

Chapter 10

Parent Training

This chapter focuses on working with parents. However, many of the same principles and methods apply to foster parents, teachers, residential workers, and others who spend their day in the child's life space.

There is some overlap between parent training and case management, in terms of building a fence around the child. However, parents (and other caregivers) are also unique due to their responsibility for the child, their importance to the child, and their daily interaction with the child. Parents have a critical role in helping the child to be safe and to feel safe, and in encouraging and supporting the child on the path to healing. The many things that we wish parents would do include the following:

- Keep the child safe.
- Help to make sure the child can be reasonably successful at school and elsewhere.
- Bring the child to appointments regularly and on time, until we say that treatment is completed.
- Do not give up on the child.
- Enjoy the child more; reinforce positive behaviors.
- Stop hitting the child or blowing up at him.
- Use calm, reasonable, firm, and consistent discipline.

Although parents will generally recognize the importance of our wish list for their behavior, they are not always willing or able to come through for their children. This does not mean that they don't care about their kids. It means that something is in their way. Here is a list of the "Yes, but . . ." greatest hits:

1. I tried it (e.g., time out for discipline, instead of spanking) but it didn't work.
2. I don't want to bring it (the trauma memory) up; it will only upset her.
3. I don't want to be hard on him (enforce the rules); he's been through enough already.
4. She makes me so mad I can't help it (yelling, hitting).
5. He just doesn't care anymore, it's no use trying to help him.
6. I'm just so tired I don't have the energy.

Parent training is fine for teaching good parenting skills and practices, but it doesn't take care of the "yes-but" problem. If there's a yes-but, then the parents won't be using the skills they learned. We address this issue by using the fairy tale model as the foundation for the parent training approach.

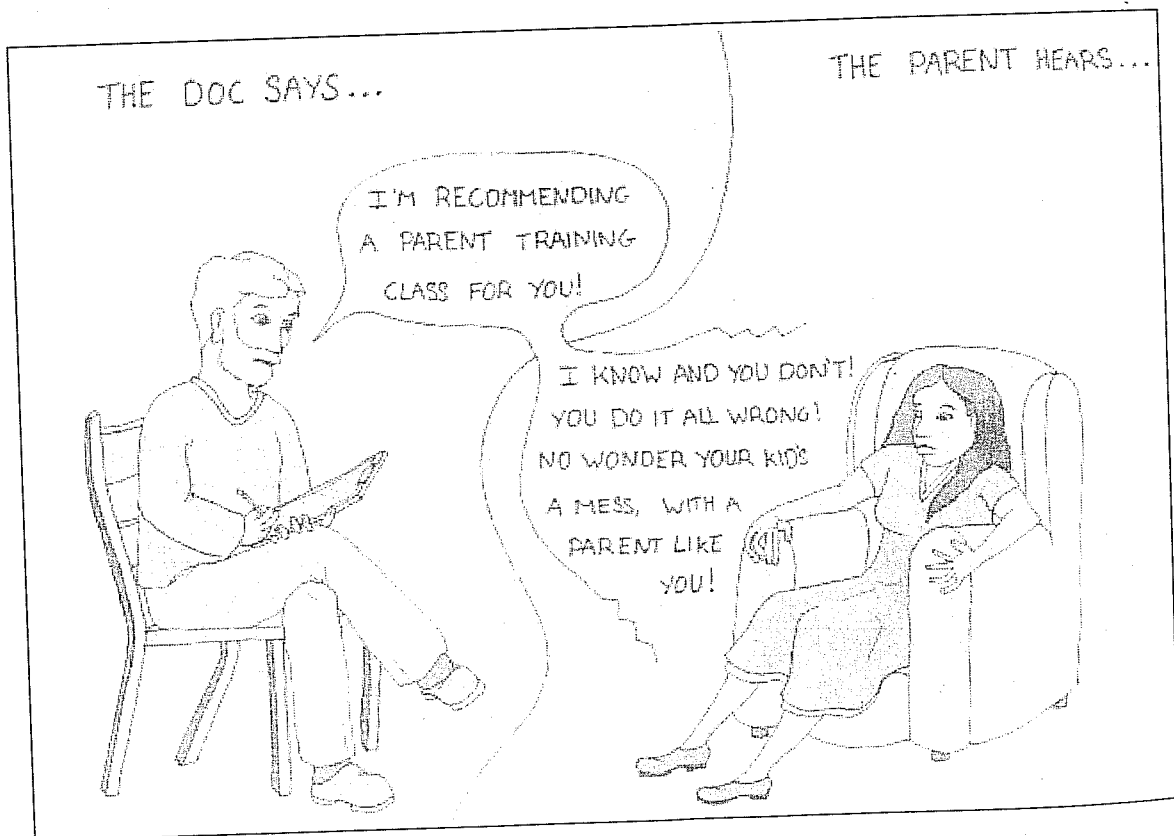
Parent training for supportive behaviors, including calm and consistent discipline practices, is part of many child therapy approaches, and is a key component of trauma-informed treatment. One key distinction in trauma-informed treatment is the emphasis on the child's sense of safety, following from the trauma-based case formulation and recommendations. The other key distinc-

tion is the emphasis on respect and empowerment of the parent. Building on the parent's track record of caring about, and for, the child, the parent training is offered as a way to help the parents do even more of what they are already doing, or trying to do.

This is an important point because parents can be pretty touchy about being told that they need "training" to do what they have already been doing. Parents can also be touchy about receiving advice from someone who is different from the parent in terms of parental status, educational level, socioeconomic status, ethnicity, and/or gender. Parents who have experienced disrespect or even coercion from "the system" can be touchier still.

In short, the risk that your parenting advice will be rejected is high. You can make rejection almost certain by emphasizing that you know best and that the parent is the real problem. We convey this message when it is what we actually believe. This message is actually conveyed quite often by well-meaning professionals, even when effort is made to hide the true message within the jargon.

Although it is important to recognize problems, with the fairy tale model we work with the parent's strengths, so that's where we need to focus. The case formulation can help us do this. When we see the child as wounded, we can help the parent see the child that way too. The parents are *not* told—even by implication—"Your bad parenting practices have caused this problem." Rather, they are told, sometimes explicitly, "If it weren't for your child's particular problem, your discipline style would be of little interest to me. However, because of the trauma/loss experiences, your child is wounded, and there are special things that you can do, at least for a while, to help her to get better." Thus, instead of being blamed for the child's problems (parents tend to blame themselves already), parents are given an opportunity to be agents of their child's healing.



DID I HEAR YOU SAY "YES, BUT"?

At this point, many in a training audience roll their eyes, and say, "Yes, that's all very nice, but you don't know the parents I work with!" When we see a parent behaving inappropriately, in a way that only reinforces the child's problems, it is easy to feel justified in believing the worst about the parent. It is yet easier to believe bad things when the parent has other problems as well. But ask yourself: how would *you* respond to a misbehaving child if you truly believed that she was bad, did it on purpose, and just didn't care anyway?

On the other hand, think about some of the parents whom you see as problematic, uncooperative, incompetent. Imagine that the daughter of one of these parents breaks her arm. The parent takes her to the emergency room, where a cast is put on. Three weeks later the cast comes off and the physical therapist tells the parent, "Do this exercise with your daughter at home. Here, I'll show you how. Do it every day, ten times in the morning, and then ten times at night. Bring her back in a week and I'll see how she's doing." Most or all of your "problem parents" will follow through with this, right? Maybe not perfectly, but pretty well.

When parents feel blamed, disrespected, or otherwise attacked by the therapist, they are likely to protect themselves and reject the therapist. When parents see their child as bad, behaving badly on purpose, and not valuing the parent-child relationship, they are likely to protect themselves and reject the child. On the other hand, when parents feel respected and supported, they are able to be more open to your advice. And when parents can see their child as hurt, not "bad," they are more likely to come through with what the child needs to recover. Of course, no matter what we do right, not every parent will come through. But we can't know ahead of time which parents will surprise us and come through for their kids, when we give them a way to understand and a way to do something about it.

WORKING THE CASE FORMULATION

The key to eliciting parent cooperation is the case formulation and the fairy tale model. This helps parents see their child as still good, but wounded. It helps them to understand why the treatment recommendations make sense and will lead to healing. And it helps them to understand how important their own role is. With the case formulation, you can:

1. Advise parents to do things differently, not because they were doing it "wrong" before, but because their child has a special need.
2. Help parents to embrace a rationale that overcomes their "blocking beliefs." For example:
 - When the parent says, "I don't want to be hard on him (enforce the rules); he's been through enough already," the therapist can say, "Enforcing the rules makes him feel more secure. Then he knows what to expect, knows he can count on you."
 - When the parent says, "I don't want to bring it (the trauma memory) up; it will only upset her," the therapist can say, "If she sees that you can handle talking about it, then she can talk about it with you and get your help. Right now, because she doesn't want to upset you, she just keeps it inside, has to face it all alone."
3. Help parents become active agents in the child's healing and recovery.
4. Help parents identify personal obstacles to helping their kids, and what to do about them.

Sometimes parents really do need their own treatment. But if we just say this up front, we have overstepped our mandate (which is typically child-focused) and the suggestion may be perceived as offensive. On the other hand, if we work with the parent to gain an understanding of what to do and why, and then the parent still says, "I try to do it right, like we talked about, but I

just get too angry and lose control," then we have an opening. Then we can say, "Is it okay to talk about what keeps you from coming through for your child the way you want to?" Then, without even knowing the details of the parent's history, we can offer a trauma-informed case formulation to explain the parent's own sore-spot reactivity regarding the child's behavior, and present options for taking care of it. At this point, many parents will engage in self-control skills training, and some will be willing to work toward trauma resolution as well.

PRACTICING RESPECT AND EMPOWERMENT

The fairy tale model's trauma-informed case formulation includes an emphasis on the "kingdom's" strengths and resources. This supports the empowerment approach. To make this fly, we must be able to identify and acknowledge the parents' strengths. Remember, the parents are the ones building the fence. The therapist should do as much as possible to convey support and respect for the parent, and to enlist the parent's active cooperation.

As the therapist learns about current discipline practices, even inappropriate and/or ineffective ones, the therapist can convey an understanding of the parent's positive underlying intent. For example, if the parent spansks the child for lying, the therapist might say, "It sounds like you really want your child to learn to tell the truth." Then when the therapist offers suggestions for modifying the parent's approach, the parent does not experience it as a put-down, but rather as a tip to help the parent do what he or she is already trying to do, but better.

PARENT TRAINING INTERVENTIONS

The following handout is an example of a way to build on the case formulation—work the fairy tale model—in a parent training approach. Typically this handout is not just passed to a parent, but is accompanied by a full session discussing each portion, step by step.

The core principles of the positive parenting form (and the parent training approach) are as follows:

- Problem behavior is a way children ask for reassurance. Reassurance calms kids down.
- You are the parent. You are the child's rock of security.
- If you are in charge, you are strong and can protect.
- Keep your promises.
- Only make promises that you can keep.
- When you stop a problem quickly, it's smaller and easier to handle.
- Minimize negatives; reinforce positives.

The following repertoire of interventions (Greenwald, 1999) can help parents understand the issues involved, overcome the obstacles, and acquire the specific behaviors necessary for effective discipline. The therapist needs to judge which interventions to use and which to skip, according to the demands of each case. (These interventions from Greenwald, 1999, *Eye Movement Desensitization and Reprocessing* are reprinted by permission of Jason Aronson, an imprint of Rowman & Littlefield Publishers, Inc.)

Positive Parenting

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Children who misbehave often feel scared, nervous, and insecure. They need gentle, but firm, consistent discipline. Then they will know that they can count on their parents. This will make them feel more secure, and they will calm down. Here are some ways to provide this sense of security to your children:

1. Keep Your Promises

Avoid making promises you can't keep. Then your kids will learn that they can count on you. This goes whether your promise is for a treat or for a punishment.

Don't promise good things unless you are sure that you can come through. And stick with small punishments so that you can follow through on those, too.

Train your children to learn that Yes means Yes and No means No.

2. Stop a Problem Quickly

Don't get into arguments with your child. You are not equals; you are in charge. You also want to avoid losing your temper. When you lose your temper, your child has pushed your buttons, and you have lost control. But your child needs you to be in control, to be in charge. Also, when you lose your temper, you may be tempted to yell, hit, or make promises that you can't keep (like a punishment that is too big). All these things will just make your child more scared and insecure.

You can avoid losing your temper by stopping a problem quickly, before it gets out of hand. Just tell your child one time what you want. Next, give one warning. Next, give a short time-out. After the time-out is done, the child still has to do what you say. That's it. No messing around.

When you stop a problem quickly like this, you don't have a chance to get frustrated and angry. Then you can handle it in a way you can feel good about.

3. Enjoy Your Child

Some children do bad things because they like to get attention from you. Why not give attention for good behavior instead?

As you become quicker and more effective with your discipline, your child will probably calm down and give you less trouble. Then you will have more time and energy to enjoy your child. Find things to do together that make your child feel special. It could be big things like going to the park or the beach for the day. It could be something small like fixing something together or cooking a meal together.

Remember, discipline and fun all come from the same place: your love and concern for your child.

Problem Behavior Is a Request for Reassurance

This is really just a reminder of the case formulation, as it applies to the child's problem behaviors.

THERAPIST: Sounds like your daughter can get pretty hard to handle sometimes.

MOTHER: Oh ya, she gets me going. It's like she's just asking to get smacked, until finally sometimes I do it, just to shut her up.

THERAPIST: Remember how we were talking about when she had to see you and her father fighting those times, and then he left? When kids go through that kind of thing, they get really scared inside. Like the world's not safe anymore, anything can happen. And then, even much later, they're still worried that something else bad might happen anytime.

MOTHER: Yes, she is worried like that, I know.

THERAPIST: So when she gets nervous, wonders if things are still safe, she asks you, by acting bad. Then if you can show you're in charge—in control—she feels safe again.

A Safe Child Has a Strong Parent

With parents of younger children, this intervention can help illustrate how, when the parent is in charge, the child can feel safe. This is most appropriate when the child has taken on a parental role, perhaps as the confidante, caretaker, or boss (if the parent is not in charge, the child is the boss). The therapist highlights this role confusion to the point of absurdity, which may jar family members into a new perspective on their interactions. First the confusion itself is presented, and then elements of resolution are addressed sequentially. Once parents demonstrate that they are bigger, older, and stronger, they are qualified to be in charge. Once they can prove that they are really in charge, they can use this parental role to help their child feel more safe and secure.

THERAPIST: You might think I'm stupid, but I'm getting confused here. Which one of you is the real mother?

CHILD: She is!

THERAPIST: I'm not so sure. When Mom tells you her troubles, then you're the Mom. (Then to the mother:) Do you have any adult friends you can tell your troubles to, so that Sara doesn't have to be your mother?

MOTHER: Yes, I talk to my neighbor sometimes, and to my sister . . .

THERAPIST: That's good. You want to keep grown-up talk with the grown-ups, so that your daughter can be a kid. But I'm still confused about who the mom is. Remember a little while ago, when you (to mother) told her to put the markers away, and she kept on using them? She was the boss then. I always know who the real mom is by seeing who's in charge. So I'm still confused. (To the child:) Are you in charge sometimes, when maybe your mom is supposed to be?

CHILD: Sometimes I don't listen good.

THERAPIST: Oh, so you might be confused sometimes too. No wonder I'm confused now.

MOTHER: Well I tell her, but she doesn't always listen.

THERAPIST: Right, that's why we're all so confused. But it's really important to know who the mom is, to know who's in charge. Let's see, a mom should be bigger, older, stronger . . . (to child:) Mom, stand up.

- CHILD: I'm Sara!
- THERAPIST: Oh, I'm sorry! Got confused. Okay, Mom—no, I mean Sara—stand up. And (to mother) Mom, you stand up too. Okay, good. Now which one of you is bigger?
- CHILD: She is!
- THERAPIST: Hmm. Let's see, you go up to here (puts hand by the top of child's head), and you go up to here, yup, she is bigger. Now, who's older?
- CHILD: She is!
- THERAPIST: Are you sure? How old are you?
- CHILD: I'm six.
- THERAPIST: And how old are you?
- MOTHER: Twenty-seven.
- THERAPIST: Bigger, and older. Well, maybe you are the real mom. But let's see who's stronger. (To child:) Go over and lift her up off the ground.
- CHILD: I can't.
- THERAPIST: Well, you never know. If you were the mom you could. Go give it a try.
- CHILD: (tries) I can't.
- THERAPIST: Okay, good try. Now (to mother) you lift her off the ground. (Mother does so.) Oh, bigger, older, and stronger too! Well, she might really be the real mom. But let's find out who the boss is! (To child:) What I want you to do is tell her to jump up and down. See if you can make her do it. (To mother, whispers:) Don't do it.
- CHILD: Jump up and down.
- MOTHER: No (smiles and does not move).
- THERAPIST: (to mother:) Good job. Now, how does she get her way sometimes? I know! (To child:) Tell her again, maybe she'll change her mind. (To mother, whispers:) Don't do it.
- CHILD: Jump up and down.
- MOTHER: No (smiles and does not move).
- THERAPIST: You're both doing a good job. (To child:) Keep telling her again and again. I bet you can get her to change her mind. (To mother, whispers:) Don't do it.

This role-play provides an excellent opportunity to emphasize the appropriate parental authority role. Children do tend to enjoy this activity even if they are unable to articulate that they feel more secure when their parents take charge. The parent can become somewhat inoculated to the child's coercive strategies, simply by going through each one systematically, with the child's playful participation.

- THERAPIST: Hmm, I guess that's not working. What can we do? I know! Make that face that you make, you know (makes face). No, you do it better. Go ahead, make that face and tell her again.
- CHILD: (makes face) Mom, jump up and down.
- THERAPIST: Boy, she's tough, isn't she? Can you think of anything that might get her to do what you say?
- CHILD: Maybe if I cry?
- THERAPIST: Good idea, try that (by now, mother understands her role and does not need continuous prompting to stand her ground).
- CHILD: I can't.
- THERAPIST: That's okay. Just do your best, make believe.

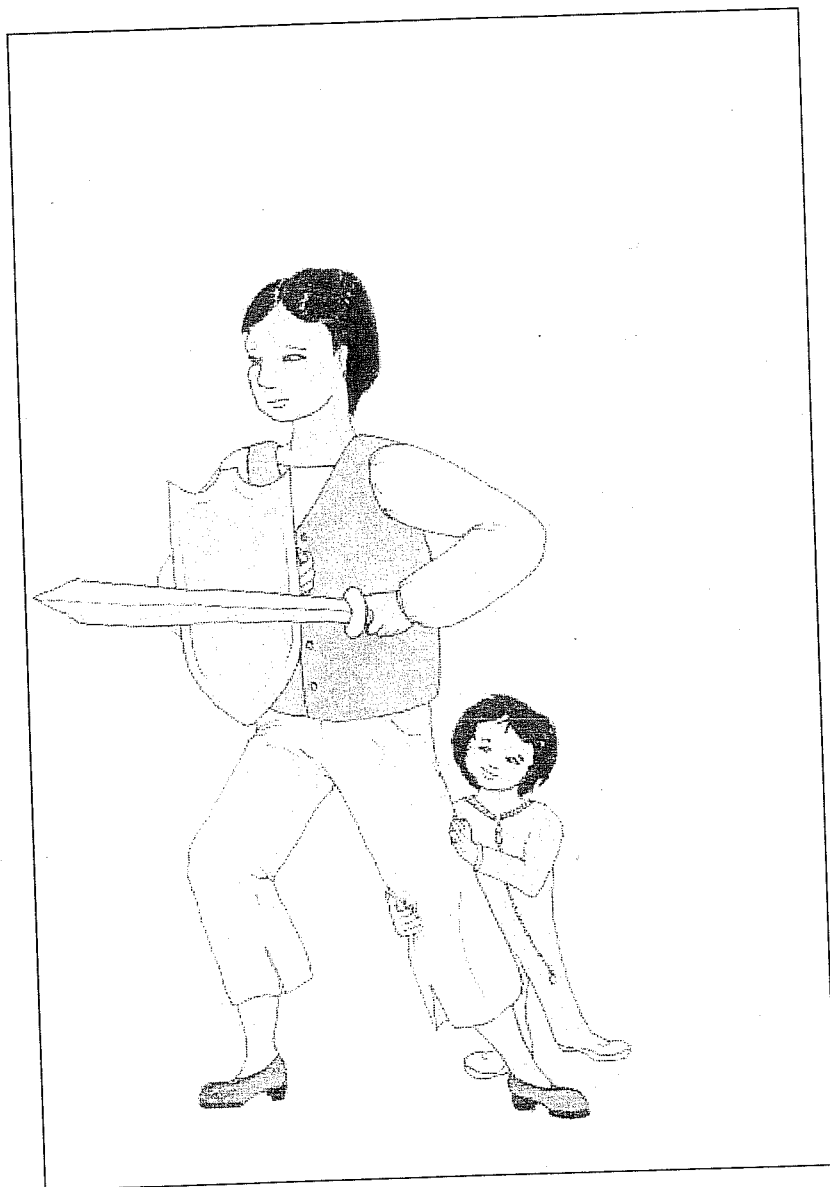
CHILD: (moans) Mom, jump up and down.

THERAPIST: That was pretty good, but she's still not doing it. How about yelling? Will that work?

CHILD: I don't think so.

THERAPIST: Well, let's try one last thing. This time, yell at her to do it, and stomp your feet too.
(Child stomps and yells.) Well, I guess this is the real mom after all. She's older, bigger, stronger, and it turns out that she's in charge, too. You can't boss her around. That's good news.

Once the parent is established as the more powerful person in the parent-child relationship, this should be tied immediately to the protective function. This can be accomplished through discussion or role-play, and can be modified to reflect any identified fears the child may have. The therapist can say something like, "Well, your mom seems pretty tough to me. Do you think she's tough enough to handle monsters?" Then the therapist may direct a role-play in which the parent is able to successfully protect the child from the feared object.



THERAPIST (raising arms and baring teeth): Here comes the monster! I like to eat little children. I think I see one! (walks slowly toward the child). (Whispers: "You think your mom can save you?")

MOTHER: Go away or I'll shoot!

THERAPIST: Ha ha! Here I come!

MOTHER: Bang! Bang!

THERAPIST (falls down): I'm dead.

If the therapist is uncomfortable in playing the monster role, a puppet or other prop can be used. Props can also be used for weapons or other means of protection. This role-play may be repeated a number of times, with variations, e.g., "Oh no, now two monsters are coming!"

Although the child is the most direct beneficiary of this game, the parent is also learning how important the strong parental role appears to be to the child. This can help to overcome parental ambivalence about taking charge.

Keep Your Promises

One of the most important concepts for parents to understand is that routines and rules are like the parent's promises to the child. This helps the parents realize how much their own behavior has been compromising the child's sense of security. It can be introduced gently, however, by conveying the assumption that the parent has positive intent but just didn't know better.

THERAPIST: Let me ask you something. If you tell your kid, "If you clean up your room in ten minutes, I'll give you some ice cream," and then in nine minutes, she shows you her room, and it's nice and clean, are you going to say, "That's nice, but I was just kidding about that ice cream"?

PARENT: Oh, I would never do that. Of course I would give her the ice cream like I said.

THERAPIST: I thought so. If you make a promise, you wouldn't let her down. But what about this: What if she doesn't do what you say, some little thing, and finally you get so mad that you say, "Okay, you can't go to the park tomorrow." And then tomorrow comes and you're not mad anymore, and you realize that the punishment was too big, and it's a nice day . . .

PARENT: Oh, I let her go. Usually I do give in later on.

THERAPIST: So you do break your promise in that situation?

PARENT: I guess so. I never thought of it that way.

THERAPIST: When you don't do what you say, you let her down. A lot of parents don't realize that. But when you say what's going to happen, she's counting on you to make it happen. She needs you to be a rock that she can always count on. You know how it is when you can't count on someone. It feels pretty shaky. Also, you have rules for good reasons, right?

PARENT: I like to think so.

THERAPIST: So let's say that she's not allowed to play in the street, and—

PARENT: That's a good example. A lot of fast cars go by our house.

THERAPIST: So let's say you tell her, "Don't play in the street or you'll have to come inside." And then she plays in the street, and she says, "Please, give me another chance?" and you let her stay out. What will she be thinking about that?

PARENT: Be happy she can keep on playing, think she got away with it.

THERAPIST: Part of her might be happy, but part of her is going to wonder, going to feel all shaky and nervous inside . . .

PARENT: Oh, like maybe I don't care about her.

THERAPIST: That's exactly right. Like maybe you don't care if she's safe or not. If you have a rule, to keep her safe, to help her learn to be a good person, whatever, you show you care by keeping your rules. And by doing what you say, so she knows she can always count on you. That will help her feel safer and she can start to calm down.

What Are Rules For?

This intervention helps parents to focus on their good intentions and how these can be compromised when they get too angry and lose control. This sets the parent up for the following intervention, which offers a specific method for disciplining without anger.

THERAPIST: This might seem like a stupid question but I'm going to ask anyway. Why do you have rules for your child? Is it to protect him, keep him safe, and to help him to learn to be a good person? Or is it so that when he breaks the rule, you can punish him and get revenge?

PARENT: My rules are to keep him safe, and to teach him right from wrong.

THERAPIST: So your rules come from love, from being a good parent.

PARENT: Of course.

THERAPIST: That's what I thought. Would you say that it's easier to be the kind of parent you like to be—coming from love like that—when you're calm? Or when you're angry?

PARENT: When I'm calm.

THERAPIST: So if you get mad enough, sometimes the revenge thing takes over?

PARENT: Well, sometimes, if I get mad enough, yeah, I might yell or come up with some punishment that's really too much.

Stop a Problem Quickly

This strategy serves multiple functions. It provides parents with practical steps with which to implement effective discipline. It helps parents keep their promises by using such small punishments that follow-through is less problematic. It helps parents to avoid losing their tempers by intervening before a problem situation gets out of hand. When parents can learn to intervene very quickly, with very small consequences, the child is reassured without having to escalate, and the discipline problem becomes much smaller.

THERAPIST: One of the biggest problems parents have in keeping their promises is that they get so angry that they make punishments that seem too big later when they're not mad anymore.

PARENT: Yes, I do that.

THERAPIST: One way to fix this is to decide ahead of time what punishments you will use, so you don't have to think up something when you're mad.

PARENT: That makes sense.

THERAPIST: Do you ever use time-out?

PARENT: Yes, sometimes I send her to her room, if I get mad and don't want her around. She can come back later, maybe in half an hour, if she wants to be good.

THERAPIST: I want to teach you a kind of time-out that you can use. You just pick a spot wherever you are, like in a chair or against the wall in the room you're in. And when she's in a time-

out she can't talk, or play with anything, or kick the wall, or really do much of anything. And the time-out should last a minute.

PARENT: A minute? That doesn't seem like much.

THERAPIST: Maybe it should just be half a minute. I'm looking for a consequence that's so small that it won't break your heart to follow through on it. Can you stand it to keep her in a time-out for a minute?

PARENT: (laughs) That won't be a problem.

THERAPIST: Good. Because now I'm going to tell you to do this every chance you get, and to look for chances. You know how we were talking about one of the problems being that she can get you mad?

PARENT: That's for sure.

THERAPIST: Do you get mad right away, or only after a long time?

PARENT: No, it's just when I tell her and she keeps on doing it, won't stop, won't listen. Finally I get frustrated with her.

THERAPIST: That's what I thought. So here's what I want you to do: Tell her the first time. Then if she doesn't do it, tell her one more time, and count to three, not one, two, two and a half, two and three-quarters, just a straight, one, two, three. Then pow! it's time-out, one minute. Then she still has to do what you say. No arguing, that's just the way it is.

PARENT: That's it? That seems simple enough.

THERAPIST: The trick to this is that you don't have a chance to get angry, because you're not letting it drag on and on. And you can keep your punishment small because she hasn't done much. And the time-out isn't really even a punishment. It's just like, well, you don't follow the rules, so you're on the bench a little while; then you can come out and try again.

PARENT: I think I can do that.

THERAPIST: This week I want you to practice every chance you get. If you're not sure, go for it. And if you ever catch yourself starting to get frustrated or angry, you've probably let it go too far already, but you can still give a time-out right away. The funny thing about this is, the more strict you try to be, the less you end up giving those really big punishments.

If the child is hanging around, or can be brought into the session, I like to role-play the time-out procedure several times, first with me playing the parent, then with the parent playing herself. Sometimes the child likes to have a crack at the parent role as well. This exercise has several benefits. First, the parent gets to observe and then practice under observation. The child has a positive, even playful, first experience of this intervention, perhaps making it feel nonpunitive. Also, by role-playing obedient and disobedient behavior, the child may develop a stronger sense of control over her symptomatic behavior. Finally, the therapist can put a therapeutic "spin" on the whole enterprise.

THERAPIST: Your mom and I were talking, and she decided that she's going to be in charge more, so that you can feel safer at home. So now we want to practice something, will you help us?

CHILD: Okay.

THERAPIST: Okay, I'm going to tell you to put away the toys, but you keep playing with them. Ready? Put those toys away. (To the child: "Don't do it.")

CHILD: (keeps playing)

THERAPIST: I told you to put those toys away (To the child: "Still don't do it"). One, two, three. Now you have to do a time-out. Stand up over there in that corner. Yeah, right over there. No, you can't play with that during a time-out. Here, I'll hold it for you. Okay, good, just stand there. I'll time you for a minute and tell you when you're done. That's good, you're done now. Good job! This time it's your mom's turn. Do you think she can do that like I did? Will you help her practice it?

Slot Machine

The importance of keeping one's word consistently can be illustrated with the slot machine metaphor. This intervention also helps to prepare parents for the challenge of standing their ground, and highlights the value of sticking with it.

THERAPIST: So you understand now that whatever you say is like a promise to your kid. In the same way, it's really important to stick with what you say. You know how at the checkout counter at the store, there's always some kid who says, "Please, Mommy, please please please?"

PARENT: Right, and she finally says, "Okay, here. Just shut up already!"

THERAPIST: Oh, you've seen that too? The funny thing is, that parent is actually training her kid to be a pest, to act that way.

PARENT: What do you mean?

THERAPIST: Well, I'm gonna tell you how Las Vegas works, why they make so much money. It's the same principle; it's something you can use at home. Let's say I'm putting quarters in a machine, and every time I put a quarter in, I get four quarters back. What am I gonna do?

PARENT: Keep putting quarters in.

THERAPIST: That's right. And then what happens if one day I put in a quarter, and nothing comes back?

PARENT: You quit.

THERAPIST: Soon I quit. First, though, maybe I put in a bunch more quarters, say, "What's wrong with this machine?" maybe bang it a couple of times. But you're right, eventually I say, "I guess this machine just doesn't work anymore" and I quit, go try some other game. But what about this: what if I'm putting quarters in a machine, and mostly nothing happens, but every once in a while I get a jackpot?

PARENT: That's like the slot machines.

THERAPIST: That's right. The real ones, they work this way for a reason. Because what's going to happen if I put in a quarter and nothing comes back?

PARENT: You keep on trying.

THERAPIST: That's right. Maybe put in ten more quarters, maybe a hundred, and each time, I'm saying to myself, "Keep trying, the next one could be the jackpot."

PARENT: And then you're a millionaire and you quit your job.

THERAPIST: And that's just the same thing that the kid at the checkout counter is doing, when she says, "Please, Mommy?" and she says, "No," and it's "Please?" "No." "Please?" "No." "Please?" "No," ten times. She's saying to herself, "Keep trying; the next one could be the jackpot."

PARENT: So when she bugs me and I give in . . .

THERAPIST: That's right. Jackpot.

PARENT: I see what you're saying.

THERAPIST: So the trick is to just remember, yes means yes and no means no. Once you say it, just stick with it. Otherwise, you're training her to keep on bugging you, go for that jackpot.

PARENT: I've got it.

THERAPIST: I want to warn you, though, that this might get harder at first. Remember what happens when the machine doesn't work anymore?

PARENT: She might try harder.

THERAPIST: Right, she might put in all those extra quarters, hit the machine . . . which means that she might really try to push you, see if she really can count on you now, or if you're just kidding. And what happens if you just get tired, finally give in?

PARENT: Jackpot.

THERAPIST: Right. So if you're going to make this work, you really have to stick with it. Once she learns, though, that you mean what you say, well, why bother putting in all those quarters? Have to find a different game.

The Damn-Shit-Fuck Progression

If the principle of early intervention needs to be further emphasized, this should do the trick. The dramatic language can help parents to remember the point. Also, it ties the child's misbehavior to his insecurity, hopefully eliciting the parent's desire to reassure, rather than the parent's aversion to punish. Of course, this particular expression should be used only when it would not be too uncomfortable or otherwise inappropriate.

THERAPIST: When your kid does something wrong, I think he's asking for help. He's asking you to set him straight so that he feels safe. When he feels out of control, he needs you to help him, until he can control himself again. But if he messes up and you just let it go, he gets more and more nervous. Then what do you think happens?

PARENT: Well, he just keeps going.

THERAPIST: That's right. There's something I call the Damn-Shit-Fuck Progression which I think happens with your child. When he says Damn and nothing happens, he gets more nervous, and asks for help even louder. Then he tries Shit to see if you'll help him. If you don't come through then, he'll go to the next step.

PARENT: I've seen that before. He just gets out of hand.

THERAPIST: When he's nervous, he really needs you to take charge, to show him that you're in control. When you give the time-out, he's reassured, and he can calm down. Otherwise, he'll just go to the next level, until you finally come through.

Physical Restraint

Occasionally, a parent will say, "But she won't stay in the time-out." Then the therapist says, "Make her stay. You're in charge." Then the "how" must be addressed in some detail. In most cases, the parent can simply insist, or even stand in front of the child to block escape. Sometimes it is necessary to teach physical restraint techniques, which requires being able to count on the parent to implement this complex intervention effectively and safely. The parent must be able to proceed in a caring, authoritative and nonreactive manner, so the child feels safe rather than attacked. Physical restraint should only be taught by a therapist with formal training in a trauma-informed physical restraint method, which, though occasionally essential to child trauma treatment, is beyond the scope of this book.

Alternate Time-Out System

The standard approach to time-out, as previously described, may be too difficult for some reactive parents to manage effectively. Sometimes kids in time-out argue, make faces, tap their feet, or do other objectionable or distracting things. If the parent can't help arguing or yelling at the child, the problem behavior is being reinforced even within the time-out, which is counter to the time-out's purpose. The following alternative time-out system offers parents increased physical control of the child, while keeping the parents away so they are less tempted to reinforce the negative behaviors (Dutton, 2004).

The parents must designate a time-out room, such as the child's bedroom, in which there is nothing, including the walls and the furniture, which the parents are not willing to risk. The room should probably not contain a TV or electronic game system, but other toys are okay. If the child does not go immediately when given the time-out, she is physically transported by the parent. If she does not stay in the room voluntarily, the closed door forces her to do so. The child completes this time-out by being quiet for the specified period, perhaps five minutes, or one minute for each year of her age.

During a time-out, the parent goes about her business, regardless of what happens in the room. The child may be screaming and destroying everything within reach, for minutes or even hours; the parent ignores her. Only after the child has been quiet for the designated period does the parent make contact. Then, the parent is to only praise the child for behaving well for the past few minutes and thus completing the designated time-out. Note that the child is not required to sit silent and motionless, but merely to occupy herself quietly in her room.

This system relies on the principle that the child will do whatever is reinforced by the parent's attention. When the child misbehaves, the parent immediately sends her to the time-out room so that no reinforcement is available. When the child behaves properly by successfully completing the time-out, the parent does reinforce that positive behavior. Negative behavior diminishes when the child learns that it will not be reinforced. If the parent can stick it out, this system can be effective even with very challenging children.

Beyond Time-Out: Natural Consequences

Beyond time-out for annoying or disobedient behavior, the therapist can help the parents to apply the principles of trauma treatment to the variety of discipline challenges that may arise. The goal is to support the child's sense of safety and security while providing appropriate limits as well as learning opportunities. These principles include the following:

- Keep your promises. Be willing to follow through on the consequences you select.
- Avoid retaliation or revenge. By definition, these represent parental loss of control.
- Avoid depriving the child of meals, sleep, school, or (if possible) other worthwhile activities.
- Use consequences that are fair, make sense, and offer opportunities for a positive outcome.

These principles can guide parents in evaluating disciplinary options. For example, physical discipline (e.g., spanking) is generally problematic because it represents retaliation—loss of control—by the parents, and because it gives the child something else to be afraid about. The restitution approach has the advantage of being rehabilitative rather than punitive: it is clearly fair, and the child may actually make up for his misdeed, thereby repairing damaged relationships as well as self-esteem.

The concept of "natural consequences" helps many parents grasp the constructive intent of this approach to discipline. The parent's role is not exactly to punish, but to ensure that the child

has an opportunity to learn from his mistakes by taking responsibility for them. Examples of natural consequences include the following:

- Make a mess, clean it up.
- Break something, fix it or replace it. Replacement can be done with cash or labor (e.g., extra chores).
- Break my trust, you lose it until you earn it back. For example: You didn't come back home by dark tonight, so you can't go out after dinner tomorrow. And I lost half an hour worrying while you were late, so you owe me a half hour of chores.
- Work before play, especially if the work isn't getting done. Poor grades? No TV until your homework's done.

Although such consequences are often necessary, a positive emphasis is a preferable means of eliciting wanted behavior. If parents seem to be getting bogged down around a particular problem behavior, the therapist can suggest a focused incentive program to encourage the child to do better. Sometimes the carrot-and-stick approach works: having both positive and negative consequences for the same events. For example, if the child doesn't get ready for school on time, he may have to go to bed fifteen minutes early that night. On the other hand, if he is ready every morning, he may get a treat Friday after school.

One of the important components in either a formal behavioral program or a more general approach to discipline is the parent's attitude of supportive neutrality. When the child is facing known consequences for a behavioral choice, the parent can help him see that he has chosen the consequence with his own actions. This takes the parent off the hook and helps her feel less mean. When the parent can see the child as struggling with the consequences of his own choices, the parent is in a position to be less personally reactive, and more able to focus on the child's needs.

THERAPIST: So when he tells you that you're mean because he has to go to bed early, how do you react to that?

PARENT: I get mad. I feel like I am mean, and I'm sick of his grumbling.

THERAPIST: Try saying this: "You told me you wanted to go to bed early; you told me this morning with your actions. It's not my choice; it's yours." Say that.

PARENT: You chose that yourself. You were late this morning and that was the deal.

THERAPIST: How does it feel when you say that?

PARENT: Like it's not my problem.

THERAPIST: That's right. You're being a good parent. You're keeping your promises, and you're letting him learn from his mistakes so he can do better.

PARENT: But I know him. He'll just grumble some more.

THERAPIST: That's not your problem either! In fact, it's his job to grumble. He's trying to find out if he can really count on you or not. He'll push your buttons. What are they? The "guilt" button, the "mean" button. What else?

PARENT: Oh, he knows them all.

THERAPIST: So your first job is to come through, keep your promise. Then you can help him learn by telling him that it's his choice. He can be happier if he makes better choices. And if he still is grumbling, if you want you can help him with his feelings. Try saying this: "You don't sound very happy about going to bed early."

PARENT: You don't sound happy about going to bed early.

THERAPIST: That's it. You can help him learn to handle things he doesn't like. But it's not your problem.

You're in Charge

Parents must understand that out-of-control children need someone else to be in control, and to help contain them, until they can control themselves again. This concept can be conveyed in many ways, and is a recurring theme in the parenting sessions. First, the parents must grasp that the child's sense of security rests on the adult being in charge. Then parents must learn to identify specific situations in which they may be relinquishing their authority, and learn how to recover it.

THERAPIST: We talked before about how your child feels scared inside, how every time some little thing makes her nervous, all those old scared feelings kick in.

PARENT: Right. You said, from the hurricane. I didn't realize that before. And the fighting, I know they didn't like that, but I didn't know it was still bothering her.

THERAPIST: Sometimes it's hard to know what kids are thinking. What happens with kids is that those old feelings can get stuck inside, and now any little thing can hit that sore spot and make her start feeling scared again. But you know how you can tell when she's scared?

PARENT: No, she never talks about that stuff.

THERAPIST: Kids don't know much about how to talk about stuff. She shows you she's scared, she shows you by doing something she's not supposed to do. Then when you put her in her place, she feels safe because you're in charge. She can count on you.

PARENT: Right, we talked about that, the time-outs.

THERAPIST: But there's more to it. If you argue with her, or if you yell, you've lost control, and that can spoil the help you're giving her.

PARENT: Just from yelling at her?

THERAPIST: Sure. When you're in charge, acting like the parent, what you say goes—no fuss about it. But if she can get you going, get you to argue with her, negotiate points, then you're just like another kid—just like her, instead of in charge. Or if she can push your buttons, get you mad, well, you've given her control again. She's gotten you to yell and fight with her, just like you were another kid. When you're the parent, you don't have to do that. When she's out of control, she needs you to be the parent, to be in control.

Parents may have difficulty maintaining their own self-control and avoiding the arguing, yelling, or hitting which may have been habitual. The following strategies can contribute to success in this effort:

- Viewing the child's misbehavior as reflecting fear can help the parent feel sympathy for the child instead of feeling personally affronted.
- Using the quick, small punishments can preclude opportunities for parental frustration.
- The "not my problem" approach can further depersonalize parent-child conflict.

When this child-focused approach is insufficient for parental self-control, individual work with the parent may be required. Self-control and anger management techniques can be helpful. Another approach is to view the child's misbehavior as triggering a traumatic memory for the parent; in other words, the child's behavior may be hitting the parent's trauma-related sore spot. The therapist can then do a case formulation with the parent, with a limited focus on how this might be happening, and then work with the parent on resolving his or her own trauma.

The Stepfamily Trap

In many families, one parent—typically the father—plays the role of the overly harsh disciplinarian, while the other parent—typically the mother—plays the overindulgent role. This is most common when the mother has custody of her children and the father is actually a stepfather who has married into the family; however, many intact families, and same-sex-parent families, have a similar dynamic. The problem is, the more the father disciplines harshly, the more indulgent and protective the mother becomes; and the more the mother neglects to discipline, the more the father feels obliged to step in. This creates a positive feedback cycle of increasing polarization, resulting in considerable family tension. When the father is punitive and the mother indulgent, the child cannot really count on either parent for appropriate guidance and support.

The therapist can explain these dynamics to the parents, and tell them how to resolve it: by having the mother (or the one who has been “soft”) take the lead as the disciplinarian. Her relationship with her children will not be damaged by exerting her authority—it will actually be strengthened. When she becomes the primary disciplinarian, this gives her husband the opportunity to back off, and to develop a more positive relationship with the children.

Preventing the Parent Split

Some kids will try to play one parent against another in a different way: by going to the parent who is more likely to give them their way. This could be a different parent depending on the occasion. For example, one parent may be more permissive regarding privileges, whereas the other may be more generous with money. The problem is that when a child is allowed to split his parents, rules are not rules and parents are not in charge. Although the child may persist in attempting to split because of the immediate reinforcements, the more significant outcome is that the child will feel insecure and unprotected. Another outcome is that the parents are likely to resent each other, and may even feel that they must “outbid” the other parent for the child’s affection.

The therapist can explain these dynamics and work with the parents to develop a system of teamwork. This system is specific to each family, but typically involves the following:

1. Parents agree on certain rules up front, and agree to stick to them even if only one parent is present.
2. Parents agree to check with each other when the child makes certain types of requests, to make sure that the other parent hasn’t already given an answer!
3. Parents make a rule that if the child has already received an answer from one parent, that’s the answer. If the child then tries to get a more favorable answer from the other parent, the child faces a predetermined consequence.

When parents use the same rules, they are not in the position of competing for the child’s affection, and they are not in the position of undermining each other’s authority. Also, the child can have parents who are in charge and who keep their promises.

Focus on the Positive

Parents can be encouraged to give frequent praise for their children’s positive behavior, rather than only giving attention in response to misbehavior. In some situations the parent can learn to ignore negative behaviors and focus on positive behaviors of other children, perhaps thereby encouraging the problem child to join in. The therapist can also suggest that the parent regularly

devotes some time to doing an enjoyable activity with the child. In conjunction with the effective discipline approach, this can help shift the family's energy to more positive interactions. Also, as noted previously, specific behaviors can be developed and encouraged through the use of incentives.

THE THERAPIST AS THE PARENTS' PERSONAL TRAINER

In the initial session focused on the parenting approach, the therapist is likely to focus on the Positive Parenting handout and perhaps a few of the other interventions described previously, according to what seems most on target. Don't try to get everything done at once. It's better to focus on a small number of tasks that can realistically be accomplished, and then later build on success. Parents should have sufficient opportunity to discuss and rehearse this discipline approach in session until they feel prepared to implement it at home. A caution against overly high expectations can help parents feel successful with even small progress.

THERAPIST: In this meeting, I just gave you the ten-week course! So I don't expect you to get it all at once. Habits take time to change. Also, kids are good at finding the loopholes! What I would like you to do is try this out, do your best, and then come back and tell me which parts worked, and which parts didn't work for you. Then we can try to solve the problems and you can do even better after that. We're not expecting any dramatic changes right now. We're just getting started.