PREVENTING THE HOSPITALIZATION OF DISTURBED YOUTH

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Jay Haley developed a special way of dealing with disturbed youth and their families (1993). He arrays the resources of the family and community to solve the youth's problem without using psychiatric medication, hospitalization, or other placement. And, if medication or hospitalization is already in use, he begins by getting the youth out of the hospital and off of psychiatric medication as soon as possible. Haley's approach is effective with a wide range of problems. It is teachable and can be conceptualized in three clear stages: 1) the crisis stage, 2) the training stage, and 3) the restructuring identity stage. (Richeport-Haley 1998) A fourth stage, 4) the follow-up stage, is added here to evaluate the outcome of therapy.

STAGE ONE: Crisis

The behavior of the disturbed youth creates a social crisis and the family seeks or is ordered into therapy. *At this point it is important that one therapist be in charge of a case before the first family interview, so he or she can tell that to the family.* In difficult cases, where there are serious problems among family members, there will also be disagreements among professionals. Professional disagreements can cause therapy to fail unless it is clear that one therapist is in charge. The therapist must be in charge of every aspect of the case, including the use of medication and hospitalization.

STAGE TWO: Training

Meaningful involvement of the family and community in solving the youth's problem is crucial to success. It takes skill and effort by the therapist to facilitate this process. *Accepting the youth as the problem and placing the parents in charge of helping their child is the central feature of this stage.* The community resources are then focused to support the parents. According to Haley, "it is important to begin by emphasizing the problem young person is the whole problem. Such a focus gives leverage for winning the cooperation of the parents and bringing about change…The young person needs to be defined as a temporary problem, however, rather than a person with a lifelong handicap" (1997:68). The youth's problem is redefined as misbehavior, which the parents can deal with, rather than a chemical imbalance, which only a doctor can deal with.

Therapy is explicitly focused on solving the youth's problem. Practically, this means that the metaphors and relationships among family members are *not* explored. Instead, family relations are reorganized indirectly, as they carry out tasks explicitly designed to solve the youth's problem.

Haley believes, "Medication is a special problem with this approach. One gives medication to the ill, not to people with behavior problems. The medication must be defined as a behavior control device, which it is, and not as a medicine for illness, which it is not. More important, it must be temporary. If it is defined as for an illness, like diabetes, it is implied that there will be lifelong use for a handicapped person." The more that medication is emphasized, the more difficult it is to place the parents in charge of the problem. (1997:68) The use of medication defines the youth as a mental patient under the care of a psychiatrist, instead of a misbehaving son or daughter whose behavior can be changed by parents.

The therapist should emphasize parent-child affection and define the problem in a solvable form. This normalizes the youth's problem, so that when parents are explicitly placed in charge of solving it, they have the power and authority, as well as the motivation to do so. One goal in this stage is to find an issue to create a crisis that forces the parents to take charge of the youth.

As the youth improves, the therapist must also be prepared to deal with a relapse. For example, if the parents quarrel, a relapse may occur. It is best to think of this as a *cycle* in which *everyone* in the family has trouble adjusting to improvement, not that the parents "need" to have a disturbed child or that they are scapegoating the child. The goal is to keep the parents in charge through the relapse so they deal with it *themselves*, without medication or hospitalization. When they do so, the problem will stop and the family can move to the next stage of life together.

It is important to remember that there can be several relapses before the problem is solved. However, the therapist is responsible for the outcome of therapy. Therefore, after a third relapse or one month without improvement, the therapist should carefully reexamine his or her strategy and change it as needed. It is not acceptable to blame the family for failure.

STAGE THREE: Restructuring Identity

This phase of therapy is clear because the family moves on in their life cycle: the parents set firm limits, the problem stops, and the disturbed youth becomes a productive person who goes to work or school. Haley emphasizes termination at this point because, "the task is not to solve all family problems, only the organizational ones around the problem young person" (1997:40). Following Erickson, Haley says a therapist must be "willing to start a change and then release the patient to let the change develop further" (1993:26). This implies that people are capable of handling their own lives properly once they get by an unfortunate organizational stage. Haley believes that "if you let a family go easily, they will come back if they need to." (1978)

STAGE FOUR: Follow-up

After termination the therapist should periodically follow-up with the family at six month intervals for one to two years to evaluate the effectiveness of therapy. Pragmatism is the hallmark of Milton Erickson's work. Like shamanistic healers throughout time, Erickson carefully evaluated the results of his work. He retained those procedures that worked and discarded those which did not. Follow-up improves the skill of the therapist and most families enjoy periodic follow-up contact.

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