

*Beyond Harm Reduction:  
Treating High Performing  
Yet At-Risk Adolescents*

*Jennifer A. Walker, Psy.D.  
Co-President  
Rockland County Psychological Society*

*A New Voice*

*Group and Family Psychotherapy for Adolescents and their Families*

at Family Institute of Westchester • 333 Westchester Avenue, Ste. E106 • White Plains, New York 10604  
(Phone) 914-924-0353 • DrJWalker828@gmail.com

**POPULATION:  
Who Are We Talking About?**

**Self-Destructive Adolescents who are  
functioning fairly well:**

Self-Injuring  
Depressed  
Anxious  
Abusing Substances (is there a line?)  
Sexual Risk-Taking; "Sexting;" Video Chats  
Eating Disordered  
Stealing  
Cheating  
Dangerous Driving

**POPULATION:  
Who Are We Talking About?**

**"America's newly identified at-risk group is preteens and teens from affluent, well-educated families. In spite of their economic and social advantages, they experience among the highest rates of depression, substance abuse, anxiety disorders, somatic complaints, and unhappiness of any group of kids in this country."**

- Levine, Madeline (2006)  
- Luthar, S., & Sexton, C. (2005)

**POPULATION:  
Who Are We Talking About?**

**"Perfect"**  
-Simple Plan

<http://www.youtube.com/watch?v=f-5gJjWzfn0>

**"Sticks and Stones"**  
-Aly and Aj

<http://www.youtube.com/watch?v=vwWs-nODYFo>

**"Beautiful"**  
-Christina Aguilera

<http://www.youtube.com/watch?v=OvLLG99Q9Gc&feature=related>

## Early Identification

- **Intervene**
- **Assess**
- **Motivate to go for help**

## "Addiction" Seen as Impulse Control Disorder

- Begins late in childhood
- Waxes and wanes and often becomes chronic
- Usually ends in 10-20 years
- When alcoholism or eating disorder occurs, S-I diminishes, but returns as co-morbid disorders diminish
  - Must have some diversion to distract attention from emotional pain
- Symptom Substitution

## Alexithymia

**A condition where a person is unable to describe emotion in words**

- Difficulty describing or recognizing one's own emotions
- Limited fantasy life
- General constriction in the affective domain

**Implications for family dynamics**

## Why do Adolescents Self-Injure?

- Release of tension
- Vent anger
- Relieve emotional distress
- Make pain visible to others
- Stop bad thoughts and purge bad feelings
- Re-associate
- Feel alive inside
- Create a feeling of euphoria
- Feel numb
- Self-punishment
- To be in control
- To control or hurt others
- "My friends do it"
- Scars have some meaning to self and others

## Invalidating Home Environment

- Airing of private feelings are met with extreme responses from caregivers
- Expression of painful emotions is trivialized, thus dismissing child's interpretation of his own actions
- Persistent invalidation leads to subconscious invalidation and distrust of own feelings / interpretation of environment
- Lack of role models for good coping skills
- Unwanted Dependency
  - Must rely on adults' views when own view is not accepted

## Social Perspective

- Culture of Fear
- Conformity/Fitting in
- Girl Aggression
- "Aging Down"
- Seduction of Quick-Fix Solutions
- Emotional Disconnection
  - Individualized Activities
- De-normalization and Criminalization of childhood

## Adolescent Experiences

- Recent Loss
- Peer Conflict
- Intimacy Problems
- Dissociation related to abuse
- Impulse Control Problems

Conterio & Lader, 1998  
Welch, 2001

## When Do Parents Need to Know?

### Reasons for Involving Parents:

- Safety
- Efficacy of Treatment
- Many Kids *want* their parents to know
- Kids may tell parents- lose credibility
- *Most* kids still want parents' acceptance and approval
- Legalities- CYA
- S/he has broken your *CONTRACT*
  - \*Ask yourself *why* you are reaching parents?  
Weigh the risks...

## Guidelines for Creating No-Harm Contract

- **Talk to client about her understanding and expectations of treatment.**
- **Explore what has worked and what hasn't**
- **Explain that a written agreement is to protect the therapeutic relationship**
- **Models the right and ability to set limits**

## No-Harm Contract

Dear [redacted] and [redacted], [redacted] Jen, and myself, [redacted]

I promise I will not eat, or do anything else destructive to myself. I will not drink. I will not smoke. I will not do anything more than [redacted] and I'll ONLY HU = FIVE 4 KE EACH OTHER.

If I want to cutivate:

- 1) Call someone PD will hold [redacted] here...
- 2) Write [redacted] of cutting
- 3) Sing/Listen to music
- 4) Take a nap
- 5) Dance.

I will not be around for sleep objects, or anything that I can cut-myself with.

I'm done, I'm making this promise and I intend to keep it. NO WATER MARK.

[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

## Generating Alternatives

- "Pretend" Alternatives will work
- **Delay behavior with Alternative Behaviors**
  - Start out with 60 minutes between urge and acting
  - Find alternatives to EVERYDAY CHALLENGES
  - Challenges are a way for us to grow, become more assured
  - Use Alternative Behavior Cards
- What did you do at 4 pm before behavior?
- What gave you pleasure as a child?
- Find greater esteem in self to decide you don't want to hurt yourself
- Find greater control of emotions

## Getting "Permission" From Teen: Disclosure

Offer a Sense of Control

- Limited Permission- what is ok?
- Write a script- tell parents about script
- Listen-in to call
- Be in room/out- any combination
- Meet with parents, or not
- Tell kids what parents say?

## Getting "Permission" From Teen

Would not be doing job of *caring* for teen

Willing to take the risk of teen being angry at you...

## Getting "Permission" From Teen: Referral for Outside Treatment

"Sell" Family Therapy as *Opportunity* to:

- Negotiate
- Complain about parents
- Hold Parents to agreements (regain some control)
- Have person of some 'authority' speak to parents

## MOTIVATING: Build Trust

Teen vs. Parent ??

Both need a sense of *control* and *satisfaction*

Write Down "Ground Rules" for all

Give taste of *success*

- Controlling own emotions
- Can have meaningful interactions- less tension with family members
- Can work with you or other professional to achieve goals
- All working for the same goals

## Solution Oriented Brief Family Therapy Techniques

Connection Building Practices:

Adolescents who are engaged in solid, meaningful interpersonal relationships within the family and other social contexts feel a strong *sense of place* in these relationships.

Many 'troubled' teens these days are contending with family members who are overscheduled, parents who are emotionally spent and work long hours, and a larger cultural context that encourages family members to put work, play, television, and computer screens ahead of spending time together as a family.

## **Solution Oriented Brief Family Therapy Techniques**

### **Connection Building Practices:**

**Our fundamental notions of who we are are not formed in the process of separation from others. In short the goal is not for the individual to grow out of relationships, but to grow into them. As the relationships grow, so grows the individual (J.B. Miller and Stiver, 1997)**

## **Solution Oriented Brief Family Therapy Techniques**

### **Connection Building Practices:**

#### **Family Storytelling**

- Sharing key parts of each person's day (highs/lows)
- Special Dinners-
  - One night of the week, where such discussion is held
  - Light candles that night of the week
  - Share what each is thankful for
- Parents can share stories from their own childhoods- adversities they encountered, how they overcame them, and the meaning these experiences have had in their lives

## **Solution Oriented Brief Family Therapy Techniques**

### **Connection Building Practices:**

#### **Adolescents Mentoring Parents**

**Accentuating adolescents' strengths by having them share their wisdom and expertise with their parents**

- Anything to do with technology!
- Share other interests with parents
- Give information/tips about a sibling
- Plan a party or family gathering with parent

## **Solution Oriented Brief Family Therapy Techniques**

### **Connection Building Practices:**

#### **The Compliment Box**

- Each day family members write down a compliment.
- Read at designated time.
- Take turns reading compliments aloud.
- May keep particularly touching or moving compliments in a safe place.
- Slips of paper are a constant reminder that they are connected to one another in a meaningful way, even in the midst of conflict.

## **Solution Oriented Brief Family Therapy Techniques**

### **Pessimistic Questions:**

**Cooperate with very pessimistic family members; Validate feelings**

- "What keeps you going? Some parents in your situation would have sent their kid off to boarding school a long time ago!"
- "You have been in counseling seven times before. Why haven't you thrown in the towel already?"
- "Why are you willing to give counseling/therapy another try?"
- "What would be the tiniest thing that your daughter could do over the next week that could give you an inkling of hope that things could get slightly better?"
- "When she pulls that off, how will that make a slight difference for you?"

## **Solution Oriented Brief Family Therapy Techniques**

### **Reversal Questions:**

**Tap adolescents' wisdom about what parents can do differently to gain their cooperation? What they could change about themselves individually and as a couple?**

**Challenge the parents' unhelpful beliefs about their adolescents' skill deficits and lack of ability to take responsibility**

**Adolescent in the expert consultant role can foster a cooperative relationship and strengthen the therapist's alliance with her**

## **Solution Oriented Brief Family Therapy Techniques**

### **Reversal Questions:**

- "Do you have any advice for your parents about how they can get you to take more responsibility?"
- "What do you think your parents could do to argue less?"
- "Do you have any advice for your parents about how to be less stressed out?"
- "What is the first thing your parents could do differently that would help all of you to get along better?"
- "Is there one thing that your parents do that really ticks you off the most that you would like me to work on changing?"

## **Solution Oriented Brief Family Therapy Techniques**

### **Externalizing Questions- Unique Outcomes:**

**Can elicit from family members their storylines of competency, which help thicken the new preferred problem-free story they wish to author**

- "Have there been any times lately when cutting was lurking about and your parents did something that worked to prevent you from becoming vulnerable prey to it?"
- "What did they do to keep it from getting the best of you?"
- "What do you tell yourself to stand up to cutting and not allow it to push you around?"
- "As you continue to frustrate cutting and not cave into its clever ways, how are you viewing yourself differently as opposed to how you used to view yourself when you were a victim of it?"

## **Solution Oriented Brief Family Therapy Techniques**

### **Connection Building Practices:**

#### **The Compliment Box**

- Research on family strengths has indicated that showing appreciation is one of the six important characteristics of strong families (DeFrain & Stinnett, 1992; Stinnett & O'Donnell, 1996).
- In contrast, failure to acknowledge family members' efforts to be helpful, to reach out with support, to share appreciation for each other, and to take an interest in each others' lives can promote conflict and emotional distance and can sever relationships over time.

## **Solution Oriented Brief Family Therapy Techniques**

### **The Talking Stick:**

**Use this Native American ritual of giving the speaker in a circle a stick to hold while s/he talks and all others listen. Helps in family with a lot of blaming, interrupting, and "mind reading."**

## **Making Referrals to Outside Professionals**

- How do you make needs of kids known to professional? To parents? Is there a difference?
- Deferring to / Working with outside clinician
- Communication with clinician, parents

## **Recommended Treatment Approach**

- **Individual Psychotherapy**
- **Psychoeducation**
- **Group Therapy**
- **Family Therapy**
- **Psychopharmacology**
- **Comprehensive Approach:**
  - **Build a Treatment Team**
    - Individual Therapist
    - Group Therapist
    - Family Therapist
    - NP and/or Psychiatrist

## Recommended Treatment Approach

### GOALS

- Challenge irrational thoughts
- Learn to differentiate *thoughts* from *feelings* from *behaviors*
- Delay impulses (increase time between impulse and action)
- Experience a feeling (anger) without an action (self-destructive behavior)

## Recommended Treatment Approach

### GOALS

- Face fears directly, challenging irrational thoughts, rather than running from/medicating with self-destructive behavior
- Get through defenses to core affect
- Identify and communicate experiences to others verbally, and in age-appropriate manner
- Mourn the loss of the idealized childhood

## Recommended Treatment Approach

- Individual Psychotherapy
  - Emphasis on Alexithymia
    - Verbalize feelings vs. Holding in
    - Feelings Charts
    - Define terms
- Psychoeducation
  - Stuffing feelings with behaviors is dangerous
    - Feelings alert us to danger
  - *With Understanding There is a Choice*

## Recommended Treatment Approach

- Group / Peer Support (School):
  - Selekman's *Stress-Busters Leadership Groups*
    - Feeling good about self by helping others
    - Validates importance of individual
    - Become a role model
- Volunteer work
  - Internships, Graduation Requirements

## Recommended Treatment Approach

- **Group Therapy**
  - Support
  - Enhance Social Skills
  - Psychoeducation
  - Mutual Contracts
  - Frequency of Meetings

*Dangers:*

- Reinforce Behavior
- Create Drama

## Recommended Treatment Approach

- **Group Therapy**
  - Reducing Contagion
    - Reference to Behavior: "Self-Injury"
    - Cannot talk about specific activities / injuries
    - Cannot show injuries, or obviously cover
    - Consequences for self-destructive behavior
    - Clearly Defined Contract, with consequences
- **Sponsor or Mentor**
  - Closely monitored...
  - Sponsor
    - 20 years old +
    - S-I free 2 years

## Recommended Treatment Approach

- **Therapeutic Tools**
  - List of Alternatives
  - Impulse Control Log
  - No-Harm Contract
    - Group Rules
    - Personal Alternatives
  - Writing Assignments
  - Relaxation Techniques
  - Journals (*monitored\**)
  - Nurture a plant

## Recommended Treatment Approach

- **Family Therapy**
  - Engage family as a whole
    - What are issues that need to be resolved?
    - Resolve attachment issues
  - See parents as adjunct
  - Multi-family groups

## What Can Parents Do?

- **TALK** about the importance of respecting and valuing her body. Taking care of self is an important step to ending path of self-destruction. Encourage helping others.
- **DON'T PRESSURE** to stop. *Instead*, recognize what it is used for.
- **ENCOURAGE** using other ways of expressing feelings (e.g., talking, writing, drawing, exercising) (List of Alternatives).
- **ACKNOWLEDGE** progress on *other goals*. Acknowledge steps toward living a healthier, happier life.

## Parent Management Skills

### What Parents Can Be Taught

- **Active listening: validating, clarifying and sharing**
- **Encourage your child to express thoughts and feelings (+ and -)**
- **Model optimism and respond constructively with positive emotion**
- **Reinforce belief in your child's capacity to succeed**
- **Practice benign neglect (choose your battles)**

## Parent Management Skills

### What Parents Can Be Taught

- **Express realistic goals and reasonable expectations**
- **Consistently enforce rules and consequences**
- **Positive consequences vs. punishment**
- **Demonstrate a genuine willingness to negotiate**
- **Structure and monitor incentives and rewards for pro-social behaviors**
- **Talk about subjects other than school**

## Role as School Counselor

- **Assess Safety at Home**
- **Create Safe Environment**
  - **Develop Detailed Safety Plan ("Contract")**
  - **Stabilize until outside treatment begins**
- **Provide Interventions**
  - **Clinical Interventions**
  - **Collaborate / Act as Liaison**
  - **504 Plan (modification of schedule)**
  - **Arrange Home Tutoring**
- **Make Referrals**

## **Role as School Counselor**

- **Advocate**
- **Educate**
  - **Students, Parents, Teachers**
  - **Dispel myth of attention-seeking**
- **Prevent**
  - **Group Counseling / Outreach for 'At-Risk'**
- **Manage Own Feelings**
  - **Helplessness, Guilt, Anger, Betrayal, Disgust, Sadness**
- **Adhere to District / School Policy**

## **Case Examples**

- **Charlotte**
- **Anna**
- **Katie**
- **Mia**
- **Angela**



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