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# Treating Child and Adolescent Depression

**By Karlee Ohm, M.S., MFT**

This course meets qualifications for 4 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

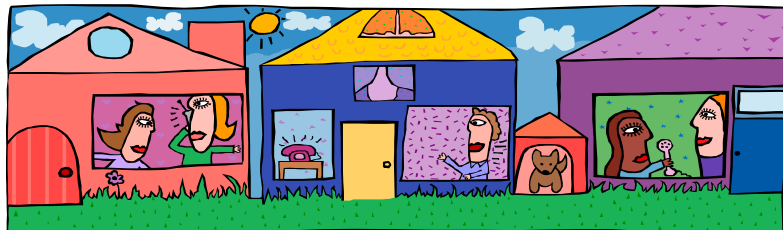


**PCE # 3226**

# Treating Child and Adolescent Depression

## Learning Objectives

1. Identify symptoms of depression and dysthymia in children and adolescents according to DSM-IV-TR.
2. Understand the causes of depression and dysthymia in children and adolescents by looking at different theoretical perspectives.
3. Understand the risks of depression in children and adolescents.
4. Review interventions from different theories including cognitive, behavioral, object relations and Bowen family systems.
5. Understand various treatment options for children, adolescents and their families.
6. Review a case study with specific treatment goals and interventions based on Bowenian theory.



# Introduction

In today's society, there are a number of significant challenges that children increasingly have to face: peer pressure, learning disorders, gang-related activity, alcohol and drugs, sexual issues, internet influences, overwhelming schedules and more. One very serious problem facing children that is increasing at an alarming rate is depression. Experts are estimating that between five and six percent of school-age children experience depression (Saklofske, Janzen, Hildebrand, & Kaufmann, 1998), and those numbers continue to increase with age (Stark et al., 1997). In addition, two-thirds of children and adolescents with major depressive disorder also have another mental disorder (Angold & Costello, 1993; Anderson & McGee, 1994).

In addition to the pain it causes, depression can also lead to suicidal thoughts in children as well as teens. The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide, which increases steadily through the teens, is the third leading cause of death at that age (CDC, 1999; Hoyert et al., 1999).

## Definitions and Symptoms

Depression is a mental illness characterized by an irritable or depressed mood, feelings of worthlessness and hopelessness, and an overall sad affect (Saklofske et al., 1998). Stark (1997) explains that there are three major types of depression: major depression, dysthymic disorder, and depressive disorder not otherwise specified. The American Psychiatric Association, in its Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR, 2000) defines a Major Depressive Episode as "a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities" (p. 349).

## Symptoms of Depression continued

Major depression also hinders the individual's performance in various aspects of life (e.g. academic, social, emotional, occupational, etc.).

In contrast to major depression, dysthymic disorder is a long-lasting, milder type of depression with at least two additional symptoms present (Stark et al., 1997). In order to be diagnosed with dysthymic disorder, an individual would have to experience these symptoms for a minimum of at least one year. Finally, any person who displays symptoms of depression that do not fit under either major depression or dysthymic disorder can be diagnosed as having depressive disorder not otherwise specified (Stark et al., 1997).

In addition to the ones mentioned above, there are other symptoms of depression in children. Saklofske et al. (1998) mentions several: social withdrawal, agitation, misbehavior or discipline problems, low self-esteem, feelings of hopelessness, frequent crying, physical complaints, fatigue, and any type of self-injurious behavior. In younger children, it is also important to watch out for insufficient weight gain or growth. Black (1996) also mentions several specific behaviors to watch out for in school age children and adolescents: complaints of headaches or stomachaches, withdrawal in the classroom and during recess and lunchtime, difficulties with attention and recall, lowered academic achievement in school, and alcohol or drug use. Depression in children and adolescents can oftentimes manifest itself through irritability, restlessness, and aggression. Many symptoms of depression may likely be misconstrued as behavioral issues. Unfortunately, many of these children have symptoms of depression that go untreated because they are oftentimes misunderstood.

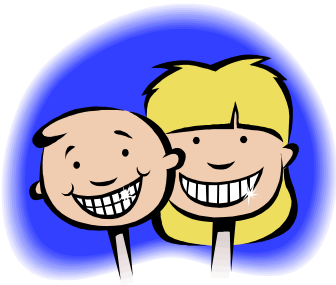


## Causes of Depression in School Age Children and Adolescents

There are countless different psychological perspectives on the causes of depression and each of the theories mentioned below offer realistic views to the possible causes of depression.

Behaviorists hold that depression is the result of fewer rewards and reinforcements due to problems with social skills. Behaviorists believe that this can become a downward spiral: bad social skills lead to poor relationships with others, which leads to depression. The depression can then lead to even more rejection by others, which only leads to even worse depression, etc. etc. (Stark et al., 1997). As the child is perceived by his or her peers to be different, social issues increase. Children who lack such skills tend to be rejected by other children. Commonly, they are withdrawn, do not listen well, and offer few if any reasons for their wishes; they rarely praise others and find it difficult to join in cooperative activities (Dodge, 1983). They often exhibit features of oppositional defiant or conduct disorder, such as regular fighting, dominating and pushing others around, or being spiteful (Dodge et al., 1990).

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Children who have appropriate social skills are able to display self-confidence through active listening, eye contact with others and have the ability to speak up for themselves in most situations. These children are usually well liked and therefore feel like they are part of a group and have a sense of belonging.

They are able to build and maintain healthy reciprocal relationships and therefore have fewer symptoms of depression.

## Causes of Depression continued

Cognitive theorists believe that individuals with depression have a tendency to exhibit a negative thinking style, and that this is what leads to the disorder (Comer, 1999). This theory holds that depressed persons feel as if they are not loved, cared for, or acceptable to themselves or others (Stark et al., 1997), and many exhibit learned helplessness and automatic thoughts (a constant line of negative feelings about themselves and their life situation) (Comer, 1999).

Object relations theorists suggest that the root cause for symptoms of depression and other behaviors stems from early relational experiences with the primary caregivers. The basic premise in this theory is that all of us have internalized mental representations of people and relationships and that these internal experiences that were formed in early childhood provide the framework for our objective reality in adulthood (Bobes and Rothman 2002). Depression can be a result of intolerance to an early experience such as rejection, aggression or rage. Thus, the child splits off from the intolerable aspects of this experience and represses it from consciousness because it is too painful (Scharff, D.E. & Scharff, J.S. 1991). These painful experiences from the past continue to impact present relationships and functioning. Once this process is understood, object relations theorists state the un-

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conscious state of functioning can be revealed and become conscious. When children and adults are aware of this connection, they can be empowered to make new choices and therefore change.

## Causes of Depression continued

The Bowen family systems theory (postulated by Murray Bowen) states that depression, as well as other psychological disorders, are related to an imbalance in the emotional system, “both within an individual and within his relationship system” (Kerr & Bowen, 1988). When the emotional system is characterized by a high level of anxiety, the individual is likely to function in reaction to the anxiety rather than responding in a differentiated way. People who are not self-differentiated cannot separate feelings from thinking and are not capable of objective thinking (Nichols & Schwartz 1991). They are governed by how other people view them and therefore are constantly emotionally reactive. Those who are self-differentiated are able to balance feelings and thinking and are able to look at situations and interactions more objectively and therefore resist emotional impulses.

Bowen’s theory states that triangles are the basic molecules of relationships and family systems. Triangles are the smallest stable relationships in families and consist of two people with the third leg being another person or thing (a job, school, drug use, etc.). When anxiety is high between two people, a third person or thing is pulled in to reduce the tension. Oftentimes, a child is pulled into a triangle to reduce tension in a marriage. This child may suffer from depression or other mental disorders as a result of being triangulated into the unhealthy and anxious relationship.

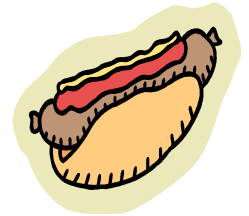
Family systems theory defines the Family Emotional Process as a concept that deals with the emotional forces in families that repeat themselves over time (Nichols & Schwartz 1991). Lack of differentiation in the family of origin can lead to cutoff from parents which leads to unstable fusion in the marriage. This fusion can lead to physical or emotional dysfunction in one spouse, marital conflict or projection of the problem onto one



or more of the children. Projection onto a child can be extremely damaging and cause numerous physical and emotional problems, including depression.

## Risk Factors Associated with Depression

There are also many other risk factors associated with depression, such as genetics, gender (females are more at risk than males), emotional health (e.g. stress), and life changes (such as a move, divorce, etc.) (Harrar, 2003). In addition, poor diet may also be a contributing factor in childhood depression. Children who have witnessed domestic violence, have a history of physical, emotional, sexual abuse or neglect are also at greater risk for depression and other mental illnesses. There are many variables influencing whether or not an individual is at risk for becoming depressed, and most professionals now agree that the best view of the cause of depression is one that takes all theories into account (Stark et al., 1997).



## Perspectives on Interventions

There are countless interventions available today for the treatment of depression. Probably one of the most common is the use of pharmacological intervention. In a world of rapidly advancing technology, new medications for depression and other disorders are being discovered almost daily, although experts have not all reached a consensus on this issue. Saklofske et al. (1998) asserts that anti-depressants and anti-anxiety drugs can be very beneficial in the treatment of depression in children, especially when combined with other types of therapy. However, Stark et al. (1997) cautions that, while many studies have



shown medication to be successful in the treatment of depression, there has not been enough research on this topic conducted specifically with children, and professionals should be cautious in their use of this intervention.



## Perspectives on Intervention continued

Cognitive behavioral therapy, either alone or coupled with a social skills element, has been found to be highly effective in the treatment of depression in children (Stark et al, 1997).

Cognitive behavioral therapy can consist of many different elements. Cognitive behavioral training can include teaching students self-instruction skills, self-monitoring skills, coping skills, cognitive restructuring, problem-solving skills, skills to improve self-efficacy, self-reinforcement, and more.



Some researchers believe that the school needs to provide more training to teachers, students, parents and school staff to help understand and prevent childhood depression. Many schools offer peer groups to give children opportunities to discuss their problems. These types of groups encourages children and adolescents to share their problems and discuss solutions to help solve them.

Gillham, Reivich, Jaycox, and Seligman (1995) conducted a 12-week program for children who reported depressive symptoms, using both a cognitive and a social problem-solving skills element. In the cognitive piece, the children learned how to recognize negative thoughts and ideas, how to assess these thoughts and ideas by looking at the facts in each situation, and how to come up with new, more realistic, and more positive beliefs. The social problem-solving piece centered on the problems that many depressed individuals have in relating to others. The children learned how to consider their goals before taking action, to make a list of potential resolutions or choices to any problems they may experience, and to carefully weigh each potential solution before making a choice. In addition, “children were also taught techniques for coping with parental conflict and behavioral techniques to enhance assertiveness, negotiation, and relaxation” (Gillham et al., 1995, p. 344).

## Perspectives on Intervention continued

The results of this study were supportive of the cognitive behavioral and social problem-solving skills approach in treating depression. The researchers found that, after two years, students who had participated in the program self-reported less depressive feelings than those who had not participated in the program, and “moderate to severe symptoms (of depression) were reduced by half” (Gilham et al., 1995, p. 343). In addition, the researchers found that these children also had a more positive explanatory style than those children who did not participate in the program.



Sadly, the positive results of this prevention program did not last. In their final follow-up study two and one-half years after the program was implemented, the researchers found that the differences between the treatment and control groups had lessened. In fact, no significant differences for depressive symptoms were found between the two groups (Gilham & Reivich, 1999). The only effect that remained on the treatment group was that of the positive explanatory style.

However, the results of this research continue to be valuable. The findings of these researchers indicate that periodic booster programs may be necessary to reinforce the skills learned in prevention programs for depression.



## Perspectives on Intervention continued

Another type of therapy that is sometimes used with individuals who are depressed is relaxation training. Many individuals who are depressed exhibit anxious thoughts and feelings, and relaxation training has been found to be an effective way to teach children and adolescents how to take control of these anxious feelings (Matson, 1989). Participants in relaxation training can be educated on the relationship between stress, depression, and muscle tension. They can then be taught how to consciously tense and relax their muscles (hence, taking control of their own body), and can be taught how to generalize this new skill to various settings.



Psychodynamic theorists believe that depression is caused by “internal emotional conflicts” (Black, 1996, p. 54), and that the depression can be resolved by helping the child learn to better understand and deal with those conflicts inside themselves. Psychodynamic therapists use a wide variety of approaches in assisting individuals with depression. Many use various techniques to allow individuals to express their inner feelings in creative ways, such as through journal writing, art therapy, music therapy, or play therapy. An intriguing method of psychodynamic therapy that is sometimes used is pet therapy. Therapists or counselors who use this technique will have some type of pet in their office (a dog, for example), with the idea that a number of de-

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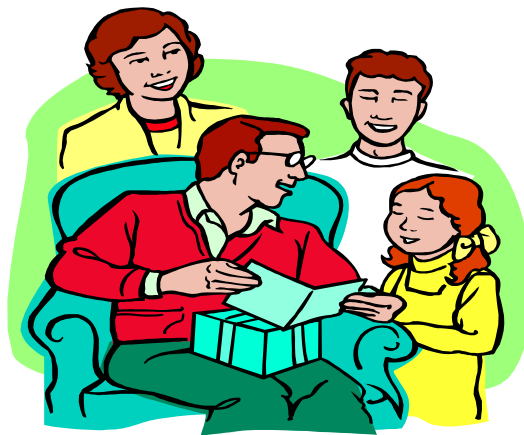


pressed and/or reserved children will talk to an animal about their feelings more easily than they will to a human (Black, 1996).

## Treatment Options for School Age Children and Adolescents

As mentioned previously, there are a number of theories regarding the origin of depression in children and countless interventions and treatment plans to reduce symptoms of depression. When treating a child with depression or any other mental illness, studies have shown that the parents need to be involved in the process when at all possible. The family systems approach, using Bowen theory has been found to be effective when treating child and adolescent depression. Integrating interventions from other theories such as behavioral and cognitive therapy, in addition to the family systems approach, has been found to significantly reduce symptoms of depression in children and adolescents.

The following detailed case study will help to illustrate one way a child with depression can be treated starting from the initial intake call to the last session of therapy. A family systems approach is the primary modality used. The names, ages, and circumstances have been changed to protect the clients. A short-term therapy approach will be utilized based on the fact that most insurance companies limit the amount of sessions we can provide for our clients.



# Treatment Options for School Age Children and Adolescents With Depression

## Case Study: Using a Bowen Family Systems Approach in Conjunction with Cognitive Therapy

### Basic Principles of Family Systems Theory

#### •Differentiation of Self

The differentiation of self is the one of the core aspects of Bowen Theory which states an individual who is self differentiated has the ability to separate feelings from thinking. A higher level of differentiation also allows a person to maintain his or her individuality while being in emotional contact with others (Kerr & Bowen, 1988). Conversely, the undifferentiated individual does not have the ability to distinguish thoughts from feelings, and their intellects are flooded with feelings governed by an accretion of feelings from those around them (Nichols and Schwartz, 1991). The lack of differentiation between thinking and feelings occurs in conjunction with the lack of differentiation between the individual and others. Individuals who are not differentiated tend to react emotionally to most circumstances. When asked what they believe, undifferentiated individuals will adhere to the beliefs of others and either “conform or assume pseudo-independence through counter-conformity (Nichols and Schwartz, 1991, p. 367).” Differentiated individuals are able to take stands on issues, are able to think things through and decide what they believe before acting in a given situation. Guerin goes on further to define differentiation as freeing the self from the family of origin by analyzing one’s role in relationship systems and instead of blaming others, taking responsibility for the self (Guerin, Fay, Burden, and Kautto, 1987).



- **Triangles**

Bowen states that a triangle is the smallest stable relationship within families, work environment or social group. When a relationship consisting of two people is unstable, it goes through periods of closeness and distance. When anxiety increases in the relationship, a third person or thing is pulled into the relationship. For example, if the marital relationship is having problems, many times one of the spouses will focus on one or more of the children in the family. The spouse may also spend more time at work or start using drugs or alcohol as a way to reduce the anxiety. An extra-marital affair is another example of how a triangle can be formed. Another point on the triangle might be a group of people such as extended family members or friends. Typically, these triangles may overlap and there is very little direct communication happening. People within these triangles usually talk behind each others backs and gossip frequently.



Guiren points out that it is helpful to remember that any relationship will go through periods of closeness and distancing (Guerin, Fay, Burden, and Kautto, 1987). These cycles help to form autonomy within the individual and connectedness within the relationship. When the relationship is experiencing distancing, triangles are likely to be formed. Usually, the spouse who is experiencing the most discomfort seeks another person or object to pull into the relationship to decrease the anxiety. Those who are pulled into the triangle typically respond by trying to reduce the tension in the relationship.

### • **Nuclear Family Emotional Process**

The nuclear family emotional process is the concept of reoccurring emotional patterns that have been brought from the family of origin. “Lack of differentiation in the family of origin leads to an emotional cutoff from parents, which in turn leads to fusion in marriage (Nichols and Schwartz 1991, p. 369).” The less differentiation of each individual before the marriage, the more fusion will occur after the marriage. Because the fusion is unstable, it could lead to one or more of the following :

1. *Emotional or physical dysfunction in one of the spouses*
2. *Reactive emotional distance between the spouses*
3. *Marital conflict.*
4. *Projection of the marital problem onto the children.*



The level of differentiation of the spouses will determine the degree of stress in the family or marital relationship.

### • **Family Projection Process**

The family projection process describes how parents who lack self differentiation transmit their emotional process to their children. For example, a husband who is emotionally distant from his wife could create a setting for the wife to be overly involved with the children. Usually, one child is singled out for attention and is commonly the most like the parent. This projection onto one child is different than a healthy and caring concern.

Instead, this projection produces anxiety and over-involvement, which results in symptoms of emotional dysfunction.

- **Multigenerational Transmission Process**

Bowen takes the Family Projection Process one step further by stating that when working with families, it is important to look at several previous generations to identify patterns of functioning. Bowen says that in every generation, the child who is the most fused with the family will have the lowest level of self differentiation and the child who is least fused with the family will have the highest level of self differentiation.

- **Emotional Fusion**

People manage the lack of self differentiation with varying degrees of emotional fusion, which can result in either over-involvement or cutoff. The greater the fusion in the family of origin, the greater emotional over-involvement or cutoff. Some people manage their anxiety by clinging to others for emotional support. Others seek distance from their families by moving far away or by avoiding personal topics during conversations with their parents. Nichols superbly describes how some people misunderstand emotional maturity and replace it with emotional cutoff: "We take it as a sign of growth to separate from our parents, and we measure our maturity by independence of family ties. Yet many of us still respond to our families as though they were radioactive and capable of inflicting great pain. Only one thing robs Superman of his extraordinary power: kryptonite, a piece of his home planet. A surprising number of adult men and women are similarly rendered helpless by even a brief visit to or from their parents" (1986, p. 190).



## The Colbalt Family

Mrs. Beth Colbalt is a part-time nurse and a mother of three children, Jack (age 6), Dalton (age 10) and Kaitlyn (age 12). She is married (15 years) to Jim Cobalt, a real estate broker who normally works long hours. The Colbalt family lives in an upper middle class neighborhood and all three children attend the local public school.

### Initial Intake Call



Beth Colbalt called Cathy, a Licensed Marriage Family Therapist, seeking help for her 12 year-old daughter, Kaitlyn. Beth was extremely upset and reported that she found instant messages and emails to and from boys that she considered extremely inappropriate. She also reported that Kaitlyn's grades had been dropping in school and she has been spending most of her time in her room. Kaitlyn had been moody and disrespectful toward her and her husband. In addition, Kaitlyn had been over-eating, had gained about twenty pounds in the past six months and was sleeping too much during the day. Beth said that she didn't understand the weight gain because Kaitlyn participated in a number of after school activities. Beth asked if Cathy would be able to see Kaitlyn as soon as possible. After receiving the initial information, Cathy asked about how she was referred to her and discussed financial considerations. When Cathy confirmed that she was able to take her insurance, she asked that Beth and her husband come in for a session together with Kaitlyn. This request surprised Beth, and she promptly stated that the problem was not with her husband, but with Kaitlyn and that she needed some intensive therapy. Cathy informed Beth that therapy would be most effective if both parents were involved in the process. [It is typical for a Bowenian therapist to see a child with the parents during the initial evaluation period, but as therapy progresses most of the time is spent with the par-

## Initial Intake Call Continued

ents, either individually or together, even if the primary symptoms are with the child. If neither parent is willing to participate, a Bowenian therapist might elect to see an adolescent for individual therapy, but only if the child is personally motivated apart from the parents' agenda.]

Cathy shared with Beth that she believed that she could be most effective in her work with Kaitlyn if both parents were involved in the therapy process. Beth said that she would ask Jim to attend the therapy session, but thought that due to his busy schedule, he would not be able to attend. Again, Cathy stressed the importance of having both parents present because Kaitlyn's problem affected all members of the family. Beth said that she would do her best to have Jim attend the initial session.

## Summary of Session One (Kaitlyn, Beth and Jim)

### Goals

- Introduce office policies including limits to confidentiality
- Gather information and clarify goals for therapy
- Join with clients
- Instill hope for the future
- Make appropriate referrals



Beth and Kaitlyn arrived first for the session and Beth stated that Jim was on his way. Cathy noticed that Kaitlyn appeared to be annoyed and uncomfortable and she gave her a reassuring smile and introduced herself. Cathy gave Beth the required intake forms and insurance forms along with a consent to treat form for a minor. Cathy also asked Beth to sign a consent to exchange information with Kaitlyn's pediatrician, and asked whether Beth had brought Kaitlyn's recent weight gain to the attention of her pe-

## Session One, Continued

diatrician. Beth stated that she hadn't. Cathy told Beth that it was important to rule out a physical problem and not simply assume that the problem was emotional. Beth agreed to make an appointment with the pediatrician to discuss her concerns, and Cathy made a note to herself to follow up with the pediatrician.

When Jim arrived, he was still on his cell phone and talked for a few more minutes before sitting down in the waiting room. When he was finished talking, Cathy also requested that he fill out a separate intake form requesting information about himself. He asked why it was necessary since they were there for Kaitlyn.

Again, Cathy went over her therapeutic approach and told both parents that therapy would be most effective if she was able to work primarily with the parents, even though the symptoms they described were with Kaitlyn. [Although working from a Bowenian orientation does not require that all family members be present, Cathy's personal philosophy when working with minors is to include the parents if at all possible. This is because Cathy has found it easier to effect change in the functional level of differentiation in the parents, which results in increased differentiation throughout the system. However, Bowenian theory states that a change in the differentiation level of one person can change the entire system, and Bowenian therapists often work systemically with individual clients.] Jim looked at Beth and said that he thought he would only need to attend the first session to give the therapist information. He then reminded her of his busy schedule.

At this point, Cathy thanked them for their willingness to participate to this point, and invited the family to come and have a seat in her office. Cathy used the first portion of this time to go over her office policies, her professional background, her family secrets policy, confidentiality and privilege and the limits of confidentiality. During this time, Kaitlyn ap-

## Session One, Continued

peared sad and held her head down. Beth was quick to clarify that the focus needed to be on Kaitlyn's problems. Cathy explained to Kaitlyn, Beth and Jim that she wanted to understand how the family worked together and got along, and that this would help with the family's stated goal of resolving Kaitlyn's problems. She pointed out that a problem with one person in the family affects the entire family system. Cathy also clarified her role within the system as a coach. She stated that one way she would help would be to encourage each family member to make "I" statements when talking about the problems within the family. Cathy explained that "I" statements would ensure that each person spoke for themselves without blaming another, and would help each person to clearly define their position.

Cathy asked Beth to begin by describing the situation as she experienced it. Beth started by saying that the family used to get along great and that they had been relatively happy. She stated that in the past year, Kaitlyn's attitude had changed and that she just didn't seem to care about anything. She also stated that she was very upset about some e-mails that she had read between Kaitlyn and some boys. At this point, Kaitlyn's face turned red from embarrassment. Kaitlyn told her mother that she had no business reading her personal e-mails. Beth stated that she couldn't believe that her daughter would be talking so dirty with boys. Kaitlyn immediately started crying. Jim chimed in that crying wasn't going to work and that she was grounded from the phone, the computer and her friends for the next 6 months. Beth turned to Jim and told him that she thought that punishment was a little harsh.

Cathy intervened quickly as the family members began talking to each other all at once. She stated that each person would have a chance to talk, and coached those who were not speaking to not interrupt the person who was. She also reminded them to use "I" state-



## Session One, Continued

ments, and told them that blaming and making accusations would not help the process of therapy. She coached each person to speak directly to her, rather than to each other. Especially during the initial stage of therapy, when anxiety is high, speaking directly to the therapist reduces anxiety, which is a primary goal of Bowenian theory. This intervention is typical for a Bowen family systems therapist. It serves to reduce anxiety by establishing a therapeutic triangle in which the therapist acts as a stabilizing resource for the family. Cathy established herself in this way by redirecting the interactions in the session to come through her, rather than going directly between the family members. Later, when the anxiety in the system has been defused, and the level of functional differentiation has been increased, the family members can manage more direct interactions successfully.

Cathy then resumed speaking directly to Beth, and asked her what her goals were for therapy. Beth stated that Kaitlyn's brothers (Jack and Dalton) would be less rowdy around the house, that Kaitlyn would get better grades, stop the mood swings and have a good attitude. She also added that she wished Jim would be home more to help her out with the kids. Cathy pointed out that each of these goals were focused on changes in other family members. She then asked Cathy if she could think of any goals that related to changes that she could make. Beth couldn't think of anything. Cathy coached Beth to make an "I" statement related to the problem. Beth was able to say, "I want to have a better relationship with Kaitlyn." Cathy offered feedback to Beth that it must be difficult to be worried about Kaitlyn, and feel the need to keep very close tabs on her. Cathy suggested that this seemed to be getting in the way of a relationship that was comfortably close, but respectful of individuality. Beth stated that she wouldn't have to look over Kaitlyn's shoulder if she knew she could trust Kaitlyn. Cathy stopped her, and reminded that blaming wasn't helpful right now. She reassured Beth that as each family member focused on their own part in the system, resolution of symptoms was

likely. Beth recognized her blaming statement, and commented on how hard it was to keep the focus on herself. Through this interaction, Cathy was able to keep the focus on Beth's differentiation process rather than allowing Beth to project her anxiety onto Kaitlyn.

Cathy then turned to Jim and asked him to give his view of the problem, and also state his goals for therapy. Jim began by stating that he wanted Kaitlyn's attitude to change, and that he wanted her to lose some weight. He stated that he thought a lot of the problem was that Beth needed to be more strict with Kaitlyn. "Beth lets her get away with way too much," Jim stated, "Kaitlyn needs more discipline." Beth jumped in at this point, and said, "You let the boys get away with all kinds of rowdy behavior, and yet you think I'm too lenient with Kaitlyn?" Jim responded that "boys will be boys." Cathy stopped this interaction, and reminded them to take turns, and speak directly to her. She also asked Jim if he could frame his goals using "I" statements. Jim responded irritably that he wasn't the one with the problem. Cathy pointed out that symptoms in one family member are typically the result of that family member absorbing or reacting to anxiety in the system as a whole. She suggested that in distancing himself from the problem, Jim was reinforcing the symptoms. Cathy decided not to push Jim to continue at this time, and instead, thanked him for participating in the session today, and told him that by doing so, he was demonstrating his concern for the family. In this way, Cathy defused anxiety and continued the joining process.

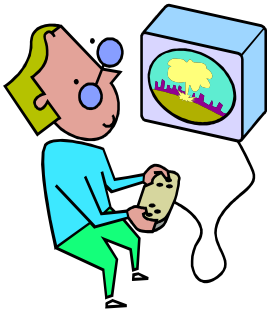
Cathy then turned to Kaitlyn and asked what she thought might be going on in the family. Kaitlyn simply stated that she didn't know. She started crying again and completely shut down at this point. Cathy noticed that Kaitlyn appeared to be using emotional cutoff as a way of managing her high level of anxiety within the family system. Since the goal of a Bowen family systems therapist is to reduce anxiety in the system, Cathy refocused attention away from Kaitlyn, and used this time to summarize the work they had done in their first session together. Cathy thanked them for coming and also expressed her confidence that the family could improve their relationships.

Cathy requested that both parents come along with Kaitlyn for the next session. Both parents and Kaitlyn agreed to attend another session, however Jim stated that he wasn't sure he could be present for the entire session. Cathy stated that she would like to spend some time individually with Kaitlyn during the first half of the next session, and meet together with the parents during the second half. Cathy's therapeutic rationale for this approach was to continue to reduce the anxiety around Kaitlyn by providing therapeutic space separate from her parents, but to continue to engage the parents actively in therapy in order to reverse the family projection process that was reinforcing Kaitlyn's symptomology. [In Bowenian theory, the family projection process is the psychological process in which parental undifferentiation is transmitted to a child.] Cathy also wanted to gather more information about the family system from Kaitlyn, and chose to do this individually since her anxiety had been so high during the family session.

## **Summary of Session Two (Individual Session With Kaitlyn, and Family Session)**

Beth arrived with Kaitlyn and reported that Jim would be coming about half an hour later. Cathy took this opportunity to meet with Kaitlyn separately. The goal for the individual session was to join with Kaitlyn and also gain more perspective about Kaitlyn's experience in the family system in a setting of lower anxiety. Kaitlyn appeared to be nervous. In order to reduce Kaitlyn's anxiety, Cathy asked her general questions regarding school, friends, what kind of music she liked, and what were some of her favorite movies. Because Cathy works with adolescents frequently, she stays up to date on the music, TV, movies, and video games that children and adolescents are viewing and listening to. The ability to identify certain movies and music is a great way to join with a client, and starting with a familiar and neutral subject such as this also helps to reduce anxiety. Of course, if a therapist is not informed regarding

## Summary of Session Two Continued

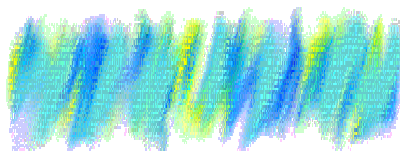


current adolescent culture, a genuine interest and willingness to listen is just as useful in the joining process, and is even preferable to an adult who appears to be trying too hard to be part of a culture that they clearly are not.

Kaitlyn told Cathy that she liked to listen to alternative rock and named a few bands that she liked. Cathy was able to connect with her on this level and identify songs and bands that she liked. Most children and adolescents are pleasantly surprised when an older person can say, “Oh, I love that group too,” as long as it seems genuine and isn’t used as a ploy to connect. Children, like adults, want to bond and be accepted for their unique characteristics and preferences.

Kaitlyn answered Cathy’s questions and started to feel more comfortable with her. Cathy took an interest in her likes and dislikes and was genuinely interested in who she was. Cathy asked Kaitlyn why she had come to therapy and what she thought was the problem. Kaitlyn shared that she thought her dad was too strict and simply didn’t understand her. She reported that she felt embarrassed and upset when her parents started talking about her problems to other people. She also said that her parents simply did not understand that she was old enough to have a boyfriend because all her friends had boyfriends.

Cathy also asked about her computer habits and how she communicated with her friends. Kaitlyn reported that all of her friends had a “My Space” account and that she had made several new friends on the internet. She said that she was really upset because she couldn’t go on the computer and that her friends were wondering what happened to her. She





## Summary of Session Two, Continued (Kaitlyn; Jim and Beth—Separately)

expressed that she was mainly mad at her father because he wrecked her life by taking away her computer and phone.

Kaitlyn shared that when her dad was at work, her mother used to let her make phone calls as long as her dad never found out, but then one of her brothers told her dad. She stated that this had caused a big fight between her parents. She questioned why her dad even cared because he wasn't home much and when he was home, he spent a lot of time on the phone and computer. She said that he spent his weekends playing with her brothers and playing golf with her uncle.

Cathy asked Kaitlyn what her goals for therapy were and she stated that she wanted her parents to understand who she was and let her have the computer back. Cathy also asked about Kaitlyn's recent weight gain. Kaitlyn admitted that gaining weight had added to her current unhappiness, but she also stated that she couldn't seem to stop herself from eating junk food. She stated that she liked going to Dairy Queen with her friends, and sometimes even went alone. She stated that she usually ate a cheeseburger, fries, and a sundae. She stated that she always felt a lot calmer after she ate, and it made her feel good inside, but then she regretted it later. She stated that her parents didn't know how often she went to Dairy Queen, and that if they knew, they would be very angry. Kaitlyn asked Cathy not to tell her parents about it. Cathy assessed for any history or current presence of purging or restricting behavior, and Kaitlyn stated that she had never purged or restricted. Although Cathy had explained her "No Secrets" policy at the beginning of therapy and felt comfortable sharing this information if necessary, she decided that it was not therapeutically indicated to bring this up with Kaitlyn's parents during this particular session, while anxiety in the system remained high. Cathy told Kaitlyn that she would likely ask her to discuss this topic with her parents in a

## Summary of Session Two, Continued (Kaitlyn; Jim and Beth—Separately)

future session, after they were communicating more effectively, and the anxiety in the system had been reduced. Kaitlyn reluctantly agreed to this.

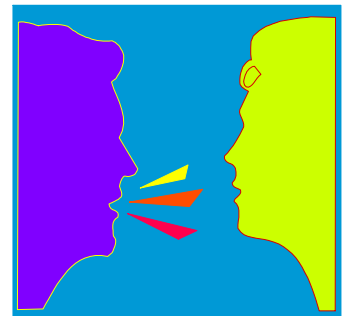
From the information gathered in the individual session with Kaitlyn, and from information from the previous session, Cathy hypothesized that a triangle existed between Kaitlyn and her parents; that her relationship with her father could be characterized as conflictual, and her relationship with her mother could be characterized as overinvolved. Cathy also surmised that Kaitlyn's parents were emotionally cut off from each other and were projecting anxiety onto Kaitlyn. Kaitlyn's symptoms served to take focus off this cut off, and to manage her anxiety within the system. Her symptoms were also circular, in that the more her symptoms worsened, the more emotionally reactive her parents became. Cathy hypothesized that by taking the focus off Kaitlyn and facilitating a healthy, differentiated relationship between the parents, Kaitlyn would more easily recover her premorbid level of functioning, and her symptoms would likely dissipate.

At this point, Cathy told Kaitlyn that she would like to meet with her parents separately for the remainder of the session.



## Summary of Session Two, Continued (Kaitlyn; Jim and Beth)

Cathy thanked Jim and Beth for attending. She shared that the time she had just spent privately with Kaitlyn had been helpful in gathering additional information that would be useful in formulating a treatment plan. She then told the parents that based on her assessment, she would like spend the next few sessions working with Jim and Beth, without Kaitlyn present. Jim immediately spoke up and stated that the problem was Kaitlyn. Cathy stated that she was not choosing to work with Jim and Beth together because they were the problem, but because they were the parents, and consequently were in the best position to initiate positive change in the family. Cathy told Jim and Beth that children usually respond to changes in their parents, and that the changes would be more long-lasting when they come from the parents. Although it might not solve all of Kaitlyn's problems, it was nevertheless the preferred place to start. [Bowen believed that families can decide on "we" solutions that work temporarily, such as agreeing to communicate better, but as soon as one person does not cooperate, the solution breaks down. He believed that each person focusing on their individual contribution to the system would effect more lasting change.]



Cathy told Jim and Beth that she wanted to spend the next session together to construct a genogram. She explained that a genogram is a map of the family that they would construct together to include Jim and Beth's parents and siblings, as well as their current family. [Bowenian therapists usually try to construct a genogram of at least 3 generations.] Cathy explained that understanding the roles and patterns in their families of origin would help them better understand their current family functioning. Jim and Beth agreed to cooperate with this course of therapy.

## Initial Treatment Goals

Based on Cathy's initial assessment, she generated the following goals to guide the therapy process:

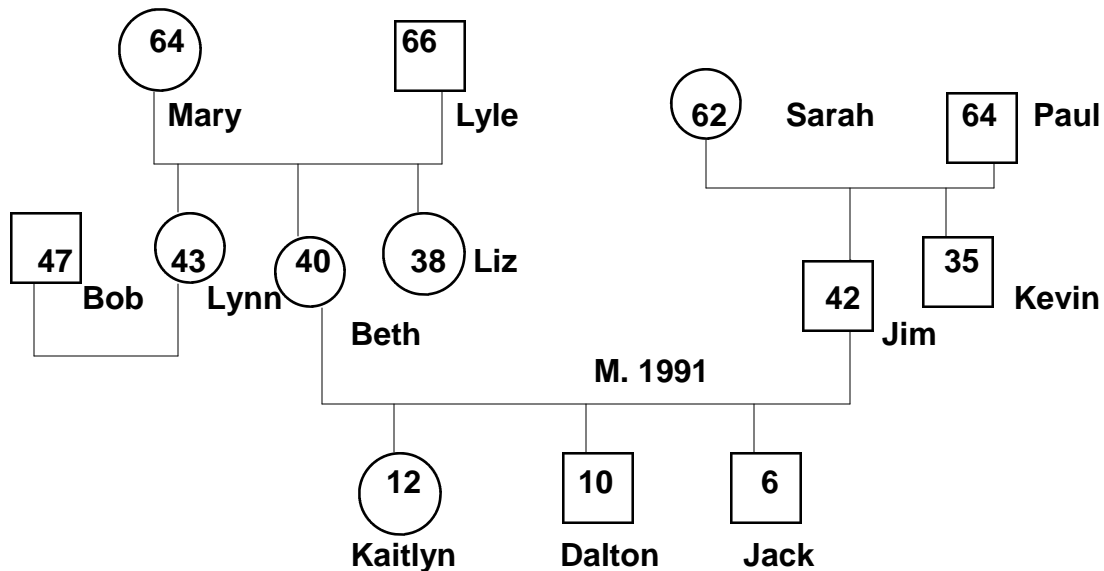
- Construct a three-generation family genogram.
- Use the genogram to discover patterns of behavior taken from family of origin.
- Work initially with Jim and Beth together, without Kaitlyn present, to refocus their emotional energy away from Kaitlyn and towards the parents' individual differentiation process.
- Address the triangle between Jim, Beth and Kaitlyn by helping them identify and communicate more neutral, differentiated positions when patterns of overinvolvement and cut off arise.

## Summary of Session Three (Jim and Beth)

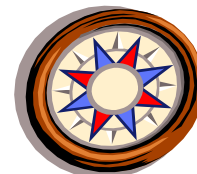
The purpose of constructing a genogram with both parents was to help them understand how they may be bringing patterns of behavior from their family of origin into the marriage and the family. The genogram is an excellent tool to help gather information and give insight to current levels of family functioning. While working on the genogram during session, clients may discover things about their families that they may have never identified in the past. While gathering questions, the therapist creates a *therapy triangle*, a technique that is based on Bowen's assumption that whenever there is conflict, those in the relationship will seek to pull another into the system. Therapy can be a healthy triangle if the therapist refrains from becoming emotionally entangled in the couple's system.

Cathy will remain calm during periods of stress and conflict between Beth and Jim which will encourage them to be less reactive so that they can work on solutions to their problems. Cathy will also pay attention to her own reactions, and seek consultation to manage any anxiety or reactivity that could adversely affect the therapeutic triangle. Bowenian therapists consider it essential to "do their own work" in order to be effective in the therapeutic process.

## The Cobalt Family Genogram



Beth stated the names and ages of her parents, siblings and their spouses. Beth reported that she came from a family where her father worked a lot and her mother stayed home with her and her two sisters. She stated that she is really close to her mother and that they talk on the phone quite frequently. She stated that she has never been that close to her father because she thought he always wanted a boy. She described her parent's marriage as emotionally cold. She stated that her parents were never that affectionate with each other and she never heard either of them say "I love you" to the other. Beth stated that she was close to her older sister, Lynn, but that she does not have a good relationship with Liz because she rebelled and was always spoiled by her mother. She stated that she was bothered by the fact that Liz was still not married, nor did she have a steady career. She stated that her mother was always bailing Liz out of bad situations.



## Summary of Session Three, Continued (Jim and Beth)

Jim reported that his parents were not close either, and that for the most part, neither of them were home very often. Both Jim's parents are physicians and Jim spent much of his time with his grandparents. Jim stated that he had to grow up quickly and spent much of his teenage years taking care of his younger brother. Jim reported that he was close to his younger brother who was single. While Jim described his family, Beth interrupted to say that he was a little too close to his younger brother and that he spends too much time playing golf with Kevin when he should be spending time with his family. Jim was upset by this remark and stated that Kevin doesn't have a lot of friends and that his parents really don't care about Kevin. Jim stated that he resented Beth for being jealous of Kevin.

Cathy encouraged Beth and Jim to look for any patterns that might relate to their current behaviors. Although Jim was apprehensive about the genogram process, he was able to use the time to explore the patterns in his family. Beth and Jim both seemed willing to participate in this activity, and Cathy coached them to use "I" statements instead of blaming each other for current problems. Beth and Jim noticed that both of their parents had relationships that were emotionally cold and distant, and they were able to see how they had replicated that pattern in their own marriage. Cathy suggested that increasing their connection as a couple would allow them to parent more effectively because they would be less likely to triangle their children into their relationship in unhealthy ways, and would be more able to develop and maintain a unified parenting plan. Cathy was also able to frame Beth's resentment of Jim's relationship with his brother as a possible indication of her desire to have a closer relationship with Jim. This helped reduce Jim's reactivity to Beth in this situation, and it also moved Beth into a more honest "I" position.

Cathy then moved the discussion to an examination of the relationships and bonds they had developed with their children. Cathy suggested that Beth's mother might have de-

## Summary of Session Three, Continued (Jim and Beth)

veloped an overinvolved relationship with Beth as a reaction to her emotional distance from Beth's father. Cathy also pointed out that Beth appeared to be overinvolved with her own children, especially Kaitlyn, and noted that this appeared to be a pattern that she had replicated from her relationship with her own mother, also as a reaction to her current emotional distance from Jim. Cathy used the example of Beth allowing Kaitlyn to use the phone when Jim wasn't home as a way that Beth aligned herself with Kaitlyn against Jim. Beth stated that although she agreed with Jim's restriction of Kaitlyn's computer, she thought taking away the phone was too harsh. Cathy pointed out how Beth's action reinforced the distance between Kaitlyn and Jim, the distance between Beth and Jim, and the overinvolvement between Beth and Kaitlyn. Cathy also noted that Beth might have a similar pattern of aligning with her own mother against her youngest sibling. Beth stated that she could see how her actions could be reinforcing distance between Kaitlyn and Jim, but she didn't know how she should handle the situation when it seemed so obviously unfair. Cathy reassured her that she could coach her to take a more neutral position in this situation, and that she would explain what this would look like as they continued to work together.

Cathy then pointed out that Jim appeared to be emotionally cut off from Kaitlyn, perhaps in the same way that his parents were cut off from him. Jim's relationship with his sons seemed to be more like his relationship with his own younger brother. Jim was able to recognize how he was distant from Kaitlyn. He initially blamed Beth for aligning with Kaitlyn against him, but Cathy defused this blaming stance by framing it within the context of the multigenerational emotional process. She pointed out that the systemic nature of the problem meant that it was circular, and mutually reinforcing. This meant that the more cut off Jim became from Beth, the more overinvolved Beth became with Kaitlyn, and the more cut off Jim became from Beth. Beth and Jim were also able to recognize that these patterns did not develop in a vac-

uum, nor were they malicious in nature. They were patterns that predated their relationships within the current nuclear family. This frame went a long way in defusing blame, and facilitating empathy and connection between Beth and Jim.

Jim and Beth agreed to meet again with Cathy, and seemed to begin to understand their role in facilitating change within their family.

### Summary of Session Four (Jim and Beth)

Session four began with Beth voicing her concern about the inappropriate e-mail correspondence that Kaitlyn had recently had with boys online. Even though Kaitlyn was currently restricted from using the computer, Beth was concerned about what kind of interactions were going on at school. Beth stated that she needed some guidance on how to deal with the situation because Kaitlyn was very evasive whenever Beth asked her questions about whether or not she was still having contact with the boys in question, and was frequently sullen and angry. Cathy offered two observations. She noted that the more Beth pushed Kaitlyn for answers, the more Kaitlyn distanced herself from these advances. She talked about the pursuer/distancer pattern that was evident between Beth and Kaitlyn, and offered the Bowenian axiom, “never pursue a distancer.” Instead, she suggested that Beth work on connecting with Kaitlyn in ways that were less emotionally charged at this point, and reestablish trust and developmentally appropriate boundaries. Beth was concerned that ignoring the situation would make things worse, but Cathy encouraged her to be willing to step back from her feelings of anxiety, and choose a less reactive stance that would allow Kaitlyn to feel emotionally safe enough to share with Beth in the future. Beth agreed to try.

Cathy also pointed out that it might be possible that Kaitlyn was looking for attention in these online relationships that she was not getting in her relationship with Jim. Jim expressed that he could understand how this might be the case and stated that he was willing to work on



## Summary of Session Four, Continued (Jim and Beth)

his relationship with Kaitlyn, but was not sure where to begin. Cathy offered encouragement to Jim, and stated that she would coach him in the steps he could take that would help him build a strong relationship with Kaitlyn. She encouraged Jim to take some time during the next week to spend with Kaitlyn. She asked Jim to think about ways he connected with his sons, and use that information to help him come up with ideas for his time with Kaitlyn. Jim agreed to give it some thought.

Cathy then emphasized that in order to build a caring and trusting relationship with their daughter, the couple needed to work on establishing a healthy emotional connection in their marriage. Cathy explained that the triangle that existed between Jim, Beth and Kaitlyn needed to get realigned, and the first step was to strengthen the bond between Jim and Beth, and then to strengthen Jim's relationship with Kaitlyn while defusing the overinvolvement and unhealthy alliance between Beth and Kaitlyn. Cathy explained that when the family relationships were more equally balanced in terms of individuality and togetherness, maladaptive behaviors would diminish.

As an initial step, Beth and Jim were asked to think about ways they had connected in the past that had been enjoyable for them. After some discussion, both Jim and Beth stated that they had enjoyed going out to dinner on Friday nights together when they were dating, and before they had kids. Jim shared that this was something he always looked forward to at the end of the week, and Beth added that it was also a nice way to start the weekend. They stated that they had gotten out of the habit when the children were young, but felt like it was something they could now do.

Beth and Jim agreed to meet with Cathy again the following week as a couple.

## Session Five (Jim and Beth)

Cathy began this session by asking if Jim and Beth had made time to go out together on Friday night, as they had discussed in the previous session. They stated that they had, and that it had been very enjoyable. Beth stated that she felt more connected to Jim than she had in a long time. Beth also stated that she didn't feel as resentful when Jim played golf on Saturday with his brother because they had spent time together the night before. Jim agreed that the time together was very positive, and that it was something they wanted to continue to do on a weekly basis. Cathy congratulated them on making this change.

Cathy then asked how Beth's interactions with Kaitlyn had been during the previous week. Beth stated that she had tried very hard not to push Kaitlyn for details about her relationships with boys. She stated that it was initially hard because she didn't know what else to talk to Kaitlyn about, and so their conversations seemed more like awkward small talk that didn't mean very much. Cathy suggested that Beth continue with this important change during the coming week even though it felt difficult. Cathy predicted that as Kaitlyn readjusted to Beth's lack of pushing on sensitive subjects, their conversations would start to feel more natural. Beth stated that at least Kaitlyn hadn't been so sullen, and so she was willing to continue for another week.

Cathy turned her attention to Jim, and asked if he had been successful in connecting with Kaitlyn during the previous week. Jim stated that he had tried sitting down and watching a television show with Kaitlyn, but in his opinion, the stuff she liked to watch was crap, and he had gotten into an argument with her. Jim stated that he felt angry because he was making an effort, but Kaitlyn was unwilling to meet his effort with anything but a bad attitude. Cathy stated that Jim would be more successful if he decided not to focus on Kaitlyn's response to what he chose to do. Cathy coached him to define a position for himself with Kaitlyn that was emotionally accessible and non-reactive, and then allow Kaitlyn the time she needed to adjust

## Session Five, Continued (Jim and Beth)

to his new position. She encouraged him to keep the focus on whether he was able to change his behavior, rather than focusing on Kaitlyn's response.

Cathy then asked Jim if he had spent any time with his sons during the previous week. Jim stated that he had taken Jack to soccer practice, and he had taken Dalton to get a new bike helmet. Beth chimed in that Jim had also taken Jack out for burgers after practice, and had stopped for ice cream with Dalton. Cathy wondered if Jim could think of a way to spend time with Kaitlyn that was similar. Jim stated that he couldn't take Kaitlyn to any of her activities because they conflicted with his work schedule, and Jack's soccer practice didn't. Beth then pointed out that he could take Kaitlyn to her softball game on Saturday if he would just skip golf with his brother every once in awhile. Jim glared at Beth, and told her he was aware of her resentment of his brother. Cathy intervened and asked that Beth allow Jim to come to his own conclusions about how to engage with Kaitlyn. Jim stated grudgingly that he could probably get an earlier tee time and be home in time for Kaitlyn's game, but that he was definitely not taking Kaitlyn out for any food because she really needed to lose weight. Cathy asked him if this was a solution he felt was in line with the value he placed on the relationship with Kaitlyn, or if it was a decision that was in reaction to Beth's earlier remark. Jim thought for a moment, and then responded that it was a decision he was personally choosing.

Cathy then suggested that Jim rethink his stance in relation to Kaitlyn's weight. She pointed out how Beth was learning not to push on the subject of boys, and that if Jim could back off of his criticism of Kaitlyn's weight, it would give Kaitlyn an opportunity to take personal responsibility for this issue. Cathy noted that it was impossible for Jim to control Kaitlyn's weight anyway, so it would be more positive for him to define a position with regards to Kaitlyn's weight in which he was not personally responsible, but was able to provide support as needed. Cathy also asked Jim to talk about what he was reacting to when he thought

## Session Five, Continued (Jim and Beth)

about Kaitlyn's weight. Jim stated that his opinion of overweight people was that they were lazy and didn't have self-control, and that seeing his daughter with a weight problem felt like a reflection on him as a father. Cathy pointed out that Jim had an opportunity to differentiate himself from his daughter in relation to her weight. She suggested that Jim go ahead and take Kaitlyn out for a meal after her baseball game, and practice letting go of control in this area by making no remarks about any of her food choices, and also making sure not to give any non-verbal messages of disapproval. Cathy encouraged him to instead focus on opening up the conversation to whatever topic Kaitlyn wanted to talk about, and to practice listening and establishing trust. Jim stated that he thought it would be difficult, but he would try.

Jim and Beth agreed to meet together with Cathy the following week.

## Session Six (Jim and Beth)

Cathy checked in with Jim and Beth at the beginning of the session about their previous week. Jim and Beth looked at each other, and smiled. Beth began by saying that they had had a very successful week. They had followed through on their plan to go out together on Friday night, and they were arguing less about the children. Beth also stated that Jim was spending more time at home, and had been making an effort to be home for dinner during the week instead of working late like he usually did. Beth also stated that Kaitlyn seemed a little more open, and was spending less time in her room with the door closed. She still wasn't opening up about school or her friends very much, but Beth was not pushing the subject, and felt more confident about the direction their relationship was going.

Jim stated that he had followed through on taking Kaitlyn to her baseball game, and was surprised that Kaitlyn seemed genuinely happy about it. He stated that it went so well, he didn't have any trouble taking Kaitlyn out for an early dinner after the game, and they actually had a very nice conversation, and Kaitlyn had even talked a little bit about school and her

## Session Six, Continued (Jim and Beth)

friends. Beth turned to Jim and teased him that he was now going to be Kaitlyn's favorite parent. Cathy cautioned Beth and Jim that even though it was easy to tease about this now, there was a real possibility that Beth might feel some anxiety about changes in the relationship between Jim and Kaitlyn, and that she would have to stay aware of her emotional process as this realignment continued. Beth acknowledged that this could become a challenge. Cathy pointed out that maintaining a relationship with Jim with a healthy level of connection and differentiation was crucial.

The rest of the session was spent discussing a parenting plan that both Jim and Beth could agree on for the kids. Both of them acknowledged that they had been so focused on Kaitlyn, that they didn't have much of a plan when it came to expectations for their other children. Cathy asked questions regarding what kind of responsibilities and expectations the parents had for the kids. Neither of the boys had any chores, nor did they keep their room clean, pick up after themselves or receive significant consequences for inappropriate behavior. Both parents agreed that they expected more from Kaitlyn because she was older, and they had always just perceived that the boys were too young to have much responsibility. Jim and Beth both began to realize that the boys really were old enough now to take more responsibility for themselves. Cathy pointed out that having age-appropriate expectations for all the children would be another way for them to encourage differentiation in each member of the household, and would further act to reduce Kaitlyn's symptomology.

Cathy asked the parents to come up with strategies, rewards and consequences. As needed, Cathy intervened and offered suggestions including using logical consequences for inappropriate behavior. Expectations of the kids were to be in writing and were to be displayed on the refrigerator. The plan included a chore chart as well as clear consequences when the task was not completed. Included in the parenting plan was an incentive chart with specific

rewards for desired behavior. Cathy also stressed the importance of refraining from using empty threats and making statements that they did not plan on following through with.

Cathy also encouraged Jim and Beth to come up with a plan for Kaitlyn's computer and phone use. Beth was concerned that Kaitlyn would think the plan was too strict. Jim expressed his frustration that Beth couldn't stand up to Kaitlyn. Cathy encouraged Jim and Beth to keep working on a solution that they could both agree was in Kaitlyn's best interest. Jim and Beth finally agreed on a plan and how it would be monitored, but Beth still expressed anxiety about implementing it. Cathy encouraged Beth and Jim to sit down together with Kaitlyn, and go over the plan. Cathy also had Beth rehearse what she expected Kaitlyn's response would be, and also rehearse what she would say to Kaitlyn if Kaitlyn tried to get her to change the plan when Jim wasn't around. Beth decided that if she felt tempted to cave in to pressure from Kaitlyn to change the plan, she would disengage from the conversation with Kaitlyn, and call Jim if he wasn't home. Cathy reminded Beth that she couldn't call Jim to take over for her, but she could call to maintain her connection with Jim. Cathy explained that this would help break the old pattern of Beth aligning with Kaitlyn against Jim. Cathy also reminded Jim that his role would be to support Beth without giving advice or judging or criticizing either Beth or Kaitlyn. Jim agreed that he could do this.

Beth and Jim agreed to meet together the following week.

## Summary of Session Seven

Jim and Beth reported at the beginning of the session that they had implemented their new parenting plan during the previous week, and that there had been some difficult moments. Beth stated that Kaitlyn was initially pleased to see that Jack and Dalton had more responsibilities, but quickly became angry when the phone and computer rules were discussed. Kaitlyn began yelling about how her parents didn't want her to have any friends, and they didn't care if she was a total freak because she was the only one of her friends who had to live

## Summary of Session Seven, Continued (Jim and Beth)

with such stupid rules, and how come her parents obviously hated her. Jim stated that it was a good thing they had rehearsed in the previous session how to remain calm and non-reactive if Kaitlyn got mad. Jim stated that he really had to work on sticking to the plan, and not yelling right back at Kaitlyn. Beth agreed that it had been even more difficult than she had imagined, and that after that initial outburst, Kaitlyn had gone back to being sullen and uncommunicative for the rest of the week.

Cathy asked them if they still agreed that their plan was a good one. Both Jim and Beth stated that they really did think it was the right thing to do. Cathy suggested that they use that reasoning to help them deal with the emotions that Kaitlyn had elicited from them on this issue. Cathy gave Jim and Beth positive feedback for maintaining their objectivity and staying non-reactive in this situation. She encouraged them to continue to reach out to Kaitlyn without pushing, and give Kaitlyn time to adjust to this new plan.

Jim and Beth spent the rest of the session discussing other parenting issues relating to Jack and Dalton, and agreed to meet again the following week.

## Summary of Session Eight (Jim and Beth)

Cathy asked how things had gone with Kaitlyn during the previous week. Beth stated that things were better. Kaitlyn was still not happy about the rules for computer and phone, but she was following them. Beth took an opportunity during the week to go into Kaitlyn's room and talk to her. Beth told Kaitlyn that she understood that things were tough for her right now, and that she wanted Kaitlyn to know that she loved her. Kaitlyn responded by sharing with Beth that things were not going so well at school and that some of the girls at school were really mean to her. Kaitlyn also expressed that she felt horrible that she was overweight and said that some of the kids at school were making fun of her. She stated that she wanted to lose weight, but didn't know how. Beth told Kaitlyn that she would help her in any way that she

## Summary of Session Eight, Continued (Jim and Beth)

could. Beth asked Cathy what she could do to help Kaitlyn lose weight. Cathy asked if she had followed up with Kaitlyn's pediatrician, and Cathy said she had, and that the pediatrician had given Kaitlyn a meal plan to follow. Cathy encouraged Beth and Jim to be supportive in terms of meal planning, and to refrain from giving too much advice. She suggested that they continue to encourage dialogue between themselves and Kaitlyn, and to continue to offer opportunities for Kaitlyn to spend individual time with each of them. Jim noted that he felt much less critical of Kaitlyn's weight issue now that she seemed concerned about it herself. He stated that he felt like it would be easier for him to be supportive of her than before. Cathy suggested that by backing off of his criticism on Kaitlyn's weight earlier, he had actually given Kaitlyn the space and opportunity to consider it for herself. She pointed out that this was the power in aiming for balance in relationships, and that when Jim was able to stop overfunctioning for Kaitlyn in response to her weight, she was able to stop underfunctioning and take personal responsibility. Cathy reminded Jim and Beth that change is always more lasting when it is self-initiated rather than imposed from the outside.

Cathy suggested that she meet with Kaitlyn individually during the next session to help Kaitlyn clarify her goals in relation to her weight. Beth and Jim agreed.

## Summary of Session Nine (Kaitlyn)

Beth brought Kaitlyn to the session, and waited in the waiting room. Kaitlyn seemed somewhat anxious. Cathy began by acknowledging that a lot of changes had taken place since they had last met. Kaitlyn agreed. Cathy asked if Kaitlyn could share how the changes at home had affected her. Kaitlyn stated that things were actually better with her mom and dad, and that she felt like it was easier to talk to them. She stated that she still didn't like the phone and computer restrictions, but she could deal with them. She also stated that she felt like things were more fair between her and her brothers. She also liked that her parents got



## Summary of Session Nine, Continued (Kaitlyn)

along better, and that her dad spent more time with her.

Cathy told Kaitlyn that she was glad things had improved, and that she had heard that Kaitlyn was still having a hard time with her weight, and that she was getting teased at school. Cathy asked Kaitlyn if she was still eating a lot of junk food, and if she still felt like she couldn't control her eating. Kaitlyn stated that this was still a problem for her. Cathy asked her how much she had shared with her parents. Kaitlyn stated that she hadn't told them about her practice of eating at Dairy Queen, or how she often ate candy bars and other junk food when she was by herself. Cathy told Kaitlyn that sharing her struggle with her parents was an important first step in managing the problem. She explained to Kaitlyn that keeping her eating habits a secret would make them harder to change, and that it would help her to enlist her parents' support in making the changes necessary for a healthy lifestyle.

Cathy asked Kaitlyn to begin keeping a food journal in which she recorded everything she ate, when she ate it, and how she felt before, during and after she ate. Cathy told Kaitlyn that they would use this information to figure out when Kaitlyn was most likely to overeat, and to come up with strategies for managing the behavior.

Cathy arranged the next session to meet with Kaitlyn individually during the first part of the session, and asked Beth and Jim to join Kaitlyn during the last part of the session.

## Summary of Session Ten (Kaitlyn; Beth and Jim With Kaitlyn)

Cathy met with Kaitlyn individually during the first part of the session. Kaitlyn stated that keeping the food journal had actually helped her change her eating patterns already because she was less likely to eat junk food when she knew she would have to write it down. Cathy and Kaitlyn went over the food journal together and noticed that Kaitlyn was most likely to eat junk food when she was feeling stressed about school or friends, and was also much more likely to eat when she was alone. Cathy pointed out that her overeating patterns appeared to

## Summary of Session Ten, Continued (Kaitlyn; Beth and Jim With Kaitlyn)

be emotionally related. Cathy told her that being able to recognize the patterns would help her take a step back from her behavior and reflect on what she needed to do to change the situation. With Cathy's help, Kaitlyn was able to identify some actions she could take that would help her alleviate her stress, and also set up her environment to avoid emotional overeating.

Cathy and Kaitlyn then rehearsed what Kaitlyn would tell her parents during the last part of the session, and identified some things that Kaitlyn could ask her parents for in terms of support. Cathy then asked Jim and Beth to join them in session.

Cathy thanked Jim and Beth for joining them, and coached them to listen to Kaitlyn without interrupting or criticizing. Both Jim and Beth agreed. Kaitlyn shared with her parents that she had been struggling with overeating, and had been eating junk food in secret for a number of months. Jim and Beth listened attentively, and Kaitlyn went on to share with them that she had started keeping a food journal, and had identified some things about her eating patterns that she wanted to work on changing. With Cathy's help, Kaitlyn was able to share with her parents that she wanted their support, and to offer some ideas for how they could help her. Cathy emphasized that Kaitlyn was personally motivated to change her eating patterns, and that nagging, checking up, and criticizing would only be counterproductive by taking responsibility away from Kaitlyn. Cathy encouraged Kaitlyn and her parents to keep an open dialogue, but to let Kaitlyn take responsibility in this area. Beth and Jim agreed that they could do this. Cathy encouraged Kaitlyn to let her parents know if she was struggling or needed additional help, and Kaitlyn agreed.

Cathy pointed out that much progress had been made towards the family's stated goals, and that the family seemed to have the skills necessary to continue on their own. Cathy suggested meeting again in two weeks for a final session. The family agreed.

## Summary of Final Session (Kaitlyn, Beth and Jim)

Cathy checked in with Kaitlyn, Beth and Jim and asked how they had been progressing on their goals during the last two weeks. Kaitlyn reported that she had lost 3 pounds. She reported that she and Beth had started going to a yoga class once a week, and they were also practicing at home. Kaitlyn reported that she was still keeping her food journal, and it was helping her be more aware of her food choices. Kaitlyn reported that she was getting along with her parents, and she was going along with the rules for computer and phone. She also stated that she was getting along better at school.

Beth and Jim continued their Friday night out together, and reported that they both felt more connected. They also stated that understanding their family of origin and how they repeat patterns from their past was helpful. Beth and Jim both reported that Kaitlyn seemed much happier, and that their relationships with her were much better. They both expressed that it was challenging to follow through with the parenting plan. Beth stated that it was sometimes easier just to pick up after the boys rather than following through with the chart. Cathy reminded Beth that by doing their work for them, she was denying them the opportunity to learn personal responsibility. Beth agreed, and stated that she would continue to work at it.

Cathy gave each family member positive feedback about the changes they had made during the course of therapy, and encouraged them to continue to focus on staying connected. She informed them that it was easy to slide back into old habits, and encouraged the family to evaluate their progress regularly through personal reflection, and through honest, nonjudgmental feedback to each other. She also encouraged them to check back in with her during the next few months, and anytime they needed additional support.