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Growing Edge Training online journal



Building Therapeutic Beachheads

JC Chambers

All children should be taught to unconditionally accept, approve, admire, appreciate, forgive, trust, and ultimately, love their own person.

Asa Don Brown

How can we best connect with kids who are at risk for substance abuse? How can we navigate the complicated terrains that are the lives of those who are connected to chemicals, and how can we help parents, schools, or legal authorities sort out what is going on with young people? Most importantly, how can we help youth figure out, prioritize, cooperate, and collaborate with us in trying to investigate what has gone wrong in their journey?

Before we discuss building therapeutic beachheads, we need to consider strength-based programming, the trauma-genic impact of addiction, and building therapeutic alliances. Finally, as we finish our discussion, we will examine three critical pillars necessary for building therapeutic beachheads.

Strength-Based Programming

If you don't like something, change it. If you can't change it, change your attitude.

Maya Angelou

In the book, *Addiction Treatment: A Strength-Based Perspective*, authors Katherine Van Wormer and Diane Davis (2007) challenge us to understand that if we are truly going to operate from a strength perspective, it will require organizing treatment around three critical ideas or concepts.

First and foremost, there must be a choice provided no matter the circumstances. Collaborative, strength-based relationships with at-risk youth require that one of the fundamental building blocks be the capacity for youth to make real choices. *Real choice* means freely giving kids the opportunity to choose both addictive and sober outcomes. Unless it is life-threatening, even going to lockup could turn out to be helpful. We strive to NOT let our anxiety drive our work with youth. We would rather our compassion drive our developing alliances with them.

Secondly, we must address the issues of option reduction or option blockage, which is quite different than just providing choices. From the relapse literature done by people like Terence Gorski (1986) and Dennis Daley (2015), we understand that one of the primary issues in chronic chemical use is what they call option reduction.

During this phase, Terence Gorski (1986) states that youth who use chemicals feel trapped by the pain and the inability to manage their lives. When this is true, there seems to be only three ways out of the insanity: suicide, drug use, and/or self-harm. He goes on to state that most who use substances do not believe that anyone or anything can help them. Common problems that are associated with this mindset are:

1. Unreasonable resentment,
2. Disengagement from all help strategies,
3. Being overwhelmed by loneliness, frustration, angry intention, and/or
4. A loss of behavioral controls (pp. 152-153).

To counter these problems, we need to offer our kids intervention or treatment options and/or after-care options. Youth need opportunities to succeed that are matched to their developmental and competency levels.

The third and final point related to strength-based programming should ensure that our young people are able to take advantage of success and sober living. It is therapists and treatment agencies' responsibility to prepare the kids to be able to succeed at the level at which they are graduating.

If it is inpatient, residential care, we need to prepare those young people to be able to smoothly transition to step-down services such as halfway houses, intensive outpatient work, or community-based agencies. Further, it is important to encourage connection with community support groups.

From intensive outpatient work, we need to be ready to move those young people to community-based work, individual and family therapy, and community-based support groups like NA and/or AA. We also need community agency work around skill development such as Dialectical Behavior Therapy (DBT) skills, sobriety skills, or relapse prevention programming.

If it is low intensity work like outpatient programming, we need to be able to augment that work with supportive individual and family therapy. We also need to be able to provide and engage with them in community work such as NA and/or AA.

It is the treatment providers' responsibility to understand in what stage of change and treatment readiness our young people are, and we need to be able to move them from one stage to another.

It is not enough to know the stages of change: pre-treatment, contemplation, determination, action, and maintenance. Adults may have a very difficult time moving young people through the stages in the early work, from pre-contemplation to contemplation, from contemplation to determination, and from determination to action. This may be more troublesome because there seems to be less techniques and interventions put into practice. Such information is available, much of it in the public domain, but the challenge is guiding clinicians to find and use them.

Trauma-genic Impact of Addiction

The hardest thing to ever do is to reveal the naked soul to the world. However, in doing so brings healing, growth, strength, and powerful inspiration!

H.E. Olsen

David Finkelhor and Angela Browne (1985) identified four trauma-genic factors: traumatic sexualization, betrayal, powerlessness, and stigmatization that are part of sexual abuse in children. Traumatic sexualization refers to a process in which children's sexuality, including both sexual and sensual feelings and attributes, are shaped in a developmentally inappropriate and dysfunctional fashion because of sexual abuse. Traumatic sexualization can occur when children are repeatedly regarded by offenders for sexual behavior. Because of the exchange of affection, attention, privileges, and gifts for sexual behavior, children learn to use sexual and/or sensual behavior as a strategy from the manipulating of others to satisfy a variety of developmentally appropriate needs.

Betrayal refers to the dynamic by which children discover that someone on whom they were depending has caused them harm. This may also occur in a variety of ways in the sexual experience. They may also come to realize that a person whom they loved or whose affection was important to them treated them with callous disregard. Betrayal is experienced by youth, not only at the hands of the offender, but also on the part of family and non-family members who were not abusing them. Individuals the youth trusted, but who were unable or unwilling to believe or protect them or whose attitude shifted toward them once the disclosure of abuse was made, likely also contribute to this powerful sense of betrayal.

Powerlessness or helplessness, the dynamic of rendering victims powerless, refers to the process in which the children's will, desires, and sense of advocacy are continually diminished. Powerlessness is reinforced when children see their attempts to influence the end of abuse frustrated. It increases when children feel fear, shame or guilt, are unable to make adults understand and believe them, or realize how conditions of dependency have trapped them in the situation.

Stigmatization refers to the negative connotations that are communicated to children through abuse experiences and then become incorporated into their sense of self. Stigmatization may also evolve out of children's prior knowledge that the activity is considered deviant or taboo. It is certainly reinforced if, after disclosure, adults react with shock or hysteria or blame the youngster for what has transpired.

Youth need opportunities to succeed that are matched to their developmental and competency levels.

Addiction has a trauma-genic impact on kids and their families. Factors redefined and contextualized for addiction include: traumatic use of intoxication as general lens and problem-solving strategy, addiction-related betrayal, addiction-based powerlessness, and addiction-stigmatization of addicts and their families.

It becomes critical to understand that we see youth involved in so many roles. Sometimes they are the primary patients with addiction; sometimes they are in the role of caretakers or rescuers for parents or siblings with addiction. We also see them as victims of a family member's addiction and abandonment. Consequently, there at least five different reasons substance-using youth are going to be in treatment:

1. Problem Behavior(s),
2. Piled up affect,
3. Overwhelming triggering situations and circumstances,
4. Negative beliefs centered around shame, guilt, and fear, and/or
5. Primary and secondary traumatic events such as violent sexual abuse and/or abandonment.

We need to be skilled at asking questions. Questions like:

- What are their habitual tension-resolving behaviors?
- What kind of feelings might have been stacked up in children?
- What kinds of situations or circumstances act as igniters for young persons?
- What lessons are learned about themselves, others, the world?
- What action should they take from the traumatic event(s) in children's lives?
- What traumatic events are hidden behind children's defensive walls?
- What might addiction be providing for them: protection, separation, opportunity, or distraction?

Developing and Cultivating Therapeutic Alliances

In my early professional years, I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

Carl R. Rogers

Therapeutic alliances involve three operations: determining tasks, identifying goals, and building bonds. Tasks engaged between counselors and youth regarding methods facilitate reaching their young clients' goals. Goals are what youth hope to gain from therapeutic alliances based on their presenting concerns and reasons for engaging counselors. The bond we forge together, through trust and confidence, enable us to complete the tasks in therapy and get the children closer to their goals or outcomes.

Where are the challenges in the alliances venture? Simply stated, they are children's resistance (fear) and counseling enabling (fear). Rather than discussing or enabling, which Marsha Linehan terms a dialectic, we will consider what dialectical behavioral therapists call Therapy Interfering Behaviors (TBI). TBI interfere with therapeutic alliances either by young people or by their therapists. Marsha Linehan (2015) in her DBT skills training manual offers us five ideas to consider:

1. We need to manage promptly suicidal urges and behavior.
2. We need to also manage self-injury or self-destructive behavior, whether that be cutting, drinking, or using or types of recklessness.
3. Supervision must address therapy-interfering behaviors by either youth or their therapists.
4. We must manage therapists' desire to get rid of difficult kids.
5. And lastly, we must manage the therapist's inclination to attack or withdraw from difficult kids. (pp. 62-64)

Trainers of dialectical behavior therapy, Marsha Lineham, Lane Peterson, and Jane Each teach adults how to understand the dialectics of working with adolescents. A dialectic is the synthesis of opposites, or in other words, how to find the middle road between a rock and a hard place. Here are some examples of dialectics we all face when working with young people:

1. Fostering independence versus giving support,
2. Being strict versus being lenient,
3. Allowing developmentally typical behaviors versus addressing problem behaviors, and
4. Involving the family versus protecting youth privacy (Eich, 2015).

If we appropriately cultivate therapeutic alliances, we are achieving young people's outcomes by appropriately choosing the right task and interventions while growing their capacity to trust and have confidence in the adults with whom they are engaged. The child can learn the capacity to hold adult compassion. They understand we are working toward the same goals.

When this happens, we see children in the social engagement part of the alliance. Here they can learn by moving from fast track, limbic learning to slow track, frontal lobe learning that is organized, calm, and multidimensional. Another consequence of therapeutic alliances is the exchange of thoughts, feelings, affection, or passion between youth and their counselors. This increases young people's capacity to communicate and express their needs and anticipate responses from adults. This leads to youth developing the capacity to have both insight and oversight as well as internalized learning.

Insight is the ability to understand contradictions within and to find synthesis in that tension. Out-sight is the capacity children develop to recognize the tension that exists among their needs, wants, and desires and the needs, wants, desires, and direction of their families, schools, or with whomever else they are involved. They are also able to appreciate both sides of that tension and affirm their own self-determination and self-assessment.

Connection in a healthy way gives young people the ability to absorb compassion, respect, acceptance, autonomy, and belonging.

The third outcome of therapeutic alliances is that youth begin to find others with whom they can identify. When children identify with caring adults through observation and imitation, they internalize good, bad, and ugly characteristics of those adults. Youth can then take in outside objects and hold them in their consciousness. This movement from silence or surviving to received knowing helps them have access to another set of skills, experiences, and expectations. Connections in healthy ways give young people the ability to absorb compassion, respect, acceptance, autonomy, and belonging.

Building Therapeutic Beachheads

Courage doesn't happen when you have all the answers. It happens when you are ready to face the questions you have been avoiding your whole life.

Shannon L. Alder

Wikipedia defines a *beachhead* as a temporary line created when a military unit reaches a Landing Beach by sea and begins to defend the area while other reinforcements help until a large enough unit has arrived. A *bridgehead* is defined as a strategically important area of ground around the end of a bridge or other place of possible crossing over a body of water, which at a time of conflict is said to be defended/taken over by belligerent forces. Bridgeheads typically exist only for a few days. The invading forces are either thrown back or expand the bridge to create a secure defensive *lodgment* area before breaking out into enemy territory. And lastly,

a *lodgment* area is an enclave taken by and defended by a force of arms against determined opposition made by increasing the size of the bridgehead, beachhead, or airhead into a substantial defended area where at least the rear parts are out of the direct line of fire.

Why are all these terms important? Because if we can learn how to build a beachhead, the beachhead will set up a lodgment area. If we have a lodgment area, a therapeutic area that is a big enough space or circle of protection, our children can begin to experience and carry trust internally. The three elements that are developed as we establish our therapeutic beachheads are safety, the experiential understanding and awareness of being understood, and the experiential awareness of having someone be relationally responsive and emotionally connected.

Safety

Unprocessed intense emotion goes underground and creates a subconscious block that can be released as soon as the original event is integrated in the mind, heart, and body.

Deborah Sandella

Safety is a complicated experience for at-risk, traumatized youth. It can be a triggering experience, in that the sense that trust has also been the precursor to being victimized. In this context, trust is complicated because of a number of factors. The first and foremost idea is that trust comes in a heart space where there is a non-intrusive exchange between youth workers and kids. That means youth workers go only where they are invited until trust develops. There is, both verbally and non-verbally, expressed regard and acceptance of where the youth are. Trust only occurs if the relationships over time are both reliable and stable or reliable and predictable. Safety happens when therapeutic relationships become secure bases, which means youth come to understand this is not a place where they will be attacked. Safety happens when the need to be hyper-vigilant is disabled because the youth workers are empathic and transparent. This means that young people do not have to guess what is going on in the mind and the heart of their youth workers. Lastly, safety is enhanced when children clearly understand the benefits and limits of confidentiality.

Experientially Aware of Being Understood

Try to understand men. If you understand each other, you will be kind to each other. Knowing a man well never leads to hate and almost always leads to love.

John Steinbeck

There are ways to send messages to children that you “get them.” You do not have to know their experiences, have had the same experiences, or be able to identify with them. However, it is critically important that youth experience your capability to get them—to understand the what, where, when, and why of their behavior, their hearts, and their minds. This is the place where discussion, debate, and decision-making may fall short. This is the place where dialogue becomes critically important. Dialogue with another human being is always dangerous because it implies that you are willing to be affected, impacted, and changed by the young person’s reality. For children to be understood, youth workers must attune themselves to their verbal and nonverbal output. This is like a dance, it is being in step with the person; it is being able to anticipate the next step, and it is being able to anticipate a spin, or a dip, or a step back. It is what the relational scientist would call being in synch.

But to get them alone is not enough for children to be able to experience being understood. There also must be empathy, which is the aptitude to see what they see and feel what they feel. But more importantly, we must be able to see the world through their lens or perspective. It is different than identification. When we are trying to identify, we may be spending most of our time in our own heads looking for files that might compare to the person to whom we are listening. While we are on this search, we are missing the young person who may be quite different than any files we have in our heads!

But getting them and empathy are not enough. There must also be acceptance. Acceptance, simply put in a therapeutic beachhead, is the ability to approach young people without judgement, or it is our knack of approaching kids with whom we work while suspending our tendency to judge, evaluate, and categorize.

However, getting them, empathy, and acceptance are not enough to understand fully. There must be one more condition - curiosity. Curiosity is important because it indicates to youth the workers’ will-

ingness to move from what they believe or hold as certain to considering what might be outside their sphere of certainty. In a dialogue around issues of shame, pain, trauma, and mistakes, we ask adults to shift into a mode that puts an unconditional value on curiosity, suspending judgment about others, and listening and inquiring about what is really going on. This produces genuine understanding. It allows youth workers the liberty to gain a new and deeper understanding of people who are very different from themselves.

Experiencing Relational Responsiveness and Deep Emotional Connection

Vulnerability is the birthplace of connection and the path to the feeling of worthiness. If it doesn’t feel vulnerable, the sharing is probably not constructive.

Brené Brown

The third corner in building therapeutic beachheads is for children to become connected to youth workers who choose to be relationally responsive and emotionally connected to youngsters. This is a mind-blowing experience for children, who have lived their lives adult-wary and attachment cautious. First and foremost, youth workers must be predictable. This involves creating routines and rituals that are part of their every day, every time meeting experiences. It completes the statement, “When I meet with this young person, I always_____.” What are those things that we always do that become points of predictability for young people? It could be the way we greet them, where we sit in the room, where they sit in the room, or how the room is always arranged. There are lots of things that can make children’s experiences with youth workers predictable.

With predictability, we add consistency, which means the intensity level or the level of intrusiveness. The level of safety and the level of acceptance are in harmony from time to time. It means that the room temperature emotionally, is always set at 68 degrees. It means that we ordinarily challenge them in a certain way, and it means that we regularly support them in certain way. It means that we are dependable. They can count on the fact that we will often respond in such a way.

If they are going to experience relational responsiveness and emotional connectedness, then there must be part of their experiences where they feel like they belong. Belonging is a little bit more than fitting in. Belonging is having a place that they

can call their own, having a way in which they are treated helps them believe, “He doesn’t treat everybody like this”. It is having young people experience the fact that when they are in there with us, they are supposed to be with us, we have space for them, and they know they are connected to us.

And lastly, but certainly not least, the finishing experience for relational responsiveness and emotional connections is patience. It means that youth workers understand that this relationship beachhead building is developmental. It may take a long time for children to really experience all the ramifications of the relationship. It means that in some cases they will not understand or be able to appreciate what youth workers have done for them until they are older, until they leave our residential programs or outpatient programs and come back as adults.

Putting It All Together

Building therapeutic beachheads for youth who are adult-wary is both a science and an art. We are required to understand the dynamics of trauma, shame, poverty, race, family interactions, and community support. Most importantly, we need to patiently understand that building an alliance with hurt kids may hurt us, too. It will change and challenge us to grow in our work. But we choose this and are willing to enter in and water what appeared to be dead rose vines only to see them blossom beautifully and surprisingly into leaders, artists, scientists, lawyers, and politicians. This is meant to be an encouragement to KEEP DOING THE WORK!

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