliefs, ideas, or assumptions about adolescents and families?

---

---

---

---

---

How have I come to believe what I believe about adolescents and families?

---

---

---

---

---

What has most significantly influenced my beliefs, ideas, and assumptions as they relate to adolescents and families?

---

---

---

---

---

How have my beliefs, ideas, and assumptions affected my work with adolescents and families? With colleagues/peers? With the community at-large?

---

---

---

---

---

How do I believe that change occurs? What does change involve?

---

---

---

---

---

Do I believe that some degree of change is possible with every youth? Every adolescent? Every family? (If you answered yes, then proceed to Question 8. If you answered no, proceed to the next question.)

---

---

---

---

---

How do I work with adolescents and families whom I believe cannot (or do not want to or are resistant to) change? What do I do? (Proceed to Question 7.)

---

---

---

---

---

In 50 words or less, write out your personal philosophy about working with adolescents and families. Be as concise as possible.

---

---

---

---

---

After responding to these questions, take a moment to reflect on your answers. Consider how your thoughts, beliefs, and ideas might influence your initial contacts with youth and families. Continue to monitor how your “personal philosophy” evolves over time and in what ways those changes affect your approach to single interactions, ongoing encounters, and your overall approach.

Share your personal philosophy with peers or supervisors and ask them to do the same. Maintain a posture of awareness, remaining open to feedback. When offering feedback to others about their personal philosophies, keep in mind that our philosophies are not truths; they instead represent points of view.



# The Pyramid

## Identifying Levels of Need

### *OVERVIEW*

#### *Purpose of Exercise*

Families and the individuals within families are better able to adapt to change and developmental transitions, manage crisis, and grow when they have their basic needs met. Maslow (1943) suggested that basic needs include but are not limited to food, water, sleep, and safety. In therapy, when basic needs are met, clients are better able to focus on higher level concerns and problems.

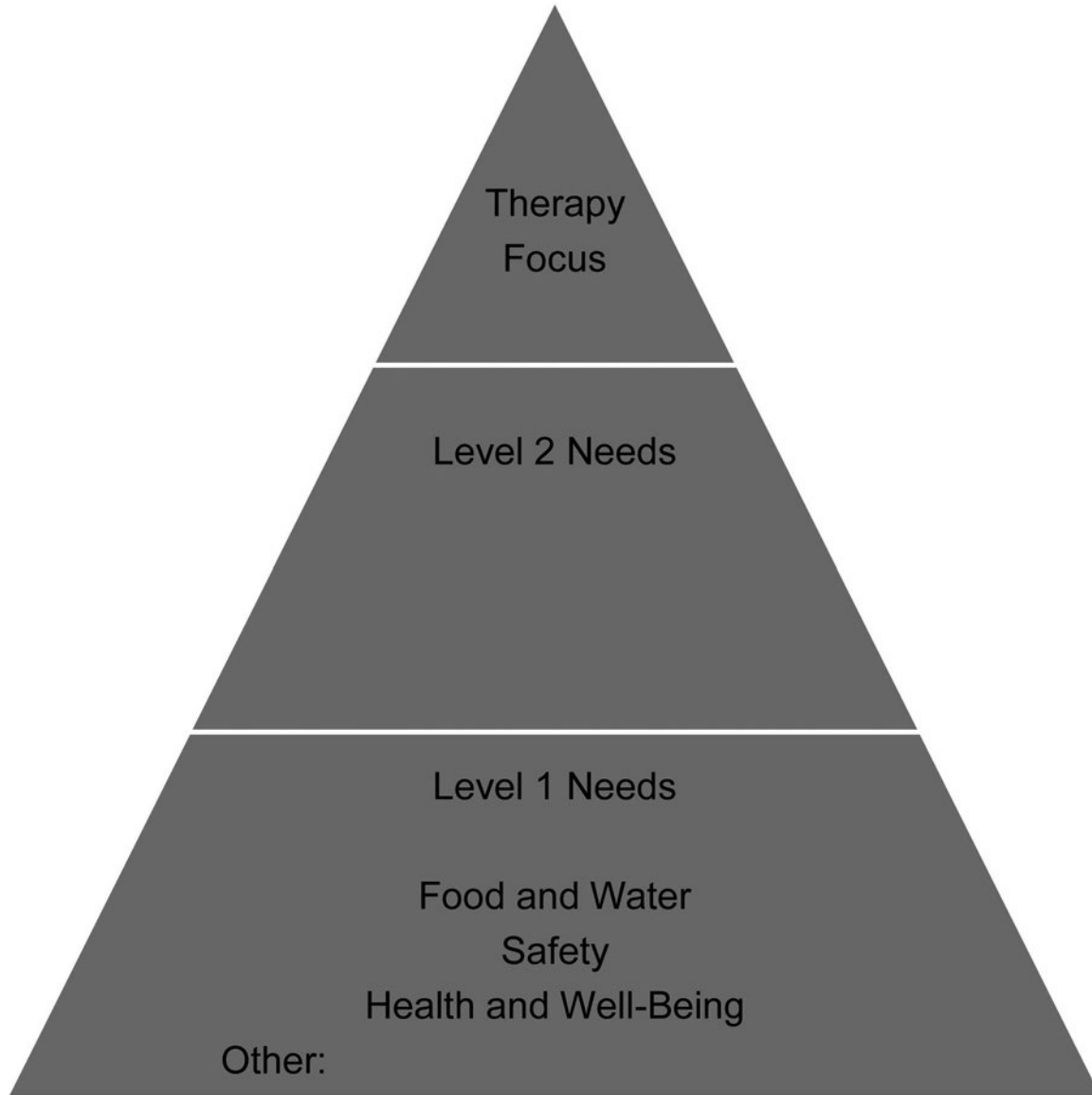
The purpose of this exercise is twofold. The first is to identify fundamental needs and plans to meet those needs, should they require attention. A second purpose is to determine “second order” needs, which may or may not be considered basic but nonetheless contribute to distress and can potentially derail families in their attempts to focus on the concerns that led to therapy. As with basic needs, therapists can help families to develop plans to meet second order needs. A pyramid is used as a way to visualize and order identified needs and corresponding plans.

#### *Considerations for Use*

1. This exercise can be used with families or individuals (for example, adolescents who are preparing to leave home and could benefit from a scan of their needs and to what degree they are being met).
2. Second order needs are subjective. It is recommended that practitioners work with families to determine what needs will increase the likelihood of present and future success and to sustain any positive change.
3. This exercise can be used as a training tool to help current and future practitioners to think at multiple levels.

### *EXERCISE*

*For Therapists:* It is understood that when families seek therapy they are under some form of distress. Practitioners can help clients to get the most out of services by helping families to get both basic and second order needs met. Basic, or first order, needs are those that are considered essential to everyday functioning. Second order needs are those that can assist individuals and/or families to more fully address the concerns that led to the start of services. Needs can be met through direct or indirect assistance. An example of direct assistance would be taking a client to a food pantry. An example of indirect assistance would be referring a client to another resource in which he or she could get a need met. With needs met, clients will be better able to focus on higher level concerns or goals and engage in tasks to help achieve those goals. A pyramid is used as a visual way to help clarify and keep track of needs. To complete this exercise, first consider the following questions. Then for each, write your response in the space provided.



Think about a specific client with whom you are currently working. Give a brief synopsis of the reason(s) you became involved.

---

---

---

---

---

---

---

---

Next, consider the basic needs of both the individuals and the family as a unit. There are three listed and space is provided for a fourth. In the spaces provided, on a scale from 1 to 10 with 1 standing for “not at all” and 10 representing “completely,” rate the degree to which those basic needs are being met. If a rating is below 5, write down the plan for that need to be met. You may also choose to write each of the basic needs into the first level of the pyramid provided earlier in this exercise.

***Level 1 (Basic Needs)***

1. Food and Water (Acceptable sources of nutrition, fresh water)

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

---

2. Safety (Housing, low degree of threat of harm)

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

---

3. Health and Well-Being (Medical, dental, special nutritional needs, clothing)

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

---

4. Other (Please describe): \_\_\_\_\_

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

---

For the second part of this exercise, collaborate with the individual(s) or family with whom you are working to determine second order needs. Second order needs are things that will provide stability, connections to others, greater life satisfaction, and so on. Examples are being part of a community, opportunity for continuing education or vocational training, job advancement, and so on. List up to three Level 2, second order

needs in the spaces provided. Also consider adding the second order needs to the pyramid located at the end of this exercise.

**Level 2 (Second Order Needs)**

1. \_\_\_\_\_

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

Rating: \_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

What difference do you think it might have for the client(s) to have his or her or their basic and second order needs better met?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your estimation, how might having basic and second order needs met influence the original concern that brought your client(s) into services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017

How could you help your client(s) to get both basic and second order needs better met while simultaneously encouraging change with regard to the concern raised at the start of services?

---

---

---

---

We can help clients with multiple needs and concerns at the same time; however, it becomes more difficult for people to focus on higher level concerns when they are struggling to get foundational ones met. People who have enough to eat, medical care, a place to live, and other primary necessities are better able to cope with their environments and focus on other concerns and problems.

#### REFERENCE

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.

# Reputation Matters

## Examining the Culture of Therapy

### *OVERVIEW*

#### *Purpose of Exercise*

The prospects of seeing a therapist can evoke a range of thoughts and emotions. Most responses are based on personal experiences, discussions with others, and the media’s portrayal of behavioral health (i.e., talk shows, podcasts, books, magazines, internet ads, etc.). Cumulatively these things form perceptions in the minds of those who are currently or will in the future be involved with therapy. Why is this important? Because the reputation of providers (and the program they work in)—fair or unfair—can affect the quality of client engagement and, ultimately, the outcome of therapy. The purpose of this exercise is to become familiar with the “culture” of therapy and how its “reputation” is shaped and can affect services.

#### *Considerations for Use*

1. This exercise is for therapists.
2. This exercise can assist with training to help current and future therapists to increase their awareness of prospective and current clients’ perceptions of therapy.

### *EXERCISE*

*For Therapists:* To complete this exercise, take a few minutes to reflect on the following questions. Then, write your responses in the spaces provided. If you feel comfortable, please share your responses with colleagues, coworkers, and supervisors.

#### *Part 1*

Think about a recent experience that you would have preferred to avoid; one that required you to interact with one or more persons for the purpose of getting a basic need met (i.e., purchasing goods, paying a bill, making arrangements for a service, etc.). Be sure to select an event or situation that involved a fair amount of discussion and was not simply a brief encounter.

What were your thoughts or assumptions about the entity and/or person(s) going into the situation?

---

---

---

---

What kinds of things shaped your thoughts and preconceived ideas?

---

---

---

---

How did those preconceptions affect the way you interacted with the person(s) you were in contact with?

---

---

---

---

In your experience, how did the person(s) you interacted with handle the situation?

---

---

---

---

What difference did that make?

---

---

---

---

***Part 2***

Sometimes our reputations as professionals influence therapy and sometimes not. Our aim is to learn about clients' perceptions of us and our work as well as how those perceptions can influence our therapeutic work and perhaps even the eventual outcome. In addition, we want to make any changes to better accommodate

clients and improve the likelihood of a positive experience. To complete this part, think about the people who seek therapy through you, your practice, or organization.

What kinds of preconceived ideas might they have *prior to* your or your organization's involvement?

---

---

---

---

What kinds of things might influence clients' perceptions and your reputation or that of your practice or organization?

---

---

---

---

What could you do to shift those perceptions and perhaps start therapy on a good note?

---

---

---

---

What could your practice or organization do to help clients to have a positive experience, both during and prior to the start of services?

---

---

---

---

What difference might this make?

---

---

---

---



What are three things you could do during the next week to make your setting even more accommodating to clients?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If you are in a practice with others, consider sharing what you learned from this exercise. Also consider inviting colleagues to complete the exercise. Finally, revisit your responses at least once a year to ensure all efforts are being made to learn about two things: (1) Clients' perceptions and (2) your (and your organization's) reputation in the community and its effect on your services.

# Collaboration Keys

## Strengthening the Alliance

### *OVERVIEW*

#### *Purpose of Exercise*

Over 1,100 studies have demonstrated that the strength of the alliance between the client and therapist is a robust predictor of therapeutic outcome. There are four primary components of the therapeutic alliance: (1) Agreement on the goals, meaning, or purpose of the treatment; (2) agreement on the means and methods used; (3) attention to the client's view of the relationship (i.e., the therapist being perceived as warm, empathic, and genuine); and (4) elicitation and accommodation of the client's preferences (Bertolino, Bargmann, & Miller, 2013; Norcross, 2011). The purpose of this exercise is to learn about the fourth component by exploring clients' preferences about therapy from the start. The therapist can then talk with clients about the best way to accommodate those preferences to strengthen the alliance and continue the path toward positive change.

It is understood that therapists will have preconceived ideas about therapeutic processes; unfortunately, those perceptions do not always match clients' ideas. It is therefore important that the focus of this exercise remain on clients and their perceptions and preferences about how to approach therapy sessions. Research makes it clear that clients' ratings are a far better indicator of the strength of the alliance than therapists' ratings.

#### *Considerations for Use*

1. Clinicians ought to consider utilizing Collaboration Keys during their initial phone conversations with clients, when setting appointments, and/or when talking with clients about their ideas and preferences regarding how treatment should proceed.
2. Because children and adolescents are rarely the initiators of therapy services, there may be greater apprehension about seeing a therapist. One way to neutralize negative feelings is to make sure children and adolescents feel heard and respected. Respect is extended to all family members by asking age-appropriate questions about things they may be interested in.
3. It's important that the clinician set aside any theoretical biases in favor of learning clients' perceptions of how to therapy ought to proceed. Learning clients' theories is essential in working toward positive change.
4. There are always exceptions—times in which a client's preference may pose a risk to safety (e.g., a number of family members do not want the father to be in a session, but the father insists on being present). In such cases the therapist should respect the differing opinions; however, the decision as to how to proceed should be based on safety and may or may not fully meet the preferences of all involved.
5. This exercise can be paired with the exercise “Preferences: Eliciting Clients' Ideas About Therapy” (Chapter 5), which delves into clients' ideas about how change might occur in relation to the concerns that brought them for services.

**EXERCISE**

*For Therapists:* To complete this exercise, first review the series of questions that follow. They are designed to engage clients around their ideas, preferences, and expectations about how to approach therapy sessions. Take note of when you would like to ask these questions of your clients: (1) Prior to the start of formal therapy; (2) early on in therapy; and/or (3) as therapy progress. Questions asked prior to the start of formal therapy can be asked during phone contacts. Sometimes the person who is setting up an initial appointment will ask or say, "Who should come to the session?" Or "I really don't want the kids' father to come because he always insults me. Can therapy still work if he isn't there?" There are, of course, reasons a therapist may want to negotiate a point with a client. A therapist, for example, may talk with a parent about the value of talking about emotional safety with all present in the room. At the same time, we are reminded that accommodating clients' preferences is a far better way to establish strong alliances than by therapists using preconceived theoretical notions. Ongoing conversations are also important since preferences and expectations change.

Ask clients for their points of view. Because family members can have different perspectives, be sure to write down each response and follow-up to determine common ground. For example, if a mom says she prefers all family members to be in the office for a session but her oldest son states that he won't talk if everyone is in the room, it could be negotiated to divide up the session so that the plan is acceptable to all who are present.

1. Who do you think should attend (be present at) sessions?

---



---



---



---



---

2. How might it help the therapy for those persons to be present?

---



---



---



---



---

3. What ideas do you have about how we should approach therapy sessions? (Example questions: Were you thinking that all who attend would meet together for our first session? Would you prefer that the time is divided between those present? Would you be comfortable if the session were to include time together as a family and individual time?) We can decide this at the time of the appointment. I just want to be sure we are approaching therapy in a way that fits best for your family.)

Notes: (1) When gaining multiple perspectives it's important to acknowledge each view and negotiate a way of working that is acceptable to each person who is present. (2) Asking questions such as the preceding does not preclude the therapist from taking a particular position. For example, a therapist may prefer to see

an entire family for a first session. However, the therapist should always provide rationale for his or her decisions and check with the family to make sure they are okay with the therapist's decision. Neglecting to do so can lead to ruptures in the therapeutic alliance. (3) Clients' ideas may change from session to session, making it important revisit their ideas about how to proceed should therapy continue.

---

---

---

---

---

4. How do you think this meeting arrangement might help with the concern(s) for which you have sought therapy?

---

---

---

---

---

REFERENCES

Bertolino, B., Bargmann, S., & Miller, S.D. (2013). *Manual 1: What works in therapy: A primer*. The ICCE Manuals of Feedback Informed Treatment. Chicago, IL: International Center for Clinical Excellence.  
Norcross, J.C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York, NY: Oxford.

## Preferences

### Eliciting Clients' Ideas About Therapy

#### *OVERVIEW*

##### *Purpose of Exercise*

Research indicates that client preferences can be influential in the outcome of therapy. In particular, therapists' responses to client preferences can positively or negatively impact the therapeutic alliance, the strength of which is a predictor of eventual outcome. Clients often enter therapy with preferences about how the therapist can be most helpful with the concerns that brought them to therapy. These preferences can go unnoticed if the clinician does not inquire about them. This is because many clients will not speak up about their concerns regarding therapeutic processes unless they are asked. And unless the therapist is attuned to the nuances of how each and every client communicates, it is unlikely that subtle preferences will be picked up on. The purpose of this exercise is to assist therapists in taking a more deliberate course of action to explore clients' ideas about how treatment ought to proceed and how the therapeutic relationship can best facilitate positive change processes.

##### *Considerations for Use*

1. This exercise can be used early in therapy to learn from clients how they would like the clinician to be in relationship with them. It can also be used at any point where the therapist has any uncertainty regarding his or her effectiveness and/or approach.
2. This exercise can be done using the worksheet that is provided, or the clinician can simply ask the questions that have been offered as a way of learning from clients about their relational preferences.
3. This exercise can be paired with "Collaboration Keys: Strengthening the Alliance" (Chapter 4).

#### *EXERCISE*

*For Therapists:* An aspect of therapy that helps to strengthen the relationship is to learn about clients' preferences and expectations regarding the role of therapists in facilitating change. Psychotherapy outcome research suggests that therapists who are able to match clients' preferences and expectations of the therapeutic relationship achieve better outcomes. Coincidentally, stronger therapeutic relationships increase the likelihood that clients will follow through with the exercises in this book and other therapeutic interventions. For this exercise, collaborate with your client(s) to complete Sections 1–3. Please keep in mind that because clients' preferences and expectations can change, it is important to continuously monitor the client-therapist relationship (i.e., the therapeutic alliance) and periodically revisit their answers.

1. To learn about clients' preferences regarding the therapeutic relationship, in initial sessions, consider the following questions. In doing so, identify which questions would best fit with your therapeutic style of working with clients. Please note that some are "yes or no" questions while others are open-ended. Be sure to follow up on clients' initial responses to increase your understanding.

- What do you look for in a therapist?
- Do you have questions about my approach to working with people? (If this has not already been discussed)
- Are there things I can do to increase your level of comfort in therapy?
- What ideas do you have about therapy and how it works?
- How do you see the role of the therapist?
- What ideas do you have about how therapists can be helpful with clients?
- What ideas do you have about how I can be helpful to you with your concerns?
- In what ways do you see me as being helpful to you in reaching your goals?
- What are the things that you want to be sure that we talk about?
- How will you know that I have been helpful to you?
- Create your own question: \_\_\_\_\_

Next, write down the questions you have chosen in the spaces provided. Then ask those questions and write down your clients' responses. You may also choose to write down a couple of these questions and give them to clients to complete as an exercise.

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The answers to these questions can help therapists to learn about clients' preferences so that interventions can be tailored to create a better fit, thereby increasing the likelihood of benefit and positive outcome.

2. To continuously monitor clients' preferences and perceptions of the therapeutic relationship once there has been some interaction, consider the following questions. As with the earlier questions, identify the ones that best fit your way of working with clients.

- Do you feel/think we're talking about what you want to talk about?
- Are we moving in a direction that seems right for you?
- How has the conversation we've been having been helpful?

- What have I been doing that has been helpful or unhelpful for you?
- Are there other things that you feel/think we should be discussing instead?
- Is there anything I should be doing differently?

Next, try out the questions that you've chosen during your interactions with your clients. Write down the questions you have chosen in the spaces provided along with your clients' responses. You may also choose to write down a couple of these questions and give them to clients to complete as an exercise.

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Because clients will sometimes feel awkward or as if they are in a non-expert position, they will often hesitate sharing their perceptions of the therapeutic relationship. They will show their dissatisfaction with therapy by not returning for future sessions. Therefore, we want to at least ask a few questions from Sections 1 and 2 to learn not only clients' preferences but also what is a good fit and what is not. Based on this information we can do more of what works and do away with what does not, making any necessary changes and adjustments along the way.

3. In this final section, in the space provided, write down questions that you have found helpful in learning about clients preferences and expectations. These can be ones that were listed in this exercise or new ones that you developed. In the future, refer back to these questions if you become stuck with clients.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

---

---

---

---



# Who Are You?

## Qualities Within

### *OVERVIEW*

#### *Purpose of Exercise*

Many people move from day to day despite the adversity they face. In doing so, they don't always notice and take note of the personal qualities and associated actions that enable them to do so. By orienting clients toward these unrecognized aspects of themselves, it's possible to help them to use those resources and resiliencies to deal with current and future challenges. The purpose of this exercise is twofold. First, it can help caregivers, children, and adolescents to identify those qualities that allow them to manage adversity. Second, it helps clients to identify actions that those qualities allow them to undertake.

#### *Considerations for Use*

1. This exercise can be used primarily with caregivers and can be modified for use with children and adolescents.
2. If this exercise is being used with more than one family member, have each person write down his or her response on a separate sheet of paper.
3. Resilient qualities can be present within individuals and/or relationships.
4. We are not trying to convince clients of anything. We do not say, "Don't you see all the wonderful qualities that you have?" Doing so is invalidating to people who are suffering and in pain. Instead, clients are convincing us by answering our questions. They are doing their own self-inventories and tapping into their personal resources. This allows for clients to shift views and attribute change or "control" to their personal qualities, internal abilities and resources, and actions.

### *EXERCISE*

*For Therapists:* The purpose of this exercise is help clients to identify and more actively use their personal qualities in the present and future to face the challenges of everyday life—particularly those challenges that are likely to stand in the way of their goals. This exercise is to be completed by clients.

*For Clients:* This exercise will assist you in two ways. First, it will help to identify the qualities that you possess or those that exist within your relationships with others that allow you to manage the adversity that you face in your life. These qualities can be of assistance to you in resolving your concerns or problems with your children and/or adolescents. Next, it will help you to identify what those qualities allow you to do to stand up to adversity.

To complete this exercise, take a moment to consider the following questions. Then, write your responses in the spaces provided.

What would you say are the characteristics or qualities that allow you to face life's challenges? How do those qualities help you as a parent or caregiver? Or in another role?

---

---

---

---

---

What would others say are the personal qualities that you possess that enable you to face hardships and keep moving forward?

---

---

---

---

---

What do your personal qualities say about the kind of person you are? How would you answer the question: Who are you that you persevere despite great challenges and odds?

---

---

---

---

---

How specifically are your personal qualities a resource for you in times of trouble?

---

---

---

---

---

What have your qualities helped you to do that you might not have otherwise done or accomplished?

---

---

---

---

---

When facing difficulties, consider how the qualities that you possess allow you to take action to get the upper hand with those difficulties.

# Recollections

## Finding What We Do Well

### *OVERVIEW*

#### *Purpose of Exercise*

In the midst of problems, caregivers will sometimes forget about the abilities that they have within themselves and their systems of support. The purpose of this exercise is to help caregivers recall the skills that they already possess that may be helpful in resolving the concerns that they are experiencing with their children and/or adolescents. Once skills or abilities are identified, caregivers can be encouraged to explore how they can be helpful with the problems that they are currently experiencing.

#### *Considerations for Use*

1. Although this exercise is designed for caregivers, it can be modified for use with children and adolescents by changing the language. The purpose of the exercise remains the same.
2. It's important that therapists acknowledge the difficulties that caregivers are experiencing before helping to identify what they do well. If this does not occur, caregivers will likely feel that therapists don't understand the severity of their problems or are giving short shrift to them.
3. Once caregivers identify what they do well, it's important to help them link those things with the problem context. To do this we ask, "How can being good at \_\_\_\_\_ be helpful with the problem that you're facing?" In this way clients make meaningful connections as opposed to therapists suggesting them.

### *EXERCISE*

*For Therapists:* The aim of this exercise is to help caregivers of children and adolescents to recall strengths. In this instance we are referring to any skills, whether or not they are related to the concern that brought the clients to therapy. We want to reengage a possibility-oriented mind-set. Skills recalled through this exercise can help with two things: (1) A shift in thinking toward strengths and solutions, and (2) the evocation of abilities that may prove useful in the service of problems. For this exercise, ask the caregiver(s) to complete the sections that follow. Then discuss their responses.

*For Clients:* We all have abilities and skills in certain areas of our lives. However, when we are experiencing problems with our children and adolescents, we often develop amnesia to those abilities and skills. That is, we forget them. This exercise will help you to identify the abilities and skills that accompany the things that you do well. In turn, these skills can be helpful in resolving the problems you've been facing with your child or adolescent.

To complete this exercise, first identify and write down five things that you do well. Don't be modest. Be creative. Consider all facets of your life. Then, for each thing that you do well, write up to three skills that are involved with the things you do well.

1. What I do well:

---

---

Skills: 

---

---

---

2. What I do well:

---

---

Skills: 

---

---

---

3. What I do well:

---

---

Skills: 

---

---

---

4. What I do well:

---

---

Skills: 

---

---

---

5. What I do well:

---

---

Skills: \_\_\_\_\_

---

---

Take some time to reflect on what you do well and the skills and abilities that are associated with those things. What did you learn about yourself? How might you use those abilities to help you with the problem that brought you to therapy?

## Factors Influences on Problems and Solutions

### *OVERVIEW*

#### *Purpose of Exercise*

Problems and solutions can be influenced by factors including but not limited to physiology, neurology, genetics, cognitive processes, culture, social factors, community, nutrition, gender, sexual identity, religion/spirituality, behavior, and relationships. These factors are often referred to as *contextual propensities*. Traditionally, therapists' persuasions (i.e., beliefs, ideas, thoughts, theories, etc.) have played a significant role in terms of which of factors are more or less of a focus in therapy. For example, cognitively oriented therapists tend to focus on thinking, whereas therapists who practice family systems theory emphasize relational interactions.

The purpose of this exercise is to bring client voices to the forefront by learning about family members' ideas about factors that influence the concerns that brought them to therapy. Eliciting and responding to clients' ideas is not only respectful; psychotherapy outcome research has demonstrated that clients' theories are much more influential than therapists' theories in terms of problem resolution. Clients have ideas about not only how problems have developed and what has caused them but also what it will take to solve them. By gaining a clear idea of caregivers', children's, and adolescents' perspectives, therapists can work with them to devise ways of helping them to resolve their problems.

#### *Considerations for Use*

1. This exercise can be used with some or all family members.
2. Challenge clients to determine the “makeup” of the problems they're facing. Do they think it's genetic and has been passed on from one generation from the other? Do they see the problem as being one that was learned?
3. Therapists also help clients explore how various contextual influences might assist in solving their problem.
4. As a therapist, you may be cognitively oriented or a systems thinker; however, try to set your own beliefs aside in lieu of clients' beliefs and theories. Research has demonstrated that the closer therapists match treatment with clients' beliefs about the cause of problems and what it will take to solve them, the better the chances of successful outcome.
5. This exercise should be completed before “Taking Stock: Creating a Family Inventory of Resources” (Chapter 9).
6. This exercise can be combined with “Preferences: Eliciting Clients' Ideas About Therapy” (Chapter 5) and “Exploring Theories of Change” (Chapter 26).

### *EXERCISE*

*For Therapists:* The purpose of this exercise is to learn about family members' ideas about influences on both problems and solutions. For this exercise, introduce the activity in a session and then have the client read the introduction and complete the steps that follow.

*For Clients:* Your knowledge about the problem at hand is valuable in determining how to best move forward. Your expertise is important in determining what kinds of things have influenced the problem and what might help to solve it. This exercise will help you and other family members, if applicable, to clarify for you and your therapist what you see as influencing the problem you've been trying to solve. To complete this exercise, first think about your experience with the concern or problem. For each item in Question 1, place a checkmark in the corresponding space(s). For Questions 2 and 3, write down your responses in the spaces provided.

1. Which of the following influences do you feel have contributed to the problem you're facing and/or may be helpful at solving it? (Check as many items as you feel are applicable.)

- |                                    |                             |
|------------------------------------|-----------------------------|
| Physiology/Biology/Neurology _____ | Genetics _____              |
| Cognition/Thinking _____           | Culture/Ethnicity _____     |
| Social _____                       | Nutrition _____             |
| Gender _____                       | Religion/Spirituality _____ |
| Sexual Identity _____              | Financial _____             |
| General Relationships _____        | Family Relationships _____  |
| <i>(friends, etc.)</i>             |                             |
| Behavior _____                     | Other _____                 |

2. Transfer the influences that you checked in Question 1 into the following spaces. Next, for each influence place a “-” next to those influences that you feel have contributed to the problem and a “+” next to those that you feel may be helpful in solving it. For those influences that fit both categories use a “0.”

After you have assigned each influence a value, write down your explanation of how you think each particular influence has contributed to the problem, how it can assist with resolving the problem, or how it fits both categories.

Influence \_\_\_\_\_ Value \_\_\_\_\_

---



---



---



---



---

Influence \_\_\_\_\_ Value \_\_\_\_\_

---



---



---



---



---



Influence \_\_\_\_\_ Value \_\_\_\_\_

---

---

---

---

---

Influence \_\_\_\_\_ Value \_\_\_\_\_

---

---

---

---

---

Influence \_\_\_\_\_ Value \_\_\_\_\_

---

---

---

---

---

Influence \_\_\_\_\_ Value \_\_\_\_\_

---

---

---

---

---

3. Take a moment to review your responses for Question 2. Where did the idea come from that these influences are contributing to the problem, can help with resolving the problem, or both? What is most important for your therapist to know about these influences?

---

---

---

---

---

You have now articulated your ideas about those factors that you think have had an influence on the problem and can serve as a path to solving it. The rest of this section of this book contains exercises to help you to create changes that are consistent with your view of the problem. Continue to talk with your therapist as your ideas about the problem and potential solutions arise.

# Taking Stock

## Creating a Family Inventory of Resources

### *OVERVIEW*

#### *Purpose of Exercise*

This exercise follows “Factors: Influences on Problems and Solutions” (Chapter 8). Once family members have identified a few of the factors they believe to be influential both in the development of their problems and in resolving them, it can be helpful to have them inventory the resources that they have to draw upon. These can then be utilized in efforts to solve the problem at hand.

Client resources are essential to the success of therapy. Psychotherapy outcome research has demonstrated that the client and “client factors” are the most significant contributor to outcome (Hubble, Duncan, & Miller, 1999; Lambert, 1992; Wampold & Brown, 2005). The largest portion of client factors can be attributed to strengths, abilities, and resources. Therapists who make use of clients’ resources are increasing the chance of positive outcome. The overall purpose of this exercise is to assist caregivers, children, and adolescents in the identification of those resources that can be utilized and further developed to achieve goals.

#### *Considerations for Use*

1. The exercise “Factors: Influences on Problems and Solutions” should be completed prior to beginning this exercise.
2. Challenge individual family members or the family as a whole to identify and draw on resources from a multitude of areas in their lives.
3. Consider that what clients often see as deficits may in fact be strengths. For example, a parent who as a child was raised in extreme poverty may have learned the value of being economical.
4. This exercise can be completed individually, in pairs, as a family, with others who are involved, with or without a therapist, or in another arrangement that makes sense to the individual or family.
5. This exercise will take some time. It’s a good idea to talk with clients about how to approach it. For example, it can be done all at once, broken into smaller segments, and so on.
6. The exercise “Who Are You? Qualities Within” (Chapter 6) can be helpful in completing this exercise.

### *EXERCISE*

*For Therapists:* Either complete this exercise in the session or suggest that the individual or family complete it outside of the session. If completed outside of therapy, have the individual or family read the following introduction and follow the directions.

*For Clients:* In the exercise “Factors: Influences on Problems and Solutions,” you identified those influences that you believe have contributed to the development of the problem and may be of help in resolving it.

This exercise will assist you in creating an inventory of your resources. These resources can be within you (internal) or in your environment (external). Some of these resources you may not have considered in the past as being just that, resources.

To complete this exercise, study each of the areas listed and consider what resources you may have that could be of assistance with the problem you're facing. Be as creative as possible. Then, in each area write down your responses in the spaces provided.

Note: This exercise will take some time. There are many possibilities for completing it. For example, you may choose to do it all at once, break it into smaller parts, or approach it in some other way. You may also choose to talk with your therapist about how to approach it.

1. *Self/Family*—This is about you and/or your family. Ask yourself, “Who am I/are we?” Then consider, What is it that makes you and/or your family unique? What qualities do you or does your family possess? What aspects of yourself/your family can you draw on in times of trouble? (If you previously completed the exercise “Who Are You? The Qualities Within,” you may want to refer back to it.)

How can who you are as a person or who your family is as a group of caring persons be a resource with the problem you're facing?

---



---



---



---



---

2. *Religion/Spirituality*—This includes, but is not limited to, attending church; praying; meditating; singing; chanting; believing in a higher power; remembering that each person is a child of God; imagining your connection to Universal Love; having a sense that Jesus, Mohammed, Allah, Zoroaster, or Buddha is with you; and so on.

How can religion/spirituality be a resource to your family with the problem you're facing?

---



---



---



---



---

3. *Culture/Ethnicity*—*Culture* is sort of “mental blueprint” of patterns including shared thoughts, symbols, beliefs, values, customs, behaviors, and artifacts that you and your family members use to cope with the world and with one another, and that were learned in society and are transmitted from generation to generation. *Ethnicity* is a culture within a culture. In other words, you and your family may be part of smaller

group of people with a common or shared identity, living within a larger, mainstream group. Although you are part of it, you may have some ways of thinking and doing things that differ from the mainstream group.

How can your cultural and/or ethnic background be a resource to your family with the problem you're facing?

---

---

---

---

---

4. *Gender*—Consider: What is it like for you to be a man or woman in this world? Raising children? What does being a man or woman allow you to do? (It is acknowledged that gender inequalities exist and oppress people, women in particular. What is important here is to view gender as a resource. For example, perhaps being a female who grew up in a family with five males helped you to better understand and deal with the behavior of males.)

How can gender be a resource to your family with the problem you're facing?

---

---

---

---

---

5. *Relationships*—This includes, but is not limited to, family, friends, coworkers, colleagues, teachers, religious or spiritual guides, scout leaders, coaches, and so on.

How can your family's relationships help with the problem you're facing?

---

---

---

---

---

6. *Employment/School*—This includes, but is not limited to, being employed in a specific type of job; working at a specific company, business, or agency; practicing or learning a trade; taking classes; and so on.

How can your employment/school help your family with the problem you’re facing?

---

---

---

---

---

7. *Community*—Consider the quote “It takes a village to raise a child.” What does that mean to you? Community can include any resource at a local, county, state, or federal level. It can also include, but is not limited to, cultural surroundings, social networks, clubs, associations, boards, and so on.

How can your community be a resource and support your family with the problem you’re facing?

---

---

---

---

---

Now that you and/or your family have compiled an extensive list of resources, take some time to make sure that you have included everything that you can think of. Include others’ perspectives if necessary. Then, consider how your family can begin to utilize the resources you described to solve the current problem and perhaps future ones as well.

### REFERENCES

Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York, NY: Basic Books.

Wampold, B. E., & Brown, G. S. (2005). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology, 73*(5), 914–923.

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017

## More Than Challenging Unhelpful Influences

### *OVERVIEW*

#### *Purpose of Exercise*

Actor Christopher Reeve once said, “I’m more than just my body.” The caregivers, children, and adolescents with whom we work are bigger than any one aspect of themselves. There are cultural, ethnic, societal, biological and genetic, relational (family, friends, work, etc.), religious and spiritual, and other contextual influences that to varying degrees extend beyond the physical person. For some clients, being able to draw on religious or cultural upbringing and beliefs, for example, can be enough to get them through times of trouble. Conversely, there are times when contextual influences can create hurdles for clients. The task of the therapist is to honor all aspects of clients’ lives while simultaneously searching for possibilities for change.

The purpose of this exercise is to help caregivers to identify ways in which contextual influences sometimes restrict their views and close down possibilities for change. This exercise provides an opportunity to help clients in ways that are respectful of their beliefs and practices, while allowing for subtle challenges to personal views, thereby increasing opportunities for a positive outcome.

#### *Considerations for Use*

1. This exercise is primarily for caregivers but can be modified for use with adolescents. It may be too challenging for children.
2. The exercise “Factors: Influences on Problems and Solutions” (Chapter 8) should be completed prior to this exercise.
3. It is very important that therapists do not imply in any way that the ways clients view the world is “wrong” or “bad.” Instead we acknowledge, validate, and show respect for their beliefs. The key is to work with clients in ways that respectfully challenge their beliefs and therefore open up possibilities for future change.
4. This exercise relies on therapists learning from clients what has worked or might work for them. Clients are therapists’ best teachers.
5. It is helpful but not required for caregivers to complete “Taking Stock: Creating a Family Inventory of Resources” (Chapter 9) prior to this exercise.

### *EXERCISE*

*For Caregivers:* Who we are as people is influenced by culture, ethnicity, society, biology and genetics, relationships (family, friends, work, etc.), religion and spirituality, and other contextual influences, to varying degrees. We are more than just a body and can draw on these influences to get us through tough times. For example, a belief in a higher power can give some the strength to cope with the challenges of life. There are also

times in which the influences in our lives may contribute to the problem we're experiencing and factor into our stuckness.

This exercise will help you to take a look at the contextual influences in your life and to consider how they may be restricting you in solving your family problem. It is not about passing judgment on yourself or your beliefs. Instead, it is designed to help you to consider how you can retain your beliefs and work within them to find possibilities for solving the problem that you're facing with your son or daughter.

If you haven't already done so, please complete the exercise "Factors: Influences on Problems and Solutions" before beginning this one. It will help you to get a better idea of the influences in your life. To complete this exercise, first refer back to your answers from the "Factors" exercise. Next, find the influences that you assigned a value of "-" or "0." Then write those influences in the spaces provided.

Influence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Influence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Influence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Influence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Influence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the next part of this exercise, with each influence, ask yourself a few or all of the following questions (if necessary use another piece of paper to write down your answers):

1. How does this particular influence restrict me in trying to solve the problem?
2. How can I continue to hold on to my beliefs and solve the problem at the same time?
3. What are other possible interpretations of the problem I'm dealing with that are consistent with my beliefs?
4. What would they allow me to do to solve the problem I'm facing that I haven't already considered or tried?



5. Who do I know that has faced the same problem and has solved it? Would the way she or he solved it be consistent with my beliefs?
6. Who do I know that holds the same beliefs that I do and might be able to help me with this problem? If I don't know of anyone, what else might I do?
7. What might other people in other parts of the world who have the same beliefs that I do try in order to solve this problem? If I don't know, how can I find out?

When you're done take a few moments to reflect on your responses. What did you learn? How might you approach your problem differently than before but in a way that is consistent with your values and beliefs?

---

---

---

---

---

Hold on to this paper and review it when you're trying to resolve a problem that is being influenced by some aspect of context. Also consider bringing it to your next therapy session and talking it over with your therapist.

# More like Whom?

## Speculating About My Parents

### *OVERVIEW*

#### *Purpose of Exercise*

Due to circumstances outside of their control (e.g., adoption, parental rights termination, etc.), some children and adolescents will know little or nothing about their biological parents. And while many young persons will do well in the face of these life-changing events, others may struggle with their identities. Said differently, youth will create self-narratives or stories about themselves based on what they believe to be true about their biological parents. For example, a teenager who was taken into the custody of the state when she was an infant may believe she will end up like her biological mother who was addicted to drugs. Another young person may believe he is worthless since he was abandoned by his parents. In most instances, whether information is available or not, young people will speculate about their biological parents and develop negative views of themselves.

As therapists, we are mindful of the power of perception and how perceptions influence personal stories. Our aim is not to try and convince children and adolescents of our views. Rather, we want to help children and adolescents to expand their views by drawing on their own qualities and abilities as they speculate about their biological parents. This can help them to build inner strength to face current and future problems.

#### *Considerations for Use*

1. This exercise can be especially useful for children and adolescents in residential placements, group homes, and foster homes. It can also be helpful for those who have been adopted and will likely never learn more about their biological parents.
2. With or without information, some youth will already have created ideas about their biological parents. These views can be very negative. In such cases it can be helpful to say, “There are things that you know about your parents that you don’t like. But I’m also curious because you are very \_\_\_\_\_ [fill in the blank—kind, outgoing, mechanical, etc.] and I wonder if you inherited any of that from your parents. I suspect that there some things about your mother/father/parents that were wonderful and don’t quite fit with the picture you have of her/him/them.”
3. This is a lengthy exercise that may need to be divided into sections or completed over a period of time.

### *EXERCISE*

*For Clients:* From time to time some of us wonder if we’re more like our biological mother or father, or maybe even a little of both. Sometimes we know what our parents were like. And sometimes we know a little bit or nothing at all. The thing is, when we do know a lot about our biological parents we sometimes only focus on parts of them that we don’t like or don’t want to be like ourselves. On the other hand, if we don’t know much or anything about our biological parents, we are left wondering about what they were like.

We might then start to think things that really aren't accurate. We may not realize that there are good things about everyone, even those who brought us into the world but are not part of our lives.

This activity can help you to speculate about your biological parents—to wonder about them—and maybe learn more about yourself in the process. To complete this exercise, write your responses in the spaces provided.

Based on your own ideas and thoughts and what you have learned about biological parents, what do you think your biological mother or father might have been like?

---

---

---

---

---

---

---

---

---

---

What, if anything, does that say about the kind of person you are?

---

---

---

---

---

---

If you have a negative (not so good) view of your biological parents, where does that view come from? (If you do not have a negative view of your biological parents, skip to Question 6.)

---

---

---

---

---

---

When have you thought to yourself, “Is the story I have about my parents completely accurate?” Or “Is there more to the story?” What do you think might not have been completely accurate or missing from the story about your parents?

---

---

---

---

---

If you were to accept that maybe you and/or others didn’t have all of the story or the facts right, how might your ideas about your mother and/or father change? What difference would that make for you?

---

---

---

---

---

In your mind, what are your best qualities?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What would others say are your best qualities?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you think you do well?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What would others say you do well?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Based on who you are as a person, including your personal qualities and what you do well, what ideas do you have about what your mother or father might have been like?

---

---

---

---

---

Genetically speaking, we all, at least to some degree, inherit different things from our biological parents. What percentage of who you are as a person, including your inner qualities and abilities, do you think is inherited?

\_\_\_\_\_ %

As you look at the percentage you gave, what new or old speculations (thoughts or ideas) might you have about your mother and/or father?

---

---

---

---

---

How can those new speculations and ideas be helpful to you in solving current or future problems?

---

---

---

---

---

If you knew that you could pass along certain qualities and skills that you inherited to future generations, which ones would you choose?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What does that say about the kind of person you are?

---

---

---

---

---

As you reflect on your responses, remember that there are many influences that contribute to who we are as people. Although there may be things that we would rather erase or forget about regarding our biological parents and our pasts, there are also things that were passed on to us that contribute positively to who we are and reveal things about our parents that may have gone unnoticed.

# Significant

## People Who Know or Have Known Me

### *OVERVIEW*

#### *Purpose of Exercise*

Everyone faces some degree of difficulty in life. One of the ways that we are able to cope with pain and suffering is through the help and support of others. When asked, most will identify at least one person whose support made a difference when they were in distress. And yet, it's not just during problematic times that support is needed. Relationships are important throughout life.

The purpose of this exercise is to help caregivers, children, and adolescents to identify significant, supportive others from both the present and the past who helped them with difficult times. In particular we want to know about how those relationships helped clients to feel acknowledged and understood, access past resources, and find solutions to problems. Once these relationships have been identified, we can help clients to explore ways how both past and present relationships can serve as resources. This can help clients to negotiate their difficulties and get back on track.

#### *Considerations for Use*

1. It is not necessary for persons who were supportive in the past to be a resource in the present. For example, if an adolescent said, "I really wish my dad were around; he understood me," we could ask, "What was it about your relationship with your father that helped you through times of trouble?" We then find out that the teen felt heard and understood. We can then follow with, "So, when you feel heard and understood that helps you through times of trouble." What we want to know is how the relationship helped the client so that we can explore ways of developing that form of support in present relationships.
2. Some clients will think of multiple persons who helped them, whereas others will struggle to identify just one. Therefore, it can sometimes be helpful to explore different times in their lives to identify significant people during those times. We can then ask, "How was \_\_\_\_\_ influential in your life at that time? How did she/he help you to cope with the challenges you were facing?"

### *EXERCISE*

*For Clients:* What do movies such as *Dead Poet's Society*, *Finding Neverland*, *It's a Wonderful Life*, *Radio, Rudy*, *Silver Linings Playbook*, *The Blind Side*, and *The Karate Kid* have in common? They all portray the significance that family members, friends, teachers, coaches, and others can have on the lives of others. Most of us can identify a person, and sometimes several, who was there for us in times of trouble while growing up, someone who helped us to solve problems, get through difficult times, and perhaps even stay alive.

This exercise will help you to identify those people who have made a difference in your life in the past. Keep in mind that it's not always necessary for those people to still be around. Oftentimes just reminding ourselves of what we gained from our relationships with such persons is enough to get us back on track. In addition, notice that there are questions for all persons and additional ones for those who are also caregivers.

To complete this exercise, write down your responses in the spaces provided.

***For Everyone***

**Present Supports**

Who is supportive of you in the present?

---

---

What does that person or persons say or do to support you?

---

---

What might that person suggest that you do now to face your current challenges?

---

---

What would it take for you to follow that suggestion a little bit now?

---

---

**Past Supports**

Who supported you in the past (even if they are no longer involved in your life) and would understand exactly what you're going through now?

---

---

How is it helpful for you to know that this person (or persons) would understand what you're going through?

---

---

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017



If you could speak with that person, what would he or she suggest that you do?

---

---

How might those suggestions help you?

---

---

***For Caregivers***

When you're questioning yourself as a parent or caregiver, who accepts you unconditionally, understands what you're going through, and would never blame you?

---

---

How does that person (or persons) help you?

---

---

What kind of support do you need more of from others when you're struggling as a parent?

---

---

Who in your child's or adolescent's life (other than yourself) seems to be able to get through to him or her?  
How does that person (or persons) do that?

---

---

What have you noticed about how that person (or persons) gets through to your son or daughter?

---

---

How might that person (or persons) be willing to help out with the problem you're experiencing?

---

---

What can you do right away to engage that person's (or persons') help?

---

---

Oftentimes there are others who have helped us out in the past and would do so again in the present and future if we asked for their help. More importantly, reminding ourselves of what we need and how we were able to attain those things in the past, in times of trouble, can help use to get back on track.

## Inside Job

### Exploring Family Solutions

#### *OVERVIEW*

##### *Purpose of Exercise*

When in crisis, family systems can be an excellent resource. They can offer emotional support, including assistance with child care, shoulders to lean on, guidance, and a wealth of experiences that have brought about solutions that can help those in crisis. The purpose of this exercise is to help caregivers, children, and adolescents who are experiencing problems to use their families as a resource for finding solutions.

##### *Considerations for Use*

1. This exercise can be difficult for those who may view their families in a negative way and would not ordinarily ask for their assistance. In such cases it can be helpful to say, “Many times our family members have had experience in dealing with the problems that we are now facing. We don’t have to do the same things that they did to solve their problems, but it can be helpful to at least learn what they did that helped. We can then decide for ourselves what’s right for us.”
2. In the event that a parent or other caregiver hesitates, this exercise can also be done without actually contacting other family members. It requires that the person rely more on memory and speculate about family members.
3. This exercise can be used individually with parents, children, and adolescents, or as a family project. Remember that family is not limited to biological ties; it can also include anyone who has had any involvement in the client’s life.

#### *EXERCISE*

*For Clients:* Families can provide emotional support and guidance in times of trouble. This is because family members have often gone through and have had success with some of the things that we are currently having trouble with. This exercise will help you to consider your family as a possible resource for problems and can be completed in one of two ways: (1) By approaching family members (2) by using memories or speculation about family members. This exercise can be done by each individual family member or as a family unit. If you choose to have each family member complete the exercise separately, be sure to share your responses so that your family’s resources can be pooled.

To complete this exercise, write your responses in the spaces provided.

Who in your family are you closest to? Please list each member.

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

What do you appreciate most about those with whom you are closest? Please write something about each family member.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

If you needed their help, how might your family members provide that help? Please write one way that each family member might help or support you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Which of the family members you previously listed would you feel most comfortable approaching about the problem you're experiencing?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Select one or two family members that you would feel comfortable in approaching and tell them about your situation. Be sure to inform them about the kind of assistance you are seeking so they know how to help you. After doing this, write down their responses. (If you prefer not approach any family members, skip to Question 8).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Which responses from family members fit best with you and your situation? Why?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

What might you do as a result of the help or support from your family members?

---

---

---

---

---

What did you learn about your family?

---

---

---

---

---

## Inherited or Learned or Both?

### OVERVIEW

#### *Purpose of Exercise*

A common idea among families experiencing problems with their children or adolescents is that the problems are inherited—passed from one generation to another. Parents and other family members will say things like, “He got his hyperactivity from his father,” “Her mother is the same way—she’s very emotional,” or “Alcoholism runs in our family.” When referring to their families of origin, those closest will infer that children inherited negative predispositions, personality traits, or patterns of behavior that were learned. And in some cases, these families may work with therapists whose focus is to identify or uncover pathology. They’ve been trained to discover “what’s wrong” with families.

The purpose of this exercise is to help parents, children, and adolescents to move beyond the idea that what is inherited or learned from family members is primarily negative. Through the use of the question, “What’s right?” therapists help parents, children, and adolescents to explore strengths and abilities that they also may have been *inherited* or *learned* from their families of origin.

#### *Considerations for Use*

1. This exercise is meant to be completed by individual family members. If younger persons need help with the questions and coming up with responses, a caregiver should help. It is recommended that family members share their responses as a way of deepening their understanding of how each person views the family, problems, and concerns.
2. This exercise may be difficult for family members who view their families of origin in a primarily negative way. In such cases it can be helpful to suggest to them, “Many times we see in ourselves things that we don’t like and believe that those things came from our families. And yet, in each of us are wonderful qualities, some of which we inherited or learned from our parents and other family members. What are the good qualities that you think you may have inherited or behaviors that you may have learned from your family?”
3. Qualities can be anything from being a good listener to liking mathematics to being a quick learner to liking animals. There are endless possibilities. The same holds true for behaviors.

### EXERCISE

*For Clients:* Each of us is a composite of multiple influences—some of which are greater than others. One of these influences is our genes and what we’ve inherited from our families of origin. Another is what we have learned from family members. Yet we don’t always look at what we’ve inherited or learned from our families in a positive light. This exercise will help you to explore those strengths and abilities that you, your children, and other family members may have inherited or learned. These traits, qualities, and behaviors can be resources for you in solving difficulties in the present. To complete this exercise, write your responses in the spaces provided.

What do you feel are your best qualities?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Place a check mark next to those qualities that you think may have been, at least in part, inherited or learned from your family of origin.

What do you do well?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Place a check mark next to the things that you do well that you think may have been, at least in part, inherited or learned from your family of origin.

Who else in your family shares some of the same qualities and/or abilities that you have? (List their names)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Refer to the qualities and things you do well. Focus in on the ones you placed check marks next to. What do those qualities or things you do well allow you to do that you might not otherwise be able to do had you not been born to or raised by your family?

---

---

---

---

---

How is it helpful to know that your family shares some of the same qualities and does some of same things well? How can that shared knowledge and ability be a resource to your family?

---

---

---

---

---



This page intentionally left blank

*PART II:*  
*GETTING CLEAR ON CHANGE*

This page intentionally left blank

# Cycling Through

## *OVERVIEW*

### *Purpose of Exercise*

Just like individuals, families move through developmental stages or phases as they “couple” and have children, as children grow and leave home, and in terms of later life. The stages families go through are referred to as the Family Life Cycle (FLC; McGoldrick, Carter, & Garcia-Preto, 2010). The FLC is a developmental framework that provides discussion about major developmental themes, milestones, potential challenges, and transitions to other milestones.

The purpose of this exercise is twofold: (1) To increase therapists’ understanding of major developmental themes of families and (2) to choose interventions and exercises from this book that are a good fit for families based on where they are developmentally. This exercise is for therapists.

### *Considerations for Use*

1. This exercise is for therapists as a guide for understanding family development and major themes along the Family Life Cycle.
2. Therapists can use this exercise with clients to discuss how families develop, change, and grow over time.
3. Review the exercise “Translations: Using Action-Talk” (Chapter 18) to assist with clearly defining goals within the FLC for the family.

## *EXERCISE*

*For Therapists:* Just like individuals, families go through developmental phases. How families grow and develop over time is important when it comes to understanding milestones, major themes, and challenges. A framework for family development is the Family Life Cycle (FLC). The FLC model holds that families seek therapy when stage-specific family or individual tasks get derailed, and progress to the next stage is blocked. Derailment may be caused by predictable, normative individual and family developmental stages or may be caused by unpredictable life events. The FLC stages provide therapists with some guidance in terms of selecting interventions and exercises in this book. To complete this exercise, please follow the instructions.

The Family Life Cycle is comprised of six stages. First, consider where the family with whom you are working fits into the following stages:

#### Stage 1: Leaving Home: Single Young Adults

The single young adult must separate from her or his family of origin without cutting off or fleeing. Focus is on formulation of personal life goals, development of identity, and becoming independent. Derailment occurs when families don’t let go of their adult children or the adult children remain dependent or rebel.

**Stage 2: The Joining of Families Through Marriage: The New Couple**

Two individuals from separate families of origin unite to form a new family system. The task of this stage is to form a new family system separate and distinct from the couple's families of origin. Derailment consists of enmeshment (failure to separate from a family of origin) or distancing (failure to stay connected). Couples may experience interpersonal difficulties in intimacy and commitment.

**Stage 3: Families With Young Children**

The new family is tasked with becoming caretakers to the next generation. Derailment at this stage involves couple and parenting issues. Maintaining appropriate boundaries with both sets of grandparents may become an issue. Couples must work out a division of labor and a method of making decisions, and must balance work with family obligations and leisure pursuits. This requires a commitment of time as parents, understanding roles of parents, and adapting to developmental changes in children.

**Stage 4: Families With Adolescents**

Families must establish qualitatively different boundaries for adolescents than for younger children. Derailment at this stage is related to adolescent exploration, friendships, substance use, sexual activity, and school. Parents may face a mid-life crisis. Emphasis is on the emotional process of transition, increasing flexibility of family boundaries to include children's independence and grandparents' frailties.

**Stage 5: Launching Children and Moving On**

The primary task is to adapt to the numerous exits and entries to the family system. Derailment occurs when families hold on to the last child or parents become depressed at the empty nest. Derailment can also occur when parents decide to divorce or adult children return home.

**Stage 6: Families in Later Life**

The primary task is adjustment to aging. Doing so involves maintaining individual and/or couple functioning and interests in face of physiological decline and exploration of new familial and social role options. Derailment consists of difficulties with retirement, financial insecurity, declining health and illness, dependence on one's adult children, and the loss of a spouse or other family members and friends.

Identify the stage that best describes the family with whom you are working. Write down the name of the stage in the space provided.

---

Consider at least three different possibilities for intervention based on the family's current FLC stage. Consider the goals of therapy. You may also review the exercises throughout this book as a way of increasing options. Write down the interventions you selected in the spaces provided. Be as specific as possible.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE

McGoldrick, M., Carter, B., & Garcia-Preto, N. (Eds.). (2010). *The expanded Family Life Cycle: Individual, family, and social perspectives* (4th ed.). Boston, MA: Allyn & Bacon.

# The Language of Possibility

## OVERVIEW

### *Purpose of Exercise*

When families—in particular, frustrated family members—describe their concerns, problems, and situations they will often use descriptions that close down the possibilities for change. Words and phrases such as “always,” “nobody,” “never,” and “all the time” will dominate conversations. These descriptions imply that things cannot change and are pervasive. If on one hand a therapist uses straightforward reflection (e.g., “Things are always bad,” “He’ll never change,” etc.), then the descriptions are in effect being reified. On the other hand, if a therapist takes too big a leap in challenging a client’s description (e.g., “Things are always bad?” “He’ll never change?” etc.), then the client may feel invalidated, as if the therapist doesn’t understand the seriousness of the concern.

The purpose of this exercise is twofold. The first is to ensure that clients feel heard and understood. We want to use acknowledgment and reflection so that they know that we hear their concerns. However, as described, if we only reflect they will likely remain stuck, as will the therapist. To prevent stuckness and move conversations forward, we add a second part—the element of possibility.

### *Considerations for Use*

1. As a therapist, it’s important to tune your ears to words, phrases, or descriptions that suggest impossibility (e.g., “always,” “never,” etc.).
2. The aim is to introduce the element of possibility into otherwise closed-down conversations, not to reframe situations. We seek very subtle changes in language to keep the dialogue moving and to offer hope.
3. This exercise is mainly for therapists but can be given to clients to help them raise their level of awareness regarding the importance of language.
4. This exercise can be used in conjunction with “Future-Talk: Acknowledgment and a Vision for the Future” (Chapter 27).

## EXERCISE

*For Therapists:* If clients do not feel heard and understood they will likely close down, become angry, or let therapists know in some way that there is a problem. Still, as we listen and attend to clients, if we only reflect back their experiences many will continue to box themselves into corners by describing situations that seem hopeless, with no way out. What we want to do is add a twist to the idea of pure reflection.

There are two parts to this exercise. For Part 1, in the spaces provided, use each corresponding method of acknowledging while simultaneously offering possibilities for change. For Part 2, combine two or more of the methods offered to acknowledge and intersperse possibilities through language.

**Part 1**

1. Reflect back clients' responses or problem reports in the past tense.

*Examples*

CLIENT: "He's always in trouble."

THERAPIST: "So he's been in trouble a lot."

CLIENT: "Things will never change."

THERAPIST: "Up to this point, things haven't changed."

Client: "She always forgets to do her homework."

Therapist: \_\_\_\_\_

Client: "Nobody ever understands me."

Therapist: \_\_\_\_\_

Client: "I never get a chance because they don't like me."

Therapist: \_\_\_\_\_

2. Take clients' general statements such as "everything," "everybody," "nobody," "always," and "never" and translate them into partial statements. This can be done by using qualifiers related to time (e.g., recently, in the last while, in the past month or so, most of the time, much of the time), intensity (e.g., a bit less, somewhat more), or partiality (e.g., a lot, some, most, many).

*Examples*

CLIENT: "I get in trouble all the time."

THERAPIST: "So you get in trouble a lot of the time."

CLIENT: "Nothing ever goes right for me."

THERAPIST: "Sometimes it seems like nothing goes right."

Client: "She's always out of control."

Therapist: \_\_\_\_\_

Client: "He never thinks about anyone but himself."

Therapist: \_\_\_\_\_

Client: "Every time I try something goes wrong."

Therapist: \_\_\_\_\_

It's important to recognize that if clients feel like their experiences are being minimized or they feel pushed to move on they will likely respond with a statement such as, "Not most of the time! All the time!" If the person

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017



reacts in such a manner then we are not getting it right. We must then move to validate further to make sure clients feel heard and understood. We can still do so while keeping an eye on possibilities. We want to let clients know that we have heard and understood their suffering, concerns, felt-experience, and points of view, without closing down the possibilities for change.

3. Translate clients' statements of truth or reality—the way they explain things for themselves—into perceptual statements or subjective realities (e.g., “It seems to you . . .,” “You’ve gotten the idea . . .” etc.).

*Examples*

CLIENT: “*I can’t do anything right.*”

THERAPIST: “*You’ve really gotten the idea that you can’t do anything right.*”

CLIENT: “*He’ll never amount to anything.*”

THERAPIST: “*Because of what he’s done, it seems to you that he’ll never amount to anything.*”

Client: “Everyone hates me.”

Therapist: \_\_\_\_\_

Client: “Nobody knows how hard it is to get along with her.”

Therapist: \_\_\_\_\_

Client: “It’s always bad at school.”

Therapist: \_\_\_\_\_

**Part 2**

In Part II of this exercise, in the spaces provided below, combine two or more of the methods to acknowledge clients and simultaneously offer possibilities for change.

*Examples*

CLIENT: “*My life is horrible and will never get any better.*”

THERAPIST: “*Your life has been horrible and it really seems to you that it won’t get any better.*”

CLIENT: “*I’m a bad person because I’m always in trouble.*”

THERAPIST: “*So you’ve really gotten the idea that you are bad because you’ve been in trouble.*”

Client: “He does whatever he wants, whenever he wants.”

Therapist: \_\_\_\_\_

Client: “She’s always nagging me about something and won’t give up until she gets her way.”

Therapist: \_\_\_\_\_

Client: “Everybody thinks I’m stupid because I have bad grades.”

Therapist: \_\_\_\_\_

## Invitations to Accountability

### Separating Feeling and Doing

#### *OVERVIEW*

##### *Purpose of Exercise*

There are times when children and adolescents have difficulty distinguishing between what they experience internally (e.g., emotions, sensations, etc.) and what they do action-wise, through their actions and interactions. This blurring of boundaries between feeling and doing can lead young persons to believe that because they feel a particular way it's okay to act in ways that are not acceptable and in some cases, harmful to self or others.

The purpose of this exercise is to help children and adolescents to learn that while all of what they feel internally is okay, some actions are okay and some are not. They are still accountable for their actions. This exercise can also help caregivers to distinguish between what their children and adolescents feel and how they behave.

##### *Considerations for Use*

1. Talk with clients about the differences between feelings and actions. Make sure that they understand the distinction between the two.
2. It can be helpful to spend extra time with caregivers on the first part of the exercise, teaching them how to use statements to acknowledge and validate internal experience. If caregivers are already adept at this, you may choose to go on to Part 2 right away.
3. This exercise can be used at any point during therapy or with caregivers as a part of a group.

#### *EXERCISE*

##### *Part 1*

*For Caregivers:* Children and adolescents sometimes get the idea that what they feel inside is wrong, bad, or a problem. We want to let them know that whatever they feel inside is okay. It's not what people feel that causes problems; it's what they do as a result of those feelings that can be problematic. So the first thing that we want to do is acknowledge, validate, and give children and adolescents permission to feel whatever they feel.

*Acknowledgment* means that we hear what others are saying—the words that they use. The simplest way of conveying acknowledgment is to listen for feeling-oriented words such as hurt, sad, mad, angry, and so on, and repeat them back. For example, you could say, “You're sad” or “I heard you say that you're angry.” *Validation* means that we give permission for children and adolescents to feel the way they do. To validate internal experience, add “It's/that's okay” or “It's/that's all right” to the restatement of feeling. For example, you might say, “It's okay to be angry” or “It's all right if you're mad” or “I heard you say you're sad, and that's okay.”

To complete Part 1 of this exercise, read through the examples provided. Next, proceed to the responses of adolescents and children. Then, using acknowledgment and validation, write your responses in the spaces provided.

*Examples*

ADOLESCENT: *“That really makes me mad!”*  
PARENT: *“It’s okay if you’re mad.”*

CHILD: *“I don’t like doing homework.”*  
PARENT: *“It’s all right to feel that way.”*

Adolescent: *“I can’t stand going to school.”*

Parent: \_\_\_\_\_

Adolescent: *“That really pisses me off!”*

Parent: \_\_\_\_\_

Child: *“I miss my friends.”*

Parent: \_\_\_\_\_

Child: *“Sometimes I don’t want to go see Daddy.”*

Parent: \_\_\_\_\_

**Part 2**

*For Caregivers:* We can help children and adolescents to distinguish between how they feel and what they do by paying attention to the way that we respond to their feelings and actions. To do this we continue to use acknowledgment and validation while simultaneously promoting accountability by calling attention to actions that may be harmful to self or others or illegal.

To complete Part 2 of this exercise, first read the child/adolescent responses that follow. Next, in the spaces provided, use acknowledgment and validation and combine them with statements that invite the child or adolescent to be accountable for his or her actions. One way to do this is to use the word “and” to separate internal experience from actions.

*Examples*

ADOLESCENT: *“She made me so mad so I told her off.”*  
PARENT: *“It’s ok to be mad at her and it’s not ok to tell her off.”*

ADOLESCENT: *“If someone did that to me, that person would pay.”*  
PARENT: *“It’s okay if you’re upset by things that happen to you and you’re still responsible for what you do.”*

CHILD: *“See, you hate me. That’s why you make me go to my room.”*  
PARENT: *“It’s okay if you’re mad or upset and it’s not okay to hit your sister. You need to go to your room.”*

Adolescent: "If he's gonna say stuff and make me mad then I'm gonna smack him."

Parent: \_\_\_\_\_

Adolescent: "No one can treat me that way. So I'm gonna get even."

Parent: \_\_\_\_\_

Child: "He wrecked my building so I knocked him down."

Parent: \_\_\_\_\_

Child: "She didn't play the game right so we kicked her out."

Parent: \_\_\_\_\_

# Translations

## Using Action-Talk

### *OVERVIEW*

#### *Purpose of Exercise*

The language used to describe what is happening in families is very important when it comes to understanding problems and in gaining clarity around desired change. The clearer we are on what people want to see change, the more ideas we will be able to generate. In contrast, vagueness can lead to a multitude of unhelpful directions and misguided attempts to help initiate change.

The purpose of this exercise is to help clients to use “action-talk” to describe the behaviors that are problematic. Action-talk allows for therapists, caregivers, children, adolescents, and others to gain a clear, behavioral description of each other’s complaints. We refer to this as the “doing” of the problem. This question asks, “When your son/daughter misbehaves, what does he or she do?” Or “When you believe your mom is on your case, what specifically is happening?”

This exercise can be used at any point in therapy where clients are using vague, non-descriptive words such as “misbehavior,” “disobedient,” “out of control,” “hyperactive,” and so on. It can also be helpful to therapists in those instances where there is a lack of clarity regarding the focus of therapy.

#### *Considerations for Use*

1. Give examples of changing vague, non-descriptive translations of problems into clear, observable, behavioral descriptions by using action-talk. This will serve as a guide for clients.
2. Explain or demonstrate how vague descriptions of concerns and complaints can lead to unhelpful or misguided attempts at solving problems and finding solutions.
3. Once clients have used action-talk, ask them what new ideas they might have about how to approach or cope with the current concern or problem.

### *EXERCISE*

*For Caregivers:* To avoid using vague, non-descriptive language when talking about the problems (e.g., “He’s acting out,” “She throws tantrums,” “She misbehaves,” “He’s oppositional,” etc.) we’ll use action-talk. Action-talk helps us to determine the “doing” of the problem. That is, what does your son or daughter *do* when he or she is misbehaving/acting out/out of control, and so on? Let’s explore some examples of how we can use action-talk to translate vague problem descriptions into clear ones:

<b>Vague problem description</b>	<b>Action-talk questions</b>	<b>Action-talk description</b>
My son has a problem with his anger.	→ What has your son done that tells you that he's got a problem with his anger?	→ He's hit me and broken things in the house
He loses control.	→ When he loses control what do you see him doing?	→ He throws things and calls me bad names
She's self-destructive.	→ What does she do during those times that you feel she's being self-destructive?	→ She cuts on her arms with glass or sharp objects

Now it's your turn. In the left-hand column are a few examples of vague problem descriptions. Your goal is to find some possible endings to each sentence in the right hand column by using action-talk.

<b>Vague problem description</b>	<b>Action-talk description</b>
My daughter is irresponsible.	→ When my daughter is behaving irresponsibly she _____.
My son is out of control.	→ When my son is out of control he _____.
My daughter has poor social skills.	→ When my daughter is having trouble socially she _____.
My son is hyperactive.	→ When my son is acting hyperactive he _____.

Action-talk allows us to target specific behaviors as opposed to trying to figure out what will work best with vague words such as "ADHD," "oppositional," "defiant," and so on. When you are clear about what you want to see change, then you can focus very specifically on changing behaviors as opposed to diagnoses or characterizations.

To gain clarity regarding the concerns you're having with your child or adolescent, use the left-hand column below to list those concerns. Then, in the right-hand column, if necessary, use action-talk to get a clearer picture of your complaint.

<b>Problem description</b>	<b>Action-talk description (if not clear in first column)</b>
1. _____ _____ _____	→ 1. _____ _____ _____
2. _____ _____ _____	→ 2. _____ _____ _____

3. \_\_\_\_\_ → 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_ → 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_ → 5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Solution-Talk

### OVERVIEW

#### *Purpose of Exercise*

As the fields of medicine and behavioral health have evolved, so has the use of psychiatric and psychological jargon. We've become accustomed to language that emphasizes pathology and deficit—what's wrong with children and adolescents. This use of language, which we'll refer to as "problem-talk," contributes to defensiveness among family members as it imparts blame on both parents and adolescents for problems. The purpose of this exercise is to shift from the use of problem-talk to "solution-talk." By doing so, we promote hope through less stigmatizing and blaming, and we create new possibilities for dealing with concerns and problems.

#### *Considerations for Use*

1. This exercise is primarily for caregivers.
2. Provide examples to clients of changing problem-talk to solution-talk.
3. Ask clients what new ideas they might have once they learn to use solution-talk.
4. As a therapist, consider what new ideas you might have as a result of using solution-talk.

### EXERCISE

*For Caregivers:* The language we choose to use can serve as a means to acknowledge and validate or blame and invalidate. Accordingly, language can also close down or open up the possibilities for change. This exercise will help you to challenge some of the descriptions of actions and behaviors that you've observed from your child and/or adolescent. Doing so can help you to see more possibilities for changing those actions and behaviors. In the left column are examples of problem-talk. The first few responses in the right column are in the form of solution-talk. To complete this exercise, locate the problem-focused term or phrase in the left column and fill in the blank in the corresponding right column by using solution-talk.

#### **Problem-Talk**

Hyperactive

Attention deficit

Anger problem

Depressed

Oppositional

Rebellious

Disruptive

#### **Solution-Talk**

Very energetic at times

Short attention span sometimes

Gets upset sometimes

Sad

Argues a point often

---

---



Negative peer pressure \_\_\_\_\_

Isolating \_\_\_\_\_

Manipulative \_\_\_\_\_

What did you learn by changing the problem-focused terms to solution-talk?

---

---

---

---

Now, plug in your own problem-focused descriptions and change them to solution-talk.

**Problem-Talk**

**Solution-Talk**

---

---

---

---

---

---

The next time you find yourself using problem-focused descriptions, consider other ways of describing the behavior that you're observing in your child or adolescent. After doing so, see what possibilities become available to you in terms of approaching the behavior you want to see change.

## Determining Goals

### What Needs to Change?

#### *OVERVIEW*

##### *Purpose of Exercise*

When families are unclear about what they want to see change or be different, attempts at finding solutions can easily become misguided. This is because specific interventions are based not on specific problems but instead on vague descriptions of problems. The result for families is frustration when things don't seem to improve. Therapists can also become frustrated, particularly when they are unsure as to the goals of therapy.

The purpose of this exercise is to clearly define what needs to change (the goals of therapy) and prioritize those goals. In this way, both clients and clinicians can be clear about what is the focus of therapy. This exercise can be used at the start of therapy when goals are being established, or at any juncture where the goal or goals need to be modified or changed altogether. It can also be used with individual family members or entire family systems.

##### *Considerations for Use*

1. This exercise involves the use of action-talk. It is recommended that clients complete the exercise "Translations: Using Action-Talk" (Chapter 18) prior to this one.
2. If clients do not complete the "Translations," exercise, explain action-talk so that they can understand how to change their vague descriptions of problems into clear, behavioral, and observable ones.
3. Help clients to determine what they want *instead* of what they don't want. For example, if a parent says that he or she doesn't want his or her son to run away, inquire as to what the parent would like to see the youth doing instead. That is, what are the behaviors that the parent would like to have happen?
4. Some clients need assistance in determining which goals ought to take precedence. Help them to decide what needs to change first, second, and so on. Remind clients that oftentimes only a small change is necessary. Little changes can lead to further changes, much like a snowball gaining momentum as it rolls down a hill.
5. Since it is common to have multiple goals in therapy, keep in mind that there may be different goals set by the adolescent, parents, and others involved. In such cases, have each person complete the exercise on his or her own. Also bear in mind that goals need to be "doable." That is, they need to be realistic, attainable, ethical, and legal. For example, it may not be realistic for an adolescent to *never* talk back to his or her parents. Rather, a realistic goal might be to talk back less. This might entail going from a daily occurrence to one or two times a month, for example. Unrealistic and unattainable goals can lead to a sense of failure. An example of an unethical or illegal goal might be for an adolescent to steal less or for a parent to be less abusive. Stealing and abuse are never okay, and thus, such goals should not be established.

**EXERCISE**

*For Clients:* For this exercise, answer each of the questions by writing your responses in the spaces provided. You may choose to complete this exercise individually or as a family.

What things would you like to see change (with your child, adolescent, other family member, or family, as a whole)?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Next, if you haven't already done so, translate each of the different things that you would like to see change into action-talk. Action-talk means that we take our vague descriptions of our concerns and change them into clear, behavioral ones. This allows us to understand the "doing" of the problem. Remember to specify what you want to have happen instead of the problematic behavior(s).

*Example of vague description: "I want my son to stop being so out of control."*

*Translation to action-talk description: "I want my son to talk with me, someone else, or walk away when he becomes angry."*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

Now, list in order the action-based descriptions of things that you would like to see change. All of your concerns are valid, but it's important to start with the ones that you want to see change first. These will represent the goals of therapy.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

## Indications

### Identifying Goal-Related Improvement

#### *OVERVIEW*

##### *Purpose of Exercise*

Once clients have identified what they want to see different in their families—the goals of therapy—it’s important to determine how family members will know when those goals have been achieved. As with goals, ambiguity about goal-related improvement can contribute to confusion in terms of what constitutes “better,” determining when problems are no longer problems, and determining when therapy has been successful.

The purpose of this exercise is to build on established goals by finding out how family members will know when that change has been achieved. In this way, both clients and therapists will be clear about what constitutes improvement and success. This exercise is designed for us at the start of therapy, once goals have been set. It can also be used at any juncture when goals have been modified or changed altogether.

##### *Considerations for Use*

1. This exercise is designed for caregivers but can be used with adolescents or as a family exercise.
2. This activity is meant to be completed after the exercise “Determining Goals: What Needs to Change?” (Chapter 20).
3. This activity involves the use of action-talk. To learn about this, please refer to the activity “Translations: Using Action-Talk” (Chapter 18).
4. If you’re not using the “Translations” exercise, provide examples of how clients can use action-talk so that they can begin to change vague descriptions of what constitutes improvement into clear, behavioral, and observable ones.
5. Help clients to define goals that are realistic and attainable.
6. Because clients’ ideas about how change will look will vary, improvement should incorporate each person’s views of the future.

#### *EXERCISE*

*For Caregivers:* There is an old saying, “If you don’t know where you’re going you’ll probably end up somewhere else.” If you were going on a vacation to a faraway destination, would you just choose a flight to anywhere or jump in the car and start driving and hope that you arrive at your destination? Probably not. This exercise will help you to determine your preferred destination so that you will know when the goal, or goals, you are seeking has been achieved.

To complete this exercise, refer back to the goals that you established during the exercise “Determining Goals: What Needs to Change?” Next, write those goals down in the spaces provided.

*Example: I would like my daughter to handle her anger better in the future by talking to me or leaving a volatile situation until she has calmed down.*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Next, ask yourself, “How will I know when the problem I’m/we’re facing is no longer a problem?” Then, for each of the goals previously listed, write down a corresponding indicator of improvement—that the goal has been achieved. Be as specific as possible and use action-talk means when creating these outcomes.

*Example: I will know that my daughter is handling her anger better when she is able to talk to me or walk away from volatile situations 8 out of 10 times.*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

# The Crystal Ball

## OVERVIEW

### *Purpose of Exercise*

The crystal ball is one of many creative ways of helping children or adolescents to create visions of their preferred futures—the kinds of futures where things work out for them (and their personal goals have been reached). Once these visions of the future have been created, therapists and others can work with adolescents to identify steps that will help them to reach those preferred futures.

The purpose of this exercise is to help children or adolescents to identify how they will know when things are better in their lives. In this way, both clients and therapists can be clear about what will constitute a successful outcome. This exercise is a parallel to “Indications: Identifying Goal-Related Improvement” (Chapter 21), which is designed for caregivers. It can be used at the start of therapy, in conjunction with establishing goals. It can also be used at any juncture when goals have been modified or changed altogether.

Note: This activity involves the use of action-talk. To learn about this, please refer to the activity “Translations: Using Action-Talk” (Chapter 18).

### *Considerations for Use*

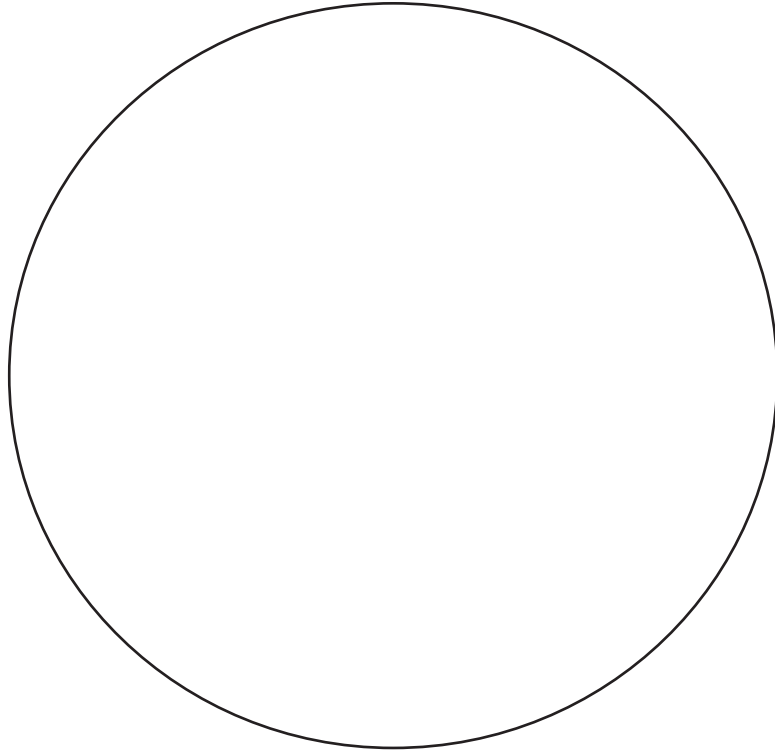
1. This exercise is children’s and adolescents’ variation of “Indications: Identifying Goal-Related Improvement” (Chapter 21), which is designed for caregivers. It can also be used with children who understand the premise. The exercise “The Time Machine” (Chapter 23) is an alternative for children.
2. Talk with children or adolescents about how to use action-talk so that they can begin to change their descriptions of preferred futures and outcomes into clear, behavioral, and observable ones.
3. Help children or adolescents to envision preferred futures that are realistic and attainable.
4. Encourage children or adolescents to be creative in modifying this exercise as they see fit.

## EXERCISE

*For Children or Adolescents:* This exercise will help you to describe what it is that you want for yourself in the future. To complete this exercise, consider the following:

Imagine that there is a crystal ball sitting in front of you. This is a special kind of crystal ball. It’s one that allows you to see yourself in the future. Now peer into the crystal ball. Notice that you can see the kind of future that you want for yourself—the kind of future where things work out for you.

Now, in the crystal ball that has been provided below, write down what you see happening in your future. What are you doing? How did you solve your problem(s)? What did you do? Did anyone help you? What did that person do to help you?



Next, in the following spaces, write down five things that you could do right now or in the next few days, weeks, or months to begin to move toward and reach the future that you've envisioned.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_



# The Time Machine

## OVERVIEW

### *Purpose of Exercise*

The time machine is one of many creative ways of helping children and adolescents to create visions of their preferred futures—the kinds of futures where things work out for them and goals are achieved. Once these visions of the future have been created, therapists and others can work with adolescents to identify steps that will help them to reach those preferred futures.

The purpose of this exercise is to help children and adolescents to identify how they will know when things are better in their lives. In this way, both clients and clinicians can be clear about what will constitute a successful outcome. This exercise is a parallel to “The Crystal Ball” (Chapter 22) and “Indications: Identifying Goal-Related Improvement” (Chapter 21), which is for caregivers. The time machine can be used at the start of therapy, in conjunction with establishing goals. It can also be used at any juncture when goals have been modified or changed altogether.

### *Considerations for Use*

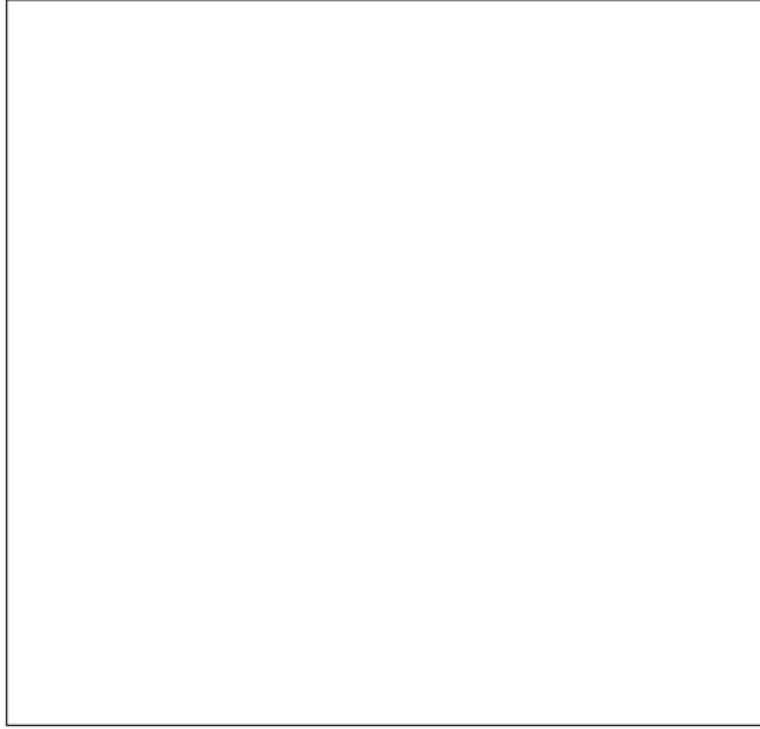
1. This exercise is for children or adolescents and is a variation of “The Crystal Ball” (Chapter 22).
2. Talk with children and adolescents about how to use action-talk so that they can begin to change their vague descriptions of preferred futures and outcomes into clear, behavioral, and observable ones.
3. Help children and adolescents to define preferred futures and outcomes that are realistic and attainable.
4. Encourage children and adolescents to be creative in modifying this exercise as they see fit.

## EXERCISE

*For Children or Adolescents:* This exercise will help you to describe what it is that you would like to be better in your future and for your family. It requires a little imagination on your part. Are you ready? To complete this exercise, follow these directions:

Imagine that there is a time machine sitting in the room with you. This time machine can propel you into the future to a time when things are going the way you’d like.

Now, in the box that has been provided below, write down what you see happening in your future. What are you doing? How did you solve your problem(s)? What did you do? Did anyone help you? What did that person do to help you?



Next, in the following spaces, write down five things that you could do right now or in the next few days, weeks, or months to begin to move toward and reach the future that you've envisioned.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

# Movement

## Signs of Progress

### *OVERVIEW*

#### *Purpose of Exercise*

When families have defined what it is that they want to see different (their goals) and the futures they envision, it's time to help them determine how they will know that they are making progress toward those established goals and preferred futures. By identifying “in-between” changes, clients can take note of the progress being made, which can rehabilitate hope and facilitate further change. Progress, hope, and future change are all important because some clients will become frustrated and/or anxious and perhaps give up if they do not have the sense that they are making progress toward their concerns.

The purpose of this exercise is to work with families to identify “signs” that they are beginning to get the upper hand and make progress with the problems outlined. This exercise can be used at the start of therapy, in conjunction with establishing goals, or at any point at which goals have been modified or changed altogether.

#### *Considerations for Use*

1. This activity involves the use of action-talk. To learn about this, please refer to the activity “Translations: Using Action-Talk” (Chapter 18). This activity also is used in conjunction with “Determining Goals: What Needs to Change?” (Chapter 20) and “Indications: Identifying Goal-Related Improvement” (Chapter 21).
2. Talk with clients about how to use action-talk so that they can begin to change their vague descriptions of in-between changes into clear, behavioral, and observable ones.
3. Help clients to define in-between changes that are realistic and attainable.
4. Because clients' ideas about how change will look will vary, in-between changes should incorporate each person's views of the future.

### *EXERCISE*

*For Clients:* This exercise will help you to identify indicators of change and how much progress you are making toward the goals and preferred outcomes that you established. In this way you will have a clear idea of what to look for as you focus on working toward the changes you are seeking with your child, adolescent, or yourself.

To complete this exercise, please refer back to the goals or preferred outcomes that you established during the exercise “Determining Goals: What Needs to Change?” Next, write those goals down in the spaces provided. (Be sure to also have available your responses to the exercise “Indications: Identifying Goal-Related Improvement.”)

*Example: I will know that my daughter is handling her anger better when she is able to talk to me or walk away from volatile situations 8 out of 10 times.*

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_
- 5. \_\_\_\_\_  
\_\_\_\_\_

Next, ask yourself, “How will I know when I’m/we’re making progress with the problem(s) I’m/we’re facing?” Then, for each of the goals listed, write down at least two “signs” that will indicate progress is being made. Be as specific as possible and use action-talk means.

*Example*

*Goal: I will know that my daughter is handling her anger better when she is able to talk to me or walk away from volatile situations 8 out of 10 times.*

*Signs: When angry, my daughter will express her thoughts and feelings without using profanity. My daughter will walk away from situations that make her angry 1 out of 2 times.*

Goal #1

\_\_\_\_\_  
Signs: \_\_\_\_\_  
\_\_\_\_\_

Goal #2

\_\_\_\_\_  
Signs: \_\_\_\_\_  
\_\_\_\_\_

Goal #3

---

Signs: \_\_\_\_\_

---

Goal #4

---

Signs: \_\_\_\_\_

---

Goal #5

---

Signs: \_\_\_\_\_

---

## Scaling

### Taking the Temperature of Change

#### OVERVIEW

##### *Purpose of Exercise*

The purpose of this exercise is to offer a way of helping families to assign values in the construction goals, in changes as a result of achieving those goals, and in progress made. Doing so serves as a way of charting the change. For families who seek more concrete methods of tracking change—much like taking someone’s temperature—this exercise provides an option. This exercise can be used at the start of therapy or when new goals have been created. This exercise can be completed as a stand-alone exercise or as a “continuation exercise” that is based on the prior completion of others (see the Considerations for Use section).

##### *Considerations for Use*

1. This exercise can be used with individual family members or the entire family unit.
2. If this is used as “continuation” exercise, the following exercises should be completed in advance: “Determining Goals: What Needs to Change?” (Chapter 20), “Indications: Identifying Goal-Related Improvement” (Chapter 21), and “Movement: Signs of Progress” (Chapter 24).
3. This exercise involves the use of action-talk. To learn about this, please refer to the exercise, “Translations: Using Action-Talk” (Chapter 18). Or, talk with clients about how to use action-talk so that they can begin to change their vague descriptions of goals, preferred outcomes, and indicators of in-between change into clear, behavioral, and observable ones.
4. Multiple scales may be necessary if there is a significant variance between family members’ goals.
5. A scale of 1–10 is recommended. This way, clients are starting from a positive number.
6. Some family members may strive for a 10 in terms of the outcome they are seeking. A 10 represents “perfect,” which will be unrealistic for most families. Therefore, it’s generally helpful to remind clients that they should choose a number that will indicate that the problem(s) they sought help for is no longer a problem or that treatment has been successful.
7. To identify in-between changes or signs of change, it’s generally better to have them select small increments of change. For example, instead of suggesting that families identify what will indicate movement from a 3 to a 6, suggest movement from a 3 to a 3 or 3 ½. Doing so may help families to work toward smaller, more realistic changes and improve their chances of achieving success.

#### EXERCISE

*For Families:* Through a process of scaling, this exercise will help you to identify what it is that you want to see change, how you will know when that change has occurred, and what will indicate to you that progress is being made toward the goals and outcomes that you have outlined. You may start fresh with this exercise or

use it as a continuation exercise after completing the following exercises: “Determining Goals: What Needs to Change?” “Indications: Identifying Goal-Related Improvement,” and “Movement: Signs of Progress.” If you are using this as a continuation exercise, writing your responses from the exercises listed in the spaces provided and then proceed by assigning numerical values.

To complete this exercise, please follow the directions in Parts 1–4.

### **Part 1**

First, write down what it is that you would like to see change with yourself or your adolescent. Be sure to use action-talk. Action-talk means that we take vague descriptions of our concerns and change them into clear, behavioral ones. This allows us to understand the “doing” of the problem.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Next, using a scale from 1–10, where 1 represents the worst that things could be regarding the problem(s) and 10 represents the best that things could be in regard to the problem(s), in the blank provided, please write down the number that best corresponds to your situation now.

Part 1 Scale Rating: \_\_\_\_\_

### **Part 2**

In this section, you’re going to determine what you would like to see happening in the future, when things are going more the way you’d like. To do this, ask yourself, “How will I know when the problem I’m/we’re facing is no longer a problem?” or “How will I know that therapy has been successful with the problem for which I/we sought help?” Then, for each of the concerns listed in Part 1, write down a corresponding goal. Be sure to write down what you would like to see happen with you and/or your adolescent *instead* of the problem that you’ve been experiencing. Also, be as specific as possible and use action-talk when creating these outcomes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Next, using the same scale described in Part 1 of this exercise, in the blank provided, please write down the number that you feel would have to be achieved for you to feel that the problem(s) you’re facing is no longer a problem, that therapy has been successful, and/or that things are better in regard to the problem(s) for which you sought help.

Part 2 Scale Rating: \_\_\_\_\_

**Part 3**

In this part we will work toward helping you to identify signs or indicators that the change(s) you are seeking is occurring. To do this, ask yourself, “What would indicate that things are starting to go better with the problem I’m/we’re facing?” or “What will signify to me/others that things have started to turn the corner with the problem(s) for which we sought help?” Try to identify small changes first. Then, in the spaces provided, for each of the preferred outcomes you listed in Part 2, write down at least two “signs” that will indicate that progress is being made. Next, write down a number on a scale from 1–10 that would correspond with each sign of change. That is, what will the achievement of the sign or indicator represent numerically? Be as specific as possible and use action-talk means when creating these signs or indicators of change.

Goal #1

---

Signs: \_\_\_\_\_ Scale Rating: \_\_\_\_\_

---

 Scale Rating: \_\_\_\_\_

Goal #2

---

Signs: \_\_\_\_\_ Scale Rating: \_\_\_\_\_

---

 Scale Rating: \_\_\_\_\_

Goal #3

---

Signs: \_\_\_\_\_ Scale Rating: \_\_\_\_\_

---

 Scale Rating: \_\_\_\_\_

Goal #4

---

Signs: \_\_\_\_\_ Scale Rating: \_\_\_\_\_

---

 Scale Rating: \_\_\_\_\_

Goal #5

---

Signs: \_\_\_\_\_ Scale Rating: \_\_\_\_\_

---

 Scale Rating: \_\_\_\_\_



**Part 4**

In this final section, in the spaces provided, write down each of the scales that you have completed in the previous three parts.

1. Part 1 Scale Rating (The number that best represents where things are now with the problem I/we're facing)

\_\_\_\_\_

2. Part 2 Scale Rating (The number that will indicate that the problem I've/we've been facing is no longer a problem and/or that therapy has been successful)

\_\_\_\_\_

3. Part 3 Scale Rating (The numbers that will indicate that I'm/we're making progress toward the goals that were set)

\_\_\_\_\_

In the future, refer to this chart as a way of monitoring where you are in terms of making progress toward the goals that you've established. You can also continue to identify further signs and indicators that change is occurring and scale those as well.

## Exploring Theories of Change

### OVERVIEW

#### *Purpose of Exercise*

Most therapists have been trained in human development and multiple theories of psychotherapy. Theories provide frameworks for thinking about how problems form and change occurs. An often understated aspect of therapy is the *client's* theory. Clients, and in this case families, come to therapy with their own experiences and ideas about what works for them. If therapists are too enamored with their own theories to the exclusion of clients' ideas, they risk losing rapport as well as missing therapeutic opportunities presented by clients. The purpose of this exercise is to help family members to express their ideas about how they may best make changes. In turn, therapists can learn what families expect from therapy and how they can best match those perspectives.

#### *Considerations for Use*

1. This exercise can be used with individual family members or with the family as a collective unit. If the exercise is used with a family unit, bear in mind that individual family members frequently have different points of view. It is important to understand each person's perspective and integrate those ideas into therapy.
2. This exercise can be used early in therapy to help the therapist know how to be most helpful in addressing the client's concerns. It can also be used later on if the therapy seems to be stuck in some way and the therapist needs to know more about the client's ideas about change.
3. In subsequent sessions, through periodic "check-ins" the therapist may raise the question of whether he or she is "on track."
4. The information received in this exercise may also be revisited to examine how the client's ideas may have expanded or changed.

### EXERCISE

*For Families:* You are the expert when it comes to your life experience. You know what hasn't worked, what has worked (to any degree), and what might work in the future. You also have preferences about how your concerns might best be approached. The more your therapist knows about you, the more helpful therapy can be.

There are two parts to this exercise. In Part 1, please take some time to think over the following questions about your past experiences with learning and change. Then, for each question, circle the answer or answers that best fit you. You may choose more than one answer for each question.

#### *Part 1*

1. *I tend to learn best . . .*

By having something told to me over and over.

By reading as much as I can on a subject.

From the experiences of other people.  
By realizing rewards when I succeed.  
By making mistakes and learning from them.  
By being shown where I am wrong.  
Other (please list): \_\_\_\_\_

2. *My therapist can be of greatest assistance by . . .*

Telling me what I should do.  
Asking me questions and encouraging me to look deeper into my own ideas.  
Sharing his or her ideas.  
Suggesting reading.  
Suggesting actions for me to experiment with.  
Just listening.  
Other (please list): \_\_\_\_\_

3. *I expect change to happen . . .*

All at once.  
Step by step.  
Incrementally.  
Quickly.  
Slowly.  
Not at all.  
Other (please list): \_\_\_\_\_

4. *I also expect change will happen when I . . .*

Gain insight into how I got this problem.  
Try new things until we find something that works.  
Both gain insight and try new things.  
Other (please list): \_\_\_\_\_

5. *I think that I need to change . . .*

Something deep in my personality.  
The way I think about or look at things.  
Some thing(s) that I do.  
Someone else.  
Other (please list): \_\_\_\_\_

**Part 2**

Oftentimes people have a pretty good hunch not only about what is causing a problem but also about how to resolve it. Here we'll explore your ideas related to these areas. To complete Part 2 of this exercise, please review the questions and in the spaces provided write down your responses.

What ideas do you have about what is causing the concern/problem(s) that you're facing?

---

---

---

---

---

What ideas do you have about how change is going to happen with your concern(s)/problem(s)?

---

---

---

---

---

Given the ideas that you have about the problem you're facing, what do you think would be the first step in addressing it?

---

---

---

---

---

What else might you do differently as a result of the theory you've developed?

---

---

---

---

---

Once you've finished, take a moment to review your responses. Reflect on what you have learned about yourself, the concern(s)/problem(s) you're facing, and how you might achieve the change that you are seeking. Consider sharing your responses with other family members if you are each doing the exercise individually.

This page intentionally left blank

*PART III:*  
*CHANGING VIEWS AND PERSPECTIVES*

This page intentionally left blank

## Future-Talk

### Acknowledgment and a Vision for the Future

#### **OVERVIEW**

##### ***Purpose of Exercise***

There are times when the language family members use to describe themselves, others, and their situations seems to hold them as prisoners of the present or past with little or no sense of a future without problems, pain, or suffering. Acknowledgment provides a way to convey to family members that we understand and their perspectives and that those perspectives are valid. This exercise adds the element of a future-focus to acknowledgment as a way of opening up possibilities in language. The purpose of this exercise is to take family members' statements that reflect impossibility and gently build on the idea of a vision for the future. This exercise is primarily for therapists to learn how to both listen effectively and make subtle changes in language.

##### ***Considerations for Use***

1. This exercise is an adjunct to “The Language of Possibility” (Chapter 16).
2. Notice family members' words, phrases, or descriptions that suggest impossibility (e.g., “always,” “never,” etc.).
3. We aren't aiming for dramatic changes. The idea is to combine pure reflection and acknowledgment with small changes in language that suggest that there are possibilities for change.
4. This exercise is mainly for therapists but can be given to clients to help them raise their level of awareness regarding the importance of language.

#### **EXERCISE**

*For Therapists:* This exercise is akin to the idea of moving walkways that can be found in airports. These conveyor belts take people to their destinations with little or no effort. We can use language in a similar way to move clients along in the direction of possibilities without them actually having to take steps toward those goals and preferred outcomes. To complete this exercise, use each corresponding method of acknowledging while simultaneously offering possibilities for future change and achieving goals and preferred outcomes. Be sure to provide your responses in the spaces provided.

1. *Assume future solutions through future-talk.* Assume the possibility of clients and others involved finding solutions, and use words such as “yet” and “so far.” These words presuppose that even though things feel stuck or unchangeable in the present, things will change sometime in the future. This simple shift in language can help to create a “light at the end of the tunnel.”



*Examples*

CLIENT: "Things will never go right for me."

THERAPIST: "So far things haven't gone right or you."

CLIENT: "I'm always in some kind of trouble."

THERAPIST: "You haven't found a way to stay out of trouble yet."

Client: "Nobody will ever understand me."

Therapist: \_\_\_\_\_

Client: "I'll never be good at anything."

Therapist: \_\_\_\_\_

Client: "My life is going downhill."

Therapist: \_\_\_\_\_

2. *Turning problem statements into goals.* Take client problem statements and change them into a statement about a preferred future or goal. This particular way of changing language serves at least two purposes. First, it offers a way of acknowledging clients. A second purpose relates to situations that therapists often find themselves in. That is, in the course of attending and listening to clients' stories it can become difficult for therapists to discern which is most concerning for clients. Therapists must routinely make decisions regarding which client words, phrases, comments, and remarks should gain more or less attention. By using the method offered here, therapists can acknowledge clients' statements and simultaneously clarify the importance of the statement in clients' eyes.

*Examples*

CLIENT: "I'll never have the kind of life that I want."

THERAPIST: "So you'd like to be able to find a way to have the kind of life that you want?"

CLIENT: "I'm worthless."

THERAPIST: "So one of the things that we could do is to help you to find some self-worth?"

Client: "I'm just not good at school."

Therapist: \_\_\_\_\_

Client: "I never have fun anymore."

Therapist: \_\_\_\_\_

Client: "My mom is always on my case."

Therapist: \_\_\_\_\_

3. *Presupposing changes and progress.* Assume changes and progress toward goals by using words such as “when” and “will.” Instead of saying “if” change occurs, we presuppose that it will and build on that expectation of future change.

*Examples*

CLIENT: “*All I do is get into trouble.*”

THERAPIST: “*So when you’ve put trouble behind you, you’ll feel as though things are heading in a better direction.*”

CLIENT: “*No one wants to be in a relationship with me.*”

THERAPIST: “*So when you get the sense that you have found people who might be interested in having a relationship with you, we’ll know that we’ve made some progress.*”

Client: “I’m always getting angry and saying things I shouldn’t say.”

Therapist: \_\_\_\_\_

Client: “Nobody will ever want to hang out with me.”

Therapist: \_\_\_\_\_

Client: “I’ll never be a good student.”

Therapist: \_\_\_\_\_

# Reviving the Soul

## Spiritual Energy and Resources

### *OVERVIEW*

#### *Purpose of Exercise*

Available to each of us are resources that provide inner strength, enhance our relationships, contribute to meaning in life, and help us to solve problems. For many, one such resource is spirituality. By connecting with spiritual resources, caregivers can increase their patience and energy and, perhaps, gain a new perspective for finding solutions to problems. Spirituality can also be a resource to adolescents, who are in search of new understanding, meaning, or direction in life. The purpose of this exercise is to help caregivers and/or adolescents to better connect with and use spirituality as a resource for life challenges both in and outside of therapy.

#### *Considerations for Use*

1. This exercise is primarily for use with caregivers and adolescents. However, it can be modified for use with younger children by changing the language of the questions.
2. Spirituality is a personal consideration. It is important that we allow clients to draw on spirituality in a way that makes most sense for them.
3. This exercise can be revised to refer to “universal beliefs,” “meaning-making systems,” or other higher-order ideas about existence from which clients draw energy and inspiration. However, it is essential that therapists maintain respect for clients and their beliefs by recognizing that this exercise may not be a good fit for some.

### *EXERCISE*

*For Clients:* Spirituality is an important personal resource to human beings. Whether it’s attending to church, praying, meditating, chanting, reading scripture, or engaging in other practices, having a connection to spirituality can provide support, comfort, renewed energy, and direction, and can even help with problem solving. This exercise is designed to help you to tap into spirituality to increase your energy and perhaps gain a new perspective on and find solutions for the problems that you’re facing with your son or daughter. If you are a teenager or other young person, you may also find this exercise useful in discovering new meaning and direction in life.

There are three ways in which we approach spirituality in this exercise. To complete this exercise, take a moment to review each way to find your spiritual pathway. Then consider the questions that follow and write your responses in the spaces provided. Although it is not necessary to complete each section, doing so will make the exercise easier to understand.

1. *Remember past spiritual experiences and connections.* One of the most effective ways of solving problems is to recall previous times when things went well or when you solved problems, and reuse those skills.

Have you ever had religious or spiritual beliefs or followed religious or spiritual practices? If so, how have they been helpful to you in any way?

---

---

---

---

---

Have you ever felt connected to something more than yourself, such as nature, humanity, the universe, or God? If so, how has that been a resource for you?

---

---

---

---

---

What, if anything, has been your most profound spiritual experience? What did you learn from it?

---

---

---

---

---

2. *Recognize present spiritual resources and solutions.* Search in your present life for ways to access spirituality.

What do you do or where do you go to recharge yourself when you get a chance? How does that help you?

---

---

---

---

---

How do you connect with other people?

---

---

---

---

---

Do you think you have a purpose for being alive? If so, what is it? What does that purpose do for you?

---

---

---

---

---

Is there any spiritual figure or activity that you think might be helpful to you given what you're experiencing? If so, how might that figure or activity be a resource for you?

---

---

---

---

---

3. *Create future spiritual hopes and intentions.* If it's been difficult for you to access spirituality in the past or present, it can be helpful to look to the future to create some new possibilities in the present.

What kind of spiritual or religious activities would you like to do in the future, if any? How might that help you?

---

---

---

---

---

Is there any area of your spiritual life that you would like to develop more? If so, what is it?

---

---

---

---

---

Is there any spiritual or religious figure that you would like to use as a model for you, your adolescent, or your family? In what way?

---

---

---

---

---

If spirituality were to become more of a resource for you in the future, what difference might that make in your life? With the problem you're facing?

---

---

---

---

---

Keep this sheet nearby as a reminder of how spirituality might be a resource for you.

## Did You See That?

### Acknowledging Efforts

#### ***OVERVIEW***

##### ***Purpose of Exercise***

A common complaint of children and adolescents is that adults, namely, caregivers, don't notice the efforts they make but are quick to find fault. This situation is frequently offered as a reason to avoid putting forth an effort. From the young person's point of view, the adults are demanding unilateral change that puts the child in a position of either resisting or "losing." We want to encourage caregivers to avoid getting caught in the middle by challenging both sides and adding a bit of humor. The purpose of this exercise is to take the emphasis off the disputed behavior of the child or adolescent and put it on to the caregiver's ability to notice and acknowledge change. The hope is that spreading some of the pressure to perform to the parents can relieve the bind that keeps the child stuck. Frequently, caregivers are pleased to have a suggestion for useful action they can take.

##### ***Considerations for Use***

1. This activity is for the entire family.
2. This activity involves the use of action-talk. To learn about this, please refer to the activity "Translations: Using Action-Talk" (Chapter 18).
3. Ensure the behavior is clearly defined.
4. Encourage caregivers to positively reinforce success by highlighting behaviors verbally and nonverbally (i.e., smiles, hugs, etc.).
5. When appropriate, offer suggestions on how to acknowledge desired behavior.
6. This exercise works best with the active participation of all parties and is often well-received if presented in a spirit of a challenge or with humor.
7. Remind the child or adolescent that if he or she tries doing something different, parents have no grounds to say that he or she isn't trying.

#### ***EXERCISE***

*For Caregivers:* People can easily get caught in a situation where each waits for the other to change. Of course, if change is going to take place, someone is going to have to do something different. This exercise is designed to invite you to reconsider your own behavior and acknowledge efforts made by others.

To complete this exercise, first spell out in detail the behavior that is desired. Make sure that it is clear. Break it down into steps if that would be helpful. For the purposes of this exercise, work on only one behavior at a time.

---

---

---

---

---

Next, list four things that as a parent you can say to acknowledge efforts made by your child/adolescent.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

During the week your child or adolescent will perform the desired behavior at least once per day. (There are no rules against doing it more often.) As a caregiver you are to “catch him or her in the act” and acknowledge the change. Your child or adolescent will record the things he or she does in the spaces provided, receiving 1 point for each, and you will receive 1 point (to be recorded, as well) if the acknowledgment is made within 5 minutes of the action. The behavior must be in your full sight for the point to count.

Date	What did you do?	Was it acknowledged?	How?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____




## Family Views

### Appreciating Different Perspectives

#### **OVERVIEW**

##### ***Purpose of Exercise***

When Disneyland was being constructed, Walt Disney used to have the park engineers kneel down to view an attraction or something he had in mind. Why did he do this? To help the engineers to gain the perspective of children, the most frequent guests at the park. For some people, learning that others see things differently than they do is a big step. Therapy presents families with an opportunity to listen to each other and learn to appreciate all perspectives. In the safety of the therapy session, people will often reveal parts of themselves that they are unwilling to share in a more threatening environment. The purpose of this exercise is to help therapists invite people to begin to share themselves and see the varying perspectives of others.

##### ***Considerations for Use***

1. This exercise is for families. Responses can be written together or on separate sheets of paper.
2. This exercise might be used as a starting point for a family that has trouble acknowledging each other's point of view.
3. Be prepared to discuss the exercise and to interrupt any attempts at criticism of anyone's point of view.

#### **EXERCISE**

*For Families:* Each of us sees our world in different ways. It is as if each of us looks through a lens that both clarifies and distorts what we see, giving each of us our own personal view of the world. This is wonderful at times and not so great at others. If you are going to learn to understand each other, it might be helpful to get an idea of what lenses you are using. Here is an exercise to help you begin.

To complete this exercise, follow the instructions and provide your responses to the questions in the spaces provided. Be sure everyone's responses are written down.

1. Take a family outing (e.g., a walk, dinner out, or trip to the mall, etc.).
2. While on your outing look for your answers to the following questions:

What was the most interesting thing you encountered and why?

---

---

---

---

---

---

---

---

---

---

---

---

What was the most beautiful thing you saw?

---

---

---

---

---

---

---

---

What did you find attractive about it?

---

---

---

---

---

---

---

---

What was the most repulsive thing you saw?

---

---

---

---

---

---

---

---

What about it put you off?

---

---

---

---

---

What will you remember about this experience? Why?

---

---

---

---

---

At the end of your trip, share your answers with the other family members. Note your own reactions to the responses of the others and share your reactions if you think it would be helpful. For the purposes of this exercise, you may want to try to understand the opinions of others, even if they differ from yours.

Also consider these questions as you reflect:

What do your reactions tell you about yourself?

---

---

---

---

---

How do you typically react when others have opinions that differ from yours?

---

---

---

---

---

What did you learn about yourself from this exercise?

---

---

---

---

---

---

What might you do differently as a result of what you've learned?

---

---

---

---

---

---

## Teaching Your Children

### **OVERVIEW**

#### ***Purpose of Exercise***

Caregivers often get discouraged when they find that children and adolescents do not behave as they wish. Then young persons are frequently accused of having no motivation such as “trying to get attention” or “having an attitude.” Usually this move on the part of the caregivers does not increase the likelihood of finding a solution and very often works in the opposite direction. The purpose of this exercise is to encourage caregivers to consider the possibility that their child’s or adolescent’s motivation may not be negative, but is simply different from their own. It encourages caregivers to consider their child’s or adolescent’s behavior as a form of communication that informs them about to what the child/adolescent still needs to learn.

#### ***Considerations for Use***

1. Suggest to the caregivers that one of their major roles is to be teachers for their children and adolescents. Their behavior lets them know how to formulate their teaching plan.
2. Ask caregivers about exceptions to the times when their children or adolescents have acted out of negative motivation. Explore with them how they respond when they believe that their children or adolescents are acting with positive intentions.
3. Challenge caregivers to consider the effect on their children or adolescents when they ascribe negative intentions.

### **EXERCISE**

*For Caregivers:* Your understanding of your child’s or adolescent’s behavior will probably affect how you respond. If you really think he or she was “trying to help,” you will act differently than if he was “trying to get attention.” The more you can see your child’s or adolescent’s good intentions, the better you will be able to respond in a helpful way. To complete this exercise, each day write down one thing your child or adolescent does that you do not approve of and follow it with your explanation of why he or she acted this way.

*For each day . . .*

Child’s/adolescent’s behavior:

---

---

My explanation of the behavior:

---

---

How does your explanation affect your own response?

---

---

How would it change your response if you saw this behavior as evidence of a need for more training rather than something negative on the child's or adolescent's part? That is, what would you do differently if you saw the negative behavior differently? Be as specific as possible.

---

---

---

---

---

---

---

---

---

---

---

---

Whenever you see your child's or adolescent's behavior as purely negative, consider doing this exercise to help you generate new ways of looking at and dealing with the behavior.

## Requests for Change

### *OVERVIEW*

#### *Purpose of Exercise*

Most of us don't handle criticism well, no matter how well intentioned it may be. It tends to put the critic in a dominant position, and most of us don't like being one-down. In addition, criticism clarifies what we don't want but often doesn't state what we are asking for. The criticized person feels put down or disrespected and may not know how to rectify things. Caregivers may feel that the solution is or should be obvious to their children and adolescents. If parenting is seen as primarily a job of teaching, it is clear that something more than pointing out shortcomings is needed. This exercise encourages and reminds parents to go beyond criticism and encourage the child toward more desirable behavior.

#### *Considerations for Use*

1. Be prepared to ask the caregiver to state the desired behavior whenever a complaint is made. That is, what do they want to see happening instead of the complaint or problem. Action-talk can be useful here.
2. Challenge attributions of negative of intention.
3. Explore the behaviors that the parent sees as desirable and develop options.

### *EXERCISE*

*For Caregivers:* Children and adolescents don't typically respond well to criticism. Even positive criticism is likely to arouse defensiveness in them. This exercise will help you reduce the amount of criticism you use with your child, adolescent, or others and still get the message across that you desire. To do this you will change your criticism to a request or demand for action.

To complete this exercise, first list five instances where you frequently criticize your child or adolescent or he or she feels criticized.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



Next, for each instance, list what exactly you typically say and do.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Now, change your words or actions to a request or demand (depending on the situation) that makes no judgment on the child's intentions or character. If you are making a demand, be prepared to issue a consequence if it is not met.

*Examples:*

*"I would like you to clean your room before going to your friend's house."*

*"It's okay if you're angry and it's not okay to yell at me. Please lower your voice and I will hear what you have to say."*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The next time these issues arise, experiment with making a request instead of criticism. Avoid the temptation to lecture. If you impose consequences, let the consequences speak for you.

## Catch 'Em Doing Well

### OVERVIEW

#### *Purpose of Exercise*

When things aren't going well it's easy to only notice when problems are happening. The good news is, almost always, there are times when children and adolescents are behaving more the way their caregivers or other adults would like. Yet these moments often go unnoticed, as their appearances are more infrequent than the problematic ones. If caregivers only pay attention to what's not working, then they will likely miss opportunities to identify what is and, perhaps, solutions to the problems being faced. The purpose of this exercise to help caregivers to identify times when their children and/or adolescents are being "good" or acting more the way they'd like. This can signal to caregivers that most behaviors do not happen "24/7," and that at times, their kids act in ways that meet with their approval.

#### *Considerations for Use*

1. This exercise is for caregivers.
2. It's important to acknowledge the difficulties that caregivers are experiencing before helping to identify when their kids are behaving or doing well. If this does not occur, it's unlikely that caregivers will feel that therapists understand the severity of their problems or are giving short shrift to them.
3. Before moving on to specific problem areas, it may be helpful to begin broadly, by suggesting that parents catch their kids doing well at just about anything. This can help them to shift their views to focusing on what's right as opposed to what's wrong.

### EXERCISE

*For Caregivers:* It's easy to know when things aren't going well and when problems are present. In fact, many of us could be certified "problem identifiers." What we aren't always so polished in is noticing when things are going well and our children and adolescents are doing well. This exercise will help you to become more adept at identifying when kids are acting more the way we'd like. To complete this exercise, write your response to each inquiry in the spaces provided.

Over the next week, notice when your son or daughter is engaging in behaviors that meet with your approval. In other words, as much as possible, try and catch your son or daughter "being good." You may want to keep track of the behaviors you've observed and write them down in the spaces provided.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

For each of the behaviors you just listed, devise a response that will let your son or daughter know that you like what he or she is doing. Be specific about the words you use and remember that communication can take many forms.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

As you reflect back on the behaviors and actions that you observed your son or daughter doing well, what do those behaviors tell you about him or her?

---

---

---

---

---

Now be more specific. Over the next week, notice when your son or daughter is demonstrating the behavior that you prefer, as opposed to the undesirable or problem behavior that you want to see change. In doing this, what did you notice?

---

---

---

---

---

After completing this exercise, review your answers. What did you notice happening with your child or adolescent when he or she was acting more the way you'd like? What does that tell you about your son or daughter? What did you learn? Consider how your answers might help you in finding solutions to the problem you've been facing.

---

---

---

---

---

# Seize the Moments

## Identifying Exceptions

### *OVERVIEW*

#### *Purpose of Exercise*

This exercise involves helping caregivers to notice times when the problem they're facing with their son or daughter happens less frequently, is less intense or dominating, or is absent altogether. These times represent exceptions to the problem. By identifying exceptions caregivers can learn that problems do not happen "all the time." There are times when problems are more manageable and when parents, children, and adolescents have influence over them.

The purpose of this exercise is to help caregivers notice times to observe for a week, times when things go differently in regard to the problem. This can help them to gain a different perspective on the problems they're facing and perhaps approach solving them in new ways.

#### *Considerations for Use*

1. This is a good exercise to use at any point in therapy when caregivers seem to be struggling to identify times when things went a little differently in regard to the problem.
2. It's often helpful to explain to caregivers that problems typically have ebb and flow to them. There are times when problems are more or less dominating. Let clients know that you would like to explore with them times when they have had some influence over the problem(s) they are facing.
3. Before suggesting this exercise it's important to acknowledge and validate caregivers' feelings. That is, make sure they know that you understand the pain and suffering they have been experiencing. Then suggest noticing small changes as opposed to all-or-nothing experiences with the problem. We don't want to imply, "When doesn't the problem happen?" Many will respond, "It always happens!" and may experience some level of invalidation. For example, a therapist might say, "You've been through a lot over the past few months. It sounds like it's been very hard on you. And I'm curious, so that we can really understand when the problem is *just a little less* dominating in your life, would you be open to trying an experiment for the next week?" This way we are acknowledging the parents' experiences with the problem and suggesting an exercise to determine variances with it. This will more likely be palatable to the caregivers.
4. This activity will be more effective when caregivers use action-talk. Talk with clients about how to use action-talk and/or introduce the activity "Translations: Using Action-Talk" (Chapter 18).

### *EXERCISE*

*For Caregivers:* Even though problems can seem to happen "all the time" and "never" let up, if we pay close attention, each day we can find that there are times when things go just a little better. There will be times

that the problem is less intrusive or is absent all together. This exercise will help you to identify times when things go a little better regarding problem you're facing with your child or adolescent.

To complete this exercise, over the next week, notice times when the problem happens less frequently, is a little less intense, or is absent altogether. Then, in the spaces provided for each day, write what happened *instead* of the problem showing up in its usual form. Be specific in describing what behaviors you observed. In addition, on a scale of 1 to 10, with 1 representing the worst the problem could be and 10 representing no problem at all, rate each situation.

<b>Day 1</b>	<b>What Happened?</b>	<b>Rating</b>
	1. _____	_____
	2. _____	_____
	3. _____	_____

<b>Day 2</b>	<b>What Happened?</b>	<b>Rating</b>
	1. _____	_____
	2. _____	_____
	3. _____	_____

<b>Day 3</b>	<b>What Happened?</b>	<b>Rating</b>
	1. _____	_____
	2. _____	_____
	3. _____	_____

<b>Day 4</b>	<b>What Happened?</b>	<b>Rating</b>
	1. _____	_____
	2. _____	_____
	3. _____	_____

<b>Day 5</b>	<b>What Happened?</b>	<b>Rating</b>
	1. _____	_____
	2. _____	_____
	3. _____	_____

**Day 6 What Happened?**

**Rating**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 7 What Happened?**

**Rating**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Take a moment to look over the results from the past week. What did you notice about your son or daughter's behavior? What did you learn? How can that be helpful to you in approaching the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Gaining the Upper Hand

### Searching for Counterevidence

#### *OVERVIEW*

##### *Purpose of Exercise*

This exercise involves getting family members or others who know them to tell you something that doesn't fit with their problematic stories. This can include times when the problem is less intrusive or dominant in the person's life or is completely absent altogether. To find counterevidence the therapist explores with the family members and others aspects of their lives, events, or situations.

The purpose of this exercise is to help family members (either individually or as a family unit) identify times when things have gone differently than the problem descriptions given. Doing so helps to demonstrate their influence over problems. Once this counterevidence has been identified, the nuances of the counterevidence (i.e., how it happened, who was present, etc.) can be explored so that families can use their new learnings to gain influence over problems in the present.

##### *Considerations for Use*

1. This exercise can be used with individual family members or a family unit as they rally to get the upper hand over a problem.
2. It's often helpful to explain to family members that problems typically have ebb and flow to them. That is, there are times when they are more or less dominating. Then let clients know that you would like to explore with them times when they have had some influence over the problem(s) they are facing.
3. First, try searching for counterevidence in the present. If it is difficult to find any exceptions in recent times, gradually move backward in time. To do this you might ask, "How far back would you have to go to find a time when the problem wasn't so dominant in your life?" Once counterevidence has been identified, explore with the client what it would take to bring forth the exceptions from the past in order to have some influence over the problem in the present.

#### *EXERCISE*

*For Families:* When people are in pain, they tend to focus their attention on the pain they are feeling. The psychiatrist Milton Erickson used to remind people in pain that there were parts of their bodies that weren't feeling any pain at that moment. As soon as they would re-orient their attention to those parts of their bodies, they would often find that they would feel less pain. Why? Because when we have problems, part of how those problems stay the same is that we fixate our attention. For example, when we're depressed, we often focus our attention on all the horrible things we've done or felt or on our failures in the past.

This exercise will help you to notice the unnoticed—times when problems have been less dominating. We want to find the evidence that runs counter to the problem. Like the television detective Columbo (or Sherlock



Holmes), you'll identify times when you and/or your family have had the upper hand with problems and how to leverage that strength in the present. To complete this exercise, write your responses in the spaces provided.

1. What was different before the problem began to have such influence in your life?

---

---

---

---

---

2. Describe a time in the recent past (a few days, weeks ago) when the problem wasn't as dominating or disruptive in your life. What specifically happened?

---

---

---

---

---

3. If you had a difficult time with Question 2, how far back would you have to go to find a time when things went just a little better in regard to the problem you're facing? What happened? What did you do differently?

---

---

---

---

---

4. What did you learn from your answers to the previous questions that might be helpful to you in the present?

---

---

---

---

---

5. What might you do differently in facing your problem as a result of what you've learned?

---

---

---

---

---

## How Does That Help You?

### Reevaluating Viewpoints

#### *OVERVIEW*

##### *Purpose of Exercise*

It can be challenging when children and adolescents say one thing and do another. Still, if we challenge them by saying, “You say this and do that!” it’s unlikely that we will get anywhere. The purpose of this exercise is to subtly and respectfully challenge children’s and adolescents’ views and subsequent actions such that they come to their own conclusions that something has to change. By allowing adolescents to save face and create their own new perspectives, we increase the chances of them changing for the better.

##### *Considerations for Use*

1. This exercise is for therapists to complete with older children and adolescents.
2. Be careful to not blame or lecture. Children and adolescents typically tune out such conversations.
3. It can be useful to play “dumb” during this exercise. To do this say, “I don’t get it and I usually pick up on these things quickly. You say that this is what you want, yet what you’ve been doing doesn’t seem to be getting you there. Help me to understand what I’m missing.”
4. Don’t worry about “I don’t know” responses. Merely asking questions of children and adolescents will have them thinking.

#### *EXERCISE*

*For Therapists:* This exercise will assist in subtly and respectfully challenging children and adolescents to reconsider the way they are going about achieving their goals or solving a problem. If we directly say, “You say one thing and do another,” then it is unlikely that they will change their views or actions as they will feel threatened or blamed. This exercise will help children and adolescents to save face and make changes on their own. At the same time they can experience the inner ability to change course at any time.

To complete this exercise, take a moment to ask children or adolescents one or more of the following inquiries. Then, write their responses in the spaces provided. You may choose to jump to a specific question that is more consistent with where you are at the moment.

Tell me about how you’ve approached the problem you’re facing so far.

---

---

---

---

---

I'm curious, how has taking that approach helped you?

---

---

---

---

---

I usually understand things pretty well, but I must be missing something here. You've told me that you want to \_\_\_\_\_ in the future. But I need you to help me to understand how doing \_\_\_\_\_ is going to get you to where you want to be. What am I not getting right here?

---

---

---

---

---

You seem to have a plan but others may not understand it as clearly as you do. How would you explain your plan for \_\_\_\_\_ in a way that they would get it?

---

---

---

---

---

If you find that what you're doing isn't working as well as you had planned, what do you think you'll do?

---

---

---

---

---

If you changed your plan of dealing with \_\_\_\_\_, how would you get yourself to follow through with it?

---

---

---

---

---

What would be your first step in putting your new plan into motion?

---

---

---

---

---

# What Would Einstein Say?

## Considering Alternative Views

### *OVERVIEW*

#### *Purpose of Exercise*

Albert Einstein used to stare out his window for hours, searching for new ways of looking at perplexing situations and problems. He understood that the solving of some problems required new points of views. And even if the ideas he came up with didn't work, Einstein saw the process as important to making progress. Perhaps most importantly, he was willing to fail and then try again. Families can benefit from Einstein's process of generating new ideas. This is because at times, family members' interpretations, explanations, and evaluations of themselves, others, events, or situations close down the possibilities for change. The problem is then amplified because families act in accordance with those views.

As therapists, we can offer different points of view in an effort to dissolve the problematic story. In doing so, it is essential that therapists do not state different or alternative points of views as facts or truths but as new possibilities. In other words, we want to give clients the space to accept or reject all or part of therapists' interpretations. In family system theory, this idea is referred to as "second order change," which involves a change in the rules that govern a system. If a family unit, or the individuals with the most influence in the system, change their frames of reference, their actions are more likely to be in accordance with those views, which can help with problem resolution.

Another option, and the purpose of this exercise, is to have family members creatively challenge their own problematic perspectives. We want families to stretch the boundaries of their thinking and increase their flexibility in problem-solving. The benefits of new ways of thinking can not only help with the problem at hand but with future problem-solving efforts.

#### *Considerations for Use*

1. This exercise can be given to individual family members or entire families to complete, or therapists can use the questions offered to help them to generate new views.
2. If this exercise is being used with multiple family members with different points of view, make sure each has a separate sheet of paper.
3. Alternative stories that are offered to families should adhere to the same facts yet offer new perspectives that allow clients to view their situations differently. It is hoped that new views of situations will lead to new actions and positive change.
4. If new frames don't fit with family members, it's okay. The idea is to try and generate new views of situations that will allow individual family members—and ideally, the entire family system—to approach their concerns differently.

### **EXERCISE**

*For Families:* Often the explanations we have for the problems are part of the problem. Our explanations may in fact lead us in unhelpful directions without our knowing it. The good news is new explanations for the same problems can help us to approach them differently. This exercise will help you and your family to challenge your current explanations and create some new ones. You can then determine how those new explanations might help you to change what you do to solve the problems you're facing.

What explanation do you have for the problem(s) that you are currently experiencing?

---

---

---

---

---

---

How does your explanation influence the way that you approach solving your problem(s)?

---

---

---

---

---

---

What other possible explanations might you consider regarding the same problem? List 5 alternative explanations for the problem you're facing. Be creative!

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Go through your list of alternative explanations and rule out those that a neutral person would judge to be less than 50% likely.

For each alternative explanation, list three ways that your behavior would change if you were to adopt that explanation.

1. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

For each behavior change in Item 5, write down what would be the effect of changing your behavior in that way right now.

1. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



2. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
4. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

As a way of experimenting with and testing out alternative explanations, for the next few days or week, select one new explanation and try acting “as if” that explanation were true regarding your problem. For example, if you believed that your son was manipulating you to get his way and that explanation wasn’t helpful, you might consider that he was wanting more attention from you. By trying out a new explanation or theory, you might get a different result with the problem you’ve been facing. If one explanation doesn’t lead to the outcome you desire, try another. Be sure to pay close attention to those explanations that lead to the results for which you are looking.

## The World as a Consultant

### Learning From Experienced Others

#### *OVERVIEW*

##### *Purpose of Exercise*

An upside of experiencing problems is that others have often had similar experiences and some will have even met with success. Employing the help of such experienced persons can sometimes free caregivers to think about things differently. Just having multiple perspectives to choose from can present parents with a smorgasbord of ideas. In addition, both adults and kids generally have friends or acquaintances who have already gone through what they're currently going through and may have ideas that can be helpful.

The purpose of this exercise is to help caregivers, children, and adolescents to expand their views of their situations by utilizing support systems and external resources. This can help them to gain new perspectives on the problems they're facing and perhaps approach solving them in new ways.

##### *Considerations for Use*

1. This exercise is designed for individual family members. It can be used with caregivers, children, or adolescents.
2. Remind parents, children, and adolescents that even though others may have ideas about how they should approach their problems, ideas are just ideas. Just because something works for one person or family it does not mean that it will work for someone else. People should feel free to accept and act on only those ideas that fit with them.
3. If family members don't have access to others, have them speculate about what those persons might suggest.

#### *EXERCISE*

*For Family Members:* When experiencing problems it's important to remember that we're not alone. Many times others have had similar experiences and may have even had success in dealing with those problems. Whether you are an adult, child, or adolescent, you likely have friends or acquaintances who have gone through in the past what you're currently going through. Those in our social support systems sometimes have ideas that can help us to solve our problems.

This exercise will help you to connect with others and elicit their ideas about how to deal with the problems you're experiencing. Keep in mind that others' ideas are just ideas. Just because something worked for someone else it doesn't mean that it is right for you or that it will work for you. Therefore, you will need to use your discretion when asking others' for their ideas.

To complete this exercise, place your responses to the questions in the spaces provided.

List the names of five people whose opinions and ideas you value and respect. These can be people who have experienced the same problem you are experiencing or those you simply value and respect what they have to say.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Approach at least three of these people and explain to them your situation. Then ask them for their ideas about how to approach your problem. Pay close attention to any skills that they mention that they use or have used to solve similar problems. Write their names and responses in the spaces below.

Name	Response
_____	_____
_____	_____

Name	Response
_____	_____
_____	_____

Name	Response
_____	_____
_____	_____

Name	Response
_____	_____
_____	_____

Name	Response
_____	_____
_____	_____

What surprised you most about their responses?

\_\_\_\_\_

\_\_\_\_\_

---

---

---

Which ideas did you find most useful? How so?

Idea

---

---

---

Idea

---

---

---

Idea

---

---

---

How these ideas influence what you do in regard to the problem you're facing? What will you do to put one or ideas to work immediately?

---

---

---

---

---

When stuck with a problem, consider using this exercise to expand your own perspective on how to approach the problem. Also consider talking with your therapist about what you found out.

## Scene It

### Movies as Life

#### *OVERVIEW*

##### *Purpose of Exercise*

We are fortunate to have different forms of popular media that not only entertain us; they inspire us, help us to heal, connect or reconnect us to each another, and help us to see our lives and situations in new ways. Movies, in particular, offer families opportunities to have a shared experience, communicate, expand on or shift their views of problems, and access their own previous solutions that may have gone absent. The purpose of this exercise is to use movies as a mechanism to help families to negotiate problems, cope with a challenge, or adjust to a transition in the family life cycle.

##### *Considerations for Use*

1. This exercise can be used with individual family members or with entire families.
2. If suggesting a movie for a child or adolescent, make sure you have seen the movie and that there is caregiver approval. Note film ratings.
3. Allow families to create their own meanings rather than suggesting that they learn something in particular.
4. Consult with other clinicians about their choices of movies and in what situations they would or would not use them.
5. Create your own list of movies and note which ones seems to get what kinds of results.
6. Use the Internet to explore new movie options or refer to the resources provided at the end of this exercise.
7. This exercise can be done with television shows, too. However, because movies tend to have more definitive endings, they are often easier to prescribe for specific family problems.

#### *EXERCISE*

*For Families:* Most people enjoy the movies. Why? There are many reasons. One is that they allow us to escape from our personal lives for a while. And, of course movies entertain us. But take a moment to ask yourself: Have I ever been inspired or touched by a movie? If so, this exercise may help you and/or your family to change your perspective on the problem you've been facing.

This exercise is meant to help you and or your family to develop some new ideas, challenge old ones, remember previous solutions to problems, and explore new possibilities with problems. You can complete this exercise by yourself, with one or more of your children or adolescents, or as an entire family. You may also suggest that your son or daughter watch a specific movie on his or her own.

To complete this exercise, follow the directions. Then provide answers to the questions in the spaces provided.

1. Choose a movie by yourself or with your therapist. The movie should be one that you haven't seen before or haven't seen in a very long time. It is not always necessary, but you might want to choose a movie that in some way relates to the problem you're facing. If you are searching on your own (without the help of a therapist), the Internet is a good source for researching movie options. There are also a few resources provided at the end of this exercise.
2. Watch the movie. Then, within a few hours of watching the movie, answer the following questions. Be sure that the movie was watched by more than one that each person's responses are written down.

What stuck out about the movie that you watched?

---

---

---

---

---

Did the movie touch you personally in any way? If so, how?

---

---

---

---

---

What did you learn from the movie?

---

---

---

---

---

How might you put those new learnings to work with the problem you're facing?

---

---

---

---

---

What other new ideas have come to you since watching the movie?

---

---

---

---

---

Consider talking about what you've learned with other family members and/or your therapist.

### RESOURCES

- Niemiec, R. M., & Wedding, D. (2013). *Positive psychology at the movies: Using films to build character strengths and well-being* (2nd ed.). Cambridge, MA: Hogrefe.
- Wedding, D., & Niemiec, R. M. (2014). *Movies and mental illness: Using films to understand psychopathology* (4th ed.). Cambridge, MA: Hogrefe.
- Young, S. D. (2012). *Psychology at the movies*. New York, NY: Wiley-Blackwell.

## Separating From Problems

### OVERVIEW

#### *Purpose of Exercise*

Stories (views) can take on a life of their own, such as when a problem is not just thought of as a problem—the child, adolescent, caregiver, or family *becomes the problem*. In some cases people will refer to themselves as the problem (e.g., “I’m a troublemaker,” “That’s what ADHD kids are like,” etc.) or others will label them as the problem (e.g., “The out of control kid,” “The crazy mom,” “The messed up family,” etc.). Doing so implies that the problem is “who” the person is and worse, that he or she or the family is flawed or “bad.” One way to change these problematic stories is through the use of *externalizing*. This method is especially useful when family members have diagnoses and labels that are disempowering, invalidating, and stigmatizing, and stand in the way of positive change. Our aim is to recognize that the person is not the problem; the problem is the problem.

The purpose of this exercise is to help family members or family units to view themselves as separate from problems in order to challenge actions, interactions, and ways of thinking that are blaming or unhelpful. In this way individuals or families can experience their association with problems differently, therefore allowing for the emergence of a new, more hopeful and positive stories.

#### *Considerations for Use*

1. This exercise can be used with any family member or with an entire family unit. It can be especially useful with children and adolescents.
2. In naming the problem, younger children will do better with names such as, “Mr. Temper Tantrum” or “Ms. Ing Homework.” With older children and adolescents—those who may be more serious—it’s typically better to simply name the problem as it is—“Fighting,” “Incomplete Homework,” and so on.
3. The language used is not deterministic: The problem never *causes or makes* the person or the family to do anything, it only *influences, invites, tells, tries to convince, uses tricks, tries to recruit*, and so on.
4. If family members have a hard time with the language or with the concept, move on to another exercise. Although this is a create exercise, nothing works with everyone.

### EXERCISE

*For Families:* Whether with an individual family member or the family as a whole, when problems interfere everyone is affected in some way. And inevitably someone is cast as being the problem. Let’s consider a different way of looking at things. Instead of identifying a person as the problem, let’s consider the problem as the problem. No one wants the problem around. It’s a nuisance that interferes with the family’s life. The more energy that’s put into it, the less time there is to actually be a family. This exercise is to help you, as a family, separate from or “break up” with problem. To do this everyone will need to band together to first identify the



specific problem that has intruded upon your family. Doing so will allow you to learn more about the tactics of the problem and times when things have gone differently. Then everyone can join together to stand up to the problem! This exercise will require some creativity. Are you ready?

To complete this exercise, take a moment to consider the following questions. Then, write your responses in the spaces provided. If you are working on the problem as a family make sure everyone has a chance to contribute to the discussion. Problems can be sneaky and affect families differently.

1. Name the problem. Either as an individual or as part of a group, give the problem a name that accurately depicts it.

*Examples:*

*Bickering—Bickering*

*Sibling Meltdowns—The Big M*

*Tantrums—Mr. Tantrum*

Name of the problem:

---

2. Personify the problem and attribute bad intentions and tactics to it. Consider how the problem has made its way into your life.

*Questions to consider:*

- How long has \_\_\_\_\_ been trying to convince you to lead a life you don't agree with?
- When did \_\_\_\_\_ first start to interfere with your family's life?
- When did you first notice \_\_\_\_\_ lingering around and making noise?

---



---



---



---



---

3. Investigate how the problem has been disrupting, dominating, or discouraging you and/or your family. How have you felt dominated or pushed around by the problem to do or experience things you didn't like? Be sure that each person who is involved has the opportunity to speak about the effects of the problem on him or her.

*Questions to consider:*

- How has \_\_\_\_\_ come between you and your family/friends, and so on?
- When has \_\_\_\_\_ recruited you into something that you later got in trouble for?
- What intentions do you think \_\_\_\_\_ has for you?

---

---

---

---

---

4. Discover moments when you and/or your family haven't been dominated or discouraged by the problem or haven't been disrupted by the problem. Describe moments of choice or success that there have been in regard to the problem. These moments represent times when you and/or others haven't been dominated or cornered by the problem and experienced things you didn't like.

*Questions to consider:*

- When have you been able to stand up to \_\_\_\_\_?
- When has \_\_\_\_\_ whispered in your ear but you didn't listen?
- Tell me about times when \_\_\_\_\_ couldn't convince you to \_\_\_\_\_?

---

---

---

---

---

5. Find evidence from the past to support a new view of you and/or your family as competent enough to have stood up to, defeated, or escaped from the dominance or oppression of the problem. Search for stories and evidence from the past to show that you and/or your family were actually competent, strong, spirited, but didn't always realize it.

*Questions to consider:*

- What qualities do you think you possess that help you to stand up to \_\_\_\_\_ plans for you?
- Who are you such that you were able to reject \_\_\_\_\_ taunting?
- How do you explain that you are the kind of person who would lodge a protest against \_\_\_\_\_?
- What do you think \_\_\_\_\_ would say if he/she could hear you talk about standing up to \_\_\_\_\_?
- Who is someone who has known all along that you had the strength to take your life back from the grasp of \_\_\_\_\_?

---

---

---

---

---

6. Speculate about what kind of future is to be expected from you and/or your family. What future developments will result now that you and/or your family are seen as competent and strong, and what changes will result as you keep resisting the problem?

*Questions to consider:*

- As \_\_\_\_\_ continues to stand up to \_\_\_\_\_, how do you think that will affect his/her relationships with family members?
- As you continue to keep the upper hand with \_\_\_\_\_, what do you think will be different about \_\_\_\_\_, compared to what \_\_\_\_\_ had planned for you?
- How do you think your strategy with \_\_\_\_\_ will help you in the future?

---

---

---

---

---

---

7. Find or create a way of sharing your or your family's new identity and new story with others. Using letters, asking for advice for other people suffering from the same or similar problems, arranging for meetings with family members and friends, or through other means, consider ways that others can experience the new story that has evolved.

*Questions to consider:*

- Who else needs to know about the stance you've taken against \_\_\_\_\_?
- Who needs to know that you've made a commitment to keep \_\_\_\_\_ from hanging out without parental permission?
- Who could benefit from knowing about your enlistment in the \_\_\_\_\_ club?

---

---

---

---

---

---

# The Big Picture

## OVERVIEW

### *Purpose of Exercise*

All behaviors are attempts to meet needs. If there is no push or pull to change, the behavior doesn't typically happen. Therapy involves helping family members choose *the need they most need* and how to fulfill that need. Situational needs and desires frequently conflict with long-range goals. Many people get caught up with daily concerns and have not thought about "the big picture" for years at a time. Often it is helpful to define one's purpose as way of putting everyday matters into perspective. This exercise is to assist caregivers and adolescents to think beyond the immediate, to develop a perspective around the future.

### *Considerations for Use*

1. This exercise has two parts. One is for caregivers and the other is for adolescents. Each section can be done together or separately. The exercise can be used with mature children, but the questions may be more challenging.
2. There may be value in simply raising the questions provided in this activity. Family members may not have answers now and can continue to work on them long after therapy is complete.
3. Remind family members that this activity can be a work in progress and is likely to undergo some major changes over time.
4. In reviewing family members' responses to these exercises, you may want to challenge them to create a definitive mission statement for their lives.
5. Link the family members' responses to everyday behaviors that move them toward their goals.
6. Invite family members to find ways to remind themselves of this exercise when they most need it.

## EXERCISE

*For Family Members:* This exercise has two parts. The first is for caregivers; the second for adolescents. Please read the section that is for you and follow the instructions.

### *Part 1*

*For Caregivers:* Most adults begin raising children with high hopes and, of course, little experience. Big dreams and expectations can easily get forgotten in the trivial and great demands of everyday life. In other cases and for a variety of reasons, plans need to be altered, abandoned, or replaced. If you don't take the time to clarify an overall plan for yourself and with a partner, you risk losing a sense of direction. This exercise invites you to think about some issues that may help you define your sense of direction.

To complete this exercise, write your responses in the spaces provided.

What in your mind are five qualities of a good parent?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Name three ways that children/adolescents learn.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List in order the five methods you have learned to teach your child/adolescent.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How do you want your children to describe you to their grandchildren?

---

---

---

---

---

---

List five ways that will let you know that you were a successful parent when your adolescent leaves home.

1. \_\_\_\_\_
2. \_\_\_\_\_

- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Part 2**

*For Adolescents:* This exercise contains some questions that may be challenging for you. The questions ask you to begin thinking about issues that each individual either answers or actively avoids answering throughout life. These questions invite you to define for yourself what is valuable so that you can use that in making decisions that range in importance from deciding what to eat for lunch to whether or not you should enter the army.

If you knew that the world was to end tomorrow, what are three things that you would do today?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What is the most meaningful thing you have done in the past month?

---

---

---

---

---

List three people (besides yourself) you think are doing something worthwhile with their lives. What are they doing and why is that important?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

List five things you would like to be remembered for.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

What are five things you do now so that you are remembered in the way you want to be?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

What other things could you do to ensure you are making the most of each day and not taking your life for granted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# What’s My Mission?

## Finding a Meaning

### **OVERVIEW**

#### ***Purpose of Exercise***

Psychiatrist Viktor Frankl developed a model of existentialism called “logotherapy.” At the center of Dr. Frankl’s approach is the importance of meaning in life. Because caregivers are absorbed in the everyday task of raising children and adolescents, they often don’t have or take the time to think about larger life themes—what we’re on the planet for. There is good news. When it comes to meaning, a little can go a long way. When caregivers gain some meaning in their lives, it can reenergize them, reset their compasses, and help them to see new possibilities for the future. The purpose of this exercise is to help caregivers to create or rehabilitate a sense of meaning in their lives. We can influence and then determine ways to use that meaning to positively influence their lives in the present.

#### ***Considerations for Use***

1. This exercise can be helpful with caregivers who seem to be in need of a second wind. Meaning can lead to them feeling more energy and gaining a new sense of direction and commitment.
2. There is a version of this exercise for adolescents, “Before Tomorrow: Finding a Vision for the Future” (Chapter 43).
3. If caregivers struggle with this exercise, don’t worry. Suggest that the questions can take time to “percolate.”

### **EXERCISE**

*For Caregivers:* Have you ever wondered why you are on this planet? Or, what is your mission in life? When we have meaning in our lives things can change dramatically. We can find ourselves with more energy, a new sense of direction, and a renewed commitment to solving the problems that we’re facing in our lives and with our children and adolescents. This exercise will challenge you to find out what is important to you and how you derive meaning in life. It may also help you to gain some new ideas that can help you with the problem you’re facing.

To complete this exercise, take a moment to consider the following questions. Then, write your responses in the spaces provided.

What do you believe you’re on this planet for?

---

---



What dreams did you or do you have for yourself in upcoming days/weeks/months/years/life?

---

---

What do you still need to accomplish during your adult years? As a parent/spouse/sibling, and so on?

---

---

What area do you think you could you make a contribution in?

---

---

What would you try to do with your life if you knew that you could not fail?

---

---

What do you need to do to accomplish what you'd like and to make your dreams come true? How can you set that in motion and do that a little bit now?

---

---

---

---

---

List the 10 most important people in your life and how they would remember you if you were to leave the planet today.

1. 

---

---
2. 

---

---
3. 

---

---

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_

How would you like to be remembered by these people?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 5 ways that the world is a better place because you existed.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Between now and your next session, make a list of the things that you did that made you feel worthwhile.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Refer back to this exercise in the future when you are doubting yourself or your place in world and where you're going. Also consider talking with your therapist about this exercise and/or how you gain meaning from life.

# Before Tomorrow

## Finding a Vision for the Future

### *OVERVIEW*

#### *Purpose of Exercise*

Adolescents are often seen as having no sense of the future. Because a good number of adolescents are very absorbed with feeling good in the present, there is the mistaken idea that the future rarely enters their minds. And it's fair to say that for some adolescents, the future may be tomorrow. For others there is moderate concern about what will happen to them "down the road." Still, some adolescents are keenly aware of the future.

Research has taught us that a vision of the future is a crucial component to the success of therapy. This is because a well-developed future-focus aligns well with qualities such as hope, optimism, motivation, and the like. In addition, a vision of the future can have a direct impact on what happens to a person in the present. The purpose of this exercise is to help adolescents, particularly those who seem to be going "nowhere fast," to create or rehabilitate a sense of the future. A well-developed vision of the future can influence how adolescents approach their lives in the present.

#### *Considerations for Use*

1. This exercise is primarily for adolescents but can also be modified for use with children and young adults.
2. There is a caregiver version of this exercise, "What's My Mission? Finding Meaning" (Chapter 42).
3. Even if adolescents respond with "I don't know," don't be fazed. Simply by asking them questions, you will cause them to think about their answers.

### *EXERCISE*

*For Adolescents:* We've long had the belief that whatever has happened to you in the past will determine what happens to you in the future. This exercise challenges that myth by helping you to see how your vision of the future can affect what you do in the present. For example, if you knew that you were going to be given \$10,000,000 tomorrow, would you go to school? Do your homework? If you knew that someone you cared about was going to get hurt and you could save him or her, would you? By knowing the future your actions in the present can be determined. This exercise will help you to identify what you want for yourself in the future and how you can begin to move in the direction of your goals and preferred outcomes.

To complete this exercise, take a moment to consider the following questions. Then, write your responses in the spaces provided.

1. Find a vision for the future

What do you think is important for you to accomplish during your youth/teenage years?

---

---

What dreams did you or do you have for yourself in upcoming days/weeks/months/years/life?

---

---

---

---

What are you here on the planet for?

---

---

---

---

What area do you think you could you make a contribution in?

---

---

---

---

What would you try to do with your life if you knew that you could not fail?

---

---

---

---

---

2. Deal with and dissolve barriers to the preferred future

What, in your view, stops you from getting to where you want to be with your life?

---

---

---

---

---

What, in your view, stops you from realizing your dreams or getting to your goals?

---

---

---

---

---

What do you believe must happen before you can realize your dreams/future?

---

---

---

---

---

What are the actions you haven't taken to make your dreams and visions come true?

---

---

---

---

---

What things stand in your way of realizing your dreams and visions?

---

---

---

---

---

What would your heroes, models, or people you admire do if they were you in order to make this dream or vision happen?

---

---

---

---

---

3. Make an action plan to reach the preferred future

What could you do in the near future that would be steps toward getting you to where you want to be?

---

---

---

---

---

What could you do in the near future that would be steps toward realizing your visions and dreams?

---

---

---

---

---

What would be a first step toward realizing your dream/future?

---

---

---

---

---

What would you do as soon as you leave here?

---

---

---

---

---

What would you be thinking that would help you take those steps?

---

---

---

---

---

With most adolescents who are stuck in their troubles, just getting them to turn their gaze from the past to the future is a major reorientation. This reorientation can provide information about directions for treatment, meaning, and purpose in their life, and lead to the restoration of hope.



This page intentionally left blank

*PART IV:*  
*CHANGING ACTIONS AND INTERACTIONS*

This page intentionally left blank

## Our Lives as Patterns

### OVERVIEW

#### *Purpose of Exercise*

Each of us has routines—habitual, patterned ways of doing things. Our lives are in fact a series of intertwining patterns. Some we are aware of; others we are not. Patterns can be helpful when it comes to organizing our lives and getting things done. They can also bring a sense of consistency. Patterns can also contribute to and maintain problems. When they keep problems going, we refer to them as unhelpful patterns of action and interaction.

The purpose of this exercise is to assist therapists in the identification of patterns that maintain family problems. To do this it's important to recognize that problematic actions and interactions occur in *context*. They take place at certain times and in certain places, last for different lengths of time, and so on. To learn about context we ask questions that get to the “who,” “what,” “when,” “where,” and “how” of problems. We refer to these 4WH questions, helping us to clarify the nuances within which patterns exist. Then, efforts can be made to change, alter, and disrupt those patterns.

#### *Considerations for Use*

1. This exercise is designed for therapists to complete with families. It can also be completed by families outside of therapy and then discussed with therapists at a subsequent session.
2. Patterns can be individualized (actions) or can occur between people (interactions). Look for both possibilities in the maintenance of problems.
3. It's important to get clear, observable descriptions of actions and interactions. To assist with this, it can be helpful to familiarize families with action-talk.

### EXERCISE

*For Therapists and Families:* Problems do not occur in a vacuum. They occur at certain times, in certain places, with certain people, and so on. In order to determine the most appropriate method for solving a problem, it's first important to explore the patterns surrounding it. This exercise will help both you and your therapist to identify those unhelpful patterns. Once this has been done, a variety of methods can be used to change, alter, and disrupt those unhelpful patterns of action and interaction.

To complete this exercise, write down your answers in the spaces provided.

How often does the problem typically happen (once an hour, once a day, once a week)?

---

---

---

---

---

What is the usual timing (time of day, time of week, time of month, time of year) of the problem?

*Examples: Only on weekends. In the evenings. After school.*

---

---

---

---

---

How long does the problem typically last?

*Examples: Five minutes. An hour. A day.*

---

---

---

---

---

Where does the problem typically happen?

*Examples: In the family room. In the car. In English class.*

---

---

---

---

---

What do you do when the problem is happening?

*Examples: I remain quiet. I leave the room. I pound on the table with my fist.*

---

---

---

---

---

Who is usually present when the problem is happening?

*Examples: Siblings. Teachers. Friends.*

---

---

---

---

---

What do others who are around usually do or say when the problem is happening?

*Examples: They blame me or someone else. They join in and argue with my son. They give advice.*

---

---

---

---

---

By now both you and your therapist have some ideas about the patterns that surround the problem you're facing. Next, talk with your therapist or consider methods in this section of the book for changing, altering, and disrupting those unhelpful patterns of action and interaction.

## Exception-Seeking

### Changing Patterns

#### *OVERVIEW*

##### *Purpose of Exercise*

Because they live with them every day, caregivers are typically very good at describing the details of family problems. They know when problems happen, what is going on during those times, who is around, and so on. Even so, there are also exceptions to problem patterns that can go unnoticed. Exceptions are times when problems are absent or occur to a lesser degree (and aren't quite as intrusive). By identifying these moments, in time all family members, but in particular, caregivers, can learn when they have influence over the problem.

The purpose of this exercise is to assist therapists in working with caregivers to identify exceptions to unhelpful patterns that have been maintaining problems. To do this it's important that therapists recognize that actions and interactions occur in *context*. They occur at certain times and in certain places, last for different lengths of time, and so on. This exercise can assist in the identification of contexts in which problems are absent or minimized in their intensity. These represent solution keys.

##### *Considerations for Use*

1. This exercise is for caregivers but can also be used with families to identify problem patterns. It can be helpful for therapists to serve as a guide for this exercise.
2. Patterns can be individualized (actions) or can occur between people (interactions). Look for both possibilities in exploring exceptions to problems.
3. It's important to get clear, observable descriptions of actions and interactions. To assist with this, it can be helpful to familiarize clients with action-talk.
4. This exercise works well in combination with "Our Lives as Patterns" (Chapter 44).

#### *EXERCISE*

*For Caregivers or Families:* Because they can be so invasive and troubling, when problems occur it can seem as if they are unrelenting and happening all the time. The good news is that that is a perception. When we pause and break down the nuances of problems, we find that they occur at certain times, in certain places, with certain people, and so on. There's good news here. Sometimes problems actually go absent or are less intrusive, even if just for short while. There is a saying, "Problems don't occur 24 hours a day." This exercise will help you, either alone, with your family, or with your therapist, to identify situations or contexts when you have influence over the problem. These influences represent "solution keys." Solution keys can help you to change aspects of problem patterns and essentially "turn off" problems or even prevent them. If you've already completed the exercise "Our Lives as Patterns," you may want to refer back to it as you complete this exercise.

To complete this exercise, write down your responses in the spaces provided. In thinking about your responses, consider that although it *seems* as if the problems you've been facing happen all the time, that's just an idea. Pay close attention to the problem situation and notice that sometimes it's not so intrusive. For example, consider that if your son yells at you when asked do certain tasks, it doesn't happen every time. Or, your daughter may get poor grades in English but does well in math. These are exceptions.

When does the problem rarely happen or not at all?

*Examples: Not on weekends. Never in the evenings. Rarely after lunch. Not when her friends are around.*

---

---

---

---

---

Where does the problem rarely happen or not at all?

*Examples: Not at school. Never in the kitchen. Rarely in the car. Never at the grandparents' house.*

---

---

---

---

---

What constants are present when the problem doesn't seem to be happening or is happening less frequently?

*Examples: If he ate breakfast then he usually has a good day.  
If she went to bed on time the night before, things go better the next day.*

---

---

---

---

---



Who is present or not present when the problem isn't happening or is happening less? If present, what does that person(s) do to help? If not present, how does that help? (Be specific about words, body language, voicing, and actions)

*Examples: When my husband is around my son will not argue with me. My husband uses a calm voice. My daughter's behavior is better when her best friend is over because her friend tells her to be respectful of me.*

---

---

---

---

---

What are you usually doing when the problem is less noticeable or absent altogether? (Be specific about words, body language, voicing, and actions.)

*Examples: I am listening to daughter and not interrupting her when I become frustrated with her. My kids and I are staying busy talking or playing games rather than sitting around allowing them to become bored.*

---

---

---

---

---

By now you have some ideas about what is different about the times that you (or your child or adolescent) have some influence over the problem you've been up against. Next, consider deliberately doing or building on those things that seem to aid in alleviating the problem to any degree or in holding it completely at bay. You may also want to explore this further with your therapist.

## Stay With It

### Going Along With the Pattern

#### **OVERVIEW**

##### ***Purpose of Exercise***

Because problem patterns feel as if they happen every day, caregivers often find themselves feeling helpless to break out of them. Frequently, if as a therapist, you suggest a change, the caregivers will explain that they have already tried it or they know that it won't work. Rather than trying to convince them to do things your way, explain that since the solution hasn't presented itself yet, it might be helpful to study the interaction in more detail by purposefully repeating it. You're suggesting that they replace something that feels automatic with purposeful and deliberate action. In effect, you want the caregivers to "stay with" the problem pattern. This method is consistent with structural and strategic approaches to family therapy. Clients will likely have difficulty carrying out this exercise, and yet, if that is the case, they will have broken the pattern. If they are able to successfully repeat the pattern, you can talk about that experience, focusing on the difficulties they had and reproducing the pattern that implies that it takes effort to preserve the status quo. In this way they may be able to identify parts of the interaction where they do, in fact, have control.

##### ***Considerations for Use***

1. This exercise is for caregivers, with or without the guidance of a therapist.
2. Never suggest that caregivers continue patterns that are potentially harmful to self or others. We don't ever encourage patterns that involve violence, destruction, or illegal behaviors. Safety is first.
3. You may want to be more specific in suggesting the frequency and timing for doing the exercise.
4. In reviewing the exercise with your caregivers, it can be helpful to ask them how they knew it was time to end the exercise.

#### **EXERCISE**

*For Caregivers:* Some patterns of behavior can be extremely stubborn when you try to change them with pure will power. When a car is stuck in snow or mud, you must rock it back and forth, momentarily going backward, before you can get out of the rut. This exercise can help you do the same thing in your family. Sometimes it is helpful to "stay with" the problem behavior and study it before you can find a way to change it.

To complete this exercise, write down your answers in the spaces provided.

Write a step-by-step description of the typical problematic interaction involving your child, adolescent, or other family member. Be very specific about who says and does what and at what time. Be sure you leave no doubt about each person's lines. Use another piece of paper if necessary.

---

---

---

---

---

Become familiar with your role in the interaction.

Next, between now and your next session, any time you feel that the pattern is beginning, let the others know that it is time to repeat the pattern. Be deliberate and play your role and repeat the pattern as you have so often before. If someone who typically is involved in the interaction refuses to participate, you, along with other willing members of the family, can still perform your roles.

Each time you do this, answer the following questions, making notes as necessary so you can discuss your experience in the next session. In addition, rate yourself on your performance, that is, how well you followed your script. Use a scoring method of your choice.

What was the hardest thing about playing your role, as written?

---

---

---

---

---

Were you tempted to step out of your script and improvise something different?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, how did you resist that temptation?

---

---

---

---

---

If you were tempted, what did you consider doing differently?

---

---

---

---

---

As a result of this exercise, what did you notice and/or learn about the problematic pattern?

---

---

---

---

---

## Try-Outs

### Exploring the Benefits of Turning Patterns On and Off

#### **OVERVIEW**

##### ***Purpose of Exercise***

Sometimes parents and children or adolescents get into a war of wills that makes it difficult for one to do something different without losing face. The purpose of this exercise is to offer a way for clients to experiment with new behavior without committing to long-term change.

##### ***Considerations for Use***

1. This exercise is primarily for individual family members. It is applicable to caregivers, children, and adolescents.
2. This exercise can be presented as an opportunity for family members to experiment with new behaviors and then decide later if they want to continue those behaviors.
3. It is often helpful for both therapists and family members to identify new behaviors that family members can experiment with.
4. An advantage of this exercise is that it requires family members to make an effort only half the time.
5. It can be useful to orient the client to action-talk. You can either discuss it with them or have them complete the exercise “Translations: Using Action-Talk” (Chapter 18) prior to this exercise.

#### **EXERCISE**

*For Family Members:* Sometimes people get into patterns of behavior that don’t work for them, but they don’t know quite how to break out of them. This is an exercise to help you experiment with something different to see if you want to continue it. Oftentimes this kind of experimentation is helpful in trying to be creative and thinking out of the box with children and adolescents.

To complete this exercise, in the following space write a description of the way you “do” the problem. Be specific about what each person does and says and consider the use of action-talk.

---

---

---

---

---

---

Next, on alternating days, starting today, do the problem behavior (e.g., a way that you often try to get your child or adolescent to do something that doesn't work) one day and not on the next. Then, answer the following questions before your next session.

On the days when you didn't do the problem, what did you do instead?

---

---

---

---

---

Which do you prefer, the days you did the problem or the days when you didn't? Why?

---

---

---

---

---

What did you learn from completing this exercise? What might you do differently as a result?

---

---

---

---

---

Bring this completed exercise to your next session if you are currently in therapy.

# Do Something Different

## Experimenting With Pattern Interruptions

### *OVERVIEW*

#### *Purpose of Exercise*

As the saying goes, “Insanity is doing the same thing over and over and expecting different results.” Our lives are made up of patterns—ways of acting, interacting, and relating with others. Some of these patterns work well; others don’t. In the midst of problems, it’s common for one person to wait for the other person to change in a way he or she prefers. This can keep people waiting for an eternity. Yet if the person desiring the change takes the initiative and does something different to change a relationship to a problem or relationships with others, positive change may come about more quickly.

The purpose of this exercise is to encourage caregivers, children, adolescents, and other family members to make small changes in either personal patterns or their relationships. Doing so can lead to problem resolution.

#### *Considerations for Use*

1. This exercise can be done with individual family members, multiple persons (i.e., dyads, triads, etc.), or an entire family. The aim is to identify and change any problem patterns that occur either with an individual or between two or more people in the family.
2. If completing this exercise with multiple family members, be sure each person has his or her own piece of paper.
3. This exercise can be completed with or without the guidance of a therapist.
4. Remind family members that often only a small change is necessary to change a pattern. They do not need to make drastic changes
3. Remind family members that if a particular change does not bring about the desired results, try something different.

### *EXERCISE*

*For Family Members:* Sometimes it’s difficult to make an effort to change something we do because we believe no one will notice, it won’t make a difference, or we just don’t believe it’s our problem to change. It’s someone else’s responsibility to make a change. Has that happened in your family relationships? Is it happening now? Here is an experiment to see if making a change in a pattern will make a difference in your relationship to a specific personal problem or in relationship to a problem with your child, adolescent, spouse, or significant other.

To complete this exercise, write your response to each inquiry on the spaces provided.

1. Describe a typical pattern that happens in your relationship that you would like to change. A pattern is anything, positive or negative, that repeats itself. Patterns involve the actions of individuals and interactions between people. For example, a pattern might be that when your daughter becomes angry she yells. Then you yell at her in an effort to stop her from yelling. In response, she become louder at threatens to leave. Your response is to threaten her with grounding if she leaves.

---

---

---

---

---

2. Have each person involved in the pattern pick a way to change the pattern in a way that he or she thinks might improve the relationship. Each person ought to agree to do the new pattern three times in the next week. If you are the only one willing to try this exercise, then try it on your own. You can do this exercise by yourself if you wish to initiate a change between yourself and another family member.

3. After trying out your pattern for a week, write down the three instances where you acted differently.

---

---

---

---

---

4. What difference did it make to change your actions involved in the pattern?

---

---

---

---

---

5. Write down the three things the other person did differently when you changed your actions involved in the pattern.

---

---

Downloaded by [National Library of the Philippines] at 23:19 05 November 2017



---

---

---

6. *After the other person responded to your changes in the pattern, how did you respond?*

---

---

---

---

---

7. *How did changing the pattern change your relationship?*

---

---

---

---

---

8. *What does that change in Question 7 tell you about yourself? About the other person? About the two (or three, etc.) of you together?*

---

---

---

---

---

## United We Stand

### Creating Caregiver Agreement

#### *OVERVIEW*

##### *Purpose of Exercise*

There isn't always a consensus among caregivers about how to set and enforce rules and create and deliver consequences. If, however, there is a lack of a "unified front" between caregivers, children and adolescents are likely to find this out. They can then learn to "work the system" to get the outcome they want. The purpose of this exercise is to help caregivers to work together on creating and following through with such issues as rules and consequences. In family therapy the process of creating a unified front is often referred to as reestablishing the hierarchy. This can allow things to go smoother at home and lessen the stress in family relationships.

##### *Considerations for Use*

1. This exercise is for caregivers.
2. It's often a good idea to reorient caregivers to times in the past when they have been able to work things out. For example, a therapist might say, "Tell me about a time when you were able to come to an agreement about some difficult issue. How did you do that?" Doing so can prime caregivers for this exercise.
3. Encourage the creation of rules that are realistic and developmentally appropriate for the ages of their children and adolescents. In addition, suggest that there are some rules that are negotiable and some that are not. With the rules that are negotiable, encourage caregivers to find a way of including their sons and daughters in developing them.
4. After agreeing on rules, suggest that caregivers share the rules with their children and adolescents together, thereby demonstrating a united front.

#### *EXERCISE*

*For Caregivers:* We don't have to always agree with each other when it comes to children and adolescents. Yet one particular area that can cause friction in families is when caregivers don't agree with one another on rules and consequences. Ironically, kids have an uncanny way of finding out when there are disagreements and in finding out what it takes to turn the tables in their favor. When this happens it can undermine the efforts of one or both parents in trying to maintain some sense of structure and rule. It can also cause marital friction and discord. The purpose of this exercise is to help you as a caregiver (parent) team to work together to develop rules and consequences, thereby having a unified front, for children and/or adolescents.

To complete this exercise, write your response to each question in the spaces provided.

What are the rules and consequences that you frequently disagree about? List each one.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

In the past, when you've had some form of disagreement (about anything), how did it get worked out? What did each of you do to contribute to its resolution?

---

---

---

---

---

What are some early signs that would let you know that a disagreement is brewing about the rules or consequences?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The next time either of you notice a disagreement starting, inform your children or adolescents that you are going into a conference to discuss the matter. Do your best to find a quiet place to talk about the rules or consequences. In addition, try not to be pressured to make any quick decisions that you might later undo. This will only undermine one or both of you in the eyes of your sons and daughters.

When you are finished, log the results of your discussion in the following spaces.

---

---

---

---

---

If you think that a change in rules is called for, be sure to set time to discuss this change of rules. Try to find a quiet place and time, and allot enough time to find a mutual agreement.

Bear in mind that with some rules you may want to include the rest of the family. This can help with relationship building.

When delivering rules and consequences, as much as possible, try to deliver them together. When this is not possible, at least be sure that there is agreement about the outcome. Remember that oftentimes what creates the most effect is not the consequence itself, but the waiting between the violation and the delivery of the consequence. So don't feel pressured to come up with something quickly just to get it over with. Give your children and adolescents time to reflect on their behavior.

# Who's Doing What?

## Sharing Household Responsibilities

### OVERVIEW

#### *Purpose of Exercise*

Household chores are often a source of conflict for families. In the past chores were seen as a way of teaching children about responsibility. In modern households, with adults working more hours outside the home, children's chores are often seen as necessary to assure functioning of the household. Frequently, children and adolescents are not as motivated as caregivers to do these everyday tasks. In addition, they may lack the organizational skills for success. This exercise is designed to encourage the entire family to see maintenance of the household as everyone's business. It then encourages everyone to participate in finding a solution. Many families find that when children are part of the decision-making process, they are more invested in seeing that the plan works. The purpose of this exercise is to encourage caregivers to plan ahead rather than simply complain when things get out of hand.

#### *Considerations for Use*

1. This exercise is for families.
2. Suggest that maintenance of the household is everyone's concern.
3. Explore with family members the advantages of a smoother running household.
4. Encourage the family to revise the chores as frequently as necessary.
5. Once the family has had some success, explore what skills they used and ask how they might apply these skills to other situations.
6. After some success, explore the ways family members think and feel about each other.

### EXERCISE

*For Families:* This exercise will help you with an issue that has plagued many families—chores. Because most households are very busy, participation from all family members is important. This exercise will help you, your children, and your adolescents in the decision-making process, making sure that each person has his or her voice heard and that chores are evenly distributed. Doing so can make the issue of chores a much easier one to manage.

To complete this exercise, begin by taking a week to start a list of all the chores that go into keeping a household together. Write down the list of chores in the spaces provided.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

Next, look over the list. Are they all necessary or are there some that can be deleted or done less frequently? After determining this, in the spaces provided write down the chores that are necessary and the frequency with which they need to be completed.

**Daily Chores**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Weekly Chores**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Monthly Chores**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Next, hold a family meeting in which you all negotiate a fair division of labor. Keep in mind each person's age, available time, and ability. Then, create a plan for who will do what and when it will get done. Write the outcomes of this meeting in the spaces provided below.

	<b>Person Responsible</b>	<b>Chore</b>	<b>How Often Completed</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

At the end, set a date to review your process and to fine-tune it. And if you think it is necessary, negotiate consequences for failure to fulfill obligations.

## Script It Out

### *OVERVIEW*

#### *Purpose of Exercise*

Caregivers often experience problems with their children and adolescents as being out of their control. The purpose of this exercise is to provide a way for the therapist to join with caregivers to offer a way for them to begin to take some control. Suggesting a caregiver willingly do something that has been experienced as out of control puts him or her in a position of either doing the pattern willfully or doing something different. In either case, something has changed. This can be especially helpful with caregivers who have the perspective that things are “out of control” or that they have “no control” regarding their children or adolescents.

#### *Considerations for Use*

1. This exercise is for caregivers and can be completed with or without the assistance of a therapist.
2. If the caregiver repeats the pattern, explore any difficulty or effort that may have been encountered in doing so.
3. Explore any deviation from the script in detail.
4. If a new pattern or behavior emerges, explore the possible benefits of it.
5. You may want to introduce the exercise as a way of helping the caregiver explore the problem pattern in more detail.
6. It might be helpful to write the script and practice it in a session.

### *EXERCISE*

*For Caregivers:* Problems often seem to take on familiar patterns. You may think of them as ruts that you are stuck in. Just as spinning your wheels often won’t get you out of the mud, pushing ahead often just seems to dig you deeper in the rut. You may have learned that you sometimes need to put the car in reverse momentarily and “rock” the car back and forth to get out of a muddy rut. This exercise offers a way for you to do something similar with the problem you’ve been facing with your child or adolescent.

To complete this exercise, on this page, write a script for the way you usually do the problem. Write it so that someone reading it could fill in for one of the persons involved. Then, any time the problem begins to happen, follow the script as it is written. Before your next session, answer the questions that follow your script.

---

---

---



---

---

What difficulties did you encounter in carrying out the exercise?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

When were you tempted to ad lib and how did you stop yourself? List one to three examples.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What changes would you like to make to your part of the script?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How has this affected your view of the problem?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Trouble With the Curve

### Doing the Unexpected

#### **OVERVIEW**

##### ***Purpose of Exercise***

Caregivers and youth can very easily become stuck in patterns that are predictable yet difficult to change. If caregivers wait for children and adolescents to change what they are doing, as it has been said, they may be waiting a long time. This puts the proverbially ball in the caregivers' court. One of the ways they can change patterns is by doing the unexpected. This strategy is taught in sports. For example, baseball pitchers are taught to not show hitters every pitch they have the first time around. The idea is to keep a pitch or two for later in the game to try and throw the hitter off his game. Another thing pitchers are very aware of is the batters who have trouble with the curve. They can't seem to hit any pitch but a fastball. The point is, by doing something unexpected, the pitcher has an edge. The purpose of the exercise is to use this premise to change patterns with children and adolescents. When patterns change, problems are often resolved.

##### ***Considerations for Use***

1. This exercise is designed primarily for caregivers.
2. It's generally a good idea to suggest that caregivers make small changes by trying little things that are unexpected by their kids. A small change is often all that is necessary to break up unhelpful patterns.
3. Encourage caregivers to be creative and silly, if necessary, to disrupt or alter the pattern.
4. Be sure that whatever caregivers intend to do differently is "doable." That is, it won't be hard to undertake and will not require major changes in the person's lifestyle. Changes that are not too difficult for caregivers have a better chance of being continued on a regular or ongoing basis.
5. Although it can be helpful to offer caregivers ideas for changing patterns, it's often more effective to elicit from clients their ideas about what might work prior to doing so. The reason for this is caregivers are more likely to use ideas that they have some investment in and helped develop.
6. This exercise is best paired with "Our Lives as Patterns" (Chapter 44) and "Exception-Seeking: Changing Patterns" (Chapter 45).

#### **EXERCISE**

*For Caregivers:* Professional baseball pitchers learn quickly which batters can hit a fastball, no matter how hard it is thrown. The trouble comes for many hitters when they have to adjust and hit an off-speed pitch such as a curveball. In fact, many hitters never make the adjustment. Pitchers are also told, "Don't show hitters

everything you have the first time they bat.” If hitters have seen every pitch a pitcher has then they can adjust. Then, later in the game it is more difficult to fool hitters. Think about how this applies to you as a caregiver. First, consider what options you might keep up your sleeve for use later. Next, consider how you might use those options in a timely manner to disrupt, alter, or change some pattern with your son or daughter that has become a problem. This exercise will help you to change those troubling and persistent patterns that sometimes repeat as you attempt to solve problems in your family. As with other exercises in this book, it is important that you use your creativity with this exercise. In addition, bear in mind that if something doesn’t bring about the results you desire, try something else. Although this exercise can be completed by itself, it can be helpful to first complete the exercise “Our Lives as Patterns” before doing this exercise.

To complete this exercise, consider each question and write your responses to each inquiry on the spaces provided.

Describe the problem pattern that keeps repeating between you and your child, adolescent, and/or other family members. Be as descriptive as possible.

---

---

---

---

---

Think of at least three different ways that you could respond to the problem pattern. These represent your “curveballs.” Creativity is essential in coming up with responses that are unexpected and unpredictable and, in effect, serve as distractions for the other person or persons involved with the pattern. For example, let’s say you and your son argue when it comes time for him to do his homework. One response would be to approach your son, hug him, and in doing so whisper in his ear what you expect of him. Another response to the pattern would be for you to sit on the floor, close your eyes, and talk with him in a quiet voice when telling your son what you expect of him. Don’t worry about being perfect or “right” with your ideas. Do remain respectful in terms of coming up with ideas that may involve humor. We do not want to mock another person. Write your three options in the spaces provided.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Try one or more of the curveballs you developed and record the result of your efforts in the spaces provided.

---

---

---

---

---

What did you learn as a result of changing the pattern with your child, adolescent, or other family member?

---

---

---

---

---

What other ideas have you had since you tried something new to change the original pattern?

---

---

---

---

---

Continue to think about and try different ways of changing patterns without getting too focused on coming up with the right responses. The idea is to change things up in a way that breaks the unwanted pattern so that the problem can be lessened and hopefully resolved.

## Here, There, Not Everywhere

### Change Some Aspect of Context

#### **OVERVIEW**

##### ***Purpose of Exercise***

The duality of problems is that whether referring to time, location, situation, or some other aspect, there are instances in which they do and *do not* occur. The characteristics that surround problems are known as context. We've learned that by understanding the context of problems and by changing any one aspect, many problems will lessen and some will be resolved. The purpose of this exercise is to help caregivers to make small changes involving one or more aspects of context, with an eye on improving the family's situation.

##### ***Considerations for Use***

1. This exercise is primarily for caregivers. It can also be used with adolescents and entire families who are facing a collective problem.
2. This exercise is best paired with "Our Lives as Patterns" (Chapter 44) and "Exception-Seeking: Changing Patterns" (Chapter 45).
3. It's generally a good idea to suggest that caregivers make small changes as opposed to trying to do a complete overhaul. A small change is often all that is necessary to break up unhelpful patterns.
4. Be sure that whatever clients intend to do differently is "doable." That is, it won't be hard to undertake and will not require major changes in the person's lifestyle. Changes that are doable and not too difficult for clients have a better chance of being continued on a regular or ongoing basis.

#### **EXERCISE**

*For Caregivers:* Take a moment to consider that problems occur in context. They take place at certain times, in certain places, and in certain situations. On the other hand, there are times, places, and situations where they do not occur. This exercise can help you to make small changes in a number of areas that can ultimately lead to the resolution of the problem you're facing with your son or daughter. Although this exercise can be completed as a stand along activity, we've found it helpful to first complete the exercise "Our Lives as Patterns" beforehand.

To complete this exercise, review the different aspects of context that are listed next. Consider which one, two, or three you believe apply to the problem you've been facing. Then, write your response to each in the spaces provided.

1. Notice the usual timing of the problem—when it happens, how long it lasts, or the frequency. Next, make a small change in the timing. For example, if your son argues with you after dinner and before he is supposed to do his homework, begin the arguing before dinner. Or, if two of your children refuse to do their chores,

tell them that they can refuse if they want, but that they must verbally refuse for no less than 15 minutes. Record how you changed the timing and the results in the spaces provided below.

---

---

---

---

---

2. Notice the usual location of the problem or the spatial arrangements of it (e.g., where it occurs, the distance between you and your son/daughter when you argue, etc.). Next, change the location or spatial arrangement. For example, if your son argues with you in the kitchen, move the argument into the garage or completely outside. In the spaces provided, record how you changed the location or spatial arrangement and the results.

---

---

---

---

---

3. Identify your usual way of relating to your child or adolescent. Pay close attention to your voice tone, the words you use, and your nonverbal behaviors. Next, make a small change in your pattern of relating. For example, if you typically stand up with your arms folded and use a stern voice when giving your child/adolescent a consequence, consider sitting down, relaxing your arms, and using a calm voice. Remember that oftentimes only one or two small changes are necessary. In the spaces provided, record how you changed your way of relating and the results.

---

---

---

---

---

Now that you have completed this exercise, select one aspect of context and during the next week make the change that you wrote down. Be sure to track how it works for you and what results you attain. If changing one aspect of context does not bring about the results you were seeking, try modifying your idea or changing another aspect.

## Something Different, Something New, Something Unpredictable

### *OVERVIEW*

#### *Purpose of Exercise*

It's very easy for caregivers to get stuck in patterns of action and interaction that are part of the problem. Although these are typically caregivers' best efforts, they actually play a role maintaining the problem. In effect, the solution to the problem becomes the problem. This exercise provides caregivers multiple ways of changing problematic patterns of action and interaction through simple yet effective means.

#### *Considerations for Use*

1. This exercise is designed primarily for caregivers.
2. It's generally a good idea to suggest that caregivers make small changes as opposed to trying to do a complete overhaul. A small change is often all that is necessary to break up unhelpful patterns.
3. Be sure that whatever caregivers intend to do different is "doable." That is, it won't be hard to undertake and will not require major changes in the person's lifestyle. Changes that are not too difficult for caregivers have a better chance of being continued on a regular or ongoing basis.
4. Although it can be helpful to offer caregivers ideas for changing patterns, it's often more effective to elicit from clients their ideas about what might work prior to doing so. The reason for this is caregivers are more likely to use ideas that they have some investment in and helped develop.
5. This exercise is best paired with "Our Lives as Patterns" (Chapter 44) and "Exception-Seeking: Changing Patterns" (Chapter 45).

### *EXERCISE*

*For Caregivers:* At times we unwittingly repeat patterns that we believe will solve problems, only to find that nothing has changed. Still we persist believing that eventually what we are doing will work. In such cases it can be said that our attempts at solutions actually keep problems going and sometimes make things worse. This exercise will help you to change those patterns that sometimes repeat as you attempt to solve problems in your family. It's important that you use your creativity with this exercise. In addition, bear in mind that if something doesn't bring about the results you desire, try something else. Although this exercise can be completed by itself, it can be helpful to complete the exercise "Our Lives as Patterns" before doing this exercise.

To complete this exercise, be sure that you are clear on the problem that you want to see change. Next, review the different ways of changing patterns offered here. Then, choose one or two that you believe might work with your situation. Last, write your response to each inquiry in the spaces provided.

1. Interrupt or prevent the occurrence of the problem. For example, before your daughter has the chance to refuse doing her homework, beat her to the punch by saying, "I bet you're going to refuse to do your homework." Or, with the same example, if your daughter refuses, put her books away and leave the room, thereby preventing the argument that usually follows with her. In the spaces provided, record how you interrupted or prevented the occurrence of the problem and the results.

---

---

---

---

---

2. Add a new element to the problem. For example, if your son uses profanity or calls you names when addressing you, use a small hand-held tape recorder to tape his tirades. Or, with the same problem, contact your spouse or significant other, a teacher, a friend, or some other person so that the person can listen in on the tirade. In the spaces provided, record how you added a new element to the problem and the results.

---

---

---

---

---

3. Break up the problem into smaller elements. For example, if you and your partner or significant other argue each time you try to discuss how to discipline your child, get a timer and allow one person to speak for 2 minutes. Then reset the timer and let the other person speak for the same amount of time. Do this until the issue is resolved. Or, if your son or daughter refuses to do his or her chores, chart out each chore and assign them one at a time. In the spaces provided, record how you broke up the problem into smaller elements and the results.

---

---

---

---

---



4. Create an ordeal by linking the problem pattern with some burdensome activity. For example, if your son or daughter is skipping school and is missing out on his or her education, each evening following a day that he or she has skipped, sit and read to him and become the educator. Or, with an adolescent who refuses to do homework, have him or her sit with you and listen to classical music (or music he or she can't stand) during homework time. In the spaces provided, record how you created an ordeal and the results.

---

---

---

---

---

Now that you have completed this exercise, select one method of changing an unwanted pattern. Be sure to track how it works for you and what results you attain. If one method does not bring about the results you were seeking, try modifying your idea or doing something else.

## Remember When

### Utilizing Past Solutions and Successes

#### *OVERVIEW*

##### *Purpose of Exercise*

An often understated effect of problems is how they can mask the influence that family members have over those problems. Similarly, over time therapists can become convinced that problems are too pervasive and difficult for families to overcome. Because family members are in a state of vulnerability, therapists must remain attuned to the fact that problems vary in intensity. They vacillate on a continuum from being extremely dominating to having little influence. Therapists work with family members, in particular caregivers, to identify times when problems did not come on full force or problems were expected but didn't happen. These represent times when family members have had some influence over their problems.

The purpose of this exercise is to help therapists, caregivers, children, and adolescents to identify past solutions and successes in regard to current problems. Once influences over the problem have been identified, family members can determine what it will take to bring them into the present tense and do them more deliberately.

##### *Considerations for Use*

1. This exercise is for therapists and all family members.
2. To identify past solutions and successes, therapists focus on small influences family members have had over problems. A therapist wouldn't say, "When didn't you have the problem?" That could be invalidating and garner a response of, "I always have the problem." Instead a therapist might say, "Tell me about a time when the problem could have overwhelmed you but it didn't have its full effect."
3. Have clients be as specific as possible about what they have done in the past that has worked to any degree. Action-talk can be helpful in gaining clear, observable descriptions.
4. This exercise can be paired with "Our Lives as Patterns" (Chapter 44).

#### *EXERCISE*

*For Family Members:* When facing problems in families it can seem as if things are "always" going poorly and will "never" change. Even though problems vary in terms of intensity and influence, when things aren't going well it can seem as if nothing will ever work. This exercise will help you and your family to identify times when you had some influence over the problem. This includes times when the problem was happening but didn't have the usual impact and times when you expected the problem to happen but it didn't. These represent exceptions to the problem pattern, including past solutions and partial solutions/successes. If you

have already completed the exercise “Our Lives as Patterns,” you may want to have your responses on hand as you do this one.

To complete this exercise, write down your responses in the spaces provided.

Think about your experience with the problem. Recall a time when the problem happened and you were able to get somewhat of a handle on it and it didn’t overwhelm you as it usually does. What specifically happened?

---

---

---

---

---

What was different about that time that you were able to have some influence over the problem? What did you do? (Be specific about words, body language, voicing, and actions.) How was that different than what you usually do?

---

---

---

---

---

Who else, if anyone, was present during that time? What did that person(s) do?

---

---

---

---

---

What does your experience with having some influence over the problem tell you about yourself? About family members who may have been involved with the problem? About the problem itself?

---

---

---

---

---

By now you have some ideas about what is different about the times that you, your child, or your adolescent has some influence over the problem you've been up against. Next, consider deliberately doing or building on those things that seem to aid in alleviating the problem to any degree or in holding it completely at bay. You may also want to explore this further with your therapist.

# Nothing’s Forever; It Just Seems That Way

## Problem Wind-Downs and Endings

### *OVERVIEW*

#### *Purpose of Exercise*

Problems have end points—whether those endings occur over time or in rapid fashion. Endings are opportunities to identify and import solution patterns into the present. The purpose of this exercise is to help therapists and family members alike to identify specific actions, interactions, and patterns that assist in bringing problems to an end. Once these influences over the problem have been identified, families can determine what it will take to bring them into the present tense and do them more deliberately.

#### *Considerations for Use*

1. This exercise can be helpful to therapists and families.
2. It can be helpful to explore with family members occasions when the problem happened, and learn what specifically brought the problem to an end each time. There may be different variations of “what worked,” some of which will be useful and some will not.
3. Have family members be as specific as possible about what they or others have done to bring the problem to an end. Action-talk can be helpful in gaining clear, observable descriptions.
4. This exercise can be combined with “Our Lives as Patterns” (Chapter 44).

### *EXERCISE*

*For Family Members:* It may not seem like it, but the problems that you’re concerned about with your family come to an end, if only briefly. By exploring what brings problems to an end, it may be possible to identify specific things that you could do earlier on rather than letting the problem overwhelm you for extended periods of time. This exercise will assist you in determining the details of how problems are brought to an end in your life. If you’ve already completed the exercise, “Our Lives as Patterns,” you may want to refer back to it as you complete this exercise.

To complete this exercise, write down your responses in the spaces provided.

Think about your experience with a specific problem that you’ve been facing. How does that problem typically end? Be as specific as possible.

---

---

---

---

---

How do you know when the problem is coming to an end? How do you know that it's beginning to wind down? What's the first thing that you notice?

---

---

---

---

---

How can others tell when the problem has subsided or started to subside?

---

---

---

---

---

What do you or others do that helps to bring the problem to an end? (Be specific about words, body language, voicing, and actions)

---

---

---

---

---

By now you have some ideas about what it is that you, your child, your adolescent, or others do to bring the problem you've been facing to an end. You may even have multiple ideas. Now consider how you might use what you've learned earlier on once the problem has surfaced as opposed to letting it run its full course. This way you may be able to short-circuit the problem right away. You may also want to explore this further with your therapist.

# What a Difference a Day Makes

## Charting Solutions

### ***OVERVIEW***

#### ***Purpose of Exercise***

This exercise provides opportunities to track individual or family progress quantitatively, visually, and graphically. Because of the visual component, there is an increased likelihood that families will notice that change is sometimes a back-and-forth process. Change is rarely linear; some days will not be as good as others, and that is okay. This exercise also provides way of teaching families to use their own perceptions to guide future efforts. This can be especially helpful with individual family members as it can remind them to track progress toward goals.

#### ***Considerations for Use***

1. This exercise is for individual family members or families as a unit.
2. Invite families to choose a number that represents their experience of the problem on an average day.
3. Invite families to choose a number to serve as a goal. Later, this number can provide guidance on knowing when to terminate work on the goal.
4. Explore the details of what was going on when the family's experience was better than the average-day number stated at the start of therapy.
5. If there is no sign of improvement after several sessions, try something different.

### ***EXERCISE***

*For Family Members:* You have experienced the fact that your problems change from day to day in that some days are better than others. Finding out what makes things better can be very helpful in deciding how you want to change your behavior. This exercise is designed to help you individually or as a family become more aware of what's different when things aren't so bad.

To complete this exercise, imagine your experience of the problem on a 1 to 10 scale, where 1 represents the worst the problem could make you feel, and 10 represents the problem being completely gone. Once a day look back over the past 24 hours and rate your day on this 1 to 10 scale. On the lines provided following the table, write what you did that day that helped you deal with the problem. Bring this paper with you the next time you see your therapist.

Rating	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							

*Day 1*

---

---

---

---

---

---

*Day 2*

---

---

---

---

---

---

*Day 3*

---

---

---



---

---

*Day 4*

---

---

---

---

---

*Day 5*

---

---

---

---

---

*Day 6*

---

---

---

---

---

*Day 7*

---

---

---

---

---

---

*PART V:*  
*KEEPING THE BALL ROLLING*

This page intentionally left blank

## Three Forward, Two Back

### Managing Setbacks and Challenges

#### *OVERVIEW*

##### *Purpose of Exercise*

Life can be three steps forward and two steps back. For families who are facing multiple concerns that affect their well-being, relationships, work, and other areas, it can seem more like the other way around—two steps forward and three steps back. One of the tasks of therapists is to help families identify potential threats to change and to manage setbacks to keep things from deteriorating further. The purpose of this exercise is to help you to work with families to identify factors that could dampen gains and to put the brakes on things should they begin to slide backward. By planning for occasional setbacks, families can be better prepared to deal with adversity in the form of situations that in the past would have continued to deteriorate.

##### *Considerations for Use*

1. This exercise can be used to help therapists to think about how to work with families that tend to experience regular setbacks that pose a threat to their gains.

#### *EXERCISE*

*For Therapists:* Everyone experiences setbacks and potential threats to the gains they have made. One of the ways to address the “backsliding” that can occur is by preparing for the possibility of future hurdles. In doing so we can develop plans to deal with obstacles and keep things moving forward. This exercise is to help in managing future concerns by building on and using identified abilities and resources to deal with things differently than in the past. To complete this exercise write your responses in the spaces provided.

Briefly describe the gains clients have made while in therapy. Be sure they are clear and descriptive.

---

---

---

---

---

---

Next, ask your clients to describe any possible future hurdles that they might encounter in maintaining those changes. Ask your clients, “If you feel yourself slipping, what’s one thing that can stop that slipping and get you back heading the direction you prefer?”

---

---

---

---

---

What will indicate to your clients that the problems they have made gains with may be resurfacing? What might be the first signs or indications?

---

---

---

---

---

What have they learned about getting the upper hand with the problem(s) that can be useful should it/they resurface?

---

---

---

---

---

What specific strengths have been previously identified that can be used as resources?

---

---

---

---

---

What will help your clients to use those strengths more spontaneously and deliberately in the event of a future challenge?

---

---

---

---

---

In the event that a similar problem surfaces in the future, what can your clients do differently?

---

---

---

---

---

How can what you've learned be of help to you in solving future problems?

---

---

---

---

---

Recall that many of the abilities needed to manage potential setbacks already exist within clients and their support systems. It's a matter of identifying those strengths and resources and helping clients to tune into and practice them. This can help to prepare them for future hurdles and situations that might pose a challenge to maintaining the course.

## Putting the Brakes On

### Keeping Things From Getting Worse

#### *OVERVIEW*

##### *Purpose of Exercise*

When situations don't seem to be improving, it can be helpful to have family members speculate as to why things aren't worse. This can be especially helpful when, as a therapist, your attempts to help don't seem to be producing the results that clients are seeking. Once those resilient qualities and actions that have kept things from deteriorating further have been identified, therapists can help families to build on them and perhaps change the direction of change. This exercise can help therapists and families to acknowledge the difficulties being faced while simultaneously searching for those qualities and actions that keep people afloat.

##### *Considerations for Use*

1. This exercise is for individual family members or the family as a unit.
2. It's important that therapists acknowledge the pain and suffering that family members are experiencing prior to inquiring about why the problem isn't worse. For example, a therapist might say, "You've certainly been through a lot and seems like things just aren't getting any better. In fact, to you it seems like they're getting worse. I'm curious, how have you kept things from completely bottoming out?"
3. When family members respond with vague answers such as "We love each other" or "We can't give up," be sure to find out what that allows them to do. For example, a therapist might inquire, "What has the love that you have for each other allowed you to do to keep things from going downhill further?" Have family members be as specific as possible about what they or others have done to keep things from getting worse. Action-talk can be helpful in gaining clear, observable descriptions.
4. This exercise can be combined with "Our Lives as Patterns" (Chapter 44).

#### *EXERCISE*

*For Family Members:* When problems don't seem to be getting any better and in fact, seem to be getting worse, it's important to remember that more often than not, things can get even worse. Despite this, many families have unique qualities and have taken action to keep things from deteriorating further. This exercise is designed to help you to identify those qualities that exist within yourself and/or within your family system that have kept the problem you've been facing from completely taking over and sinking the family ship.

To complete this exercise, write down your responses in the spaces provided.

Think about your experience with a specific problem that you've been facing. How come things aren't worse with your situation?

---

---

---

---

---

What specific action have you taken to prevent things from getting worse? Be as specific as possible.

---

---

---

---

---

Despite all that you've been through, how have you or others managed to take steps to keep things from deteriorating further?

---

---

---

---

---

What have others done to prevent things from getting worse? (Be specific about words, body language, voicing, and actions).

---

---

---

---

---



What does your and other family members' ability to prevent things from deteriorating further say about you and others individually, and your family as a whole? How is it helpful for you to know that?

---

---

---

---

---

By now you have some ideas about what it is that you or your family as a whole do to keep things from getting worse. You may even have multiple ideas. Now consider how you might use what you've learned and build on it. This may help you to turn things around and get change going in the direction of problem resolution. You may also want to explore this further with your therapist.

## What Worked?

### Evaluating and Employing Successes

#### **OVERVIEW**

##### ***Purpose of the Exercise***

In therapy clients can learn to apply their skills and abilities to solve their problems. Therefore we think that it makes sense to clarify what happened and what resources clients utilized that made success possible. By doing this, clients can learn to use them more deliberately in the future if problems arise again. In addition, clients' views of themselves often change to seeing themselves as more confident when they have success. Bringing this to their attention and giving them a way to access all this information in the future can be helpful.

##### ***Considerations for Use***

1. Suggest this exercise near the end of therapy.
2. Discuss the client's responses and suggest that this information may be helpful in dealing with similar problems in the future.
3. Take opportunities to emphasize the client's competency.

#### **EXERCISE**

*For Clients:* Reaching your goals is an important accomplishment. But wait. There's even better news. You have learned things from this experience that you can apply to future challenges. This exercise will help you to identify what you did to accomplish your goal(s), the resources you used, and how you might use them in the future should you be faced with the same or a different problem.

To complete this exercise, fill in your responses in the spaces provided.

What did you do or not do that helped you? What specific actions did you take?

---

---

---

---

---

---

What was the first thing you noticed that indicated to you that you were making progress?

---

---

---

---

---

What did your therapist do or not do that was helpful?

---

---

---

---

---

List three things you learned from therapy:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What does your success say about you?

---

---

---

---

---

How can what you learned help you to face the same or different problems in the future?

---

---

---

---

---

Store this where you can find it if you need it in the future.

## Parent Preparation, Parent Prevention

### *OVERVIEW*

#### *Purpose of Exercise*

Caregivers (parents) often have plans and ideas in their sessions but find them difficult to implement under the demands of everyday life. Therapists can help caregivers to prepare for these circumstances. This exercise offers a way for caregivers to, in effect, take the session with them and step back into it when they most need to do so.

#### *Considerations for Use*

1. This exercise is for caregivers.
2. Acknowledge the difficulty of changing old habits and in thinking ahead.
3. Encourage caregivers to identify how they will know that it is time to refer to the responses they have provided.
4. Invite caregivers to identify a location for this paper so it will be available when needed.
5. Offer to make extra copies so one is always available.

### *EXERCISE*

*For Caregivers:* No matter how skillful you become at parenting, situations sometimes get the better of you. At times when stress makes it hard to be creative, it sometimes helps to have a plan for getting back on track. This exercise will help you to think about what to do when the heat is on. You'll also be offered some suggestions to consider at the end of the exercise.

While it is relatively calm, think about your role as a parent. Then, list some of the qualities of a good parent.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Set goals for parenting that are both the long and short term. Make them clear and precise.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Keep track of the things that work with your parenting. On good days, what is different? In particular, what do you do that seems to help? Write them down so you don't forget.

---



---



---



---



---

When things aren't going so well:

1. Think of your parenting role as that of teacher. If there has been a failure, it can mean simply that this is an area you need to focus on. What will be your lesson plan?
2. Do something different. Think about what you normally do in this situation. If it doesn't work, try something else.
3. You might do something entirely new or perhaps change an old pattern.
4. Put it off. If you are too emotional to think clearly, you might want to say something like, "I'm too upset to deal with you now. Go to your room until I can calm down, then I will give you your consequences."
5. Remember that you are the parent. You don't have to justify your decisions to your children. Many things need to happen just because you are in charge and you've decided how things need to be. You may decide that you don't have to make everyone happy.
6. Ask for help. If there is a partner around, get him or her to take over before you lose it. If you are stuck, it may be time to talk with a counselor.
7. Pick your battles. You can't teach every lesson every day. Decide what the most important thing is for you, your child, and/or your adolescent to learn at this time. If something isn't high priority, you might want to save it for another day. Keep perspective.
8. Learn to forgive yourself. You are learning, too. Nobody ever raised your child before.
9. Add your own ideas below as they occur to you. They will probably be the best for you.

Keep this sheet in a place you can find it any time you need it.

# Traditions

## Consistency, Continuity, and Connection

### *OVERVIEW*

#### *Purpose of Exercise*

Growing up, many families had specific dinner times, certain meals on certain days, movie nights, and other routine activities. All of these as well as other family-oriented events represent rituals. Rituals are those activities that occur daily, weekly, monthly, seasonally, and yearly. Essentially, rituals provide consistency, continuity, and connection in the lives of children and adolescents. In fact, research has demonstrated that children who come from homes where there has been abuse, alcoholism, divorce, or some other disruption or trauma tend to do better as adults when their rituals are kept intact or new ones are put in place.

The purpose of this exercise is to help families where there has been trauma, turmoil, or disruption to move through these times by maintaining old rituals or beginning new ones. This can provide consistency and comfort for children and adolescents.

#### *Considerations for Use*

1. This activity is designed for families.
2. Rituals can involve a few people or entire families. For example, a ritual may be that a particular parent always drives a particular teenager to baseball practice. A ritual for an entire family may be watching a particular television show on a particular night each week.
3. Sometimes caregivers will say that they do their rituals but their children don't seem interested, don't care, or won't be involved. Encourage them to involve their children and adolescents in conversations about family rituals. In addition, even though it may *seem* that their children and adolescents are uninterested, let caregivers know that they often are interested and just don't show it until a later age. What is important is that the rituals continue. This way children and adolescents know the rituals are happening and can count on them when needed.
4. Rituals can be ones that are already in place. They can be old rituals that were disrupted due to some change in the family but can be restarted. Or, they can be completely new ones.

### *EXERCISE*

*For Families:* When we think of the past, we often recall consistent things that happened in our lives. For example, we may recall having dinner at the same time each evening, or going to the park every Saturday during the summer, or having family night where everyone goes out for pizza and a movie. Those consistent happenings in our lives are often referred to as rituals. Rituals can help to bring consistency and stability to the lives of children and adolescents and to family relationships. They can occur daily, weekly, monthly,

seasonally, and yearly. This exercise will help you to identify your current rituals and perhaps think of ways of establishing new ones.

To complete this exercise, write your responses to the questions in the spaces provided.

What are the current rituals that your family has in place? You may want to think of rituals as routine things that happen on a very regular basis. List each one.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

How does each of the rituals you listed bring some consistency to your family life?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



What are some rituals that you used to have in place but for one reason or another they were stopped or interrupted?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Which of the rituals you listed in Question 3 would you consider starting up again?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What difference might it make if you were to restart an old ritual?

---

---

---

---

---

Schedule a meeting with your family. Invite them to talk with you about new rituals that you might implement in the future. Then list those rituals here.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Take one of the new rituals that was decided upon by the family and try it a few times. Then write the results of that experiment in the space provided.

---

---

---

---

---

Be sure track those rituals that seem to provide consistency and stability and promote family cohesion.

## The Real World

### Keeping an Eye on Between-Session Change

#### *OVERVIEW*

##### *Purpose of Exercise*

In between therapy sessions it can be helpful to orient families toward change. This idea is supported by outcome research, which suggests that therapy should be change-focused. Emphasis should be on how things change as opposed to how people remain stuck in their problems. And although change is constant, families can become fixated on the notion that “nothing has changed.” In actuality, most problems either get better or worse in between sessions—they don’t remain the same.

The purpose of this exercise is to help caregivers to focus more on change and progress by orienting them toward what’s working in their lives and in identifying possible solutions. Doing so can help to identify “what’s right” in families’ lives.

##### *Considerations for Use*

1. This exercise can be used individually with any family member or as a group exercise for the entire family.
2. This exercise can be used for people in or out of therapy. If the person(s) using this exercise is not in therapy, he or she can focus on what changes from week to week, for example, as opposed to session to session.
3. If you use this exercise with clients, it is important that when they return for second and subsequent sessions you acknowledge and validate their feelings and points of view before delving into what’s working or what has changed. If this is not done, a percentage of clients will feel unheard and unacknowledged and will tune you out or appear resistant when you ask for the results of the exercise.
4. It can be helpful to familiarize family members with action-talk by having them do the exercise “Translations: Using Action-Talk” (Chapter 18) before completing this exercise.

#### *EXERCISE*

*For Family Members:* Things are always changing, including problems. Even though it can seem as if problems stay the same, they actually vary in intensity. Sometimes they’re more manageable than others. Yet when we’re dealing with problems, especially those in our own families, we don’t always notice when things are going better. If we do notice change, we still may find ourselves waiting for the other shoe to drop, thinking, “This will never last.” This exercise will help you shift your attention to “what’s right” and what’s working with your situation by noticing what’s happening in between your therapy sessions. By orienting your attention in this way, you may be able to see some new ways of approaching the problem.

To complete this exercise, follow the directions in the next paragraph. Then, after completing this part of the exercise write your responses in the spaces provided.

Between now and your next therapy session (or between now and one week from today, if you aren’t in therapy), notice what is happening in your family that you would like to have continue.

What did you notice happening in your family, in relation to the problem, that you would like to have continue? Be as specific as possible, listing each behavior, action, or interaction by using clear, action-based descriptions.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

What was it that allowed more favorable actions and/or interactions to take place in your family?

---

---

---

---

---

What difference did it make for you that those behaviors happened?

---

---

---

---

---

What will it take to keep those desirable behaviors and interactions going?

---

---

---

---

---

As you look back on the time between sessions (or over the past week), what did you learn about yourself?  
About your family?

---

---

---

---

---

If you're in therapy, bring this sheet to your next session and discuss it with your therapist.

## Where’s the Evidence? Identifying the Facts of Change

### **OVERVIEW**

#### ***Purpose of Exercise***

More often than not, the reason caregivers initiate therapy is because there are one or more problems in the family. It therefore follows that there is a propensity to be problem-focused. Much can be learned about problems by focusing on what’s going wrong and not working. Conversely, a risk of a problem-focus is that most, if not all, attention is on what caregivers don’t want as opposed to what they do want. In addition, exceptions to problems (i.e., times when things have gone better) can go unnoticed, and attempts at solutions may be misguided. In such cases a major shift will be to move family members’ attention away from studying problems to searching for evidence that things are changing and heading in a better direction.

The purpose of this exercise is to help children and younger adolescents to collect “evidence” that they are changing and for caregivers to also take note of those changes. This can help both children and caregivers to become change- as opposed to problem-focused.

#### ***Considerations for Use***

1. This exercise will be most applicable to children and younger adolescents. Older adolescents may not be as interested in the process involved.
2. This can be presented as a “mission” or “challenge” to children to prove who they *really* are.
3. The handouts offered in this exercise can be duplicated as frequently as needed.

### **EXERCISE**

*For Caregivers:* This exercise will help your child or young adolescent to collect evidence that he or she is changing his or her behavior and beginning to head in a preferred direction. It will also help you to focus on the behavior that you want with your child as opposed to what you do not want.

To do this you will use a “Letter of Evidence” (there may be more than one) and “My Evidence Log.” Letters of Evidence represent specific instances of change that are noticeable by others. You, as a caregiver, with the assistance of teachers, juvenile officers, coaches, scout leaders, and so on—those who have noticed positive change with your child—can fill out and sign these letters. These letters can include, but are not limited to, good grades, positive behaviors and actions, helping others, volunteering, and so on. Evidence does not have to be in the form of the letter. It can simply be a paper with an improved grade, a report card, a merit badge, or some other evidence. Evidence Logs are the form that the evidence gets logged on. This way the evidence that is being collected can be tracked. It’s often a good idea to put an Evidence Log where it is visible to remind your son or daughter of his or her changes and accomplishments.

To complete this exercise, make a copy of each of the forms on the following two pages, and begin to put them into action.



# MY EVIDENCE LOG



Name: \_\_\_\_\_

Week of: \_\_\_\_\_

😊 1 .

😊 2 .

😊 3 .

😊 4 .

😊 5 .



## Bring It to Light

### Identifying and Amplifying Change

#### *OVERVIEW*

##### *Purpose of Exercise*

Because change can happen at any time, we are on a constant lookout for what is different and changing for the better with families in terms of the problems they're facing. To do this, we must first *identify* then *amplify* change. To identify change, we work with families to notice what has been better. To amplify change we collaborate with families to learn how the change came about. To both identify and amplify we ask families questions, either in our sessions or by having them do an exercise.

The purpose of this exercise is to help families to identify and amplify changes that they have made in relation to their problems. Therapists are also provided with questions to ask families as a way to identify what has changed and how that change came about.

##### *Considerations for Use*

1. This exercise can be used individually with any family member or as a group exercise for the entire family.
2. This exercise can be used for people in or out of therapy. If the person(s) using this exercise is not in therapy, he or she can focus on what changes from week to week, for example, as opposed to session to session.
3. If you have used this exercise, when clients return for second and subsequent sessions be sure to acknowledge and validate their feelings and points of view before delving into what has changed. If this is not done some family members will feel unheard and unacknowledged and perhaps seem resistant to the exercise.
4. It can be helpful to familiarize clients with action-talk by having them do the exercise "Translations: Using Action-Talk" (Chapter 18) before completing this exercise.
5. Even though positive change may have happened, because family members are experiencing other problems or have other things on their mind, they often don't immediately notice the change. It's therefore important to remain change-focused and patient. Look for small changes rather than "all-or-nothing" change.

#### *EXERCISE*

Even though change is happening all the time, we don't always notice it. It can become especially difficult to notice positive change when life seems to present one dilemma after another. Yet if we take the time to notice what and how things are changing in relation to the problems we are facing, oftentimes we notice that much is different. This exercise will help you to identify positive changes that have occurred with the problem

you've been facing with your son or daughter and how those changes came about. You can then work to build upon these changes until the problem is more manageable or it is no longer a problem.

To complete this exercise, write your responses to the questions in the spaces provided.

What have you noticed that has changed for the better with the problem you've been facing? Be as specific as possible, listing each behavior, action, or interaction by using clear, action-based descriptions.

---

---

---

---

---

Who first noticed that things had changed? Who else noticed?

---

---

---

---

---

When did you first notice that things had changed? What did you notice happening at that time? Be as specific as possible, listing each behavior, action, or interaction by using clear, action-based descriptions.

---

---

---

---

---

How did the change happen? What did you do? What did your son or daughter do? What did others do? Be as specific as possible, listing each behavior, action, or interaction by using clear, action-based descriptions.

---

---

---

---

---

How did you get yourself to do what you did?

---

---

---

---

---

How was what you did different than what you've done in the past?

---

---

---

---

---

How has the change been helpful to you? To your son or daughter? To your family?

---

---

---

---

---

What will be different in the future as these changes continue?

---

---

---

---

---

Who else might benefit from these changes? How so?

---

---

---

---

---

Bring this sheet to your next session and discuss it with your therapist, and/or talk about it with your family.

## It Really Is You!

### *OVERVIEW*

#### *Purpose of Exercise*

When change has occurred it's important that family members attribute the majority of that change to their internal qualities and actions. If the bulk of change is attributed to external factors (e.g., medication, therapists, etc.), when those external factors diminish in their effectiveness in the eyes of family members or others, the change also tends to diminish. Outcome research has indicated that change that tends to endure strongly correlates with clients' attribution of that change to some quality or action related to themselves.

The purpose of this exercise is to help parents, children, and adolescents to attribute change to their own personal qualities or actions. To do this, family members are assisted in identifying their roles in change processes and in taking credit for those changes. Doing so can help to extend those changes into the future.

#### *Considerations for Use*

1. This exercise is for all family members and can be especially helpful with children and adolescents.
2. When asked how change occurred, many children and adolescents will respond with, "I don't know." Don't be fazed by this. Continue to suggest that children and adolescents had something to do with those changes.
3. With responses such as "I don't know," it can also be helpful to speculate about change. For example, with an adolescent you might say, "I wonder if change has occurred in part because you're growing up and getting a little older and a little wiser." With a parent you might say, "I wonder if your hard work is paying off and that parenting is starting to take hold a little better." Choose things that family members are unlikely to discount.
4. Even when medication or some other external factor has had an effect on positive change, find out what that external factor allowed that person to do, thereby letting him or her know that he or she still took some action. For example, with an adolescent who is taking medication you might say, "What has the medication allowed you to do that you might not have otherwise done?"

### *EXERCISE*

*For Family Members:* When change occurs, even though it can seem as if other factors have brought about that change, all change with humans is self-change. It requires action on the part of people. Even though external factors such as medication and therapy can help people, they only facilitate change. Ultimately, you, your son or daughter, or some other family member had to do something to bring about that change. Even when it

is difficult to identify what happened, you can still look within yourself and your family members to explore internal qualities that allowed change to happen. This exercise will help you to identify what it is about you and/or others such that change was able to occur.

To complete this exercise, write your responses to the questions in the spaces provided.

What did you do to make your situation better with the problem you've been facing? Be specific.

---

---

---

---

---

What other kinds of things helped (e.g., medication, your therapist, therapy, friends, etc.) with change happening in regard to the problem you've been facing? Please list these things.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Who helped you with the problem that you've been facing? How did he or she help you? List each person and how he or she helped you.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

What did those things you listed in Question 2 and the help of others (Question 3) allow you to do that you might not have otherwise done?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is it about you as a person that enabled you to face up to the problem you've been struggling with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are unsure as to what it is about you that has helped you to face the problem, consider some of the following changes that you may have experienced:

- I'm becoming wiser.
- I'm growing as a person.
- I've learned more about myself that has helped me to deal with adversity.
- I'm better at dealing with life's trials and tribulations.

Do any of the preceding changes ring true to you? If so, which one(s)? If not, consider how else you might explain how *you* have changed things your life?

\_\_\_\_\_  
\_\_\_\_\_

---

---

---

Continue to consider what it is that you may have done and/or what it says about you as a person that you've been able to stand up to the problems you've been facing.



# Are We There Yet?

## Evaluating the Significance of Change

### *OVERVIEW*

#### *Purpose of Exercise*

When change has occurred it's important to determine whether that change indicates resolution of the problem or whether further change is necessary. The purpose of this exercise is to assist therapists and family members in determining how the change they've experienced is situated in relation to their goals and visions of the future.

#### *Considerations for Use*

1. This exercise can help therapists and family members. Keep in mind, if you don't know where you're going you'll probably end up somewhere else. Therefore, we want to know how progress that has been made relates to goals and preferred outcomes.
2. It's important to hear from each person involved—his or her view of how the change that has occurred relates to the overall goals that have been established.

### *EXERCISE*

*For Family Members:* With things improving and heading in a positive direction, it's important to determine how that positive change relates to both the problem and the goals you have for yourself and your family. This exercise will help you to figure out whether the change you've experienced is sufficient enough to consider the problem resolved and if not, what else needs to occur for to feel that the problem is no longer a problem.

To complete this exercise, write your responses to the questions in the spaces provided.

How are you and your family benefiting from the changes you've experienced?

---

---

---

---

---

---

How does the change that's happened relate to the goals that you set?

---

---

---

---

---

On a scale of 1 to 10, with 1 representing "not at all" and 10 representing "totally," to what degree have the goals that you set been met? Be specific by listing a number and describing how well your goals have been met.

---

---

---

---

---

What else, if anything, needs to happen to fade this problem from your life?

---

---

---

---

---

What would be a first step toward fading this problem further from your life?

---

---

---

---

---

# Self-Examination

## Making the Most of Differences

### *OVERVIEW*

#### *Purpose of the Exercise*

In any relationship there are bound to be ups and downs. With this in mind, we assert that recovering from difficulties is an important relationship skill. The problem is not the fact that caregivers differ from their children and adolescents in important ways but, rather, what they do with those differences. Family members frequently seem to approach their sessions as an opportunity to complain about a recent disagreement with other family members. If the therapist does not intervene, the session can easily escalate into accusations and placing of blame. However, if the topic can be turned to a discussion of conversational patterns and how to make them more effective, there is the possibility that more effective patterns can be developed. This exercise is designed for use by family members in between sessions to encourage self-evaluation and new behaviors.

#### *Considerations for Use*

1. This exercise is designed for caregivers and can also be used with a family unit.
2. In the session, it can be helpful to have family members work through a recent problem interaction before suggesting this exercise. Then suggest that they can do it on their own.
3. Avoid assigning blame and turn the focus to future successful interactions.

### *EXERCISE*

*For Caregivers:* Disagreements are an unavoidable part of any relationship. In and of themselves, they are not a problem. The important question is how you handle differences with others. This exercise is designed to help you think about interactions that have been unacceptable to you and make the most of them.

To complete this exercise, fill in your answers in the spaces provided.

Recall a recent disagreement with your child, adolescent, or other family member. Describe exactly what happened. Be as precise as possible about what was said and done and in what order.

---

---

---

---

---

---

---

---

---

---

---

---

Look over your description and mark your parts of the interaction. Then, list three things that you were trying to accomplish.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Next, examine your contributions to the interaction and find at least three things you could have done that would have made the interaction go differently without sacrificing your motivations. List three things that you can learn from this interaction.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In the future, what will tip you off that you are entering an interaction where you can try something different?

---

---

---

---

---

---

What specifically will you do differently?

---

---

---

---

---

How will you know you are making progress?

---

---

---

---

---

# The Scrapbook of Life

## OVERVIEW

### *Purpose of Exercise*

Many parents and caregivers kept scrapbooks of their children's and adolescent's accomplishments as they were growing up. Others took papers with good marks and displayed them in their homes where others could witness them. Still others framed certificates and photos of graduations. All of these and other acts by caregivers served to highlight the accomplishments of their sons and daughters. This is important in sharing the stories of success and the growing up of young people. In a similar way, parents can keep scrapbooks or keep track of their sons' and daughters' progress in standing up to and overcoming obstacles and difficulties.

The purpose of this exercise is threefold. First, it helps children and adolescents to focus on positive future change and in doing the behaviors that their parents are seeking. Second, it shares the stories of these children and adolescents with others, thereby strengthening the new, valued story. Last, simply by looking at their "collections of success," children and adolescents can be reminded of their accomplishments, how they are changing, previous solutions, and what they are capable of.

### *Considerations for Use*

1. This exercise is applicable with children and adolescents. It should be completed with caregivers and kids together. It will be up to those involved to decide what the best way is of documenting change.
2. As much as possible, involve children and adolescents in tracking and documenting accomplishments.
3. Be sure to have children and adolescents periodically review their scrapbooks to remind them of their changes and successes.
4. This exercise can be paired with "Where's the Evidence?" (Chapter 64).

## EXERCISE

*For Caregivers:* Many of us have had the experience of going through personal scrapbooks and in re-experiencing our accomplishments when we were younger. Others of us have had assignments that we've done well on posted on the refrigerator or shown to relatives. Growing up, you may have even had your name in the paper for being on the honor roll, for graduation, for being successful in school sports, for being part of a club, and so on. These types of recognition can make a difference to struggling children and adolescents. A little recognition can go a long way.

This exercise will help you to track and document, along with your son or daughter, the successes that he or she has had and the changes that have occurred. In the form of a scrapbook (or other alternative means if you choose), you will maintain a record of your son or daughter's accomplishments. This can help in at least three ways. First, it can help your son or daughter to focus on positive future change and in doing the behaviors that you are seeking. Second, it shares your son or daughter's success story with others, thereby strengthening the new, valued story. Last, simply by looking at his or her "collections of success," your son or daughter can be

reminded of his or her accomplishments, how he or she is changing, previous solutions, and what he or she is capable of.

To complete this exercise, follow these directions:

1. With your son or daughter, purchase, find, or create a scrapbook. You may choose to buy one from a store or use an extra notebook or binder you have lying around. You may also choose to create one by using cardboard or card stock or other materials you have access to.
2. If you wish, decorate the cover by adding artwork, pictures, photos, and/or your son's or daughter's name.
3. Put the date on the front cover, inside cover, or the first page of the scrapbook so you know when it was started.
4. Talk with your son or daughter about the kinds of things that will be included in the scrapbook. These should be things that mark successes, accomplishments, and progress toward problems or difficulties. List those things that will be included in the scrapbook in the spaces provided. Be open to adding or modifying this list as you find new things that should be added.

---

---

---

---

---

5. When a piece of evidence that represents a success, accomplishment, and/or progress toward a problem or difficulty is identified, along with your son or daughter, set aside a time to put that evidence into the scrapbook.
6. Make sure that at least two times per week you set time aside with your son or daughter to review the scrapbook and to talk about the changes that he or she has made. Here are some questions to consider asking:
  - How did you accomplish what you did?
  - What steps did you take?
  - How did you approach the situation differently than you had in the past?
  - What else needs to happen to keep the change going?
  - What can I do to help you? Others?
7. Make sure that the scrapbook is out in the open where others can look at it.

# Certifiable

## OVERVIEW

### *Purpose of Exercise*

When children and adolescents have overcome difficulties and problems, it can be helpful to celebrate those changes with a certificate of accomplishment. This is consistent with schools, clubs, sports, and programs that mark completion, successes, accomplishments, and the reaching of goals with certificates.

The purpose of this exercise is to help children and younger adolescents to first and foremost celebrate their accomplishments and second to certify—bring recognition to their positive change. Certificates can symbolize success, overcoming obstacles, or mark the transition into the future. This can help children and younger adolescents with their sense of self and self-esteem. It can also help them to further use their strengths and abilities by recognizing that they have had some success in the past.

### *Considerations for Use*

1. This exercise will be most applicable to children and younger adolescents. Older adolescents are likely to be less interested in the idea and may wish to celebrate accomplishments in other ways or not at all.
2. Certificates are easy to make. They can be created by hand or on a computer.
3. Use certificates only for special accomplishments. If they are used too frequently, their effectiveness will be diluted.
4. Therapists or caregivers can create certificates.

## EXERCISE

*For Caregivers:* When children and adolescents have made changes and overcome problems it's important to recognize those changes and celebrate them. One way to do this is to use certificates to signify accomplishment. This exercise will help you to create certificates to mark positive changes that have occurred with your son or daughter or to celebrate some success. This can help with his or her sense of self and self-esteem. It can also help your son or daughter to further use his or her strengths and abilities by recognizing that he or she has had some success in the past.

To complete this exercise, follow these directions:

1. Identify the problem that your son or daughter has overcome.
2. Determine what skills were involved in overcoming that problem. Be specific and use behavioral descriptions. List the skills in the spaces provided.

---

---



---

---

---

3. Now it's time to get creative. Give the primary new skill a name (e.g., The Tantrum Tamer, Overcoming Anger, etc.)
4. Create a certificate. For examples, please see the "Certificate of Achievement" and the "Certificate of Change" at the end of this exercise.
5. Present the certificate to your son or daughter.

# CERTIFICATE OF ACHIEVEMENT

*This certificate is hereby awarded to*

## Tim Johnson

On this day, June 1<sup>st</sup>, 2015

For demonstrating his ability to tame tantrums

*Bob Bertolino*

Bob Bertolino, Ph.D.

# CERTIFICATE OF CHANGE

*This certificate is hereby awarded to*

**Laurie Waters**

On this day, June 1<sup>st</sup>, 2015  
For success in standing up to anger  
And for  
Getting her life back

*Mom & Dad*

## Pursuing the Future

### OVERVIEW

#### *Purpose of Exercise*

Once a problem has been overcome it can be helpful to work with caregivers, children, and adolescents to identify how they will extend those changes into the future. In addition, therapists can prepare clients in dealing with other problems, present or future, by orienting them toward those abilities that they have used in the past. This can serve as a form of relapse prevention.

The purpose of this exercise is to help caregivers, children, and adolescents to identify possible future impediments to change and to utilize their new learnings and skills to stand up to such challenges.

#### *Considerations for Use*

1. This exercise is applicable to caregivers, children, and adolescents.
2. It's a good idea to tell family members that they *might* face the same or similar problems again, not that they *will* face the same ones.
3. Suggest to family members that they already have the skills that they need to face future adversity.

### EXERCISE

*For Family Members:* This exercise will help you, your son or daughter, and your family to extend the changes that you've made into the future. This way you can continue to grow and attain the futures that you prefer. It will also help you to use what you've learned in facing up to problems that might arise in the future—whether they are similar or different ones. This way you will be more prepared in dealing with any adversity that might arise.

To complete this exercise, write your responses to the questions in the spaces provided.

What will you be doing to keep the changes you've made going in the future?

---

---

---

---

---

---

What will be different as a result of your actions?

---

---

---

---

---

What do you need from others to keep things moving forward?

---

---

---

---

---

What might be an indication to you that the problem was attempting to resurface? What might be the first sign?

---

---

---

---

---

What will you do differently in the future if faced with the same or a similar problem?

---

---

---

---

---

How can what you've learned be of help to you in solving future problems?

---

---

---

---

---

If you feel yourself slipping, what's one thing that can stop that slipping and get you back on track?

---

---

---

---

---

Keep this sheet available should you need to refer back to it.

## Simply Said

### The Gift of Gratitude

#### *OVERVIEW*

##### *Purpose of Exercise*

For families to be successful everyone must contribute. And sometimes the simplest but perhaps most difficult thing for family members to say to each other is, “Thank you.” Recognizing that another person has stuck by and supported you is an extraordinary gift. A gift in return that costs nothing but conveys to others that we care is the gift of gratitude. The purpose of this exercise is to help family members to recognize the gifts of others and how small expressions of gratitude can let others know they are appreciated.

##### *Considerations for Use*

1. This exercise can be used with individual family members or families as a unit.
2. This exercise can be used for families at any point as well as in or out of therapy.
3. Family members should be encouraged to be creative in their giving. The importance of giving is in the intent and gesture not the gift itself.

#### *EXERCISE*

*For Family Members:* Every family faces challenges and some more than others. You are not alone in navigating the waters of life. One of the things that helps families to stick together and stay the course are expressions of gratitude. Simply saying, “Thank you for not giving up on me” lets others know their efforts are recognized and that they are appreciated and cared about. Gratitude can be expressed at any time and can be most important during times when family members feel disconnected and alone. This exercise is to help your family members to openly express their gratitude to each other and in doing so reconnect.

To complete this exercise, write your responses to the questions in the spaces provided.

What is one thing that someone in your family has done for you and/or the rest of your family that lets you know they care?

---

---

---

---

---

What was most meaningful about that gesture?

---

---

---

---

---

Make a list of persons in your family that you feel grateful to have in your life.

---

---

---

---

---

---

---

---

What are three different ways that you could let one or more of those persons in your family know how much you appreciate them?

1. 

---

---

2. 

---

---

3. 

---

---



What would it take for you to express your gratitude to one or more of the family members you listed within the next week?

---

---

---

---

---

Over the next week, express your gratitude to one or more persons in your family. Write down what the expression was and what it was like for you to give to others.

---

---

---

---

---

Remember that others cannot read your mind. They don't *really* know when you feel thankful or grateful. Take the guessing out for those you care about. There are many ways to express gratitude. Keep your expressions small yet personal. Extend gratitude not out of obligation, but because it matters to the others who experience the gift of your caring.

# Index

- abilities 25, 27, 39, 51, 193, 195, 199, 229, 233  
accommodation, client 15  
accomplishments 211; certificate of 229; children's and adolescent's 227, 228  
accountability 63–5  
acknowledging efforts 100–2  
acknowledgment 60, 63, 64, 101; future-talk 93  
action-talk 66–8; acknowledging efforts 100; caregivers 114; change 71, 72, 83, 84, 109; crystal ball 76; cycling through 57; exception-seeking 156; goal-related improvement 74; goals 71; identify and amplify change 214; identifying exceptions 114; indications 74, 75; keeping things from getting worse 196; movement 80, 81; patterns 153, 156; problem wind-downs and endings 186; real world 208; scaling 83, 84, 85; time machine 78; translations 66–8, 72; try-outs 162; utilizing past solutions and successes 183  
adolescents *see* children and adolescents  
adversity 22, 193, 220, 233  
alliance: strength 15–17; therapeutic 18  
alternative views 123–6  
assumptions 3, 4, 11  
attitude, 107  
  
basic needs 6, 8, 11  
behaviors 51, 66, 67, 69, 70, 71, 72, 111, 137; change 188, 211; children 107, 227; desired 101, 109; disputed 100; new 224; pattern 159, 162, 173  
beliefs 3, 4, 5, 28, 36–7, 38, 145; spiritual 97; universal 96  
between-session change 208–10  
big picture 137–40  
biological parents 39  
blame 69, 120, 133, 224  
boundaries 58, 63, 123  
  
caregivers: abilities 25; accountability 63–64; acknowledging efforts 100; action-talk 66; agreement 167; between-session change 208; big picture 137; catch 'em doing well 111; challenging unhelpful influences 36; change 109, 211; changing patterns 156; context 178; criticism 109; crystal ball 76; doing the unexpected 175; evidence 211; exceptions 114; experienced others 127; exploring family solutions 48; factors 28; family inventory of resources 32; finding a meaning 141; future 233; goal-related improvements 74; household responsibilities 170; indications 74; inherited problems 51; mission 141; movement 80; movies 114; experienced others 127; exploring family solutions 48; factors 28; family inventory of resources 32; finding a meaning 141; future 233; goal-related improvements 74; household responsibilities 170; indications 74; parent preparation, parent prevention 202; past solutions and successes 183; pattern interruptions 164; qualities within 22; real world 208; recollections 25; remember when 183; requests for change 109; reviving the soul 96; scrapbooks 227; script it out 173; seize the moments 114; self-examination 224; significant people 44, 45, 46; solution-talk 69; spiritual energy and resources 96; stay with it 159; teach your children 107; traditions 204; try-outs 162; time machine 78; unhelpful influences 36; unpredictability 180  
certifiable 229–32  
certificate of accomplishment 229–32  
challenges 193–5  
change: acknowledging 100–2; action-talk 71, 72, 83, 84, 109; amplifying 214–17; attribution 218–21; facts of 211–13; identifying 214–17; in-between 80, 83; requests for 109–10; scaling 83; significance 222–3; signs 83; theories 87–9; track 188–90  
change-focused 208, 214  
charting solutions 188–90  
children and adolescents: abilities 25; accountability 63–4; acknowledging efforts 100; action-talk 66; agreement 167; alliance 15; big picture 137; caregiver agreement 167; catch 'em doing well 111; certifiable 229; challenging unhelpful influences 36; change 58, 109, 178, 211, 218; context 178; criticism 109; crystal ball 76; doing the unexpected 175; evidence 211; exceptions 114; experienced others 127; exploring family solutions 48; factors 28; family inventory of resources 32; family solutions 48; finding a meaning 141; future 145, 233; goal-related improvements 74; goals 71; household responsibilities 170; indications 74; inherited problems 51; mission 141; movement 80; movies

- 130; needs 6; past solutions and successes 183; pattern interruptions 164; problems, separating from 133; qualities within 22; recollections 25; remember when 183; requests for change 109; reviving the soul 96; scrapbooks 227; script it out 173; self-examination 224; separating feeling and doing 63; separating from problems 133; significant people 44; signs of progress 80; solution-talk 69; speculating about parents 39; spiritual energy and resources 96; teach your children 107; time machine 78; traditions 204; try-outs 162; unhelpful influences 36; viewpoint reevaluation 120
- chores 170, 178  
 clarity 66  
 client factors 32  
 client preferences 15, 18  
 client's theories 15  
 collaboration keys 15–17, 18  
 collections of success 227  
 communication 107  
 consequences 167, 169  
 consistency, continuity, and connection 204–7  
 context 25, 153, 156, 178–9  
 contextual influences 28, 36–7  
 contextual propensities 28  
 control 22, 39; out of 66, 133, 173  
 counterevidence 117–19  
 creativity 176, 180  
 criticism 103, 109  
 crystal ball 76–7  
 culture 33  
 culture/ethnicity 33  
 culture of therapy 11–14
- defensiveness 69, 109  
 demands 137, 202  
 descriptions 60, 66, 69; futures 76; observable 153, 156, 183, 186, 196; problems 71, 117; vague 71, 72, 74, 78, 80, 83, 84  
 differences, making the most of 224–6  
 different perspectives 16, 103, 114  
 difficulty 44, 63, 159, 173, 202  
 Disney, Walt, 103  
 “doing” of the problem 66, 72
- efforts 32, 93, 153, 159, 162, 164, 173, 236;  
 acknowledging 100–2; caregivers 180;  
 future 188; parents 167; problem-solving  
 123  
 end points 186  
 Erickson, Milton 117  
 ethnicity 33  
 evidence 211–13  
 exception-seeking 156–8, 175, 178, 180
- exceptions to problems 114, 156, 183, 211  
 expectations 16, 18, 137  
 experiences 11, 48, 60, 87, 114, 127  
 experienced others 127–9  
 external resources 127  
 externalizing 133
- factors 28–31  
 facts of change 211–13  
 families: later life 58; stages 57–9; with adolescents 58;  
 with young children 58; working with 3–5  
 family inventory of resources 32–5  
 Family Life Cycle 57, 130  
 family of origin 57, 58  
 family solutions 48–50  
 family views 103–6  
 feeling versus doing 63–5  
 finding a meaning 141–4  
 4WH questions 153  
 Frankl, Viktor 141  
 frustration 71  
 fundamental needs 6  
 future: acknowledgment 93; crystal ball 76–7;  
 pursuing 233–5; time machine 78–9;  
 vision 93, 145–9  
 future-talk 60, 93–5
- goal-related improvement 74–6, 78, 80  
 goals 6, 15, 22, 32, 57, 58, 67, 78, 80, 81–4, 93, 145;  
 certifiable 229; change 222; charting progress  
 188, 199; children and adolescents 120;  
 construction 83; determining 71–3; evaluating  
 progress 199; family members 83; long-range  
 137; personal 76; turning problem statements  
 into 94, 95  
 gratitude 236–8
- homework 61, 64, 176, 178, 181, 182  
 household chores 170  
 household responsibilities 170–2  
 humor 100, 176
- ideas 4, 5, 16, 31, 39, 40, 41, 42, 62, 66, 88–9, 96,  
 127–9, 177; caregiver 175, 180, 202; client;  
 15, 17, 18–21, 28, 32, 69, 74, 80, 87; family  
 members 28, 51, 87; feelings 63; generating  
 new 123, 130, 132, 141; parent 202; moving  
 walkways 93; preconceived 3, 12, 13, 15; pure  
 reflection 60, 93
- identifying exceptions 114–18  
 impediments 233  
 impossibility 60, 93  
 in-between changes 80, 83  
 influences, contextual 28–31  
 influences, unhelpful 36–8

- inherited traits 51–53  
 intensity of problems 156, 183, 208  
 internal qualities 218, 219  
 interpretations 123  
 interventions 18, 57, 71
- jargon 69
- language 25; possibility 60–3  
 launching children and moving on 58  
 leaving home 57  
 listening 94  
 long-range goals 137
- maintenance 170  
 marriage 58  
 Maslow, A. H. 6  
 meaning, sense of 141  
 means and methods 15  
 mission 141–4  
 motivation 107  
 movement 80–2, 83, 84  
 movies 44, 130–2
- need, levels of 6–10  
 needs 137; basic 6, 8, 11; fundamental 6; second order 6  
 negative feelings 15
- out of control 61, 66, 67, 72, 133, 173  
 out of the box 162  
 outcome 167, 169, 208, 218; positive 28, 32, 36; predictors 15; preferred 18, 76, 78, 80, 83, 85, 93, 145, 222
- parent preparation, parent prevention 202–3  
 parent speculation 39–43  
 past solutions and successes 183–5  
 pattern interruptions 164–6  
 patterns, lives as 153–5  
 patterns: changing 156–8; doing the unexpected 175–7; interruptions 164–6; turning on and off 162; unhelpful 153, 155, 156, 175, 178, 180; unpredictable 180–2  
 patterns of action 153, 155, 180  
 permission 63  
 personal philosophies 3, 5  
 personal qualities 22, 218  
 perspective: alternative 123–6; contextual influences 28, 36–7  
 point of view: alternative 123–6; challenging adolescents 100; contextual influences 28, 36–7  
 positive behavior 211
- positive change 6, 15, 18, 123, 133, 164, 211, 214, 218, 222, 229  
 possibility 60–2, 93, 107, 224  
 preferences: client 15, 18–21  
 preferred outcomes 80, 83, 85, 93, 145, 222  
 preparation parent, 202–3  
 problem description 66, 117  
 problem-focused 69, 211  
 problems: contextual influences 28, 36–7; ending 186; exceptions 114, 156, 183, 211; influences 28; intensity 156, 183, 208; resolution 28, 123, 164, 178, 222; separating from 133–6  
 problems and solutions, influences on 28–31  
 problem wind-downs and endings 186–7  
 progress, signs of 80–2; 83, 84
- qualities within 22–4, 32, 33
- recollections 25–7  
 reevaluating viewpoints 120–2  
 Reeve, Christopher 36  
 relationship: client's view 15–17  
 reputation 11–14  
 requests for change 109–10  
 resilience 22, 196  
 resolution 28, 123, 164, 178, 222  
 responsibilities, household 170–2  
 reviving the soul 96–9  
 rituals 204–7  
 routines 153, 204, 205  
 rules 123, 167
- scaling 83–6  
 scrapbook 227–8  
 script it out 173–4  
 searching for counterevidence 117–19  
 second order needs 6  
 seize the moments 114–16  
 self-evaluation 224  
 self-examination 224–6  
 separating feeling and doing 63–5  
 separating from problems 133–6  
 sessions, change between 208–10  
 setbacks 193–5  
 sharing household responsibilities 170–2  
 significant people 44–7  
 signs of change 83  
 situational needs 137  
 solution keys 156  
 solution patterns 186  
 solutions: family 48–50; identifying past 183; track 188–90  
 solution-talk 69–70  
 speculating about parents 39–43

- spiritual energy and resources 96–9
- spirituality 28, 33, 36, 96
- stories 39, 94, 117, 133, 227;
  - alternative 123
- strength identification 25–7
- successes: evaluating and employing 199–201
- support systems 44–7, 127, 195
  
- taking stock 32–5
- teaching your children 107–8
- theories of change 28, 87–9
- therapeutic relationship 3, 18, 20
- time machine 78–9
- traditions 204–7
  
- translations 66–8
- try-outs 162–3
  
- unexpected, doing the 175–7
- unhelpful influences 36–8
- unified front 167
- unilateral change 100
- unpredictable 180–2
- upper hand, gaining the 117
  
- vague problem description 66
- viewpoints: alternative 123–6; reevaluating 120–2
- vision for future 145–9
  
- war of wills 162