

From the Desk of Dr. Scott Sells: *Let Us First Do No Harm*



Are we literally scaring the mental health out of our parents? Did you know that the number of diagnostic categories in the DSM has jumped from sixty-six in the first edition to a present 286 in the DSM IV edition? Are we as a society getting sicker by the minute, or are we the only profession that is creating the very illnesses that we treat? These are

provocative questions to ponder, but questions we must face in the light of our Hippocratic Oath, which states "let us first do no harm."

This question came full

circle for me when I recently treated a family who had been in therapy for 9 years with no change in their sixteen-year-old son, Ben. Ben and his family were chronically stuck! Ben's case will be featured in this newsletter under "Counselor Dilemmas" a new case study.

Counselor Dilemmas will be a featured section in each future newsletter. You are welcome to submit your own counselor dilemmas directly to me at spsells@difficult.net. I will read them and study the common themes or issues that emerge. I will respond to these themes in the next quarterly newsletter during November.

In the next section I will discuss new innovations you can use to dramatically change the way you do practice. In this month's issue, I will illustrate how a new concept called "Regional Centers" will not only enable you to help more families, but double or triple your current income within two years. In the age of managed care, you must have a niche that separates your private practice or agency from the rest of the pack.

I look forward to corresponding with you every three months. If you like what you read, please share these ideas and the newsletter with your colleagues or the parents you work with. Have them e-mail barry@difficult.net to be placed on the mailing list to receive future issues at no cost. Please visit our website at www.difficult.net

Please Note!!

This will be our last printed newsletter. All future newsletters will be e-mailed to you. Please take two minutes out of your busy day to e-mail us your e-mail address to: barry@difficult.net so we can e-mail you future newsletters at no cost to you.

Going Back to Our Roots: Getting Family Therapy Off the Endangered Species List

As a beginning step to get Family Therapy off the Endangered Species List, we organized and conducted our First Annual Retreat in Charleston, SC this past March.

For three days and nights over 100 people gathered from all over the United States and internationally to reenergize and rejuvenate themselves with family therapy concepts and ideals. In those three days, we networked and talked about cutting edge concepts like finding the "undercurrents" to unlock chronically stuck and impossible cases. We also had the following breakout groups:

Supervision With Your Difficult or Impossible Cases: Participants were asked to volunteer and present an impossible case. We used the "inner/outer" circle to create new ideas and possibilities for change.

Special Topic Areas: We discussed the use of the SFI Model within special treatment issues such as sexual abuse, foster care, blended families, substance abuse, and domestic violence. Each day we focused on a new topic.

New Innovations in the Parenting With Love and Limits™ Program: We discussed the latest innovations in the new SFI parenting program and how to implement these changes to make your groups run more efficiently.

Next year's retreat will be, March 10-13th, 2004 at Wild Dunes Resort, (www.wilddunes.com) Charleston, SC. For registration please e-mail us at susan@difficult.net or call 1-800-735-9525. Bring the family for a vacation and rejuvenate yourself.■

March 2003 Retreat Charleston SC.



"This retreat helped me get answers to my toughest clinical questions dealing with high risk families."
Kristy Snedden

"I was so rejuvenated that I don't need to retire this year"
Gaby Berliner

SFI Regional Centers: A Wave of the Future

Regional Centers began several years ago after counselors and agencies kept asking how they could take the SFI Model to train other professionals in their own communities. They saw the latest trend and the statistics that showed that currently one-third to one-half of all client referrals are adolescents or children with severe behavior or drug problems. Therefore, they wanted a research-based model like the SFI Model that was developed to specifically treat difficult children, teens, and their parents.

Certification Trainings

Counselors and agencies wanted to be personally trained by SFI to become a Regional Center and to train professionals and agencies to organize and conduct *Parenting with Love and Limits™*, SFI Family Therapy Certifications, and one-day workshops in their local communities or entire state.

Regional Centers in Wisconsin, Virginia, Louisiana, Georgia, Australia, and Canada are already fully operational and are conducting these certification trainings.

The typical Regional Center averages **net profits** after expenses between \$10,000 and \$12,000 for each certification. These Centers will average four trainings per year for a yearly net profit of \$40,000 or more. This figure does not include the additional money they will receive from onsite supervision, which averages \$200 per visit.

Market and Obtain Large Scale Contracts

Counselors and agencies wanted to see a step-by-step road map for marketing and obtaining large-scale contracts from entities who want to implement the SFI Model. These contracts are obtained from state or local agencies (e.g., Department of Juvenile Justice, Mental Health, School, Social Services, Foster Care), residential treatment programs, private practices, or HMO's.

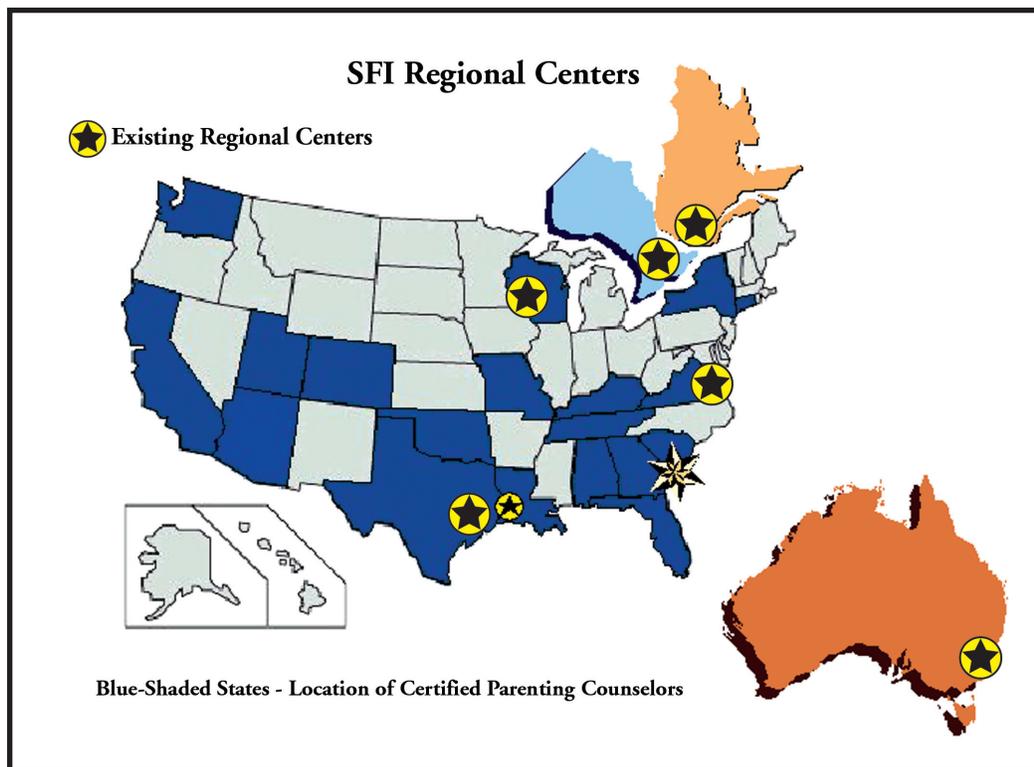
The timing could not be better for this business model. With budget cuts, the theme is "how do we do more with less". The budgets are being cut, but the number of difficult children and teenagers is on the rise. Agencies clearly see the cost savings of a manualized six week parent education group and family therapy model that costs only \$1,000 per family and empowers the parents to do the work, instead of relying on the state with expensive home-based family preservation and long term residential treatment.

Level 3: Family Centers of Excellence

Counselors wanted to know exactly how to get their local communities to see them as specialists or centers of excellence in applying the **SFI Model** to difficult children or adolescents. In the age of managed care, specialists who get results always stay one step ahead of their competition.

To address this need, the Savannah Family Institute has shown these counselors how to make this goal a reality through (a) Specialized training in both the *Parenting with Love and Limits™* and 15-Step SFI Family Therapy Models; (b) Listing on the SFI website and newsletter publications; (c) Cutting edge marketing materials to reach your community of parents and agencies; (d) Inclusion in the SFI referral network; and (e) Participation in ongoing research through SFI.

If you are interested in becoming a Regional Center please call Barry Lee directly at (912) 727-2840 or e-mail him at barry@difficult.net. In future newsletters Regional Centers will be writing articles about their experiences, successes, and failures. We look forward to hearing from you!



How to Get Unstuck With Chronically Stuck Cases: My Bark is Worse than My Bite

Case Summary

The mother called me for a one shot consultation for her son Ben. She lived four states away, and asked me to fly in for two days of intensive counseling with her son and family. I would normally not have considered such a proposal, but after hearing her story, I was both deeply moved and saddened by how much this family had gone through.

Ben's mother and father had spent tens of thousands of dollars on counseling and hospitals, with no improvement in their son's behavior. In fact, he had only gotten worse. Yet, this mother refused to give up, so she searched the Internet for someone who could help. This mother had chosen the SFI model. Because of her efforts, I agreed to help. This is the story of what happened...

Ben is a 16-year-old boy with what I call "multiple ace disorder." This means that, out of the seven aces or extreme behaviors that Ben could possess (disrespect, running away, truancy, threats or acts of violence, sexual promiscuity, alcohol or drug abuse, or threats of suicide), he had four of them. Ben's aces or big guns were disrespect, running away, threats and acts of violence, and frequent marijuana use.

This family was chronically stuck and had tried therapy for years without success. Ben had also been in and out of expensive residential placements, but the problems reappeared soon after he returned home.

For Ben, bad behavior started early. At ten, Ben was already drinking. At twelve he was having unsupervised parties and smoking pot. At thirteen, he was totally out of control and was running the house-

hold. His parents lived in fear of his temper tantrums and had become paralyzed. At fourteen, Ben was hospitalized for drug use and depression. At fifteen, Ben started to deal drugs to his friends. At sixteen, Ben was placed on probation for stealing and violently beating up another teen. Beginning at the age of twelve, Ben's mother had started to devote her life to finding a cure. So much energy was put into this crusade that Max, Ben's older brother, felt emotionally abandoned and began to pull away from the family, spending hours and hours on the computer, isolated in his room.

Ben's parents got divorced when he was ten, but remained friendly and lived only a few miles apart. One of the biggest problems they faced was their very opposite viewpoints and philosophies on how to parent. Mary, the mother, believed that Ben was suffering from a chemical imbalance that required intense psychotherapy and plenty of extra love. Her younger brother had similar problems, but ended his life with suicide because, in Mary's mind, her parents had "come down too hard" on him. She did not want to make the same mistake with Ben.

The father, John, felt that Mary was too soft and inconsistent. Therefore, he felt compelled to overcompensate by being tough and by being the one who had to hand out all the punishments. Over the years, the father-son bond with Ben deteriorated until there was a cool indifference. John did not see Ben as chemically unbalanced, but as a kid that was stuck in a rut and needed firm and consistent limits to stop his problem behaviors.

(cont. next page)

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? *How I helped this family define the problem in a way that it became redefined and solvable?*

Right now, what the parents are doing is clearly not working. Yet, families who are chronically stuck are fiercely wedded to their theories or points of view. The mother had good reason to believe as she did. In Mary's mind, her brother had committed suicide because her parents believed in "tough love" and firm limits. Therefore, she would not set consistent limits. This perspective was keeping Ben in a position of power and enabling him to do whatever he pleased. I asked myself, what should I do? Now I ask, what would you do?

? *How do I get these parents to come together, put aside their differences, and work from the same sheet of music?*

Ben's mother and father have totally different views on parenting and on life in general. The mother was into Yoga and existential living, while the father was a concrete black and white thinker. The father believed in limits and the mother believed that Ben needs more understanding, love, and the right treatment program or medication. Because these parents were at such polar opposites, I really had my work cut out for me!

? *What should I do about the other therapist?*

Ben's current therapist had been with them from the beginning. She had a different treatment philosophy than I did concerning the correct course of treatment. In a nutshell, this therapist believed in medication and hospitalization, and I believed that the parents needed to take charge and help Ben over his problems. The father had lost confidence in this therapist, but the mother liked her very much. This therapist was very threatened by me and hurt that the family had asked me for a consultation.

? *How do I organize the outsider helpers so that they will work collaboratively together?*

Ben's probation officer and Mary believed that the best course of action was long-term treatment and working towards this goal. Mary wanted a consultation with me, but was afraid (because of her brother who committed suicide) to continue treatment on an outpatient basis. The probation officer was preparing to initiate a court order the next week to place Ben in long term treatment for the second time in two years.

? *What do I do about the marijuana use?*

Ben is currently dealing marijuana and is getting high everyday. He sees no problem with his drug usage, and has no reason to quit. What do you do when a teen goes to Narcotics Anonymous (NA) but merely goes through the motions, because he cannot even complete the first step and admit that he has a problem?

? *How do I provide wrap around treatment after the consultation is concluded?*

I would only be physically in this family's presence for one day. Therefore, I had to try to either work with the existing therapist and help change her treatment philosophy or the family had to decide to seek help elsewhere. If they chose the latter, who would that be and how quickly could that agency or professional come onboard?

? *Finally, how could we help Max, Ben's older brother?*

For years, Max felt neglected by his parents because Ben had gotten all the attention. He was bitter and resentful towards both his brother and his parents. Ben was among the walking wounded and he was deeply depressed and suffering.

The Solutions and Recommendations

Does Ben's case remind you of some of your own families? This case is extremely challenging, because there are so many variables to consider. Ben's symptoms are chronic and have become like another family member.

The parents have lived with Ben's problems for so long that they have literally accommodated their daily lives around them; so much so that it will require a nuclear explosion to dislodge Ben's symptoms from the family and motivate the parents to change and work together as one.

As the consultant and change agent, I will now describe how I set off this nuclear explosion and the resulting nuclear fallout. Ben and the family then offered their responses and comments after reading mine. You can apply these same principles to your next chronically stuck case.

Dilemma #1

How I helped this family define the problem in away that it became redefined and solvable.

The mother was the lynchpin or key to the success or failure of the entire case. The father was on board with the

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belief that Ben was "stuck in a rut" and normal. However, the mother was not of this mindset. Parents have no reason to take charge and set limits if they define their teen's problem as not their responsibility or out of their personal control to solve.

In this case, the mother thought Ben was mentally ill and needed a psychiatrist, medication, or external controls like boot camps or residential care to solve the problem. If this perspective remains intact, the parents will allow Ben to remain in charge, with mom handing over her authority to outsiders like mental health professionals. If this happens, the parents will remain disempowered, treatment will fail, and the teen's problems will remain intact. To address this problem, I used the techniques of (1) Scaling; and (2) Reframing.

Scaling

At my first meeting with the parents and their therapist, I drew out the following scale on a large piece of paper. (Figure 1)

I asked each person to rate their belief system on this scale from 1 to 10 ("1" = that Ben's problems indicated that he has some form of mental illness or chemical imbalance, and "10" = Ben's problems mean that he is stuck in a rut or stubborn and off track, but normal). A "5" would mean that you were on the fence post and had your feet planted squarely in both camps.

I told the parents that if they rated Ben's problems 1 to 4, other outsiders needed to fix Ben, not his parents. The reason was that if Ben had a chemical or mental problem, "parents" are not experts in this area and don't have psy-

(Figure 1)



chiatric training. Therefore, we as a mental health profession needed to step in and help Ben overcome his problem. The underlying implications were that neither Ben nor his parents were not personally responsible for stopping the problems themselves.

However, if they rated Ben's problems 6 to 10, there would be a tendency to believe that Ben's symptoms were an outgrowth of being stuck in a rut, stubborn, or off track. As a result, the parents needed to help Ben overcome his problem, even if it took help from counselors. However, the responsibility for change would be squarely on the shoulders of Ben and his parents.

This is the classical nature vs. nurture argument. Are individuals' problems the result of "nature," some genetic code gone haywire, or "nurture" problems with the environment that includes deficits in parenting skills. As you can tell, I am more of a nurture theorist, but even if there is some nature in Ben's problems (and there may be), one must ask himself one question: "Are Ben's problems or symptoms solved or reduced using your current theory?" Ben's mother and her therapist had a long history of using an almost 100% nature approach (hospitals, medication, etc.), yet the problems remained and got worse. The nurture approach had been underused. Therefore, my philosophy was "if it doesn't work, do something different."

Following this philosophy, it was better to redefine Ben's problems towards a nurture explanation to empower the parents. Otherwise, history would keep repeating itself again and again.

As predicted, the mother and the therapist put themselves at a number "2" and the father put himself at a number "9". The extreme difference in these ratings made it obvious that mom and dad had extremely different parenting styles.

Once I had the rating, it was my job to try to convince the mother and the therapist that they were wrong. For anyone who has ever tried this feat, you know that this is no easy task. The level of difficulty is compounded by the fact that you have a very defensive therapist and you have not had time to join with the family.

To do this, I continued to tell stories about other fami-

lies, but also asked the parents to come up with their own stories of times when they may have helped Ben misbehave and times when he maintained great behavior if he really wanted something. The bottom line is that Ben began to look less mentally ill and more creative, manipulative, and adept at getting what he wanted, like a master chess player.

My “ace in the hole” was the question, “Have things gotten better using a mental illness philosophy and letting outsiders fix Ben’s problem?” The answer, was “no.” At this point, Ben’s therapist got very defensive.

However, I saved the day by indicating that the therapist had done a fantastic job at seeing the mental illness aspects of the problem. Also, Ben would not have to go off his medication. I merely asked mom and the therapist to perform a personal experiment this weekend to see if my theory had any validity. I told them that both the father and I could be wrong. In essence, I was trying to get both mother and therapist to “act their way into a new way of thinking.”

I underscored this point by saying that contracting would fail unless both parents and therapist were on

the “same sheet of music” philosophically. Otherwise, “the creative and adaptive” Ben would easily “divide and conquer” both therapist and parents. No contract could stand up to this onslaught.

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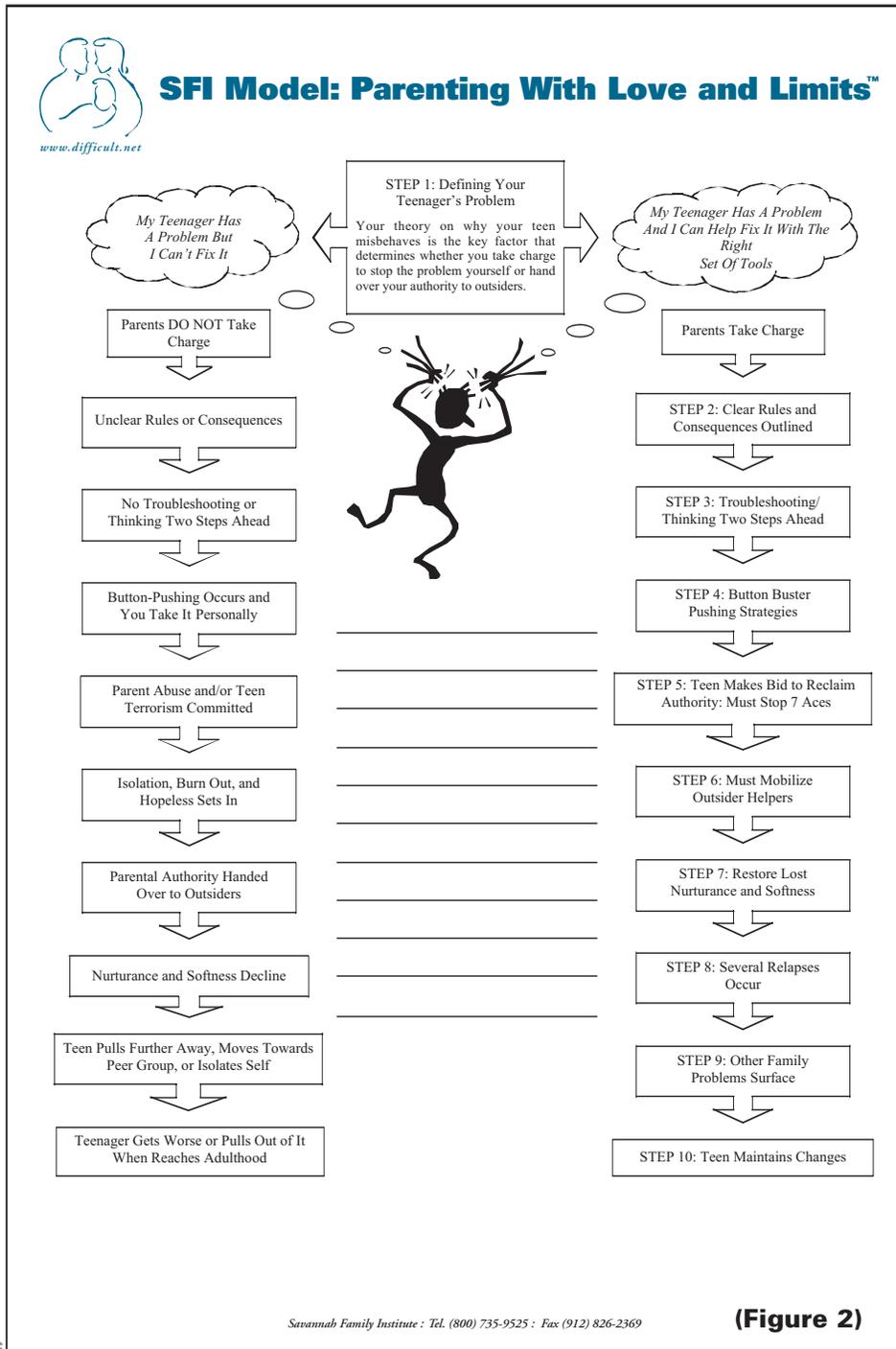
By far, the negotiation of philosophies between you and your client is one of the most misunderstood and misused strategies in all of counseling. We expect our clients to change and perform and we are upset when the symptoms remain unchanged or get worse. Then we blame our clients at some level with the word “resistance.”

Yet, often the real issue is that we are using a bad theory that doesn’t work, but we use it anyway because it is all we know from our graduate training, of our theories don’t match up with our clients. Either way, we lose and so does the client.

Reframing

To further drive home my message, I used a 15-Step Poster of the SFI Model to reframe Ben’s problem by showing the parent’s the bigger picture (**Figure 2**). When you go to the mall, the sheer number of stores often overwhelms you, and you are confused as to where to start and which way to go. You need to go to the huge mall map and look for the words that say, “You are Here.”

The mall map decreases your anxiety because you now see the bigger picture, exactly where the shops are located and how to get there. The mall no longer intimidates you when it looks more manageable. In the same way, I used the 15-Step Map to show Ben’s parents where they were and what they could expect in the future. (order a copy of this giant poster to use with your clients by going to the online store at www.difficult.net)



(Figure 2)

For example, I illustrated what would

happen if they refused to take charge of Ben's problem (treatment ends and things don't change) and what would happen if they successfully passed through Step 3- Contracting, Step 4-Troubleshooting, and Step 5- Button Pushing (Ben would get better). I also showed the parents that Ben would get worse before he got better, as illustrated in Step 6, whereby Ben would up the ante by intensifying his drug use to get them to back off and allow Ben to reclaim his position of authority.

In a nutshell, I successfully reframed Step Six as Ben's best attempt as a creative chess player to regain any lost authority. From this, Ben's mom was able to see that Ben was not "mad" or mentally ill, but "normal" and creative, like a master chess player. This reframe was critical for the mother to see her son from a different point of view. More importantly, it showed the parents that if they stuck to "their guns," Ben's normal and creative behavior problems could be cured. All this happened because the parents could see all the pieces and how each fit together.

Dilemma #2

How do I get these parents to come together, put aside their differences, and work from the same sheet of music?

Dilemma #3

What should I do about the other therapist?

Even though both parents liked the scaling model and reframes of Ben's behavior as normal and creative, the mother was still skeptical. I needed to create enough intensity to go above the mother's threshold of deafness or blindness to this new way of thinking and parenting. Ben's mother had to see it to believe it. The therapist felt the same way. Both therapist and mother were not buying what I was selling. I also risked being seen as siding with the father against both mother and therapist, since the father agreed with my approach. This would not help the parents to put aside their differences and work together as one voice.

When you are faced with skepticism and resistance, you must allow skeptical parents to perform a personal experiment to change their viewpoints. There are basically two philosophies in therapy in how we change people. The first philosophy is called: "Clients must think their way into a new way of acting." This means that our job as a counselor is to help our clients achieve insight by connecting the past to the present. The underpinning of this philosophy is Freudian psychoanalysis.

The second philosophy is called: "Clients must act their way into a new way of thinking." This means that we get clients to change their viewpoints by performing personal experiments or literally getting them to "fake it until they make it." Clients will not believe or want to do as you ask, but will do it anyway based on faith, or taking a risk based on your prodding.

In Ben's case, I tried the first philosophy with only some success. Therefore, it was time to use Plan B by asking

Ben valued his freedom more than his marijuana use. Narcotics Anonymous (NA) believes that some people have to "hit bottom" before they can go through the First Step of the Twelve Steps program by admitting that they have a problem. What the probation officer and parents did was to artificially raise Ben's bottom so that he could see that he had a problem.

mother to perform a personal experiment by taking charge of Ben's problem. The opportunity to do this presented itself when Ben returned home in the evening. I organized a home visit with the therapist and parents to meet Ben when he got home.

The goal of the session was to get the parents to work together as a team to confiscate his cell phone. Ben was using it constantly to orchestrate drug trafficking and sales. The parents bought the phone and it was their property. However, even if the phone had not been their property, the parents had a parental duty to remove the phone if it was being used for illegal activity, as long as Ben lived in their house and paid no bills. The parents would also search his room for pot and any drug paraphernalia.

I told both the parents and the therapist that there would likely be a confrontation. Ben would not just hand over his cell phone. However, the good news is that it would force the mother and father to finally take a position and say "no" to their son. I told the parents that if Ben refused, I would be there to act as a coach to help them get through it.

As I predicted, Ben refused to give up his cell phone. He ran up to his room to hide it. When the parents followed him, he got out a huge butcher knife that he had hidden in his closet and told his father that he would cut him if he came any closer. What would you do if you were me? It was scary, but I had to keep my wits about me and think quickly on my feet. I did not want to disempower the parents by taking over, but there were now safety issues involved.

I knew that when you corner an animal they often lash out from fear. You must back away slowly and give them some space to calm down and make a rational decision. The bark is worse than the bite, but is used as a warning that the bite will follow if the animal continues to be cornered. As a result, I whispered in the mother's and father's ears to tell Ben that he had five minutes to make a decision. Either he could come downstairs in the next five minutes with the cell phone and place it on the table calmly, or the police would be called and charges filed for threats of violence. The parents took my coaching suggestions, gave Ben this ultimatum, and calmly left the room and waited downstairs.

Ben did the right thing. Five minutes later he put the cell phone on the table and calmly went back to his room (after we ate pizza together). Ben's original therapist could not believe what she was seeing. This kind of action-packed directive therapy was not part of her theoretical orientation. She had to decide whether Ben's behavior was indicative of someone with a mental illness or someone who was normal, but using terrorist tactics to scare the parents into submission. You could see that the therapist was having difficulty reconciling these divergent points of view in her mind.

The bottom line is that this intervention worked. The mother had acted her way into a new way of thinking. For the first time, she worked as a team with Ben's father and stood up to him. As a result, her theories about Ben's problems also changed. She saw with her own eyes that Ben was normal and responded to firm limits that she enforced herself rather than having counselors and medication do the job for her.

Dilemma #4

How do I organize the outsider helpers so that they will work collaboratively together? The probation officer was preparing to initiate a court order next week to place Ben in long term treatment for the second time in two years.

Dilemma #5

What do I do about the marijuana use? Ben is currently dealing marijuana and is getting high everyday. He sees no problem with his drug usage and has no reason to quit.

Dilemma #6

How do I provide wrap around treatment after the consultation is concluded? I would only be physically in this family's presence for two days.

All these dilemmas were tied together. In order for the probation officer to consider continued outpatient treatment, a solid treatment plan had to be presented. The mother also had to agree to it and demonstrate to the probation officer that she could handle Ben. This included plans for dealing with the marijuana use and wrap around treatment.

By Day #2, the mother had done a complete 180. The success of the previous night mobilized her into action because it gave her hope. As a result, we went down to the family preservation office without an appointment. The mother was so convincing that she was able to see the director.

The mother single handedly convinced the director to take Ben's case. Ben was on probation, and in this state, family preservation would be available. The workers

assigned to Ben's case agreed to a structural-strategic the theoretical paradigm and agreed to use the **SFI Model**. I was satisfied with this outcome because the family now had backup when I left.

That night Ben was surprised, shocked, and stunned to see his probation officer sitting next to his parents. He also could not believe that his mother had gotten stronger and was now agreeing with his father.

Armed with this new development, the mother felt confident that she could convince the probation officer to back her decision. At the meeting, the probation officer stated that he was "blown away" by the confidence and changes in the mother. He was so taken with the mother that he agreed to stop by Ben's house on his way home and back the mother and father up as they delivered the contract.

In fact, the probation officer added two critical pieces to the contract. He would personally drug test Ben on a random basis. If he tested dirty he would back up the parent's consequence of grounding and loss of freedom until Ben tested clean. If Ben violated his grounding consequence, he would then proceed to place a leg monitor on him.

Ben valued his freedom more than his marijuana use. Narcotics Anonymous (NA) often believes that one must "hit bottom" before they can go through the First Step of the Twelve Steps by admitting that they have a problem. What the probation officer and parents did was artificially raise Ben's bottom so that he could see that he had a problem.

That night Ben was surprised, shocked, and stunned to see his probation officer sitting next to his parents. He also could not believe that his mother had gotten stronger and was now agreeing with his father. Ben growled at me because he knew that I had organized this stage and context to hold him accountable rather than to treat him like a patient. But Ben was also relieved... relieved that his parents finally took a position and relieved that he would not have to go into long-term treatment again.

Dilemma #6

Finally, how could we help Max, Ben's older brother? For years, he felt neglected by his parents, because Ben has gotten all the attention. He was bitter and resentful towards both his brother and his parents. Ben was among the walking wounded and he was deeply depressed and suffering.

At the end of the night, I met with the parents and Max at a Chinese Restaurant. Ben was not present. At this meeting, I helped Max tell his parents for the first time how he felt emotionally abandoned all these years.

I used parallel storytelling to tell the parents and Max a story about a family in which the son had a brain injury from a car accident. Because of the injury, the entire family had to change their lifestyle to accommodate the boy. As a result, the other children's emotional needs were not met and they felt abandoned. Nobody was at fault necessarily, it was just how they survived.

Everyone in the family began to cry because they could see that Ben was the brain injured boy and Max was the emotionally abandoned son. Max reported that a tremendous weight had been lifted from his shoulders and that he finally felt understood.

Summary

This case is an example of a great story told by the late, great Virginia Satir. She told the story of a steamboat captain who called in an expert to fix the pipes that pumped the steam to turn the giant wheels at the back of the boat. The expert listened closely to the pipes and then brought out a ball peen hammer. He then hit the giant pipes once and instantly the steam rushed in and the great wheels began to turn.

The steamboat captain was shocked when he got the bill because it read "\$1 for parts and \$99 for knowing where to tap!" When you know where to tap and how to organize the village in the right way, a chronically stuck family can move very quickly, like the steam in the pipe.

Parent's Responses

Mother's Response

I agree with Dr. Sells' presentation of my son's case on several levels. First, I was on the fence of whether or not to see my son's problems as a chemical imbalance or that he needed firm and consistent structure. As Dr. Sells pointed out, it did not help matters that my own brother had committed suicide and had many of the same issues.

In the past, we had seen numerous therapists with little or no results. So the turning point for me was when Dr. Sells "went to the mat" for us by coming over to my house and coaching us from the sidelines to get my son's cell phone away from him and the knife out of his hand. I saw with my own eyes that Ben responded to firm structure. He actually looked "more normal" if that makes sense when his dad and I took a stand and refused to back down. That night I did, as he [Dr. Sells] states, "act my way into a new way of thinking". I still think Ben is helped by staying on the anti-depressants but the structure was the key turning point.

Second, the way Dr. Sells organized everybody in only two days was incredible. In one weekend, the probation officer was on board and we had an outpatient team of counselors that read Dr. Sells' book and carried on the torch. Everyone was now on the same page and Ben couldn't divide us.

Third, the impact on Ben's father was incredible. To this day, every Sunday morning is breakfast at a restaurant together. Ben and his dad will not miss it for anything. There is a softness there that continues to grow. They still can't show a lot of outward emotion but they don't stay mad at each other either. And as I watch Ben's dad try to become softer it gives me the desire to hold my ground and stay firm. We now have balance for the first time.

Finally, the impact on Max, Ben's brother, has been profound. He got a new car and he is no longer depressed. Max is sad that Ben and he still don't talk but he is waiting patiently for when that day happens.

And the best part about it is that almost 9 months have passed since Dr. Sells' visit and my son is still drug free. We give him randomized drug tests at home and he gets rewards for staying sober. Just the other day, Ben said, "Mom aren't you forgetting the drug test this week. I am clean and my reward don't forget is a CD." The rewards thing was a totally new concept in our house and has really helped. It is a balance. Also Ben got beat up at school for not dealing anymore. His injuries were so bad that he was hospitalized. This incident actually helped because Ben told me that he saw clearly what the drug lifestyle is all about.

I know things are better for me too. For the first time in ten years, I actually took a vacation. And you know what? I didn't even think about Ben. This is a miracle because my whole life used to be revolved around Ben. My thoughts were consumed around his problems. Dr. Sells' playfully called me an "enmeshed mother". I finally get it!

Father's Response

I am a man of few words so I will be brief and to the point. I agree with my ex's observations. But I would add that I never thought Ben's problems were the outcomes of mental problems. We had that battle for years until Dr. Sells came along. My ex-wife was a therapy junkie. She loved to spend my money on therapists and buy every pop psychology book known to mankind. When she asked me to give Dr. Sells a chance there was no way. But he put me at ease right away and didn't talk like a counselor. He made practical sense.

Love and limits together I like that. And he was the first to show us a paint by numbers step-by-step approach. I was sick of this touchy feely therapy. And he showed us what to do and how to do it. And what to do if it didn't work. Everybody wanted to take my son's drug problem and give him individual therapy. Dr. Sells showed us how to help our son stop the drug problem. This is a new and refreshing approach... Help my son hit bottom because he will not do so on his own. Plus he showed me how to like my son again. The proof of the method is in the results. My son is sober for the first time ever! Nine months and counting. For any teen, especially my son, in this society that is a miracle. ■



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