How to Listen so Parents Will Talk & Talk so Parents Will Listen

John Sommers-Flanagan
Rita Sommers-Flanagan

Preface

This book is about relationships.

In the midst of an electronic age where communication is fast and brief, this is a book about building positive, intentional, and influential face-to-face relationships between professionals and parents. It's also about how parents can build positive and influential relationships with their children. Even this paragraph is longer than a 140-character tweet.

This book is founded on our belief that counselors, psychologists, and other human services providers need specialized preparation and distinct skills to work effectively with parents. We see parents as different from other "clinical populations" and as deserving an approach designed to address their unique needs.

If you work with parents and caregivers (or have one yourself) you know their influence is wide and deep. Sometimes it's clear how powerfully we're affected by our parents and other times it's less clear, but their influence is nearly always at work.

Before jumping into Chapter One, we have a number of explanations, caveats, excuses, and acknowledgments to cover.

Explanations

This book is designed for all professionals who work with parents. This might include school or mental health counselors, school psychologists, marriage and family therapists, counseling and clinical psychologists, clinical

social workers, rehabilitation counselors, and other helping professionals.

While writing this book we were faced with many dilemmas, most of which we resolved in one way or another. However, we didn't fully resolve the question of what terms to use when referring to professionals who work with parents. In an effort to not offend anyone in particular, we alternatively use the words *human services professional* (or *provider*), *therapist, consultant, practitioner*, and *dude*. (Okay, so we never actually use *dude,* but we thought about it.) Our hope is that anyone who works directly with parents will feel comfortable using this book.

In the spirit of Carl Rogers, this book is about *a way of being with parents*. We consider much of what we write in the following pages to be a tribute to his person-centered philosophy and practice. However, to complicate things a bit, this book also follows many of the basic rules of B.F. Skinner's behavioral approach, and, in keeping with Insoo Kim Berg and Stephen de Shazer, includes a focus on solutions. Readers familiar with Alfred Adler will recognize his encouraging influence; there are also the logical consequences of having read Rudolf Dreikurs's explanations for why children misbehave. There is also much of William Glasser's choice theory woven throughout the book. Much like the Motivational Interviewing movement in counseling and psychotherapy, the approach advocated in this book has a person-centered foundation but moves into more active and directive strategies and techniques.

While this book is not a cookbook with specific recipes for working with parents, it does include detailed descriptions of 13 major interventions and less detailed descriptions of 14 others. It also includes 11 tip sheets for parents and 13

specific parent homework assignments. We include cases that focus on many different types of problems. Given this level of specificity, some readers may be disappointed that we don't link specific child problems (e.g., lying, bedtime, etc.) to specific interventions. We intentionally avoided this approach because we want to emphasize and embrace the uniqueness of every parent, every family situation, and every practitioner. The best guidance often springs from the co-creation of solutions generated by practitioner and parent. This is a collaborative and authoritative approach designed to represent not only a way for professionals to be with parents, but also a way that parents can be with their children. We encourage you to bring knowledge and expertise to your work with parents and to apply the ideas in this book with compassion and authenticity.

Caveats

Parenting can be controversial. Many people, including professionals, have rigid and emotional opinions about how to parent *right*. Often, taking any position on any parenting issue can start an argument. Not everyone will like this book or agree with its general philosophy or its recommended techniques, tip sheets, and parent homework assignments. However, regardless of your parenting perspective, we feel certain that this book can help make you better at reaching and teaching the many parents who are in need of professional guidance.

The parenting cases and stories in this book are an amalgamation and distillation of many parenting experiences. Some come from our own lives. Others come from the stories told to us in our work with parents. Still others were contributed by colleagues. Each "case" is generally a composite with identifying information removed, shifted, and changed and complex issues

simplified and simple issues complexified (we love that particular neologism). These changes were made to protect the identity of parents with whom we've worked. Undoubtedly, anyone who sees themselves in these pages is resonating with a common or universal story that has been experienced by many parents and observed by many professionals.

Excuses

The approach to working with parents emphasized, repeated, and re-repeated in this book will not work with all parents in all situations. Sometimes parents will be perplexingly resistant, and other times our methods or strategies will not measure up to the substantial task of helping parents. In other words, if you plan to work with parents, you should be open to experiencing failure, learning from our mistakes, and learning from your own mistakes. Just as parenting is an art, a science, *and* an immense job where you never quite get it just right, so, too, is the job of helping parents.

Acknowledgments

We have a list of many people to thank. We initially thought we should list every parent we've ever known, but then this would be a book of thanks, free from content. Instead, we're restricting ourselves to a short list of people who have provided inspiration, support, and knowledge.

That being the case, thank you to the Families First Missoula team: Diana Reetz-Stacey, Phillip Mamalakis, Tina Barrett, Andrew Peterson, Kerry Maier, Heidi Kendall, Sara Polanchek, Coco Ballew, Jana Staton, Amy Rubin, Barbara Cowan, Judy Wright, Sarah Mulligan, Danelle Danzer, Anya Vasquez, Amy Westering, and others. Thank you especially

PART ONE
Understanding and Being With Parents

These first three chapters focus on how practitioners can understand the challenges parents face and be with them in a way that facilitates therapeutic relationship development. Being with parents in an accepting, respectful, and positive manner, preparing specifically to work with them, and understanding what parents want are all crucial components to helping parents speak openly about their fears and hopes. And if parents don't speak openly, there's very little you can do to assist them in becoming better parents. As Carl Rogers might say, the initial goal for practitioners is to make psychological contact while holding an attitude of acceptance, empathy, and honest collaboration; this is the essence of the therapeutic relationship.

CHAPTER ONE
A Way of Being With Parents

Whether parents consider themselves to be "tiger" parents, collaborative parents, or find themselves feeling like doormat parents, parenting in the 21st century is stressful and demanding. According to recent epidemiological studies, 12 to 20 percent of children and adolescents in the United States meet the diagnostic criteria for mental disorders (Costello, Egger, & Angold, 2005; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Merikangas et al., 2010). Although these extreme emotional and behavioral disorders are obviously of concern to parents, there are also many relatively mild parent–child problems that parents find puzzling and disturbing and for which they seek support and guidance. This helps explain why there are thousands of Internet websites, hundreds of popular press books, and dozens of magazines and newspaper columns—all with the primary aim of helping parents manage their parenting challenges. As Kohn (2005) stated in the opening of his book, *Unconditional Parenting*, parenting is no easy task:

> *Even before I had children, I knew that being a parent was going to be challenging as well as rewarding. But I didn't really know.*

> *I didn't know how exhausted it was possible to become, or how clueless it was possible to feel, or how, each time I reached the end of my rope, I would somehow have to find more rope. (p. 1; italics in original)*

This book is based on sound theoretical and empirical knowledge and is designed to help you give parents the help they want and need. This chapter describes how

parents are unique. It also focuses on why adopting a particular way of being with parents will facilitate your ability, as a helping professional, to obtain positive therapeutic and educational outcomes.

Why Parents Are a Distinct and Unique Population

Parents face many unique challenges. It's often impossible to know the magnitude of the parenting problem before the parents step into the consulting room.

Case: Emma the Great and Powerful

Imagine you're meeting with a mother and a father to talk about parenting. From the session's beginning, both parents speak bluntly about their situation. The father says,

> I don't know how much more we can take. Emma, our only child who just turned seven, has complete control of our household. I dread coming home from work. I've been staying longer at the office to postpone the inevitable series of angry confrontations that I know will start within 10 minutes of my arrival home. I know that's crazy. I know we need help. I mean, I know I need help. I feel like our family is about to disintegrate.

The mother is even more emotionally distraught. Between tears, she describes a recent walk to school with Emma.

I knew it would be a struggle. She didn't want to wear gloves, but there's snow on the ground and it's below freezing and so she needed them. We argued for 10 minutes. She finally put them on. Then, partway through our walk to school she dropped them and kept walking. I asked her to pick them up. She refused. I told her, "If you don't pick up those gloves you won't get to watch TV after school." I knew that would get her. She bent down and slowly picked up her gloves and we walked the rest of the way to school. Because we were late, I was dropping her off in front of the teacher and her class and when I leaned down to kiss her on the cheek and wish her a good day, she reared back and slapped me across the face. I was so shocked and embarrassed and hurt that I just cried all the way home.

If you were meeting with these parents, you would easily recognize their pain, their distress, and their need for help. Most likely, your main question would be something like: How can I most efficiently support these parents and provide them with guidance and tools for dealing with Emma's challenging behaviors?

What Parents Want From Professionals

Emma's parents, and parents in general, are distinct from other clinical populations in several ways.

- When parents schedule an appointment, they're not seeking professional assistance for their own adult problems; they're usually seeking professional input or assistance for how to deal with their child or children.

- Parents tend to want immediate and direct guidance and advice. If you had spent an hour with Emma's parents and had not provided them with practical suggestions

for how to deal with Emma's behavior, they most likely wouldn't return or recommend your services to other parents. On the other hand, as we will discuss below, they also want and need to feel respected, safe, and understood before any attempts at advice will be successful.

- Partly because of keen interest in their children's well-being and partly because of previous exposure to many different parenting ideas, parents can be exceedingly critical of educational or therapeutic interventions. Emma's parents have most likely already talked to their friends and family and possibly consulted online resources or read books about how to deal with strong-willed children. This is one reason why parents want, and sometimes demand, experienced and competent professional helpers.

- Parents are often simultaneously defensive and vulnerable. Although they want help, if they don't feel respected and accepted by helping professionals, they can quickly become defensive and sometimes hostile. For example, if a helping professional immediately informed Emma's mom that Emma needs natural consequences and therefore should be allowed to go to school without gloves, that professional might be viewed as clueless and uncaring—and may get a harsh lecture on the dangers of frostbite during Montana winters.

Based on the preceding factors it's clear that parents constitute a unique clinical population and deserve individually tailored educational and therapeutic approaches.

The Many Venues and Settings Available to Parents in Distress

In the preceding situation, Emma's parents had many potentially effective choices for how to deal with their family situation. They could have sought help from Emma's pediatrician; they could have taken Emma to a counselor or psychotherapist or attended family therapy together; they could have obtained a parenting consultation through a local community agency; they could have contacted Emma's school psychologist or school counselor; or they could have enrolled in a parenting education course or signed up for a more intensive and longer-term parent-training curriculum.

From the menu of options available, Emma's parents selected a two-session parenting consultation that was offered as a part of a research project in their community. Broadly speaking, the purpose of the research was to investigate what parents found most useful during their consultation experience (J. Sommers-Flanagan, 2007). Within the framework of this two-session protocol, Emma's parents completed a registration form and several standardized parenting questionnaires prior to their initial session. One month after their initial session, they returned for a second session. Following their second session they completed post-intervention questionnaires and a satisfaction measure. Twelve weeks later they were contacted via telephone to assess their perceptions of their two-session consultation experience.

Despite their dire initial presentation and an extremely brief intervention, Emma's parents experienced a remarkably positive outcome. During the second session, Emma's father spoke passionately about the changes they experienced following their first session:

Everything is much, much better. It's not that Emma changed; we changed. What I remember most is that we decided to try the boring consequences and passionate rewards technique that you suggested and it was a life saver. We started talking about it in the car on the way home from our consultation. We discovered it wasn't so much about our daughter, but it was about us and how we'd been responding to her. We'd been so angry and reactive and ready to jump on her whenever she misbehaved that the idea of being completely boring helped us let go and focus on her behavior rather than our reactions. And once we got more in control and became boring, Emma's behavior improved too. Everything is much better.

Emma's parents also reported significant positive changes on their post-session questionnaires and endorsed the highest satisfaction ratings possible. Twelve weeks later, in a telephone interview with an independent evaluator, they continued to articulate the benefits of their short parenting consultation experience.

Using Theory and Evidence

Although Emma's parents chose a short parenting consultation intervention, they could have selected any of the other educational or therapeutic options mentioned previously—and possibly obtained similarly positive outcomes. Previous research and individual parent testimonials support the fact that many different treatment approaches and models can produce positive child behavior outcomes and parental satisfaction (Kaminski, Valle, Filene, & Boyle, 2008; Lambert & Barley, 2002; Lambert & Bergin, 1994; Wampold, 2005, 2010). Similar to clinical work with other populations, positive outcomes with parents are likely

driven by four common factors (Lambert & Barley, 2002; Lambert & Bergin, 1994). These factors include:

1. Development of a positive working relationship

2. Implementation of specific psychological interventions

3. Positive expectations

4. Extratherapeutic factors

These four *common factors* and their implementation or activation form the foundation of modern evidence-based counseling and psychotherapy. Interestingly, when it comes to psychological interventions and behavior change, human services providers are able to directly implement only the first two common factors: (a) the *positive working relationship* and (b) the *specific psychological interventions*. Based on existing research and our previous experiences working with parents, when these two factors are addressed well, the third and fourth factors are activated: Positive expectations follow and parents are more likely to engage or utilize their extratherapeutic resources. In this way, the evidence-based common factors that lie at the heart of positive outcomes are maximized (Wampold, 2010).

For example, previous research on parenting consultation and parent training programs emphasizes that (a) parents work more effectively with professionals who employ collaborative and culturally sensitive strategies, rather than expert-oriented strategies (Hirschland, 2008; Holcomb-McCoy & Bryan, 2010; Sheridan et al., 2004; Sheridan & Kratochwill, 2008); (b) interventions that focus on improving the quality of parent–child relationships tend to produce more robust results (Erchul, 1987; Kaminski et al., 2008); and (c) positive educational and therapy outcomes

are more likely when therapists and human services providers offer parents very specific and useful solutions, information, and resources (Dunst, Trivette, & Thompson, 1994; J. Sommers-Flanagan, 2007).

As a consequence, because this book is designed to help you work more effectively with parents, we will focus almost exclusively on addressing the following questions:

- What core attitudes and general strategies can help you develop positive working relationships with parents? In other words—how can you work collaboratively and effectively with parents?

- When working directly with parents, what specific interventions or techniques are most likely to contribute to positive educational and therapeutic outcomes?

A Manualized and Person-Centered Approach

We recognize that educational and therapeutic manuals are anathema to person-centered counselors or therapists. Nevertheless, we also recognize that therapists and educators can benefit from clear and direct assistance for how to work effectively with specific clinical and educational populations. Consequently, in the best spirit of a manualized approach to psychotherapy, this book offers concrete guidance to help you through the process of counseling, coaching, teaching, or consulting with parents. This guidance includes many examples of technical interventions with parents and descriptions of methods for helping parents implement developmentally sensitive and scientifically supported strategies for managing their children's behavior.

Of course, effective work with clients or parents requires much more than manual-based technical instruction (Norcross, Beutler, & Levant, 2006). So, correspondingly, in

the best spirit of person-centered therapy and evidence-based relationships, this book also focuses on specific attitudes, strategies, and techniques that you can use to build positive and collaborative working relationships with parents. This *less technical*, more relationship-based approach highlights our belief that establishing collaborative relationships with parents facilitates their responsiveness to educational and therapeutic interventions.

Building a Therapeutic Relationship With Parents: Three Core Attitudes

Our underlying assumption is that parents constitute a unique population that requires and deserves a specifically tailored treatment approach. Similar to person-centered therapy, this approach is characterized by three core therapist attitudes: (a) empathic understanding; (b) radical acceptance; and (c) collaboration.

Empathy for Parents and Parenting

As is well-known, empathic understanding is one of the three core conditions for psychotherapy originally identified by Carl Rogers (1942; 1961; 1980). Over the years, research has left no doubt that therapist empathy facilitates positive therapy outcomes (Goldfried, 2007; Greenberg, Watson, Elliot, & Bohart, 2001; Mullis & Edwards, 2001). As applied to parents, empathy involves:

The therapist's ability and willingness to understand the parent's thoughts, feelings, and struggles from the parent's point of view and an ability to see, more or less completely, through the parent's eyes and adopt the parent's frame of reference.... It means entering the private perceptual world of a parent. (adapted from Rogers, 1980, pp. 85, 142)

When working with parents, counselors, psychologists, and other human services professionals must learn to sensitively enter into the parent's unique perceptual world. The practitioner needs to demonstrate empathy and sensitivity for specific parenting challenges. A person-centered perspective also implies that professionals who work with parents show empathy for the barrage of criticism, scrutiny, and associated insecurity that parents experience due to their exposure to social and media sources. Brazelton and Sparrow (2006) capture one way in which socially driven parental insecurity can manifest itself:

When Mrs. McCormick held Tim in her lap at the playground, she sat alone on a bench across from the other mothers as if she were ashamed of Tim's clinging. She knew that if she sat by other mothers, they would all give her advice: "Just put him down and let him cry—he'll get over it." "MY little girl was just like that before she finally got used to other kids." "Get him a play date. He can learn about other children that way." (p. 8)

This example illustrates how parents anticipate criticism and work hard to avoid it. If you've been a parent or you work with parents, you know how easy it is for them to feel defensive about their children's behaviors and their parenting choices. This is partly because, like Mrs. McCormick, they're unable to measure up to narrowly defined parenting standards and cannot face the cascade of

criticism or advice they're likely to receive when their child doesn't behave perfectly in social settings. To provide an optimally empathic environment, practitioners should have and show empathy or attunement with parents' sensitivity to perceived or actual criticism and counter this sensitivity by amplifying their support and acceptance (we cover therapeutic methods for amplifying support and acceptance in greater detail in [Chapter 4](#)).

Similar to the empathic attitude associated with person-centered therapy, it's crucial for professionals who work with parents to hold the attitude that parenting is naturally difficult and that making mistakes or having a child who publicly misbehaves is nothing to feel shameful about. By maintaining this attitude, practitioners provide a nonjudgmental and empathic space for parents to explore their personal doubts and fears. This is the way the theory works: By being nonjudgmental, compassionate, and openly supportive, parenting professionals provide an environment free from societal *conditions of worth*, which then stimulates parents to become more open and collaborative when examining their weaknesses with a trusted professional.

Radical Acceptance

Radical acceptance is a central therapeutic attitude held by practitioners who work effectively with parents. Radical acceptance is both an attitude and a clinical technique. This concept was originally articulated by Marsha Linehan (1993) and is a foundational component of dialectical behavior therapy. It involves a particular attitude that builds on Carl Rogers' core therapeutic condition of unconditional positive regard as well as Eastern (Buddhist) philosophy.

Radical acceptance enables helping professionals to approach each client or parent with an overarching, pervasive dialectic belief, which we translate as, "I completely accept you just as you are, *and* I am committed to helping you change for the better." When working with parents, consultants strive to simultaneously hold both of these beliefs or attitudes. On the surface, these attitudes may seem contradictory, thus the term *dialectic*. At a deeper level, in a helping relationship, each attitude is necessary to complete the other.

As a technique, radical acceptance serves two main functions. First, it can help you refrain from expressing negative personal reactions to statements by parents that inadvertently push your buttons (we'll focus more on button-pushing in [Chapter 2](#)). If you hear a statement that pushes an emotional button for you, having a radical acceptance attitude would help remind you that your job is to fully accept the person in the room with you—as is. In this situation, you don't have to say anything as you simply quiet your roiling reactions. You can just be present and nonreactive.

Second, beyond momentary silence, radical acceptance allows parenting professionals to actively embrace whatever attitudes or beliefs parents bring into the consulting room. As we've stated previously (J. Sommers-Flanagan & Sommers-Flanagan, 2007a):

> *The generic version or statement of radical acceptance is to graciously welcome even the most absurd or offensive … [parent] … statements with a response like, "I'm very glad you brought that [topic] up." (p. 275)*

Radical acceptance is especially warranted when parents say something you find disagreeable. This may include racist, sexist, or insensitive comments. For example:

Parent: I believe in limiting my children's exposure to gay people. Parents need to keep children away from evil influences.

Consultant: Thanks for sharing your perspective with me. I'm glad you brought up your worries about this. Many parents have similar beliefs but won't say them in here. So I especially appreciate you being honest with me about your beliefs. [Adapted from J. Sommers-Flanagan & Sommers-Flanagan, 2007a, p. 276.]

Rest assured, radical acceptance does not mean agreeing with the content of whatever parents say. Instead, it means moving beyond feeling threatened, angry, or judgmental about parents' comments and authentically welcoming whatever comes up during the session. The main purpose of welcoming disagreeable or challenging parent comments is to communicate your commitment to openness. If you don't communicate and value openness by welcoming all remarks, parents or caregivers may never admit their core underlying beliefs. And if parents cover up their true beliefs—especially disagreeable or embarrassing beliefs—there will be no opportunity for insight or change because the underlying beliefs will never be exposed to the light of personal and professional inspection.

Similar to person-centered therapy, one key to using radical acceptance effectively is genuineness or congruence. This means you should never falsely welcome parents' racist, sexist, insensitive, or outrageous comments. Instead, you should welcome such comments only if you really believe that hearing them is a good thing that can benefit the counseling or consultation process.

Radical acceptance also involves letting go of the immediate need to teach parents a new and better way. We must confess that we haven't always maintained an attitude of radical acceptance ourselves. During one memorable

session, upon hearing the classic line, "I got spanked and I turned out just fine!" John, being in an impatient and surly mood, barely managed to suppress an extremely destructive impulse (he wanted to say, "Are you really so sure you turned out fine?"). Nevertheless, a judgmental and dismissive comment still slipped out and he said: "I can't tell you how many times I've heard parents say what you just said." Not surprisingly, that particular session didn't proceed with the spirit of empathy, acceptance, and collaboration we generally recommend.

This leads us to some obvious advice: Although you cannot be radically accepting all the time, you should always avoid radical judgment. There's no need to test the "How about I treat parents in a judgmental, dismissive manner?" technique. Outcomes associated with judgmental and disrespectful counselor behavior are quite undesirable.

Collaboration

Collaboration, as an attitude, requires that at least to some extent, parenting professionals come from a position of "not knowing" (Anderson, 1993; Anderson & Goolishian, 1992). As Anderson (1993) stated: "The not knowing position is empathic and is most often characterized by questions that come from an honest continuous therapeutic posture of not understanding too quickly" (p. 331).

Not knowing requires professionals to resist the ubiquitous impulse to be all-knowing experts. Resisting the impulse to demonstrate one's expertise is especially important when initially meeting with and working with parents.

Not surprisingly, it can be very difficult for parenting professionals to establish and maintain a collaborative attitude. This is partly because human services providers who work with parents also need to be *experts* and must demonstrate their expertise. Similar to radical acceptance,

collaboration between professionals and parents is a dialectic where the professional embraces both the parents' expertness and his or her own expertise.

Some writers have emphasized that true collaboration between professionals and parents requires a form of leaderlessness (Brown, Pryzwansky, & Schulte, 2006; Kampwirth, 2006). In contrast, our position is that professionals who work with parents can and should bring the following knowledge, skills, and expertise to the consulting office:

- How to lead or direct a counseling or consultation meeting
- How to quickly form collaborative relationships and a working alliance with parents
- Knowledge of what contemporary research says about child development and child psychopathology
- A wide range of theoretically diverse and research-informed strategies and interventions to use with parents
- A wide range of theoretically diverse and research-informed strategies and techniques for parents to implement with their children

At the same time, *parents are also experts* who bring the following knowledge and expertise into your office:

- Their own personal memories and experiences of being parented
- Knowledge and experience of their children's unique temperament and behavior patterns
- Awareness of their personal parenting style and efforts to parent more competently

- Knowledge of their existing parenting strategies as well as the history of many other parenting ideas they have tried and found to be more or less helpful

- An understanding of their limits and abilities to use new or different parenting strategies and techniques

In a very practical sense, it would be inappropriate (and probably ineffective) to ignore the fact that parents come to human services professionals *expecting advice and guidance* about how to be and become better parents. This is the frame from which virtually all parenting interventions flow. Consequently, if the consultant or therapist behaves too much like an equal and doesn't act at all like an expert who offers concrete and straightforward advice, the meeting will likely fail because the basic assumption that the therapist is a helpful expert will be violated.

On the other hand, for many reasons, parents are in a vulnerable state and, consequently, if they feel their parenting consultant is acting like a judgmental or condescending expert, they will usually become defensive and antagonistic. To counter this possibility, the professional needs to hold a collaborative attitude that honors the parents' knowledge and experience. This collaborative attitude will help parents see themselves as respected and relatively equal partners in the therapeutic and/or educational consultation process.

Overall, the model we describe in this book emphasizes that, from a position of respect, interest, and curiosity, parenting consultants, counselors, and therapists work to quickly establish a partnership with parents. When therapeutic or educational work with parents is most successful, parents will likely perceive you as an empathic, accepting, and collaborative expert willing to offer a wide

range of theoretically divergent, practical, meaningful, and simple suggestions for how to parent more effectively.

Theory Into Practice: The Three Attitudes in Action

In the following example, Cassandra is discussing her son's "strong-willed" behaviors with a parenting professional.

Case: "Wanna Piece of Me?"

Cassandra: My son is so stubborn. Everything is fine one minute, but if I ask him to do something, he goes ballistic. And then I can't get him to do anything.

Consultant: Some kids seem built to focus on getting what they want. It sounds like your boy is very strong-willed. [A simple initial reflection using common language is used to quickly formulate the problem in a way that empathically resonates with the parent's experience.]

Cassandra: He's way beyond strong-willed. The other day I asked him to go upstairs and clean his room and he said, "No!" [The mom wants the consultant to know that her son is not your ordinary strong-willed boy.]

Consultant: He just refused? What happened then? [The consultant shows appropriate interest and curiosity, which honors the parent's perspective and helps build the collaborative relationship.]

Cassandra: I asked him again, and then, while standing at the bottom of the stairs, he put his hands on his hips and yelled, "I said *no!* You wanna piece of *me*??!"

Consultant: Wow. You're right. He is in the advanced class on how to be strong-willed. What did you do next? [The consultant accepts and validates the parent's perception of

having an exceptionally strong-willed child and continues with collaborative curiosity.]

Cassandra: I carried him upstairs and spanked his butt because, at that point, I *did* want a piece of him! [Mom discloses becoming angry and acting on her anger.]

Consultant: It's funny how often when our kids challenge our authority so directly, like your son did, it really does make us want a piece of them. [The consultant is universalizing, validating, and accepting the mom's anger as normal, but does not use the word *anger*.]

Cassandra: It sure gets me! [Mom acknowledges that her son can really get to her, but there's still no mention of anger.]

Consultant: I know my next question is a cliché counseling question, but I can't help but wonder how you feel about what happened in that situation. [This is a gentle and self-effacing effort to have the parent focus on herself and perhaps reflect on her behavior.]

Cassandra: I believe he got what he deserved. [Mom does not explore her feelings or question her behavior, but instead, shows a defensive side; this suggests the consultant may have been premature in trying to get the mom to critique her own behavior.]

Consultant: It sounds like you were pretty mad. You were thinking something like, "He's being defiant, and so I'm giving him what he deserves." [The consultant provides a corrective empathic response and uses radical acceptance; there is no effort to judge or question whether the son "deserved" physical punishment, which might be a good question, but would be premature and would likely close down exploration; the consultant also uses the personal pronoun *I* when reflecting the mom's perspective, which is an example of the Rogerian technique of "walking within."]

Cassandra: Yes, I did. But I'm also here because I need to find other ways of dealing with him. I can't keep hauling him up the stairs and spanking him forever. It's unacceptable for him to be disrespectful to me, but I need other options. [Mom responds to radical acceptance and empathy by opening up and expressing her interest in exploring alternatives; Miller and Rollnick (2002) might classify the therapist's strategy as a "coming alongside" response.]

Consultant: That's a great reason for you to be here. Of course, he shouldn't be disrespectful to you. You don't deserve that. But I hear you saying that you want options beyond spanking, and that's exactly one of the things we can talk about today. [The consultant accepts and validates the mom's perspective—both her reason for seeking a consultation and the fact that she doesn't deserve disrespect; resonating with parents about their hurt over being disrespected can be very powerful.]

Cassandra: Thank you. It feels good to talk about this, but I do need other ideas for how to handle my wonderful little monster. [Mom expresses appreciation for the validation and continues to show interest in change.]

As noted previously, parents who come for professional help are often very ambivalent about their parenting behaviors. Although they feel insecure and want to do a better job, if parenting consultants are initially judgmental, parents can quickly become defensive and may sometimes make rather absurd declarations like, "This is a free country! I can parent any way I want!"

In Cassandra's case, she needed to establish her right to be respected by her child (or at least not disrespected). Consequently, until the consultant demonstrated respect or unconditional positive regard or radical acceptance for Cassandra in the session, collaboration could not begin.

Another underlying principle in this example is that premature educational interventions can carry an inherently judgmental message. They convey, "I see you're doing something wrong and, as an authority, I know what you should do instead." Providing an educational intervention too early with parents violates the attitudes of empathy, radical acceptance, and collaboration. Even though parents usually say that educational information is exactly what they want, unless they first receive empathy and acceptance and perceive an attitude of collaboration, they will often resist the educational message.

To summarize, in Cassandra's case, theory translates into practice in the following ways:

- Nonjudgmental listening and empathy increase parent openness and parent–clinician collaboration.

- Radical acceptance of undesirable parenting behaviors or attitudes strengthens the working relationship.

- Premature efforts to provide educational information violate the core attitudes of empathy, radical acceptance, and collaboration and therefore are likely to increase defensiveness.

- Without an adequate collaborative relationship built on empathy and acceptance, direct educational interventions with parents will be less effective.

Concluding Comments

As a unique population, parents bring to therapy many distinct needs, goals, and quirks. Consequently, they deserve a tailored approach to treatment that addresses their particular educational and therapeutic needs.

This chapter focuses on theoretical and research-based principles underlying effective educational and therapeutic work with parents. Generally, human services professionals who work with parents should attend to the robust common factors associated with positive therapeutic outcomes. This requires a broad focus on building a positive therapeutic relationship and a more narrow focus on particular strategies and techniques for providing specific educational and therapeutic interventions.

Similar to person-centered theory and therapy, three core professional attitudes are identified as crucial to building a positive therapeutic relationship. These attitudes include: (a) empathic understanding; (b) radical acceptance; and (c) collaboration. You will be able to provide more effective educational and therapeutic interventions if they adopt these three core attitudes.

The three core attitudes discussed in this chapter translate directly into professional behaviors. In particular, although parents who come for help have a strong desire for specific educational information, you should work on strengthening the therapeutic relationship (using the three core attitudes) before providing directive educational interventions.

Checklist for Being With Parents

❑ Be aware that parents are a distinct and unique population.

❑ Recognize that parents typically want immediate and direct guidance to help solve their children's problems (and that it's important to listen and understand the parents and parenting situation before attending to that desire).

❒ Recognize that parents tend to be knowledgeable, critical, and demanding consumers.

❒ Recognize that, especially when seeking help, parents are often both defensive and vulnerable.

❒ Develop and hold an attitude of empathy for parents and the parenting challenges they face.

❒ Experience and to some degree express radical acceptance.

❒ Develop and hold a collaborative or "not knowing" attitude toward working with specific parents.

CHAPTER TWO
Preparing Yourself to Work Effectively With Parents

Take a moment to imagine you're walking into a waiting room to meet and greet a distressed parent or into a classroom to begin teaching parents a curriculum on effective discipline. Whichever setting you choose, what feelings come up for you? Do you feel anxiety or sympathy? What thoughts go through your mind? Do you have concerns about your readiness? Do you worry about being perceived as judgmental or not fully engaged or too domineering? Do your feelings change if you're preparing to meet with a mother, a father, a couple, or a smaller or larger group? What if the parents are mandated to see you for educational or counseling services? What issues would that situation bring up for you?

Even after having seen many parents over the years, individually and in smaller and larger groups, we still experience pangs of anxiety, self-doubt, and judgment. Depending on the day, the hour, and the parents, several competing thoughts may creep into our brains:

- I wonder what they'll think of me.
- How can I make the best first impression possible?
- Will I be able to help these parents?
- I hope this consultation is about a problem I'm familiar with.
- Will this parent be difficult?
- This is pointless; I'll never get through to these people.