CA Symposium 2016
Session #1
Beyond Behavior Problems: Addressing Youth and Parent Mental Health Problems

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30–50% of children whose parents are “mentally ill” develop “mental illness” compared to 20% of children in the general population.

Mental Health issues of parents impact 1 out of 4 families in the US.

70% of parents whom suffer from mental illness have lost custody of their children.

Parents who suffer from depression are less likely to interact with kids ultimately impacting decreased stimulation for the kid. These kids tend to lag behind in language development, emotional behavior and maturity.
We begin with “Family First” to successfully address the Individual and ecosystemic nature of clinical problems.
Problem Behaviors

Family Relational Patterns

Motivations

FFT then reconstructs the elements in planned and systematic ways.
Case Example

- Referral made from Child Welfare regarding Mom, Stepdad and two youth due to high level of family conflict
- Therapist and Case Manager at initial session – parents came without kids and expressed concern over having kids in session due to marital conflict
- Therapist had to point out strength of parents wanting to protect kids, but concern that kids having difficulties in school and community and therefore important to include everyone – parents agreed
Stepdad calls therapist to express that there are “some things you should know”
Stepdad informs therapist that wife is diagnosed Borderline and has had multiple affairs
Therapist changes focus to dad wanting to help family and his strength in staying through these difficulties
Dad states he is in individual therapy and has been told that he is codependent
Remember

- You may hear a high degree of self blame, shame and negativity in families where there is a mental health issue
- The diagnosis can “become” the family
- Either over reliance on system or great deal of reluctance to believe that system can work
- You must be a good listener in Engagement Phase and utilize information you gain to match to the family
- You may need to increase frequency at beginning in order to overcome the long history of negativity, blaming and shame
Motivation Phase

- Create context for change
- Decrease conflict
- Increase hope
- Balanced Alliances

- Interpersonal
- Clinical
- Contingent
- Responsive

- Strength-based
- Relational
- Non-judgmental
- Respectful

- Change Focus
- Change Meaning

Goals
Skills
Focus
Activities
1st Session

- Mom calls therapist before first session to cancel as she and dad have had a fight and dad has left the home. Dad returns while she is on phone with therapist who is able to convince them to have session.
- Fight between mom and dad continue during session and kids seemingly “disappear”, they are in room, but do not interact at all.
- Therapist focused on mom and dad fighting and becomes part of the pattern of ignoring kids without realizing it – however, it is okay to focus on those most negative and blaming, but be aware that you may become part of the pattern and will have to work on this in future sessions.
Needs for motivation

- FSR show good alliance with mom and dad, but little alliance with kids
- FSR show little hope
- Need to shift this from parent focus to family focus – using the idea that parents fighting leads kids to feel powerless and not having a place in family – while what mom and dad want is for everyone to feel that they belong
- Shift dad’s focus from it is all mom’s fault to they are in this together
- Shift mom’s focus from self to family
2nd Session

- Therapist started session with focus on positive activity family had been involved in when he arrived.
- Then went into idea that parents fighting was there not giving up on family, but kids seemed to “get lost”
- Parents then started arguing and youth made a statement about “here we go again” and dad took that as her taking mom’s side.
- Therapist was able to point out that it was her way of trying to stop the argument – youth agreed which led to good discussion of how things are often not perceived the way intended in family.
When Reframes and Themes “don’t work”

- When you can’t make reframes and themes fit…
  - Take responsibility – don’t “blame” them or give up.
  - Reduce negativity by diverting and interrupting negative relational sequences in the family
  - Ask “sequencing” (rather than “blame-inducing”) and strength based questions
  - Develop new reframes and themes
  - Be more relentless with our reframing than they are with their blaming and hopelessness
Remember we are looking at the behaviors and how these behaviors impact family members – what functions do the behaviors achieve

Disruptive behavior – even in session usually serves a function what is possible noble intent?

It may be helpful to start first session with the following question – What does it mean to you to be “depressed” or the parent of a “depressed child” etc., this allows you to gain information on their understanding, attributions, etc and find ways to match to the family and what you may need to shift focus and change meaning around
Things therapist has to keep in mind

- Do not “normalize” behavior with families in which there is someone displaying borderline behaviors – this does not match to their feeling of being unique
- You must set firm boundaries around when to call an what is appropriate to call about
- Do not fail to recognize the influence of the person diagnosed
- Don’t try to get caught up in trying to make them see “logic”, it is not important to find out the truth – instead look for the pattern
Relational Assessment Phase

- **Goals**
  - Formulate relational assessment
  - Plan for behavior change

- **Skills**
  - Perceptiveness
  - Understanding systems and relationships

- **Focus**
  - Within family patterns
  - Extra-familial patterns

- **Activities**
  - Elicit and analyze information about patterns
  - Observation

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Case Example

- The following behavior pattern seems apparent;
- There is undercurrent of “waiting for something to happen”, so when dad leaves his phone at home when he has previously agreed to go shopping for family, mom takes this as he didn’t want to go shopping and is preventing her from sending him the list. When he gets home she starts fight, one of the kids tries to make a joke and dad then “verbally attacks” youth, mom takes youth side and mom and dad continue to fight with both kids going to their rooms and not coming out until the next day. This type of fight happens almost daily and when there is “good times” it tends to be with mom and kids doing activity and dad on the periphery watching.
Relational Assessment

- Mom to Dad and Dad to Mom – Connected
- Mom to kids – behavior pattern seems to be the same with both kids and it seems to be midpointing to the kids
- Kids to mom – autonomous
- Dad to kids – autonomous
- Kids to dad – autonomous
- Dad controls the finances, but mom seems to have more influence over relational functions – would see mom and dad as symmetrical at this point
Behavior Change Phase

- Eliminate referral problems
- Improve family interactions
- Build skills

- Directive
- Teaching
- Structuring

- Changing behaviors and interactions
- Compliance

- Facilitating tasks
- Modeling / Coaching
- Homework

Goals

Skills

Focus

Activities

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Structure of Sessions

- Rationale
- Present Task
- Behavioral Rehearsal Modeling
- Feedback Coaching
- Homework

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Domain Specific Modules
Depression and Anxiety Disorders
Commonly Encountered Situations or Syndromes

- Depression: Parental and Child
- Anxiety
- Addictions
- Anger/Aggression
- PTSD
Cognitive Behavioral Treatment for Depression and other MH DX

- CBT is based on the premise that people with depression have cognitive distortions in their views of themselves, the world, and the future. CBT, designed to be a time-limited therapy, focuses on changing these distortions.
Three-part System

Feelings and Emotions

Actions

Thoughts
Most people try to change their emotions; for example, they try to feel better first, but this is the hardest part to change.

It is much easier to learn skills to change your thoughts and actions, and this will, in turn, change how you feel.
Emotional Spirals... How you feel affects how you think and behave, which then affects how you feel and think, and so on.

BLACKBOARD

**The Downward Spiral**
- feel unhappy
  - spend more time alone
- feel depressed
  - become less active
- feel more depressed
  - do even less

**The Upward Spiral**
- feel great
  - do well in school
- feel even better
  - have fun with friends
- feel good
  - do something successfully
Checklist of Negative Thoughts

- Negative Opinion of Yourself
- Self-Criticism and Self-Blame
- Negative Interpretations of Events
- Negative Expectations of the Future
- My Responsibilities are Overwhelming
Recognizing Depressed Thinking

- Negative thoughts tend to be automatic
- The thoughts are unreasonable and serve no useful purpose
- Even though these thoughts are unreasonable, they probably seem perfectly plausible at the time that you have them
- The more a person believes these negative thoughts (that is, the more uncritically he accepts them), the worse he feels
Typical Thinking Errors

- Exaggerating
- Overgeneralizing
- Ignoring the Positive
The A.B.C. of Changing Feelings

A. The event

B. Your thoughts

C. Your feelings

Most people are normally aware only of points A and C.
Activities that can trigger spiral upward or downward

These are some of the things that can start a spiral **DOWNWARD** into depression:
1. Participating in few positive or fun activities.
2. Feeling depressed.
3. Doing less.
4. Thinking negative thoughts.
5. Feeling even worse, then doing less, etc.

These are some of the things that can start a spiral **UPWARD**, or get you “on a roll.”
A positive spiral can break the negative cycle and reverse it.
1. Being successful at something.
2. Feeling confident.
3. Doing more fun things.
4. Having friends.

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Skills to Change from Downward to Upward Spiral

Changing **ACTIONS** by:
1. Increasing pleasant activities — doing more fun things.
2. Improving social skills — working on a friendly skill.
3. Developing effective communication and problem-solving skills.

Changing **THOUGHTS** by:
1. Stopping negative thoughts.
2. Increasing positive thoughts.

Changing **FEELINGS** by:
1. Changing our thoughts.
2. Changing our actions.
3. Learning relaxation skills.
Case Example

- Therapist will need to intervene in pattern to change the “thinking errors” that lead to negative communication and then also teach communication skills that enable family members to “hear” each other and express feelings/emotions/thoughts in a way that is assertive, but not aggressive or passive.

- Therefore you might first do ABC assessment with family to help them see pattern of how their thinking errors leads to negative communication and then help them to replace negative thinking errors with positive thinking and move from that to impact statements vs. direct requests, being brief and direct, etc.

- This will occur over several sessions and will necessitate family practicing the skills during sessions and throughout the week.
Remember

- Behaviors are not going to magically change after one session
- It is important to offer coaching and feedback that is constructive and facilitate family members giving each other feedback
- You must set up homework in a way that makes it easier for family to monitor and report back
- You may have to have more than one session a week if a crisis or setback occurs –
Generalization Phase

- Maintain individual and family change
- Facilitate change in multiple systems

- Interpersonal
  - Structuring
  - Case Management

- Extend change
- Extra-familial community resources

- Link to formal and informal systems
  - Plan for future challenges

Goals
Skills
Focus
Activities

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Planning for Generalization

- What are the risk factors for this family to relapse?
- What goal best addresses these risk factors?
- How are you going to teach, link, model or support the family in meeting these goals?
- Think about the use of themes – you may have a new theme for this family in moving ahead and completing FFT
Generalizing Change

- How can we help family to respond to new and relapsed problems?

- You must assist the family in taking the skills learned in behavior change and applying those skills to other situations in their environment.

- For example, they have learned to problem solve with each other, now how do they problem solve with the probation officer, school, extended family?
Generalizing Change with Other Providers

- Many of our families have multiple providers, agencies, probation involved with the family
- Generalization is a good time to bring these people together with the family to highlight the changes made and make sure everyone is on board with how to continue to work with the family
- You must match this to the family – if they can set this up on their own – let them, if they need help you teach them how to set this up
It is important with providers to determine what they consider “success” and then work with them to see the “success” as defined by the family and FFT.

This requires being aware of sanctions and other tasks family must accomplish for referral sources and then using generalization to assist family in accomplishing some or all of the tasks.

You will want to start this dialogue about tasks required with the referral source from the time of the intake.
Maintaining Change

• What can we do to assist the family in maintaining the changes they have made?

• Relapse Prevention – more than talking about it, but helping families to review where they have had trouble in the past and how they can use new skills to avoid that trouble or address it earlier in the pattern
Supporting Change

- What resources does the family need to help them maintain change?
- This does not have to be all community resources – what resources exist in their family, friends, neighbors
- We link families to outside resources not to meet a contract expectation, but to address a risk factor and to build upon protective factors
Case Example

- The mother in this family has refused any individual therapy or evaluation at the time of initial referral, this will need to be evaluated at the start of generalization to see if she is willing once the focus has been taken off her being the problem and family is functioning better.
- Needs to be some continued family bonding activities to repair/improve family relationships.
- Needs intervention with school officials to help them see family in a more positive light.
- Possible socioeconomic difficulties that may need to be addressed.

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Overview of Generalization with MH issues

- Don’t make mistake of focusing only on diagnosis or securing meds or medication compliance
- Try to help family in developing “natural” resources as opposed to professional resources, this may mean bringing in new family members friends to sessions during generalization
- Extremely important to make sure referral sources and other community agencies involved with family are aware of progress and plans for the future
Booster Sessions in FFT

- FFT can utilize booster sessions post successful completion of the clinical model.
- Use of:
  - 1. Planned event: Situations which the therapist is aware of at the end of formal treatment that may occur and present risk to sustained change. i.e. school when treatment ends end of July.
  - 2. Not planned: When the family or referral source encounters disruption, therapist can re-engage.
Conclusion

- Families in which there are mental health issues may be some of our most challenging due to agency pressures, referral source pressures and therapist perceptions.
- It is essential that we maintain our FFT principles and adherence to the phases of the model when working with all families, but especially those families in which other circumstances might try to pull us off task.
- There is no magic pill for working with these families, like all FFT it takes relentlessness, trying things, seeing what works, what fails and trying again.