

The Challenge of Integrating Therapy in Life

Key to the integration of therapeutic intervention into a client's life is the need for the client and their family to actually have the skills essential to that integration. Basically, the therapist is asking the client to be willing to change and or to reframe some key perceptions, learn empathetic speech patterns, and recommit to the most basic values of love and sharing. Wow! That's a lot.

If one looks at their life as a play, then the therapeutic team is asking the client/actor and the client's/actor's family to learn how to write a new script, to learn their parts, and to restage the home. The intention of this is that it will change their lives for the better.

Is this reasonable? I wonder. It seems to me that all of us live life without being conscious of the fact that we are all consummate actors of our life's play. The problem is that we didn't write the play and its dialogue. We were born into our family's play and our parents and their parents were also so born and all of us live together in our culture's play, which is strongly influenced by other cultural plays. Most people just view life as life, and that this is just the way it is. To bring the potential of creating one's individual and group play is a therapeutic goal and the therapist may suggest that this is a possibility however there are some serious obstacles to achieving this vision.

Inherent within this therapeutic model of Life as a Play is the need then to bring our native acting skills to a conscious level. How can this possibly be done? If the therapist is successful in guiding the client and their family they will begin to understand the value of writing their family play for in this process they will consciously develop the ability to integrate the therapeutic interventions within their life's play.

The obstacle, which presents itself, is that the boundaries of the scope of delivery of therapeutic services does not include the building of necessary skill-sets. Basically any learning of interventions suggested by the therapist takes place in the office during a once a week meet that lasts usually for forty-five minutes. Whatever interventions are suggested it is the client and their family's responsibility to "practice" them in the home, alone. Too often the family is not able to or not willing to engage in the process so then it is the responsibility of the client to introduce the interventions and to somehow teach their family members how to integrate them. Not too likely for without a behavioral coach in place on a daily basis the chance that these skills being integrated are poor at best. It would be kind of like taking a foreign language class once a week for 45 minutes and then being expected to become fluent without anyone in the home speaking the language. The lack is systemic meaning that the design of the delivery of services lacks the vision and the financial commitment by society to make therapy more effective.

In my experience some Departments of Mental Health include a few therapeutic behavioral coaches who can spend up to 15 hours a week with a client and their family in support of the therapist's effort. I had such a position. I found that while I was with the client and their family they often made progress over time. However when I wasn't present at other times during the week, even with this much support, the underlying dynamics of their stress often triggered their emotions to peak such that it regularly overwhelmed the cognitive function of their minds.

As a result of this I had proposed incorporating a program in which the mental health coach would spend the initial few weeks with the family from the time they woke

up to their bedtime. This would allow the family to have the emotional support critical to their feeling that this was indeed a commitment on the part of their mental health providers and feeling this they would be more open to their own commitment.

With this initial intensive phase of therapeutic support, I felt that a basic foundation may be established upon which with continued support of a less intensive nature the family could progress in learning and practicing the skills so that the goal of achieving integration could be achieved. This proposal was rejected. Maybe because of my position as a Therapeutic Behavioral Coach being at the bottom of the totem pole or that the people I presented it to did not have the relationship with those above them. Truthfully this concept was outside their scope of training and probably it felt to them that it suggested that their approach was not appropriate to the need. Not their fault if it had some bearing to the situation. The proposal was definitely “Outside the Box.”

Given this, as a Coach I instituted aspects of this proposal with my clients during the fifteen hours a week that I had with them. Usually I had about three to four months with the family and during this time I introduced the concept that what society typically labels as Misbehavior is really just a signal of a breakdown in communication. I suggested it is not something to be punished, but to be recognized and the person demonstrating this behavior needs to be appreciated for alerting the family to the problem. This approach seems to alleviate some of the guilt that everyone in the family has, but doesn't know how to express. I then introduced Empathetic Communication Skills, which became the format for the possibility of writing their own Family Script/Play. The new dialogue being learned over time became the foundation for other parts of their engagement with learning family skills that promoted cooperation and collaboration. Upon their collaborating together to some degree in the writing of their script my work was provide auditory cues to remind them to use the new dialogues. We also explored the reframing of Self-Esteem not as a grade of either high or low, but as a means of conceptualizing one's development of critical life skills. This allowed them to cognitively grasp the work they needed to do in self-improvement. This was helpful in reducing the stigma of having mental health issues. Gradually in some of the families a good amount of progress was made, however when their Therapeutic Goal was met I was required by our System of Care to begin to transition the client and their family to ending the relationship. Because the Mental Health program didn't allow me to provide follow-up sessions to sustain the progress of the family, when there was such, it wasn't unusual for them to gradually lose their momentum and begin to decompensate. Once in a while I was then called back to recommence the delivery of service that I provide. When this happened it usually would take only week or two to get back to the level of progress that they had achieved at the end of the first engagement. The extension should have been a message to my program supervisors of the need for periodic contact, but no.

Of course without the ability to provide the intensive two weeks at the front end of the relationship resulted in a weakening in my effectiveness. Still, the time spent was helpful to some degree.

If you would like to get a better feeling for the skill-sets that I introduced and supported as well as various value and concept adaptations, they are presented in Training, to be accessed herein Outfar10.com

