FamilyFrame
Course Handbook

Partnership to End Addiction

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Table of Contents

I. Introduction

The *FamilyFrame Handbook* is designed to provide learners with a comprehensive guide to support engagement with the FamilyFrame course and for scoring video vignettes. The handbook serves as a companion document for training learners to use FamilyFrame as well as a reference to use while scoring vignettes. It contains a description of each technique and provides additional information to help therapists make scoring decisions in an informed and reliable manner.

The General Instructions section provides an overview of FamilyFrame and scoring strategies and procedural guidelines to help establish reliability in rating the Family Therapy techniques. The Technique Descriptions section provides detailed descriptions and examples for each technique.

II. Design of Training System

FamilyFrame is grounded in brief (5-8 minute) vignettes featuring a variety of real therapists demonstrating techniques in sessions. The clients are actors, but the content is based on real cases.

The learning management system (LMS) exists on a platform called LearnDash. You will have the opportunity to access the training material on a self-paced basis, on your own time.

The LMS will support you moving through each training exercise. The exercise will begin with brief text describing three Family Therapy treatment techniques.

You will then watch a 5–8-minute video vignette of a clinician delivering treatment techniques in session, followed by a short coding activity (5 techniques) on which you will rate, or score, the extent to which various Family Therapy techniques were used in the vignette you just viewed.

Finally, you will receive immediate feedback presenting expert consensus scores, your scores, and summaries of utilized techniques.

Each exercise within this course takes 10-15 minutes to complete.

III. Coding Instructions

A. Scoring Strategies:

1. Avoiding Halo Effects: Be mindful of the "halo" effect. The halo effect refers to situations wherein a score for a given technique is biased or influenced by a rating awarded to another technique or by a global judgment about the vignette as a whole. Halo effects come in many shapes and sizes—here are some relevant examples:

   (a) A learner decides that they really like the client or therapist in the vignette and/or believes the client is benefiting from the therapy. As a result, they tend to give high scores to many techniques.

   (b) A learner recalls a particularly powerful or thorough therapeutic intervention

that deserves a high score. They then proceed to score other, non-related interventions more highly than merited.

(c) A learner recalls that the vignette was a good/important session, or that many interventions were extensively used in the session. They then proceed to give high scores to many techniques across the board, without giving separate consideration to whether each individual intervention was extensively used.

2. Call It Like You See It: Generally, vignettes will contain two techniques that have been scored 0 [Never/Not at all]. This does not reflect poorly on the therapist or client in the vignette. Also, not every intervention during a vignette will correspond to a technique by which it can be scored. The techniques in FamilyFrame are not an exhaustive list of treatment techniques and cannot capture every interaction that may occur in a vignette or real-life session. Therefore, learners should be careful not to "stretch" judgment about a particular intervention in order to make it "fit" one of the techniques.

B. Procedural Rating Guidelines:

1. Rating the Extensiveness (Degree) of Interventions, NOT their Quality: Learners should consider the degree to which each intervention is used in the session vignette, specifically, the extent to which the intervention is delivered. Accordingly, the Likert rating scale contains “Never/Not at All”, “A little bit”, “Moderately”, “Quite a bit”, and “Extensively” as anchor points. The scale is designed to assess the extent to which interventions are used, not how well or how effectively they are used. ***Learners should avoid making judgments about the quality of an intervention, appropriateness of the intervention for the given situation, or the success/impact of the intervention.***

2. Extensiveness = Thoroughness + Frequency: As indicated above, scoring each FamilyFrame technique requires learners to judge the extensiveness of therapist behavior. "Extensiveness" refers to two separate dimensions of therapist behavior: the thoroughness of the intervention, and the frequency of the intervention. Generally speaking, *thoroughness* is defined as the completeness and intensity with which interventions are executed, whereas *frequency* is the amount of time and number of instances in which interventions are employed. Thus, it is possible to score highly for thoroughness based on a focused interaction that occurs during a relatively brief segment of the vignette. On the other hand, high scores may be given for an intervention that arises frequently, albeit briefly, throughout a session. It is difficult to provide more precise guidelines at the general level. Each technique targets a unique family therapy intervention, so that techniques differ in the degree to which thoroughness versus frequency is the more relevant dimension. In one vignette a technique might be scored highly because it is intensely executed for a short period of time, whereas in the very next vignette that same technique is scored highly because it is frequently executed in a less intense manner.

3. Exemplar Therapist Statements: The FamilyFrame handbook technique descriptions contain examples of therapist statements for certain techniques. These statements, called “exemplars”, serve as prototypes for categorizing interventions according to the criteria described for each technique. Exemplars are intended to help learners identify techniques by presenting some prototypical content/style of intervention for

the given technique. Because most interventions typically involve complicated and/or lengthy exchanges between therapists and clients, exemplars are not meant to reflect extensiveness; they are simply prototypes of the kinds of behaviors that fall under a given technique. As a result, the handbook does not attempt to provide examples of interventions that reflect a specific score for a technique.

4. Technique Overlap: FamilyFrame techniques are designed to identify unique therapeutic interventions. As such, these techniques are theoretically independent of one another, in that no technique covers exactly the same territory as any other technique. However, it is common for a single intervention to have multiple features corresponding to multiple techniques. In this sense, the techniques may "overlap" in describing different features of the same intervention. Techniques can also overlap because the techniques themselves are similar, as in they assess various facets of a general behavioral category. To account for this, we sorted techniques into Clusters, with each technique under a given Cluster overlapping to some degree with every other technique of that Cluster. However, even for techniques contained within the same Cluster, it is common for therapists to use one intervention extensively without using any other interventions from that Cluster. Therefore, learners should consider every technique independently for each session they are rating. Note that several techniques in the handbook contain guidelines for recognizing technique overlap and distinguishing between similar techniques.

C. Technique Descriptions – Scoring:

Each of the 16 techniques that comprise FamilyFrame are presented in the following format:

(a) The technique as it appears in the LMS
(b) Brief description of the technique
(c) Exemplar therapist statements
(d) Technique overlap and distinction guidelines (if any)

Every technique is scored according to the same 3-point Likert scale:

0	1	2	3	4
Never/ Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extensively**

Cluster 1: EMPHASIZING RELATIONSHIPS

These interventions represent therapist focus on the entire family and how members function as a unit. As a result, these two interventions are “foundations” that are core elements of virtually all family therapy models. The emphasis of these interventions is on family relationships, with therapists focusing on family of choice for adolescents and at times other meaningful relationships in their lives. The therapist attempts to understand what underlying processes exist in families, and therefore, does not focus on specific events but instead on underlying themes that exist within the family structure. The therapist is interested in how family members relate to one another and on the quality and nature of their relationships. By doing this, the therapist can illuminate underlying limitations that may exist in the way the family is structured or in how the family communicates, without focusing on any one individual, thereby engaging every family member in the therapeutic process for positive change.

1. **Relational Focus**: Adopts a relational/systemic focus.

2. **Focus on Process:** Asks clarifying questions and focuses on relational process, not content.

1. ***Relational Focus:*** Adopts a relational/systemic focus.

   Maintaining a relational focus is essential to family therapy. In an individual problem-focused approach, therapists focus predominantly on individual behaviors and individual problem conceptualizations. Focusing on relationships helps to "take the heat off" one person in the family—the teen or the parent—allowing them to be less defensive and perhaps willing to change along with the rest of the family. A common example is shifting the frame from "Amy has conduct problems" to "The relationship between Amy and her parents is stressed/disconnected".

   A relational focus is at the heart of family therapy and thus is embedded in all family therapy intervention techniques: When asking questions, offering new ways of viewing problems, and teaching new skills, the therapist has a curious and collaborative stance that is focused on relationships.

   There are many ways to establish and then maintain a systemic, rather than individual, way of working with teens and families. One common way is to shift from an individual to a relational focus is discussing symptom removal: A therapist may ask what marriage would be like if the teen were not a constant problem. Such techniques help family members consider relationship issues.

   Relational Focus encompasses all relationships: Another way to maintain a relational focus is to explore the adolescent's ecosystem in a relational way: All relationships in a teen's life are worth discussing. Therapists should be overtly curious about discovering the "family of choice" for each adolescent, which allows them to invite changes in relationships, and utilize relationships as vehicles for change, with any number of people in an adolescent's life. Adolescents are profoundly influenced by persons outside of home, and a therapist can explore these influences to establish rapport, support a caregiver in understanding their teen's life better, and engage the teen in prosocial peer activities and positive extrafamilial supports.

   Relational Focus in individual sessions: It is possible to maintain a relational focus in sessions that include only one person! In such sessions, therapists can commit to a relational focus by asking questions about relationships in the family and understanding the individual's challenges and strengths as part of a family system, and in other relationships (peers, extended family members, sports coaches, etc.).

   Perspective taking and Relational questions: A key way to adopt a relational focus is to invite individuals to be curious about the experiences and perspectives of others. Asking a teen "Why do you imagine your mom made that choice?" or asking a parent "How do you think your son is feeling right now?" builds empathy and encourages family members to develop empathy and the ability to take another person's view seriously.

   Therapists can maintain a relational focus with basic relational interventions such as: praise for a whole family, praise for the way one member is relating to another, support for members to work on relationships, and encouragement for family efforts to make positive changes. Therapists can work to retain this focus by encouraging members collectively and making process comments or observations of how a family is relating or functioning.

Again, maintaining a relational focus is the fundamental principal of the family/systemic therapy approach. Thus, it will be a co-feature of most family therapy interventions. With that in mind, the following exemplars are emblematic of the shift from focusing on the individual to focusing on relationships:

Encouragement: *"Everyone here today is sharing important feelings and working hard to make themselves be understood, and I know that is not easy work. I also know it's just as hard to try to understand what your family members are feeling, but I think each of you can do it."*

Process Comments: *"Over the course of today's conversation, it felt like there was a lot of shutting down or interrupting, everybody in the family having their own way of struggling to hear each other."*

Relational Reframe: *"I wonder if shame is what gets in the way of you being able to hear each other—when someone you care about is angry, it's easy to blame yourself and shut down. Your commitment to each other makes it feel bad when someone is struggling. I wonder if we could work on hearing everyone's experiences without blaming others or yourself."*

Technique Distinction

Technique #8 *Relational Reframe* interventions are vital techniques for establishing a Relational Focus. A thorough Relational Reframe will always denote the presence of Technique #1 *Relational Focus*. In contrast, there are varied ways to adopt and encourage a Relational Focus other than employing a Relational Reframe.

2. ***Focus on Process:*** Asks clarifying questions and focuses on relational process, not content.

Rather than focusing simply on what happens in the family (e.g., what dad said when he yelled at the teen), therapists can focus on how interactions occur (e.g., who was involved in the conflict, when it occurred, who responded to whom, what interactions preceded and followed the incident). This important distinction between process (cycles of interaction) and content (specific and concrete information) is helpful for allowing greater understanding of *how* family members interact, including the ways in which family members do or do not listen to, support or undermine, and express upset or show affection to one another.

Process can also refer to:

- the message that is communicated by the nature of interactions
- the message that is communicated by the style of communication
- the message that is communicated non-verbally, such as emotion, tone, and underlying power dynamics
- Relational processes that exist in relationships outside the family of origin

The emphasis is on identifying the nature of the interactions in the family so as to change those cycles of interaction that are unhelpful to the teen and family as a whole. Therapists focus on process when they encourage family members to provide their own perspectives of daily patterns of interaction that exist within their family. A greater focus on process can happen when the therapist successfully guides family members to reveal cycles of interaction or behaviors, rather than content-focused stories. For example, rather than exploring the details of a fight about curfew (e.g., the time, friends' ideas about curfew, history of different responses to different curfews), therapists instead explore how issues of respect, autonomy, and expression of anger are reflected in this fight about curfew. The therapeutic stance of curiosity and non-judgment is imperative in exploring process: The therapist acts almost as a scientist aiming to understand how the system of each family works.

Therapists commonly inquire about the processes of key family behaviors such as:

- How the family manages and sets consequences
- Communication patterns
- Caregiving responsibilities

<u>Exemplars</u>

"When you are upset about something happening at school or with a friend, who in your family can you go to? How do they respond to you when you do?"

"I hear you are letting us know you feel stuck with your daughter. What happens between you that leads you to a place where you feel like giving up or you can't be helpful? What do you try in those moments, to help her or help yourself?"

"I really hear how upsetting this moment was for all you of, when your dad lost his temper and yelled about your drug use. I'm wondering if rather than letting me know how he got his facts wrong, I am wondering if we could talk a little bit about what happened between the two of you afterwards, and how you did or didn't reconnect or repair as a family?"

Technique Distinction

Technique #2 *Focus on Process* aims to elucidate recurring cycles of interaction; these cycles may occur inside or outside the therapy room, and they may or may not be targeted for change by the therapist. Technique #12 *Coaches and Processes* describes interventions that target interactions that occur inside the therapy room, and the interventions are aimed at fostering change in those interactions.

Cluster 2: ENGAGING PARENTS

A vital therapeutic task is to reach the parent or caregiver as an adult with individual issues and needs, as well as a parent who may have declining motivation or faith in their ability to influence their child. Objectives with parents in every case include enhancing feelings of parental love and emotional connection; underscoring parents' past efforts at parenting; acknowledging difficult past and present circumstances, including the particular difficulties that their child brings; generating hope; changing the parent–adolescent relationship; and of course, improving parenting practices. In describing these interventions, the FamilyFrame course and handbook will use parent or caregiver interchangeably when describing important adults in the lives of teens. When parents enter into, think about, discuss and experience these processes, their emotional and behavioral investment in their adolescent deepens. This process— the expansion of parents' commitment to their child's welfare—has internal cognitive, emotional, and behavioral aspects, and it is fundamental to meaningful change. Achieving these therapeutic tasks sets the stage for later changes. These interventions aim to grow parents' motivation and, gradually, parents' willingness and capacity to reach out to their child (again), understand the youth's point of view, and work toward overall improvements in the parent–teen relationship and in parenting strategies. Increasing positive parental involvement with teenage children (e.g., showing an interest, initiating conversations, creating a new interpersonal environment in day-to-day transactions) creates a new context for attitudinal shifts, enhanced behavioral and emotional repertoires, and behavioral changes in parenting. Parental competence is fostered by teaching and behavioral coaching about normative characteristics of parent–adolescent relationships, consistent and age-appropriate limit setting, improved monitoring and communication, listening attentively to one's child, and overt emotional support—all parental behaviors that enhance relationships and family development.

3. **Parent Collaboration:** Attempts to collaborate with parent(s) by instilling hope and/or involving them in treatment goals.

4. **Love and Commitment:** Enhances parental feelings of love and commitment.

5. **Parent Ecosystem:** Focuses on parent's non-parenting life as an adult person.

3. ***Parent Collaboration:*** Attempts to collaborate with parent(s) by instilling hope and/or involving them in treatment goals.
(Score zero [Never/Not at all] if parent not present for session)

Family therapists frame the process of therapy as a collective struggle to overcome problems and realize goals. In this way, therapy can be a collaboration that is shared between therapist and client. This is equally true for a frustrated, angry, and overburdened parent as for the teen. Therapists can join with caregivers by demonstrating respect, understanding, and acceptance; using relevant self-disclosure to establish connections between themselves and caregivers; and encouraging participation by caregivers and validating topics and concerns they raise.

At the beginning of and throughout treatment, therapists can attempt to build or maintain a working alliance with parents by:

a) **Generating hope about the future**.
By the time their teens reach treatment, many parents have become hopeless about change. Parents often feel that they have "tried everything" and are on the verge of abdication. Therapists should encourage parents not to give up despite their well-honed frustrations. By describing therapy as a place in which the struggle for change can be waged and won, therapists create a motivation and a forum for productive collaboration with the parent. The therapist can build hope about both the therapy, "I think us working together can really change things for both of you"; and about parents themselves, "I know you have what your son needs."

b) **Involving parents in treatment goals**.
Effective therapy involves the identification of specific treatment goals. This technique is most effective when the therapist formulates treatment goals in a manner that involves the parent in a meaningful way. Parental involvement in treatment goals can take one of two forms: (1) The parent is asked to help define and work on goals that are *adolescent- centered*, that is, focus on change/improvement in the teen's behavior primarily (e.g., "I know it's important to you that Joe start doing better in school. Let's talk about some ways you can help him with that"). (2) The parent is asked to collaborate on goals that are *parent-centered* (focus on change in parenting practices, such as improving supervision habits) or *family-centered and systemic* (focus on change in the adolescent- parent relationship, such as increasing positive communication or change in other relationships within and outside the family). As they do with adolescents, therapists should periodically check in with parents to ensure that they continue to endorse and be invested in these goals (i.e., "Are you still on board with this?").

Therapists can collaborate with parents by discussing the therapy situation itself and by encouraging parents to continue attending sessions, pointing out the ways in which therapy can help parents succeed, discussing how therapy is an opportunity to talk about new issues or old issues in new ways, and so forth.

Exemplars

"You and I together are trying to help her not go under. This isn't going to be easy, but I'm going to push you to hear her point of view and you're not always going to agree. I'm going to help her bring things to you, and to help you hear her."

“I agree, the fact that your daughter doesn’t talk to you at all is worrisome. Can we make that the first order of business? Finding out what keeps her from talking to you and trying to change that?”

“I know that working hard, and integrity and pride in work, are very important ideals to you, and that it’s important your children hold that value as well. What are your hopes about how you’d be able to see Jake living out those values?”

“I understand why it’s so upsetting to experience your daughter’s anger about her curfew, it would be very hard for me as well if she were my daughter. Your rules are important, and I want us to talk about Katie’s anger without us acting as if the curfew doesn’t matter.”

“You’re entitled to respect, and I can see how you have worked so hard to keep your family together after going through a lot. Can you share more about what changes you’d like to see in your household at this point?”

4. ***Love and Commitment:*** Enhances parental feelings of love and commitment.
(Score zero [Never/Not at all] if parent not present for session)

This technique focuses on therapist behaviors that access a parent's feelings of love, care, and commitment toward the adolescent. In families in crisis, these feelings are often hidden or forgotten by the parent and inaccessible or hard to see for the therapist. Family therapists believe that some semblance of parental love is still present even in the most extreme of circumstances, and that it is the therapist's job to bring forth these seemingly absent emotions (relative to what are, at this point in time at least, more prominent emotions such as agitation, disappointment, hurt, rejection).

To accomplish this, the therapist might help the parent remember past and/or current feelings of love, joy, satisfaction, accomplishment, aspiration, and pride on the parent's part, or between the parent and teen. This could include remembering experiences from infancy, early childhood, up to small pleasures that occurred in the recent past. The therapist may even ask about feelings or thoughts. In doing so the therapist is fishing for slivers of feeling or experiences that are *exceptions* to the current difficult circumstances.

The therapist is attempting to prompt *recollections* and/or *aspirations* on the parent's part, relative to their teen, that can transform a presently negative mindset into a more positive (or at least, hopeful) mindset. The therapist searches for and brings forth these small moments (if they are small) into prominence in the session. They become a focus, and thus are punctuated and amplified. The focus of the therapist is decidedly not in the area of parental control or monitoring, but rather on those emotions of commitment and love associated with being a parent.

<u>Exemplars</u>

"So why are we doing this (coming to therapy, trying to reach out to your daughter)? You're doing this because you love her and you're concerned about her. You've already lost your older daughter to drugs. And you don't want this for Jessica. You never wanted this for your older daughter. And it's painful and it tears you apart, and that's why you're here in therapy... that's why you want to do this, as hard as it might get."

"Let me ask you, when your son was younger and things were going more smoothly, like all parents you had things that you hoped for, and still do, for him, and worries that you had for him, could you talk a little bit about that?"

"You're saying that sometimes you feel torn—sometimes you feel like, 'the hell with it' but it seems like most of the time you really want to hang in there with him, and that's one of the reasons you're here, because you do care about him."

5. ***Parent Ecosystem:*** Focuses on parent's non-parenting life as an adult person.
(Score zero [Never/Not at all] if parent not present for session)

Ecological View
An ecological view of parenting is essential for building empathy and making connections with parents. Parents are often under considerable stress from a variety of sources, stressors that can precipitate symptoms in the adolescent and thereby constitute part of the adolescent's risk profile. At the same time, parents may express strong negative feelings about the parenting they received in their own family of origin, and these historical issues often need to be addressed prior to, or concurrently with, helping them transform the current parenting environment. Personal problems in the lives of parents can significantly hamper their ability to attend treatment and to utilize the knowledge and skills offered there. It is crucial to help parents identify and manage personal stressors that negatively impact their lives, deplete their emotional resources, and interfere with the practice of effective parenting skills. Also, talking about self-enhancing, non-parental activities can help parents tap into personal resiliencies and garner additional social support from family members and peers.

To accomplish this, therapists attempt to acknowledge or explore the individual functioning of the parent—his or her own psychological status and well-being. In addition, the therapist might ask about non-stressful issues such as friendships, work-related achievements, or hobbies. The therapist acknowledges that the parent has individual problems, disappointments, desires, hopes and dreams for themselves separate from being a parent.

Non-Judgmental Stance
It can be difficult for therapists who work with teens to remain non-judgmental when a parent is struggling to parent effectively. Yet, the stance of non-judgmental curiosity greatly benefits the treatment process: It can allow for increased understanding of what has gotten in the way of effective parenting at times, and allow the therapist to be an additional support to the parent. The therapist is not a referee with a whistle, but a coach on the floor, believing in and being compassionate towards the adults in a teen's life.

<u>Exemplars</u>

"I know we've talked a lot about your relationship with Sam, but I also want hear more from you about what else you're troubled by right now. If we weren't talking about Sam, what would we be talking about?"

"Would it be helpful if we spent some time exploring ways you can manage your anger separate from just with your daughter? It's clear to me how much pressure you are under as a parent and also as a spouse, as a daughter yourself, and at your job, and I'd like to hear more."

"Who understands what this past year has been like for you and how hard you've tried? What would they say to you when you express your regret about how things have gone?"

Cluster 3: ENGAGING ADOLESCENTS

Adolescents may be familiar with individually-oriented treatment that focuses on changing their behavior specifically to ameliorate family conflict. Family therapy offers the opportunity to shift focus away from the adolescent individually, and invite family members to consider family relationships as the key to improving presenting problems. Therapists are therefore asked to engage teens through highlighting the unique strengths of family therapy and crafting family- oriented goals that encompass the unique concerns and views of the teen.

6. **Adolescent Goal Collaboration:** Formulates family-oriented treatment goals with the adolescent.

6. ***Adolescent Goal Collaboration:*** Formulates family-oriented treatment goals with the adolescent.
(Score zero [Never/Not at all] if index youth does not attend session)

Effective family therapy involves the formulation of specific, family-wide treatment goals. Family focused can refer to any goals that are relational, including goals related to intimate friendships, important adult figures, romantic relationships, and non-immediate family members. Adolescent collaboration is built on the understanding that personally meaningful goals for the adolescent are vital to treatment engagement. Adolescent engagement is therefore contingent on the therapist generating buy-in from the adolescent to work on family-focused goals (versus goals that are meaningful only to the adolescent) through incorporating the adolescent's unique concerns into specific, family-oriented treatment goals.

Therapists may make the point that treatment is not going to be just about getting adolescents to listen more to their parents, nor about helping parents be more controlling or powerful.
Instead, it will be a place where therapists use adolescent concerns and complaints to craft family goals and related tasks that are also important to the adolescent. This may include adolescents learning to communicate more effectively with family members and, with the therapist's support, voicing their fears, frustrations and needs. For example, substance-using adolescents often complain that they feel uncared for or abandoned. In such cases, one of the first goals of therapy may be to help them feel closer to or more cared for by their parents— and it is essential to get adolescents to actively "sign on" to this family-oriented goal.

Once family-oriented goals are formulated, therapists periodically check in with adolescents to ensure that they endorse and are invested in these goals; and at various junctures in therapy, therapists will assist adolescents in the identification of new family goals.

<u>Exemplars</u>

"I want you to figure out how you want to spend these last 6 or 7 sessions because I want to spend the time on things that are important to you in making things work better in your family."

"You don't look thrilled about being down here at the clinic. I wouldn't be surprised if you'd rather be doing something else right now. I'm going to work really hard so that this becomes a place where you feel comfortable, where your side of the story is heard, and where you can talk about and work toward changing things in a way that makes you feel better."

"Your mom seems upset about your grades dropping. That's important and we will spend time talking about it, but I'm just as interested in hearing how you feel things are going for you. I want therapy to be a place where you can talk about what you think is going well, going not so well, and what you would like to be different in your family."

"Are you still interested in finding a way to talk to your parents about feeling disrespected, in an effort to make things different?"

Cluster 4: INVITING CHANGE IN MEANING

Interventions that aim to change meaning for clients and families are often understood as reframing interventions. These techniques focus on changing the meaning of behavior, perceptions, and beliefs that clients hold. By seeing problems from a different angle, and in family therapy by bringing the entire family into the process of learning and practicing new behaviors, positive changes can be made. When successful, reframing helps relieve clients from bearing the burdens of their problems, lowers defensiveness, and reduces the likelihood of hostile exchanges or escalating negativity in session. It can also prompt renewed investment in changing how parents support teens' developmental success in family therapy. Reframing attempts to provide a non-pathological description of people and problems, paving the way for more effective solutions.

7. **Reframe:** Utilizes meaning-change interventions toward a new and/or more positive view.

8. **Relational Reframe:** Reframes adolescent symptoms as relational problems that need relationship solutions.

9. **Family-Focused Rationale:** Offers a family-focused rationale for introducing a new skill, activity, or focus in therapy.

7. ***Reframe:*** Utilizes meaning-change interventions toward a new and/or more positive view.

Reframes are meaning-change interventions in which therapists actively offer clients a different way of understanding a problem or an individual's behavior. Often the meaning- change intervention will be an effort to dismantle a negative description of a person or their behavior, replacing it with a more positive description. Through changing meaning, therapists open up the possibility of other kinds of change—going from focusing solely on the importance of the teen or caregiver stopping problem behavior, to focusing on the teen, family, and therapist working for expansive change.

The spirit of a reframe is that if therapists can support a teen or parent changing their view of a problem, experience, or other person, they can then support even more or greater change in thoughts, feelings, and behaviors. Therapists can supply the reframes themselves, or instead, ask questions such as "Is there another way to look at what happened/your son's actions/your mother's actions?" Therapists can also use reframe to support clients changing their ideas about themselves—supporting more hopeful ways of seeing their own feelings and behaviors. Withdrawn or distant behavior might become shy or self-protective, impatient and impulsive behavior might become bold, quick, or creative.

Major reframe themes include:

Attributing benign intent to problematic outcomes: The therapist identifies a specific sequence of behaviors, and provides reframes for those behaviors, that suggest non-injurious intent or "reasons" behind the behaviors:

"I wonder if when you yelled at your mom after she looked at your phone, you were angry but also felt intruded upon or powerless."

"I wonder if when you looked at his phone, you were not trying to be intrusive but were worried and wanted to try to protect him."

Understanding positive needs that underlie negative behaviors: The therapist creates or suggests possible misguided, accidental, benign or even noble intentions behind behaviors or interpersonal styles that have become problematic:

"Maybe you spoke out in class because you want to be seen more for who you are?"

"I understand you want your daughter to be more self-sufficient, but I wonder if the freedom she now has is putting her at risk."

<u>Exemplars</u>

"You told your friend you hated her, but it seems to me that you were really hurt and wanted her to reach out to you."

"I know it may seem like your son doesn't need you, but I think he's trying to find a way to have more freedom. I think there is a way for him to have more autonomy but also have your guidance and support."

"You have not been getting good grades this semester, that's true, but I also hear some ways you've been trying new strategies that aren't panning out. What if the issue is needing more support or new ideas, rather than a lack of effort or motivation?"

Technique Distinction

Technique #7 *Reframe* refers to a large set of interventions that are used in many kinds of treatment approaches. Technique #8 *Relational Reframe* is one specific type of reframe, and one that is a core technique of the Family Therapy approach. Also, note that whereas Technique #8 *Relational Reframe* is vital to maintaining a relational focus, other kinds of reframes captured by Technique #7 *Reframe* are not essential for relational focus. That is, reframes are often used to ascribe new meaning to a behavior that is not relational, and/or, does not identify relational change to be the best solution for problematic behavior.

8. ***Relational Reframe:*** Reframes adolescent symptoms as relational problems that need relationship solutions.

Fundamentally, this technique represents therapist attempts to shift the focus of treatment from fixing adolescents and their symptoms to improving the quality of parent-teen relationships, which will in turn serve to decrease or ameliorate adolescent problem behaviors. This occurs when therapists explicitly ask families to shift their attention from individual behaviors to family relationships, and from problem-solving to relationship building. This typically begins by encouraging family members to accept relationship- building as the primary work of treatment. That is, therapists specifically assert that therapy should be built around acknowledging, understanding, and repairing relationship problems in lieu of (or, as a way of) correcting individual problems.

Therapists often refer to a specific connection between teen problem and relational characteristic: Therapists make the case for redirecting attention from symptom to relationship as the most effective (or at least, a very effective) means for addressing the given symptom. There are three basic approaches to delivering a relational reframe, noting that any given relational reframe might incorporate two or even all three approaches:

(a) **Relationship contributes to Symptom**: identifying sequences of behaviors or emotions involving family members that precede, or directly cause, the problem;

(b) **Symptom contributes to Relationship**: focusing directly on the impact the problem has on the actions, thoughts, and feelings of other/all family members;

(c) **Relationship is the (best) solution to Symptom**: championing relational repair or improvement as the primary solution to the individual problem. This is the most common approach.

In some cases, therapists emphasize that parents have greater responsibility than teens for making repairs, highlighting any history of parental unavailability or inability to close the relationship gap with their teen. This is done not to blame parents for their teens' problems but to underscore their greater agency for initiating meaningful change in the relationship— for things to improve, it needs to begin with parent efforts. Even in such cases, therapists usually underscore the ongoing importance of the adolescent's involvement in and commitment to relationship building. In most cases, the therapist is aiming to shift responsibility for change from just the adolescent to the adolescent along with other family members.

One way to access the relational reframe is to explore relational constraints in a family that interfere with connection between adolescent and parent. For example, asking "When you are feeling an urge to smoke weed, what gets in the way of going to your parents?"; and relatedly for other problems, "When you are feeling angry or destructive, what gets in the way..." and "When you are feeling anxious or worried, what gets in the way..."

Exemplars

"Your son is at high risk! He is falling out of the family and spending his time with a dangerous crowd, walking on the edge. He needs you now as much as ever, needs you to guide him. But right now he does not trust you and does not want your help. We have to work through this barrier. You have to help me to help him get these things off his chest and out in the open, even if you believe they are selfish and inaccurate. Until he feels you can listen to him, he will not let go of his anger and distrust. We need to hear him out, so you can be on his team again."

"You are right. She is overwhelmed by her emotions and sometimes out of control. She can be immature and has some growing up to do. I agree with you on this. But I think she needs your help. She needs you to teach her how to talk about problems without blowing up or retreating into isolation. You need to teach her to be honest about what she is feeling. But to do this, she needs to feel safe, and to feel that you are on her side. She needs to trust you, so you can be her parent again."

"How do you think your choice to not be around for a number of years has affected his maturity, his ability to cope with daily stress?"

"So when Thomas stays out late, dad begins to lecture, they both start to yell—and Thomas is out the door again, over and over. Thomas and dad keep missing each other, and Thomas, you miss out on a chance to have dad's support."

Technique Distinctions

Technique #8 *Relational Reframe* interventions are vital techniques for establishing a Relational Focus. A thorough Relational Reframe will always denote the presence of Technique #1 *Relational Focus*. In contrast, there are varied ways to adopt and encourage a Relational Focus other than employing a Relational Reframe.

Technique #7 *Reframe* refers to a large set of interventions that are used in many kinds of treatment approaches. Technique #8 *Relational Reframe* is one specific type of reframe, and one that is a core technique of the Family Therapy approach. Also, note that whereas Technique #8 *Relational Reframe* is vital to maintaining a relational focus, other kinds of reframes captured by Technique #7 *Reframe* are not essential for relational focus. That is, reframes are often used to ascribe new meaning to a behavior that is not relational, and/or, does not identify relational change to be the best solution for problematic behavior.

9. ***Family-Focused Rationale:*** Offers a family-focused rationale for introducing a new skill, activity, or focus in therapy.

Therapists often teach family members a new way to communicate or relate to one another as a way of helping members solve problems more effectively. In order to meaningfully engage clients in this learning process, therapists can provide a rationale: why it is important to learn or practice this skill. Therapists clearly and actively emphasize the relational (i.e., family- focused/systemic) aspects and importance of the treatment activity. The rationale can be inclusive of all relationships: biological family, family of origin, family of choice or any other significant relationship.

Therapists may provide either brief or more extensive rationale when sharing with adolescents and families "why" learning a new skill or practicing a new behavior could be helpful for them. The most effective rationales are well connected to overarching relational issues in a family.

Exemplars

"It seems like everyone in the family isolates when their anger becomes too overwhelming. I want to help you all learn how to express that anger appropriately, so you don't have to choose between exploding or being alone. I think that if we work on your anger in session together, you won't run into some of the same problems you've been experiencing."

"You've been letting me know that you feel misunderstood when you try to explain what's going on at school, and you've been letting me know that you feel not listened to when you ask him to explain what's happening at school. There are some ways I want to teach you to speak and to listen that might prevent you from feeling this way."

"Assertive communication is a valuable tool for us all to learn, to express ourselves in a more meaningful way. My hunch is that if you learn this and try it out a little, you might be surprised by how your family members respond to what you are asking for."

"Everyone in the family has been experiencing so much pain for so long that you've not been able to reach out to one another. We are going to work on ways of expressing feelings more directly and showing empathy and understanding to one another, so that you don't have to feel like you're all alone in this, but that everyone can turn to each other for support."

Cluster 5: INVITING CHANGE IN FAMILY BEHAVIOR

Family therapy provides an opportunity for the therapist to invite family members to consider changing the way they interact with one another, with the goal of producing more adaptive and positive communication patterns. Therapists may do this through preparing, arranging, coaching, and processing family interactions as they occur in session, as well as teaching family communication and behavior skills. These types of in-session interactions and practice represent an opportunity to establish, work on, revise, and rework behavior, encompassing the feedback and unique perspective of all family members.

10. **Prepares for Future Interactions:** Prepares various participants separately for future interactions in or out of session.

11. **Arranges/Stimulates Dialogue:** Prompts interactions among family members when they do not occur spontaneously.

12. **Coaches and Processes:** Coaches and processes family interactions in session.

13. **Teaches Family Skills:** Conducts in-session exercises, rehearsal, discussion, and/or feedback related to developing or practicing new behaviors.

10. ***Prepares for Future Interactions:*** Prepares various participants separately for future interactions in or out of session.

For various reasons teenagers and parents may not be ready to begin talking productively with one another, so that a separate conversation with the therapist can prepare each for conversing with the other. Individual sessions or parts of sessions with the teenager or parent often serve as "preparation" for upcoming conversations with other family members: "What will you say to them? How will you say it? What can we do now to plan that out?"

Therapists may prepare individuals or “subsystems” (parts of families, e.g., preparing two parents to speak to their teenage daughter or preparing two siblings to speak to a parent) for upcoming conversations of two kinds: (1) **In Session:** interactions that are scheduled to take place at a later point within same session, or in the very next session; (2) **Out of Session:** interactions that are meant to happen at home, or wherever family members may be in conversation with each other outside of the therapy room.

When preparing for a planned upcoming **in session** interaction, the therapist is able to (1) solidify alliances so that the therapist is free to challenge clients during the interaction; and
(2) plan specifically how and what information will be told to other family members, and how the therapist can be helpful in communicating with family members. If during this process, referred to as a “decision dialogue,” family members express reluctance to share with others, this can reveal relational constraints that then themselves can be discussed and ameliorated in family therapy.

Preparation can consist of meeting with family members to explore, highlight, and question personal beliefs, attitudes, opinions, and feelings about themselves, other family members, and the family as a whole. Often with teenagers and parents, this will take the form of encouraging less emotionally hardened, extreme positions. Family members can be helped to sort out their intensely experienced and tangled feelings and thoughts individually, and by making progress in these realms, become more skillful communicators.

In preparing clients for **out of session** interactions, therapists can help family members formulate the content and style of what is to be said to others. Therapists can support individuals in choosing the time and place to communicate important information, hopes, fears, worries, requests, and decisions. Therapists may role-play with clients, and may invite them to explore how they would respond in turn to various possible responses and reactions from their family members.

<u>Exemplars</u>

"When your son hears you say this later today, you know he's going to be upset. Try telling it to me, right now, the way you're going to tell it to him."

"In dealing with your mom, how do you want to tell her about what is going on with Tanya? What is most important to say? How can I help you tell her? Is there a part you would want me to say? How should I say it?"

"What is your sense of what has to be done now to keep things on track with your daughter? What should we be talking about tonight with her when she comes next week?"

"Well, then, say that to her. Say, 'Look, this is hard enough for me to talk about this stuff with you. I want to keep this between me and you'. You could say that when I bring her in."

"You said that you want to talk to her about when she breaks curfew. How are you going to begin that conversation? How do you think she is going to react?"

"It may be important that you use those exact words—that you are not willing for anything bad to happen to her—and present that as the reason that you are going to monitor her more."

11. ***Arranges/Stimulates Dialogue****:* Prompts interactions among family members when they do not occur spontaneously.
(Score zero [Never/Not at all] if only one person attends session)

Arranging and stimulating dialogue is essential to prompting non-spontaneous interactions among family members. In so doing therapists "decentralize" themselves and have family members discuss their concerns directly with one another, not with them. The rationale for this technique is the belief that in session interactions can be used to promote changes in the way family members relate to one another, and that these changes will subsequently occur in their interactions outside of therapy as well. When done effectively, dialogues that emerge from this technique empower families: They are given the opportunity to communicate in their typical way, and also, to then explore new ways of relating and new behaviors. That is, therapists support families in creating a different experience of communicating with one another that feels comfortable to, and self-directed by, families themselves.

Prompting can occur in two ways:

Arranges: The premise of arranging family interactions in session is that family members are overtly asked by the therapist to interact with one another, not with the therapist, in discussing a problem or enacting a scenario. That is, the therapist specifically prevents or interrupts family members from talking directly to her or him.

Exemplars

"This whole issue of her school grades, that's what you want to talk about, right? I think we should start with that topic and see where we can go. Because everybody feels tense, you haven't been able to talk about it very well, so let's talk about it now."

"Last week we left off with James telling you how you can support his sobriety. I think it's important for you all to continue that conversation today."

Stimulates: The technique represents a more specific and active move to identify (a) family members that need a "push" to participate and/or (b) key content that warrants discussion but may be avoided. Rather than a more passive suggestion, stimulates describes tracking the content of what a person says and using it to elicit reactions and discussion from other family members.

Exemplars

"It seems to me you feel hopeless—that you have tried everything and your mom continues to feel disappointed in you. Could you tell her that right now, in this moment—what you feel you've tried, and how you're feeling now?"

“I think the two of you have been struggling so much over the past few years—having different perspectives on school, on drugs—that it feels close to impossible that you might be able to get on the same page. Mom, could you tell your son now, what you’d need to be able to see or hear from him so that you could trust him again?”

“Can you say to your mom just how you feel about school? You try so hard and things don’t work out. Help her get the real picture here. I’m going to help you the best I can—tell your mom how you feel.”

12. ***Coaches and Processes:*** Coaches and processes family interactions in session.
(Score zero [Never/Not at all] if only one person attends session)

Coaching and processing family interactions as they occur in session is essential and perhaps unique to the family therapy approach. Therapists act as facilitators, advocates, and/or inquisitors in the middle of conversations between family members, and also, guide the family in processing interactions that have taken place during the session.

Coaching: In order for discussions between parents and teens to involve productive problem solving and relationship healing, they must be able to relate without excessive blame, defensiveness, or recrimination. To this end, therapists ensure that treatment helps teens and parents pull back from extreme, inflexible stances through interrupting or modifying behaviors that create poor problem solving, hurt feelings, and erode motivation and hope for change. For example, therapists may manage derailments (e.g., people talking over each other, interruptions, tentativeness), break tasks into smaller steps to aid completion, and/or change the physical environment (such as seating arrangements, or who is directly involved in the interaction).

Exemplars

"Try moving your chair closer to your daughter and looking at her while telling her that."

"I know you want to tell him your perspective, but you need to hear him out first and try not to interrupt him. John, can you try telling your mom again?"

"Let's stick to finding a compromise on curfew and talk about his school attendance later."

Processing: Frequently therapists analyze interactions after they occur, drawing attention to behaviors and themes that emerged. This often involves translation and extrapolation of communication from one person to another, to extend the messages between people and push the conversation into areas not fully explored by the family. Interactions may be processed with family members right after they occur, or with multiple or individual family members later in a given session or in subsequent sessions.

Exemplars

"What was it like for you to hear your mom say she feels she can't be helpful to you? What did it feel like—were you surprised or sad? It seems to me you both were brave in this conversation."

"It sounds like you're both saying the same thing here. You're disappointed that you don't spend time together like you used to."

Technique Distinctions

Technique #2 *Focus on Process* aims to elucidate recurring cycles of interaction; these cycles may occur inside or outside the therapy room, and they may or may not be targeted for change by the therapist. Technique #12 *Coaches and Processes* describes interventions that target interactions that occur inside the therapy room, and the interventions are aimed at fostering change in those interactions.

Technique #12 *Coaches and Processes* describes the therapist's ability to scaffold and modify interactions as they unfold, to produce more skillful communication. Technique #13 *Teaches Family Skills* can be recognized by more specific (i.e., concrete) instruction by the therapist on how family members can/should relate to one another, with emphasis on learning new behavior and practice of new behaviors outside of session. Processing of interactions that is mostly feedback focused and related to the practicing of new skills—for example, providing corrective feedback after practicing a skill in session—should be scored under Teaches Family Skills. On the other hand, inviting family members to share their perspectives and experiences of practicing skills in session (e.g., "How do you think your mom did on that?") should be scored under Coaches and Processes. Put another way, Teaches is more focused on "putting forth", being didactic, making a (specific) suggestion; whereas, Coaches and Processes is more about drawing forth, opening up an interaction to new perspectives or possibilities. That said, it is acceptable to co-score these techniques during in-session interactions, and this will occur with some frequency.

13. ***Teaches Family Skills:*** Conducts in-session exercises, rehearsal, discussion, and/or feedback related to developing or practicing new behaviors.

The premise of this technique is that family therapy can be an opportunity for family members to develop new ways of relating to each other to reduce conflict and produce more skillful behavior. To that end, therapists frequently teach and direct the practice of new, family- based skills, including the new skill of communicating differently. Family-based skills can be inclusive of family of choice and skills that are meant to impact all meaningful relationships in a teen's life. This applies equally to working with the family system, a subsystem, and/or individual family members.

Common family-based skills that facilitate more adaptive communication patterns include:

- Using "I" statements
- Expressing and acknowledging appreciation for others (reciprocity awareness)
- Making positive and respectful requests of others (assertive communication)
- Parenting skills (monitoring, limit setting)
- Family problem solving and conflict management

Teaching may include the use of didactic worksheets to structure and support skills that are being taught, as well as active role-plays or behavioral rehearsals of skills or behaviors that have been introduced or emphasized in treatment. Teaching may also take the form of family interaction work in which, in the course of arranging or coaching an interaction, the therapist asks family members to apply or practice newly learned skills. Teaching can occur for a wide range of session content. For example, therapists may invite family members to discuss the pros and cons of substance use, triggering events for various problematic behaviors, or common communication barriers in their everyday lives in the context of rehearsing, discussing, and developing a new family skill.

This intervention is most effective when skills practice is thorough, frequent, and involves input regarding new behaviors or skills from all family members in attendance. To support the generalization of new skills, the therapist may provide therapy-related homework exercises for the coming week to supplement in-session practice.

<u>Exemplars</u>

"So now I want each of you to try assertive communication, and use the sheet. Mom, what do you want to try to communicate with Dad about? I want you to really think about and share what you would prefer to happen differently next time…. Great job—I really heard you say you would prefer if next time he would check with you first before giving the boys permission to go out."

"OK, I want you all to try to better understand why Steve is having a hard time stopping marijuana, and I want you to try to express yourself as freely as you can Steve, using what we just practiced. I want you, mom, to listen…. What did it feel like to hear that?"

"So I asked you to share what you'd prefer next time when you get home from school. What else do you struggle to communicate to your mom and dad? Try using I statements and labeling your feelings…. OK, I liked that you said how you felt, but can you try asking for what you'd prefer next time, rather than saying what you don't want to happen?"

"This week I want each of you to practice using 'I' statements. When we meet next week I'll ask you each to share what your experience was like."

Technique Distinction

Technique #12 *Coaches and Processes* describes the therapist's ability to scaffold and modify interactions as they unfold, to produce more skillful communication. Technique #13 *Teaches Family Skills* can be recognized by more specific (i.e., concrete) instruction by the therapist on how family members can/should relate to one another, with emphasis on learning new behavior and practice of new behaviors outside of session. Processing of interactions that is mostly feedback focused and related to the practicing of new skills—for example, providing corrective feedback after practicing a skill in session—should be scored under Teaches Family Skills. On the other hand, inviting family members to share their perspectives and experiences of practicing skills in session (e.g., "How do you think your mom did on that?") should be scored under Coaches and Processes. Put another way, Teaches is more focused on "putting forth", being didactic, making a (specific) suggestion; whereas, Coaches and Processes is more about drawing forth, opening up an interaction to new perspectives or possibilities. That said, it is acceptable to co-score these techniques during in-session interactions, and this will occur with some frequency.

Cluster 6: MOTIVATIONAL INTERVENTIONS

14. **Joins with Adolescent:** Builds a supportive relationship with the adolescent.

15. **Motivation to Change:** Explores client concerns about problematic behavior, readiness to change behavior, and optimism about success.

16. **Affirms Self-Efficacy:** Affirms client's ability to change problematic behavior and praises change efforts.

Cluster six techniques are not drawn from manualized Family Therapy models. Rather, they represent common therapeutic techniques for youth with substance use and related behavior problems. In some ways, they are the basic or fundamental interventions many therapists utilize. FamilyFrame includes these techniques to increase learners and therapists' awareness of these non Family Therapy techniques as well and to observe how they complement Family Therapy.

14. ***Joins with Adolescent:*** Builds a supportive relationship with the adolescent.
(Score zero [Never/Not at all] if index youth does not attend session)

This technique focuses on therapists establishing and maintaining positive therapeutic relationships with adolescents by presenting themselves as allies and attending to adolescents' experiences. Adolescents may be accustomed to treatment that is authoritarian rather than cooperative; thus, it is important for teens to feel a sense of agency in treatment. Emphasis is placed on fostering a supportive team alliance with the adolescent and underscoring the importance of the teen's unique voice in the therapeutic process, such that youth feel comfortable to share their experiences, world views, hopes, dreams, and needs with therapists and families.

Therapists seek to earn trust and acceptance from adolescents and to help them to know that they clearly have something to gain by participating in individual as well as family sessions. At the beginning of treatment, therapists may acknowledge that it is natural for adolescents to feel cautious and should actively encourage teens to participate and share their perspectives with family members to work toward family change. Also, therapists may regularly deliver joining interventions with adolescents throughout the course of treatment in order to shore up a flagging alliance, prepare for a difficult patch in treatment, or simply maintain a continuously strong working relationship. [Contrast this with Technique #6 Adolescent Goal Collaboration, which typically occurs in the initial stages of treatment only.]

Careful consideration of developmental level and age appropriateness is paramount to joining with adolescents. Joining interventions should demonstrate respect, acceptance, and trust to teens in the session; use relevant, minimal self-disclosure; and work to avoid appearing partial to any one person or segment of the family.

<u>Exemplars</u>

"I want you to come here and talk about things happening in your life. I'm trying to be someone who supports you and helps you reach the goals you want to reach."

"I hear that you're confused and frustrated that Claudia thinks she doesn't want to go to college. Claudia, I'm wondering, what are you interested in and what do you see for yourself in the future?"

"I appreciate you sharing about your substance use with your family. Your honesty is going to be important in the work that we all do here together."

"Don't leave me here. I'm pushing you because this is important stuff. I hear you saying 'Get off my back; things are getting better'. What I'm telling you to do is the hard stuff. Don't bail out here."

"I'm an expert in helping mothers to hear their daughters. I'll push you to be as clear as possible but I'll also push her to do a better job listening. I'll be right there in the room with you to help her hear what has made you so upset."

15. ***Motivation to Change:*** Explores client concerns about problematic behavior, readiness to change behavior, and optimism about success.

Therapists often try to elicit client discussion of change (self-motivational statements), encourage motivation to change, and/or discuss the general issue of therapeutic change. This is often accomplished through questions or comments designed to promote greater awareness or concern for a problem, increase intent or optimism to change, or encourage elaboration on a topic related to change.

When delivering motivational interventions, therapists endeavor to focus on eliciting personal statements from clients that specifically identify a need or intent to change. These interventions will typically lead to "change talk" and/or self-motivational statements and movement toward the negotiation of specific plans for change. In some cases, therapists initiate a formal discussion about the stages of change (readiness to change), or, explore how the client's motivation to change might be strengthened. The therapist might also explicitly assess the client's current motivation to change current problem behaviors, especially if the client continues the behaviors in question.

Client here can refer to anyone in the therapy session (i.e. adolescent client and/or additional family/friends/significant others). For example, if a therapist speaks with an adolescent's father about his own motivation to change related to the presenting problematic behavior, this technique should be scored.

Exemplars

"Based on the concerns you've raised, what do you think about your current use of substances—does that contribute to these problems you've identified?"

"What are some reasons you might see for making a change? What do you think would work for you if you decide to change?"

"What are some reasons you see for changing how you manage your school work?"

"Usually, the first thing is that a person has to believe there's a problem to begin with. What do you think is the real issue between you and mom, or do you think it's all in her head?"

"OK, try to think of three things in your life that would be better if you could do what the probation officer is asking you to do."

Technique Distinction

Technique #16 *Affirms Self-Efficacy* focuses in part on therapist affirmation and encouragement about client change. The therapist is basically a *complimenter* of change (about something the client has already accomplished) or *cheerleader* for change (about something the therapist believes the client can or should accomplish). That is, in Technique #16 the "change talk"

is meant to support the client, and it emanates from the therapist. In contrast, in Technique #15 *Motivation to Change* the therapist plays the role of *skeptic* (about degree of client motivation for change) or *detective* (about what the client sees as the conditions for, or consequences of, change). That is, in Technique #15 the “change talk” is meant to prompt and challenge the client, with the focus on eliciting change talk from the clients themselves.

16. ***Affirms Self-Efficacy:*** Affirms client's ability to change problematic behavior and praises change efforts.

Therapists often verbally reinforce the client's strengths, abilities, and efforts to change behavior—that is, affirm the client's self-efficacy to *make therapeutic changes* (not just confirm self-efficacy in a general sense). Therapists can affirm client self-efficacy using many different approaches: (a) Using compliments or praise; (b) Acknowledging the client's personal qualities, competencies, or abilities that might promote change; or (c) Recognizing effort or small steps taken by the client to change. By complimenting, positively reinforcing, and validating the client, the therapist fosters the belief that there is hope for overcoming problems and that the client can change their own behaviors.

Client here can refer to anyone in the therapy session (i.e. adolescent client and/or additional family/friends/significant others). For example, if a therapist speaks with an adolescent's father about his own ability to change related to the presenting problematic behavior, this technique should be scored.

Exemplars

"It sounds as if you've really thought a lot about this and have some good ideas about how you might want to improve your grades in school. You're really on your way!"

"That must have been very hard for you. You're really trying to work on things."

"You wouldn't be coming down here to see me—or talking to your guidance counselor at school—if you didn't have some faith that things can get better with your family. You can't change everything, but you can always make things better for yourself. You're a smart guy, and you think about things carefully."

"You seem to have a talent for writing, and you express yourself really well that way. That can be a really powerful tool in your progress."

"I know it hasn't been easy for you to discuss some of these issues in here, but you've faced some difficult topics head on, and made great strides in our sessions together."

Technique Distinction

Technique #16 *Affirms Self-Efficacy* focuses in part on therapist affirmation and encouragement about client change. The therapist is basically a *complimenter* of change (about something the client has already accomplished) or *cheerleader* for change (about something the therapist believes the client can or should accomplish). That is, in Technique #16 the "change talk" is meant to support the client, and it emanates from the therapist. In contrast, in Technique #15 *Motivation to Change* the therapist plays the role of *skeptic* (about degree of client motivation for change) or *detective* (about what the client sees as the conditions for, or consequences of, change). That is, in Technique #15 the "change talk" is meant to prompt and challenge the client, with the focus on eliciting change talk from the clients themselves.

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