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PUTTING PARENTS IN CHARGE OF SOLVING SCHOOL PROBLEMS

ABSTRACT: This paper shows how to build solutions to school problems around the child's parents. The approach is presented in three steps under the acronym **JAR**: 1) ***J****oin* the family by recognizing parent-child affection, 2) ***A****ssess* the interactional sequence that maintains the problem 3) ***R****estructure* the sequence using the simplest possible action to directly help the child, while indirectly helping parents. Three case vignettes illustrate the application of these ideas to real problems.

BOTH PARENTS AND SCHOOLS WANT TO GIVE CHILDREN the best possible education, while developing healthy attitudes toward self and others. School problems block these goals. According to Haley the central challenge for professionals dealing with youth problems is to put parents in charge of solving them (1977; 1986). Involving parents is an effective way to solve school problems (Stone and Peeks 1986). The therapy described here helps professionals think positively about children's school problems. When professionals think positively, they act positively and parents are more likely to respond positively and cooperate.

PROBLEMS AS SOCIAL PROCESS

Behavior problems are not random; they cluster at change points in the life cycle of a social group, such as a family. A problem occurs when someone is entering, leaving or changing status in a family and it means the group is having difficulty making a social transition. In this sense, children's problems are metaphors for problems in a larger group (Stone 1985). A child with a school problem could be responding to a bad school situation or a bad family situation. In addition, conflict between the home and school can exacerbate the child's problem and make it harder to solve. However, as a rule of thumb, when problems defy solution by school professionals it usually means the problem is occurring in relation to the child's family, not the school.

The therapist's job is to establish a cooperative relationship with all family members, make a plan to solve the problem and motivate them to follow it. The plan must bring the parents and school into agreement on the nature of the problem, what should be done about it and who should do it. The plan is based on a positive story, which explains the problem in terms of parent-child affection. The story is *not* shared with the family. The therapist uses it practically, to create the therapeutic plan, and pragmatically, to think positively about parents. The approach is conceptualized in three steps of the acronym **JAR**:

- **J: Join the family by creating a cooperative relationship with all its members.**
- **A: Assess the interactional sequence that maintains the problem.**
- **R: Restructure the problem sequence with the simplest action possible.**

RESTRUCTURING A SEQUENCE WITH DIRECTIVES

People exchange observable acts that form repeating sequences of behavior. Individual identity is created, assigned and maintained by participation in this process. Following Haley, I define a problem as "a type of behavior that is part of a sequence of acts between several people…The repeating sequence of behavior is the focus of therapy" (1976: 2). To stop the problem and restore the problem person's normal identity, the problem sequence must be changed. The main tool for changing a sequence is the therapeutic directive: the therapist tells the people what to do to solve the problem. A good directive must be relevant to the problem sequence and it must influence parents to cooperate with each other to help their child. Likewise, it is vital that the parents and school cooperate, which a good directive also facilitates.

Joining the family is crucial to success. Without a cooperative relationship family members will not follow the directives and therapy will fail.

In sum, it is new *action* carried out within a framework of agreement and cooperation that solves the child's school problem and changes relations between the parents and others in the problem situation. Three case examples illustrate how this is done.

THE BOY WHO LOST INTEREST

Vincent was a fourteen-year-old Hispanic youth expelled for chronic truancy. His father was an unemployed ex-convict who had dropped out of high school and his mother was a hotel maid. They were both worried about Vincent, especially about his drinking and smoking pot. I assumed that Vincent's

problems were metaphors about his parent's relationship. Practically, this meant that if Vincent was "truant" and "using substances," someone else in the family was doing similar things. I also assumed that whatever one parent said about Vincent would be true of the other parent as well. For example, mother said of Vincent, "He has lost interest in life." Mother's remark accurately described Vincent's depressed and somewhat withdrawn state. However, it also accurately described her husband's state as well: he had difficulty keeping a job (*truancy* from work), was drinking too much, smoked pot frequently and he seemed depressed (he had lost interest in life).

In his turn, father said of Vincent, "He won't talk to me." Father's description of his relationship with Vincent was accurate and it simultaneously described relations with his wife. Vincent's behavior toward father was often sullen and withdrawn. Similarly, when mother became angry with father she showed it with a stony, Sphinx-like silence which could last for days.

I created a positive explanation of Vincent's problems - - a story if you will - - for my own use in planning therapy. I did not share my story with the family. I thought that Vincent's mother and father were estranged from each other around their own problems and that Vincent's problems served the purpose of helping them. While they were angry with each other, they *both* loved Vincent and would suspend their quarrel to help him. Said differently, I assumed Vincent produced problems to force his parents to deal with him; he was *voluntarily* sacrificing himself to unify them.

For example, Vincent's drinking paradoxically helped *father* drink less: father had to stay sober to deal with Vincent. I speculated that Vincent was most likely to drink when *father* felt bad, which forced father to pull himself together. Vincent gave his father a precious gift: *something worthwhile to do*. In addition, the parents cooperated around this problem: mother often coached father on how to do help Vincent and he accepted her coaching. In short, I thought Vincent's problems, especially his drinking, transformed a quarreling couple into concerned parents.

This story also helped *me* keep good relations with the family: if Vincent loved his parents enough to sacrifice himself for them, they must be worthwhile. Because I thought positively about Vincent and his parents, I acted positively toward them and they responded in kind toward me. Because we had good relations, they did what I asked them to do.

My story led me to create the following directives:

1. **I told the parents to talk to each other "about Vincent" for ten minutes everyday and "reach agreement" on rules and consequences for him.**
2. **I told the parents they must impose a "terrible consequence" on Vincent when he drank or smoked pot. They were not to tell him what it would be; only that it would be terrible.**
3. **I told father to deliberately pretend to "feel bad" for five minutes every day and for Vincent to help him "feel better."**
4. **I told father to "go to school all day with Vincent" if Vincent was truant, did not do his work, or misbehaved.**

George Gerbner believed that "ritual shows how things work" (1979). These directives created a "ritual" that showed *through action* how family relations should be: parents should be in charge; they should agree and work together; they should nurture their children; they should enforce their rules when necessary; and, they should cooperate with community institutions, such as the mental health center and the school.

The directives brought the estranged parents into agreement around solving Vincent's problems. For example, the first directive helped them talk directly to each other without quarreling. The parents were uncertain about the second directive; they said alcohol abuse was a "disease," which they were not qualified to deal with. I told them that they were qualified. In fact, I told them, "You are best people to help Vincent get over his drinking problem because you love him." As they took a tough stand on Vincent's drinking and pot use, their own relationship improved; father reduced his drinking and pot use and mother was less angry with him. The old problem sequence, in which substance abuse was accepted as the inevitable consequence of a disease, was replaced with a sequence in which it was considered an unacceptable voluntary behavior that would be appropriately punished.

Father followed the third directive by saying, "I don't know what to do with my life," and Vincent responded by putting his arm around him and saying, "Cheer up; it's all right." This "pretend" created a sequence in which Vincent could help father openly and positively. The positive pretend sequence *replaced* the covert problem sequence in which Vincent could only help his father by going self-destructive

and provoking him into action. At the same time, father's status was protected because he was only *pretending* to feel bad to help Vincent - - he did not "really" have a problem (Madanes 1980; 1981; 1984).

The directive that father to go to school and supervise Vincent is called an "ordeal" (Haley 1984). It gave father a way to help Vincent by going to school with him; at the same time, father would rather *not* go to school. To deal with this dilemma he took a tougher stand with Vincent on the matter and Vincent went to school. In the old problem sequence Vincent went truant to "protect" his father; in the new sequence Vincent had to go to school to protect him. Mother was proud of father for doing this and treated him better, which helped their relationship.

OUTCOME

I had an agreement with the high school principal that Vincent could return to school if the family entered therapy with me. Vincent not only went back to school, he stopped drinking and smoking pot without receiving a "terrible consequence;" he attended classes and studied regularly; he joined ROTC, voluntarily cut his long hair and began wearing his uniform to school; finally, he changed his group of friends. He passed six out of seven classes and was not misbehaving at home. As Vincent improved, mother and father did not relapse into quarreling and father did not increase his use of alcohol again. I had weekly contact with this family for four months during therapy. However, no follow-up was done with them after termination, so the stability of their change is unknown.

In sum, the directives explicitly given to help Vincent were effective: the presenting problem was resolved. In addition the therapy had an indirect, positive impact on parental relations as well.

MOTOR CYCLE MODONNA AND CHILD

Charles was a twelve year-old "severely emotionally disturbed child" referred to a family reunification project, which was sponsored by the state protective services department. He was a ward of that department and lived in a group home. His single mother could not control him at home and he completely disrupted classes at school. Ironically, Charles' school behavior and academic performance got *worse* following his removal from his mother's care. After removal, he was placed in a special education classroom in public school, where he proved uncontrollable. He was then placed in "day treatment" school at a community mental health center. He thoroughly disrupted that classroom and was quickly removed. There were no other educational placements available locally, so Charles was to be sent to an out-of-state residential treatment facility "to meet his educational needs." This was a more restrictive placement and would cost four times as much as the group home. The goal of the referral was to provide an alternative solution so he would remain in the community. Privately, I hoped to solve Charles' problems so he could return home to his mother.

The protective service caseworker and the community mental health center staff did not subscribe to the strategic approach. They simply did not like this mother. They were formally polite to her at case conferences, but viscously critical of her among themselves. She was unemployed and received rehabilitation benefits from a car-motorcycle crash. She had rarely attended case conferences and was minimally cooperative with professional recommendations, so she was considered "resistant" in addition to being an unfit mother.

Although I was doing the therapy, I was an outsider from a contract project; I was a guest on the treatment team of my mental health and protective services colleagues. Therefore, I did not challenge their views of the mother. Instead, I created a positive story to explain the problem situation. I thought the mother avoided staffings and gave little cooperation because she sensed these professionals didn't like her. Furthermore, they never sought her in-put on the case plan. In addition, the maternal grandmother had been excluded from the treatment. I assumed Charles was worried about relations between his mother and grandmother. The heart of my story was that Charles voluntarily had problems to give these two women something important to do together - - such as helping him. I did not share my story with the "team" or the family.

I thought mother could be engaged by including grandmother in the process. I planned to change the relationship between mother and grandmother indirectly, by getting them to agree to help Charles. Therefore, in spite of the difficult case history, I decided to put mother in charge of returning Charles to public school. Grandmother and other family members would help her do this.

Perhaps because they thought it would fail, the treatment team agreed to support my strategy. Next, I met with the school principal and obtained his promise to allow Charles back in school. I made arrangements for mother, grandmother, grandfather and an aunt to attend school to supervise Charles "if" he misbehaved. Then I met with the family (including the group home foster mother with whom Charles

was actually living). Everyone wanted Charles to stay in the community and so they agreed to cooperate with my plan. I kept this meeting positive and explicitly focused on helping Charles.

OUTCOME

Two days later Charles was back in a public school special education classroom where he began to succeed and make friends. This happened so smoothly that mother attended only two days of school and grandmother only one day. Grandfather and the aunt were merely on standby and never had to come in. Grandmother remarked, "Now Charles is having some of the fun he has been missing." I maintained weekly contact with the family and school for two months. Charles passed into the eighth grade and his mother spontaneously found a full-time job.

Based on mother's participation in Charles' success and her employment, I brokered an agreement with the treatment team to bring Charles home. I wanted his immediate return because mother could not be in charge of him while he lived with someone else. However, I conceded to a team consensus to return him "at the end of the summer." I left the reunification project in late July. Unfortunately, in my absence the agreement to return Charles home was not honored. I made follow-up contacts with the team, the school and the family in October. Charles' problems were gone: he was not a behavior problem at school or anywhere else - - yet he remained in the group home. Mother continued in her job. She was angry and disappointed that Charles was not allowed to return home. However, she took comfort in the fact that he remained in the community and she had regular contact with him. A social therapy usually changes everyone in the situation. Therapists often recognize change in their client, but not in themselves. This case provides an interesting variation on that theme: The family and the school changed but the mental health and child protection professionals did not.

THE BOY WHO WOULDN'T WORK

Twelve year-old Jake had done virtually no school work for two and one-half years. Nevertheless, the school advanced him in grade. Now, unless Jake worked, he would have to repeat eighth grade. The goals of the referral were to get Jake to do his schoolwork and pass into the ninth grade on time.

I met with Jake, his parents and his teacher. Father was an unemployed construction worker who had been slightly injured on the job *two and one-half years earlier* and had not worked since then. I made up a story to explain this: Jake's failure to work in school mirrored father's failure to work in construction. Jake's problem protected the parents from fighting with each other about this. When the parents needed to discuss father's failure to work, they could do so indirectly by discussing Jake's failure to do school work.

I planned to solve Jake's problem directly, while indirectly improving parental relations. I began by taking a "position" in favor of the general value of work and talking about it at length. I did this in such a way that everything I said about Jake "getting back to work" at school could also be applied to father getting back to work as well. For example I said, "It is important to work. *He* should 'get back on the job' right away." There were two "he's" in this situation; by using an open pronoun I left the matter open to interpretation. Was I referring to Jake or father? I assumed the family would not only understand my courtesy language, they would respond to it as well.

The father said, "I had to drop out of school at thirteen to work and help support my family." I asked, "Do you want Jake to do the same thing, or do you want him to stay in school?" "I want him to stay in school," he replied. Continuing the conversation I said, "It must be a real hardship on your family for you to be out of work now. But it is fortunate that you have some spare time because Jake really needs your help." In response father said, "I will do anything to help my son." As soon as he had made this commitment I told him to attend classes all day, following any day Jake did not do his schoolwork. Father readily agreed to do this.

The next day Jake did his schoolwork, but on the following day he did not. The school notified father to come in as planned. However, quite unexpectedly, *father had gone back to work and could not come*. I was notified (as planned if anything went wrong) and called mother, who came to school in father's place on day 3. Jake responded by doing his schoolwork, but the next day (day 4) he misbehaved at school - - *something he had never done before*. I told mother to come to school if Jake failed his assignments *or* misbehaved. She came to school for a second time on day 5 and Jake turned over a new leaf, began doing schoolwork on his own and did he not misbehave again.

Professionals should expect at least one relapse in this process; sometimes as many as three or four occur before the problem resolves. The goal is to keep the parents in charge during the relapse, so they get past it themselves, without using medication or custody by a hospital or police.

After one month of completed work and good behavior, Jake relapsed for the third and final time. I invited a paternal aunt, who had been living with Jake's family for about *two and one-half years*, to come to school with mother. The two women followed Jake everywhere he went (except the boy's bathroom). Jake went back to work and had no further problems.

OUTCOME

Jake passed six out of seven classes and was promoted to ninth grade on time. At the end of the school year, Jake's aunt decided to return to her own home in a distant city. I made a one-year follow-up contact with the family and the school. Jake was still doing his schoolwork and father was fully employed in construction. The mother spent only three days at school and the aunt came with her once.

DISCUSSION

While there are many ways to put parents in charge of solving their own children's problems, it should always be done based parent-child affection. It is best to think of children's problems as voluntary acts of love that help and protect parents. These acts are unconscious and attempting to bring them into consciousness is disrespectful. In fact, awareness interpretations prevent change: the parents become offended by the interpretation, withdraw their cooperation and the therapy fails.

Strategic family therapy is action based. I created stories and asked clients to take action based on them. Strategic therapy shares this feature with alternative healing (Richeport-Haley 1998), the oldest and most widespread form of symbolic healing known. The French anthropologist Levi-Strauss says the success of alternative healing is due in large part to a "myth-action pairing." Myth and action *always* form a pair in which the healer creates a myth and the patient acts upon the myth. The second purpose of the healer's myth is to give clients a "*language*, by means of which unexpressed and otherwise inexpressible, psychic states can be expressed" (1963: 193-196; his emphasis). I believe that language is *action*.

Thinking of a child's school problems in terms of their helpfulness to parents allowed me to appreciate the unique and positive assets of family members and make a plan utilizing those assets to solve the problem. Maintaining good relations with parents is essential, so they cooperate with the really important aspects of therapy - - like taking charge of the problem when asked to do so and following the directives to solve it.

These case examples have been oversimplified for brevity, but they show how children's problems can protect parents - - even when those problems occur at school. They also show that professionals can protect parents while helping them solve their children's problems. And they show that parents can respond positively, even when they appear to be causing the problems. When viewed in their social context, children's problems are metaphors for larger problems and can guide therapy to solve problems on both levels simultaneously.

The cases also show that action based change can be rapid and discontinuous. When the participants in a sequence change their behavior, the meanings and identities in the sequence often shift abruptly. Such change can be surprising to those who are unfamiliar with the relationship between the meaning of human problems and normal social transition.

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