Meet James

When Mrs. Jackson requested help from the court system for her son James, 17 years old and still in the ninth grade, she was very concerned about his truancy, missing curfew, disrespecting her at home, and involvement with drugs. Mrs. Jackson was a single parent with no family support. Two years prior to starting therapy she had a stroke and had been unemployed since then. On the positive side, Mrs. Jackson was very involved in her church as well as in volunteer activities, and these connections helped sustain her.

Stage 1

Because work is conducted with parents and teenagers together as well as separately early in therapy, the therapist met alone with Mrs. Jackson to hear and validate her concerns being careful not to let sessions deteriorate into a litany of complaints, which can happen when parents’ distress is tapped. The therapist helped Mrs. Jackson set her priorities and reconnect to her love for and belief in her son. Although at times Mrs. Jackson felt like giving up, the therapist helped her focus on her desire not to give up on her son as her family gave up on her when she was 16.

Meeting with James alone was critical for the therapist to understand more about his perspective on himself and to develop some understanding about what was contributing to his truancy and drug use. Initially, it seemed that James, making little eye contact with the therapist, would be difficult to engage. When the therapist talked to James alone in the first session, she had trouble getting him to talk about typical themes the MDFT therapist might explore in establishing a foundation with the adolescent, such as his own perspective on the problem, how things were for him at school, or his relationships with family members. When he talked about how he went to his neighbor’s house to watch television because his mother “hollered” at him, the therapist found an opening to explore how he perceived the relationship with his mother. The therapist opened the door for deeper engagement and further exploration by stating, “James, you seem like a thoughtful guy, and you’re not in an easy situation. I think your mom would like to be a better mom, and maybe she needs some help with that, too.” Over time, the therapist was able to help James talk to his mother about his hurts and disappointments, which helped both to understand his truancy, disrespect, and drug use in the context of the significant tension and changes in their relationship.

The ecologies of school and neighborhood posed many risks for James, and the therapist knew these influences had to be addressed to achieve success. School failure was one of the biggest potential threats to James’s long-term success.

Stage 2

Despite a strong start to therapy, mid-way through the process, Mrs. Jackson became increasingly disappointed and frustrated with James for not responding to the changes she was making with her parenting. She became more adamant that she was going to give up on him. Mrs. Jackson and the therapist met alone to deeply explore her discouragement with reports that James was not attending classes. She was tired of monitoring her son constantly. When the therapist alleged that taking care of herself and setting James on the right path were not mutually exclusive, Mrs. Jackson disagreed and spun quickly into the vortex of parental abdication. In response to this, the therapist expressed
understanding and compassion towards the mother’s frustration while also attempting to revive mother’s previously stated desire to hang in with her son.

Alone with James, the therapist emphasized how his mother was getting ready to give up on him and how he needed to “show her something” that might counter her stance and give her motivation and hope for continuing to stick it out with him. This type of conversation is a familiar one to MDFT therapists, and traded on an alliance that had been built with the teenager, who, understanding that the therapist was indeed trying to help the parent “hang in,” was able to tolerate her pressing him for some behavior change. James felt that his mother did not really want him at home, since she locked the door to her room when he came home. With mother and son together, the discussion about mom’s locking her door provoked angry interchanges between James and Mrs. Jackson. The therapist was able to help the two calm down and interrupt some of their negativity, softened the mother’s stance towards her son, and shaped a more productive discussion of what was needed for increased trust and connection.

The therapist frequently came back to Mrs. Jackson’s worry and concern for James when she presented with complaints and upsets about his misbehavior, staying out late and not calling home. She constantly focused on the connection between James and his mother by highlighting the love and fear for his safety that fueled her anger. James was encouraged to let his mother know more about his friends and his activities so that she would worry less about what he was doing when he was out of the house. Mother and son perceptibly altered their positions over time. Throughout this phase of work, the therapist helped both James and his mother set forth and focus on concrete goals that each would work to achieve (e.g., for James to respect curfew, do his chores, attend school, stay clean; for Mrs. Jackson to manage her anger differently and listen more to what James had to say).

Stage 3

Therapy increasingly attended to what James hoped for in his life and what tangible steps he would take to reach his dreams. As therapy ended, Mrs. Jackson and James focused on his plans to attend Job Corps. Mrs. Jackson was relieved that James would be getting training in an area of his interest. James was feeling optimistic and glad to be leaving the school where he felt physically threatened on a daily basis. In their last sessions, the mother and son engaged in affectionate banter. The therapist reminded them of the tense climate that existed between them when they first came to therapy. Mrs. Jackson was proud of her son. The therapist was quick to point out how mother had really “gone to bat” for him. The therapist reinforced the high stakes of this opportunity for James at this stage of his life, and they all discussed the possibility of James finding new role models at Job Corps, as well as new possibilities for getting into trouble. Mother talked about her new role in James’s life now that he would be leaving home for Job Corps, and James was able to express his appreciation for her in hanging in with him through it all and how he would continue to need her support.