

## Engaging Parents in Therapy with Adolescents

Therapists often find it difficult to engage parents in therapy when working with depressed, suicidal, and/or traumatized adolescents. Parents may feel as though they have tried everything to help their adolescent to no avail. When families reach the point of involving professional help, parents often feel frustrated, tired, and powerless. Some may want the therapist to “fix” their adolescent’s issues. Other parents fear that they will be blamed for their adolescent’s problems and avoid attending. If there are effective individual therapies for depressed, suicidal and traumatized adolescents, why bother doing family therapy?

There are many merits to conducting family therapy with adolescents. Most importantly, many struggling adolescents feel as though they cannot go to their parents for support and care. This may be because their parents have failed to comfort them in the past or the parents contribute to their distress. The inability to go to one’s parents further exacerbates mental health issues and isolation. In contrast, when adolescents perceive their caregivers as caring, protective, and autonomy granting, they feel more confident that caregivers will be responsive and available. This secure base buffers against the stressors that contribute to mental health problems and make adolescents feel worthy of being loved. Family therapy is particularly relevant for adolescents as the family context is inescapable.

How do you engage parents in therapy? First, take a family stance at the first interaction. Tell potential clients that you always start by meeting with the family in the beginning in order to determine the best course of therapy. This sets the expectation that parents are an important part of the process. Second, you want to help reframe the family’s view of the adolescent as the “problem.” Instead, help parents realize they are the medicine needed to help the adolescent get better. Parent’s need to feel understood, affirmed, respected and genuinely cared for through the process.

One therapy that addresses these relationship issues is attachment-based family therapy (ABFT; Diamond, Diamond, & Levy, 2014). ABFT is a trust-based, emotion-focused, empirically supported therapy that aims to repair interpersonal ruptures and rebuild secure, emotionally protective parent or caregiver-child relationships. ABFT is designed to improve the family’s capacity for affect regulation, relational organization, and problem solving.

ABFT was created to keep parents engaged in helping their adolescent. The therapy unfolds around five well-defined therapeutic tasks. The **relational reframe task** (Task I; one session) helps move the family from focusing on the adolescent’s symptoms to focusing on improving the relationship between parent(s) and adolescent. To achieve this, the therapist focuses on resuscitating the adolescent’s desire for protection and support as well as the parents’ longing for love and connection with their child. The therapist then meets alone with the youth for the **adolescent alliance task** (Task II; two to four sessions). The goal of this task is to help adolescents identify and articulate their perceived experiences of parents’ attachment failures and prepare them to discuss these felt injustices in later family sessions (Task IV). The **caregiver alliance task** (Task III; two to four sessions) consists of individual sessions with the parents. The therapist helps parents consider how their own life stressors and intergenerational legacies of attachment ruptures affect their parenting. As a result, parents develop greater empathy for their adolescent’s experiences. With this insight, they become more motivated to learn new emotion coaching and parenting skills. In the **attachment task** (Task IV; one to four sessions), the therapist brings the adolescent and parents back together to discuss how relational disappointments have damaged

trust. Although these conversations may not address or resolve all interpersonal problems, this mutually respectful, and often emotionally profound, dialogue serves as a corrective attachment experience for both parents and adolescent. This experience can set in motion a renewed sense of trust and commitment wherein parents become a resource and secure base for their adolescent. The **promoting autonomy task** (Task V; one to 10 sessions) then focuses on helping the parent support the adolescent's exploration of competency and autonomy. Adolescents begin to seek comfort, advice, and encouragement from their parents while exploring new opportunities and managing life stressors.

ABFT can accomplish rapid progress because the model focuses directly on the issues that lie at the heart of the matter for families: love, commitment and trust. If you are interested in learning more about ABFT visit [www.abfttraining.com](http://www.abfttraining.com) or attend the [one-day introductory workshop](#).