

## Chapter 2

# The Use of Letters to Create Movement in Residential Settings with Adolescents and Their Parents

Jacob D. Christenson and Amber L. Runkel

### Chapter Highlights

- Therapeutic letter writing has been used to promote change within the client and family system for some time.
- The use of specific letter writing assignments with an adolescent in residential care allows the therapist to work systemically on specific patterns of interaction within the family.
- Letters writing techniques are described that provide opportunities for adolescents to be confronted with their behaviors, while also giving them space to accept responsibility and embrace the need to change.
- Some possible outcomes from using such assignments include moving individuals and families through the stages of change, promoting a systemic view, slowing down the conversation, teaching communication skills, increasing nurturance, and repairing attachment injuries.

The use of written communication in psychotherapy can be found in the literature as early as the 1960s (e.g., Pearson 1965). Since that time nonsystemic approaches have made use of therapist-authored letters for a number of purposes. For example, Omer (1991) described the use of letters to follow-up after therapy that ended badly, and Allan and Bertoia (1992) explained how therapist-authored letters can be used within a Jungian approach to promote healing in children. Likewise, there have been a number of movements within the field of family

---

J.D. Christenson (✉)

Mount Mercy University, 1330 Elmhurst Dr. NE, Cedar Rapids, IA 52402, USA  
e-mail: jchristenson@mtmercy.edu

A.L. Runkel

Sampson Family Therapy, 309 Court Avenue, Suite 241, 5th Floor,  
Des Moines, IA 50309, USA  
e-mail: amberm1171@gmail.com

© Springer International Publishing AG 2017

J.D. Christenson and A.N. Merritts (eds.), *Family Therapy with Adolescents in Residential Treatment*, Focused Issues in Family Therapy,  
DOI 10.1007/978-3-319-51747-6\_2

therapy focused on letter writing as a means of creating a context for change. For example, in the 1970s the Milan group wrote about the use of therapeutic letters as part of a paradoxical intervention (Selvini Palazzoli et al. 1978), and in the 1990s David Epston and Michael White wrote extensively about the use of letters to clients within a narrative approach (e.g., Epston 1994; White 1995; White and Epston 1990).

In addition to therapist-authored letters, client-authored letters have been used to promote change within clients (e.g., Diamond 2000; Nau 1997; Tubman et al. 2001). A good example of the use of client-authored letters is the recent work of Pennebaker and Evans (2014). These authors described the use of transactional letters, meaning that they follow the format of a typical letter and are addressed to another person, though that person may sometimes be another version of the client (e.g., a future self). These letters are then used to offer such things as compassion, gratitude, and forgiveness. Similarly, Tubman et al. (2001) encouraged clients to write a *goodbye* letter to their problem, which was intended to help the client to externalize the issue and move forward. Frequently, these types of letters are written without the requirement that they be delivered directly to another person (Pennebaker and Evan 2014); however, if the letter is given to another person, the clinician is careful to prepare the client for a negative reaction from the recipient.

Although much has been written about the use of letters in therapy, much less frequently defined has been the use of letters between family members as part of the therapeutic process. One exception to this can be seen in the work of Gordon et al. (2004) who detailed the use of letter writing in the treatment of extramarital affairs. One of the interventions used in their integrated approach consists of therapeutic guidance to help the partners in writing and exchanging letters about how the affair impacted their feelings and perceptions. Despite the work of Gordon et al. (2004) there remains a significant lack of information within the literature about how to effectively use letter writing between family members to promote systemic change. Given the impracticality of conjoint sessions when an adolescent is placed in residential treatment, letter writing can serve as an important adjunct to the work done separately with the parent system and adolescent. Within some programs, letters serve as the primary form of communication for the duration of the adolescent's stay, as is the case in wilderness therapy. Therefore, the purpose of this chapter is to outline how letters can be effectively and powerfully used to promote change in the family system. Recently in the literature there has been some debate about the age range that represents adolescence, with some authors arguing that adolescence may continue up until age 25 (e.g., Arnone 2014). For the sake of simplicity, the term *adolescent* as used in this article should be understood to mean an individual between the ages of 12 and 25 years old. Likewise, the term *parent* will be used to represent parents, primary caregivers, and legal guardians. The plural *parents* will be used, though it is understood that often adolescents may have only one parent participating in the process.

Adolescents in therapeutic residential placements present in a unique manner and bring with them unique challenges. Those who work with adolescents in long-term residential settings understand most of them do not come willingly and

may be prepared to push limits as far as possible to prematurely exit the program (e.g., Gorske et al. 2003). Accordingly, it is important for clinicians to be prepared to meet them where they are at and help them to move toward a more productive stance that will facilitate treatment and increase the likelihood of a positive outcome. Having a basic understanding of the stages of change, as detailed in the transtheoretical model (Prochaska and Velicer 1997), can be very helpful in this effort. As would be expected from the transtheoretical model (Prochaska and Velicer 1997), the majority of adolescents who are placed in a residential program will be in the precontemplation stage, which is characterized by not seeing their behaviors as a problem and blaming others for any problems they do recognize. Other stages in the transtheoretical model include contemplation, preparation, action, maintenance, and termination. Chapter 14 in this book provides a detailed description of each of these stages of change and should be referenced by those who are unfamiliar with this model.

## Impact Letters

One of the first therapeutic tasks in many programs for families is the creation of impact letters. Impact letters have their origins in intervention letters used by those confronting a loved one struggling with drug and alcohol addiction. Because emotions can run high during an intervention, it is often recommended for family members to write out their thoughts and feelings before the actual intervention (Jay 2013). Over the years this process has been modified and adapted to work within residential settings. Letters are typically requested from both parents when possible, and they may be requested from siblings or other family members that are important in the youth's life. With regard to sibling letters, these are generally not required unless the sibling is old enough to write it themselves and they are able to articulate ways they have been impacted by the adolescent's behavior. If the parents want a sibling or another adult to write an impact letter, therapists should consider inviting that person to participate in a phone call to ask a few questions about their relationship with the adolescent and how they have been impacted to determine if they have sufficient understanding and maturity to complete the task appropriately. In cases where it is clear that a sibling lacks the necessary maturity, therapists will need to carefully advise the parents against including a sibling letter. A poorly crafted letter can become a distraction and lessen the impact of the experience.

The actual letters "...cover topics including, but not limited to, the history of the family's or the participant's problems, how these problems affected various family members or the participant, positive feelings and hopes for the future" (Blanchette 2010, p. 200). According to Blanchette, those working with adolescents in programs see a number of therapeutic benefits from impact letters. Among these potential benefits are that it (a) provides the adolescent with an opportunity to reflect on their behaviors, increase accountability, and accept responsibility; (b) helps make their behaviors more *real* and allows them to see the way they have

affected others; and (c) encourages greater family involvement while allowing for the expression of previously unsaid thoughts and feelings. In addition to the benefits for the adolescent, impact letters also provide parents with an opportunity to begin to move away from their problem saturated view of the child. As will be discussed more fully below, this occurs as the therapist guides the process and helps the parents to focus on the underlying emotions they have experienced as they have witnessed their child's behavior. This process can set the stage for parents to notice exceptions to the dominate narrative that has developed around the adolescent.

Though the potential benefits are numerous, this is only possible when the letters are well constructed and appropriate. Just like adolescents in treatment, their family members are often in the precontemplation stage themselves and are prone to see the child as a problem that someone else needs to fix (e.g., Slesnick et al. 2009). Families may be resistant to expressing feelings or allowing themselves to be vulnerable to a counter attack by the adolescent. Nevertheless, in order for impact letters to be effective, the therapist must help the family move from a position of blame to vulnerability and open expression of emotion. Often the first draft of an impact letter will consist of little more than numerous instances of *bad behavior* and a detailing of the destruction that was left behind. If parents actually do talk about emotions, they will usually stick to secondary emotions such as anger and frustration. Therapists working with parents to craft impact letters should help them be factual about the behaviors that occurred and follow each of these with a primary emotion that resulted from that behavior. An example might be a parent who describes a time when they picked up the adolescent from the police department followed by a description of their feelings of sadness and failure they experienced as a result.

Additionally, it can be helpful to encourage the parents to outline some things that the adolescent might not be aware of because of their preoccupation with their own needs and wants. For example, parents might talk about how the adolescent's siblings are being made fun of at school because of their brother or sister's behaviors. The first author once worked with a set of parents who revealed that another one of their children had been seriously injured when she used the eye drops her sibling had left behind when he entered the program. After this incident they learned that the sibling had replaced the eye drops with chlorine, which he used to tamper with drug tests when they would administer one at home. The adolescent was indifferent as he read the letter until the parents described this incident, after which he broke down into tears and realized, maybe for the first time, the damage his drug use was causing. Parents may not come up with these sorts of examples on their own, so the therapist needs to be prepared to help them to explore their experiences and label the emotions that have arisen as a result. An extremely useful intervention in this phase is empathic conjecture, wherein the therapist listens to the content of the parent's experience and then attributes a feeling word to their description (Johnson 2012). Once the feeling has been identified and labeled, the therapist helps the family to incorporate it into the letter.

Finally, it is important for the parent(s) to devote a portion of the letter to the good things about their child and positive things they have done. It is not

uncommon for this section to actually have the most impact since families are usually severely polarized by this point, and as described by Sells (2001), they are stuck in a cycle of escalating negative behavior and punishment. Hearing something positive from a parent is unexpected and breaks through the adolescent's defenses.

Typically, impact letters will go through more than one revision before they are ready to be delivered to the youth in residential treatment. When the letters are completed they are delivered to the adolescent by the therapist in a group therapy setting and read verbatim. Adolescents are given the instruction to read each word in the letter out loud and without stopping. They are further instructed that they are not allowed to add commentary that rationalizes, justifies, or minimizes their behavior while reading the letter. After the adolescent has read the letters the group is provided with an opportunity to provide feedback about what they heard in the letters, as well as some of their reactions. This provides the adolescent who is the focus of the letter with an opportunity to hear about their behavior from a perspective that is outside of their family of origin.

Furthermore, other adolescents in the group are able to hear an unfiltered representation of the issues that brought the adolescent to treatment. Group members are instructed that they should remain focused on reflecting the content of the letters, as opposed to defending the adolescent who has read them. If done properly impact letters set the stage for the adolescent to move from precontemplation to contemplation and for the family members to begin the process of improving communication and repairing attachment injuries. It should also be noted that impact letters can be used at other times beyond the beginning of treatment and in various ways. For example, it might be helpful to revisit the impact letters after the adolescent has moved out of precontemplation for the purpose of identifying exceptions to the problem behaviors listed in the letters.

### ***Response to Impact Letters***

After the adolescent has read the letters, they are tasked with responding to those who provided the content. Although the impact letter can be useful in breaking through defenses and helping the adolescent to take responsibility for their behavior, it is not unusual for those defenses to return by the time the adolescent is asked to provide a written response. In cases where defensiveness is high, it is imperative that the therapist help the adolescent work on understanding and effectively using listener skills (e.g., Markman et al. 2010). This can be done by having them take each feeling and reflect it back using the "I hear you feel..." prompt. Ideally the therapist will take time beforehand to work with the adolescent in such a way that they are genuinely able to accept the impact they had on others and feel some level of responsibility or even remorse for the effects of their behavior. It may be helpful to have the adolescent read through the letters more than once or reflect on the content for a period of time before responding.

If the first draft of the response letter is filled with justification, rationalization, and minimization the therapist should provide feedback and have the adolescent make revisions or start over if needed. The adolescent may need time to work on hearing the content and responding appropriately. This can be very similar to the process of helping parents move away from blaming the adolescent, as described above, in that the therapist may need to help the adolescent identify primary emotions they experienced while reading the letters. For programs that foster a positive-peer environment, it may also be useful to have the adolescent read their responses to a group of peers and receive feedback. Those who are farther along in the treatment process can serve as a resource to the staff and therapist and help call out attempts to avoid responsibility and justify negative behavior. It is interesting to note that it is sometimes the adolescent's peers that have the most direct and constructive feedback to offer about the response to impact letters. They are often much better able to see the defensiveness in the writing of their peers than when the focus is on themselves. Nevertheless, this can be channeled into a positive by a therapist who uses the momentum of *positive peer pressure* to work through an adolescent's defenses.

Ideally, the adolescent will be able to fully integrate the information provided by their parents and experience a change in their perspective. When this occurs it is important that they extend their response beyond merely reflecting the content and express this new perspective in their response to impact letters. One example of how they might accomplish this is to express what it was like for them to read the impact letter. The youth might describe how they were feeling right before reading it and what thoughts went through their head as they processed the content. The therapist can encourage this type of reflection and ask process questions to help the youth develop insight into what might be appropriate to include. When the response to impact letters is well done it has the potential to reaffirm the therapeutic benefits the parents got from writing the letters and promote increased open dialogue.

One note of caution is warranted before continuing forward. Although the adolescent may be contrite and openly express primary emotions in their response, some parents will not take it at face value and will instead see their child's effort as an attempt to placate, or worse, to be manipulative. When this type of response is observed the therapist should validate the parent's concerns, but also make every effort to help them to accept the response at face value. Ideally the therapist will have joined with the family enough by this point such that they can take some leadership in their interactions (Minuchin and Fishman 1981) and challenge the family's reality in a productive manner. Even if the parents are correct about the child's intent it does not help the therapeutic process when they respond with contempt or criticism (Katz et al. 1998). On the contrary, when they respond from a place of defensiveness it can shut down the conversation and cause regression to old negative behaviors on both sides. Accordingly, it might be helpful for the therapist to ask the parents to send their next few letters to them for review when they have a difficult time accepting the response from their child. On the other hand, those who prefer a strategic approach may let a letter with parental defensiveness *slip* through to the child, knowing that the adolescent will have a negative reaction.

This can be particularly useful for pointing out weaknesses in the preparation of adolescents who believes they are ready to go home after little to no second-order change has occurred.

### ***Reversing the Process***

Typically, accountability letters, as described below, would sequentially follow the impact letter, but before moving forward a word on reversing the process is warranted. After the adolescent has demonstrated the ability to be accountable for their behavior and appropriately describe the behavior of their family members, it may be fitting to have them write impact letters to their parents or other important family members. Systemic therapists recognize the reciprocal nature of family interactions and look for opportunities to promote accountability in all members of the family, thereby increasing the likelihood of second-order change (Golann 1998). When working with the adolescent to construct impact letters to parents many of the recommendations outlined above apply. The adolescent should be helped to remain factual and focus on their emotional reactions to the events they detail. During this process the adolescent may outline events and feelings that the therapist was not aware of and that have had a powerful impact on the development of problems within the family system.

Although one might expect parents to be more capable of reading an impact letter from their child with less defensiveness and more insight, quite the opposite is usually true. Family members are often very reactive to the way they have been characterized by their child and the blame that has been placed on them as well. Sometimes without their own therapy the family gets stuck in the problem saturated view. This home-based therapy is necessary because the family members do not have the benefit of group feedback and are not participating in daily treatment related activities (see Chap. 7). Likewise, parents may be highly invested in their child being the identified patient and reluctant to abandon this perspective (Minuchin and Fishman 1981). Because of this, it is essential that the therapist join with the parents and help them to sincerely listen to what their child is saying and accept responsibility for their own behaviors that contributed to the problem.

During this process Miller and Rollnick (2012) concept of *rolling with resistance* can be used effectively to promote problem recognition. When a therapist rolls with resistance they acknowledge the parent's perspective without judgment. They focus on being non-argumentative and provide for the possibility that the parent may not be ready to hear the adolescent's perspective. Sometimes parents simply need some time to process the content of the letters, and therapists who give them space to do so may find that they are able to achieve a positive outcome much quicker than when they continue to struggle to get the parent to *hear* the adolescent's perspective. After the parents are able to hear what their child is saying they are then asked to construct a response to the impact letter. As is true when the

adolescent writes the response, family members should be helped to make sure these are appropriate by the therapist before they are delivered to the adolescent.

## Accountability Letters

The concept of writing an accountability letter has its roots in steps eight and nine of 12-step recovery models. In these two steps individuals make a list of those who they have harmed and make amends for any damage they have done (Alcoholics Anonymous 2002). This process requires being honest with oneself and taking full responsibility for past behaviors. In more recent years accountability letters have become popular in the treatment of domestic violence and drug abuse treatment models (e.g., Hernández et al. 2005; Parker 2009) as well. Regardless of the model in which they are employed, accountability letters are used to help an individual demonstrate a willingness to accept full responsibility for their behavior and the effect it has had on other people. Writing an accountability letter sets the stage for amends by identifying areas where an apology might be appropriate or where restitution can be made. As an example, the first author of this article once worked with a man who indicated that he could not make amends because most of the damage his verbal abuse had caused was manifest in the deteriorating mental health of his spouse. Through writing an accountability letter he was able to recognize an opportunity to make amends by being patient, kind, and encouraging as she engaged in her own recovery work.

Within the context of residential settings for adolescents, the accountability letter usually occurs somewhere between the contemplation and action stage. Accordingly, the assignment to write this type of letter is not usually introduced until the adolescent has already begun to demonstrate some level of accountability for their ongoing behavior problems in the current placement. Some signs that an adolescent may be ready for this exercise are that they are able to be confronted about their negative behavior without significant defensives, or that they begin to bring up negative behavior they feel responsible for without prompting from the therapist or staff. One place to look for this type of response is in process groups where the adolescent is allowed to share their thoughts and perspectives openly and without judgement. For programs that use a level system it may be effective to have a requirement of completing an accountability letter before being able to advance to one of the higher levels. This instills the idea of completing such a letter before the adolescent is confronted with the task, which may help them to mentally prepare for completing the letter at a later date. However, therapists and staff should exercise caution when taking this approach and make sure the adolescents are sincere in their effort and not just trying to *check a box* to advance to a higher level. A daily focus by the therapist and program staff on accountability and responsibility for behavior also aids in this process.

In terms of composing the letter, the adolescent is asked to explain their negative behaviors in detail and to demonstrate they accept full responsibility for the choices



they made. Additionally, they are asked to acknowledge in detail how their behaviors affected other people and express their feelings about the damage they have caused. If the adolescent has difficulty coming up with example of negative behavior, the parents and family members can be asked to provide a list the therapist can use to prompt self-reflection. The adolescent can also be encouraged to disclose things that the parents are not aware of about their past or make apologies for things they have done in the letter. It can be helpful in this process to stress that being accountable for one's behavior does not imply that the development of problems are *all their fault*. Conversely, they are being asked to just focus on their part of the problem, since that is the only part they have control over.

The adolescent's willingness to be completely open and honest provides a good indicator of how genuinely ready they are to change. The process of writing an accountability letter is difficult for most adolescents in residential treatment. Ruminating on one's negative behaviors in detail can trigger deep feelings of disgust with oneself and self-loathing (Gilbert 2015). Therefore, it is important for the therapist to lay the groundwork by helping the adolescent to understand the freedom that comes with accountability (e.g., De Cremer et al. 2001) and provide opportunities for them to reaffirm their worth and value. Given that this is a difficult task, sufficient time should be allotted for the adolescent to complete the letter. Additional drafts may be needed, especially if the adolescent easily slips into blaming or justifying their behavior.

Once the letter is completed it is sent to parents and they are given an opportunity to process the content. As is true for the response to impact letters, parents may be initially doubtful or hesitate to accept what their child has said. Additionally, they may become angry if the child discloses something the parent did not know about, or that is offensive to their values and beliefs. Again, it is the responsibility of the therapist to help them to process their reactions and to soften their responses. Once they are able to take in the content of the accountability letter appropriately, the parents should be asked to write a response. One suggestion that can be made is to write the response letter from a place of gratitude for their child's willingness to be open and honest. Another possibility would be to offer forgiveness to their child for the misdeeds that were outlined in the letter. If parents are unable to complete these types of higher level responses they can be asked to focus on first reflecting back the content to make sure the adolescent at least feels heard.

As was true for the impact letters, the process of the accountability letter can also be reversed. Therapists should typically have the adolescent write the first letter in each sequence as their infractions are frequently more obvious and dramatic (e.g., running away, drug use, violence, etc.). However, after the adolescent has done the work required of them parents should be invited to demonstrate accountability as well through their own letters. The same suggestions outlined above for the adolescent are applicable to the parents, with the exception of divulging details of their life that the adolescent does not already know about. It is not necessary for parents and family members to detail every misdeed from their life, though it might be appropriate to discuss things related to the child. For example, a parent might admit that they had been checking the child's phone, even though they repeatedly denied

having done so while the child was home. This type of honesty and openness can set the stage for the repair of attachment injuries as well.

## Purposes and Desired Outcomes

Letter writing in residential settings serves a number of purposes, among which are moving individuals and families through the stages of change, teaching communication skills, promoting a systemic view, increasing nurturance, slowing down the conversation, and repairing attachment injuries. In terms of the stages of change, as noted, adolescents most often come to long-term residential settings seeing everyone else as the problem. If they are allowed to remain in this state, residential treatment would serve little purpose beyond containing the adolescent's behavior. Accordingly, interventions must be utilized that help the adolescent move toward planning, action, and maintenance. Letter writing as outlined in this article accomplishes this purpose by providing opportunities for adolescents to be confronted with their behaviors while also giving them space to accept responsibility and embrace the need to change. Likewise, parents are held accountable for their behaviors and helped through nonconfrontive means to change their approach to working with their child.

Another purpose of using transactional letters within residential settings is to maintain a systemic perspective in treatment. Historically, one of the biggest criticisms of residential treatment programs has been that they do not work on changing the family (Henggeler and Lee 2003), leaving the child to return to the same system that they left, which contributes to them returning to old behavior patterns. The effective use of letters between the family and the adolescent provides the opportunity for the therapist to work on specific patterns of interaction within the family. In particular, the therapist is able to target family processes such as patterns of criticism and contempt, ruptured attachment, and communication skills directly and deliberately. In conjunction with other program offerings (see Chap. 19), therapeutic letter writing helps to address this traditional limitation of residential therapy.

Sometimes the only way to create a context for change in a family system is to have physical distance between family members. This is especially true when the family members have low levels of differentiation and cannot effectively work on their issues in conjoint sessions (see Chap. 8). Residential treatment provides such an environment by limiting interaction between the two sides for an extended period of time. In this way, the limited interaction inherent in residential works as a strength of the approach, since parents and adolescents are able to deliver a large amount of highly charged emotional content quickly, and then are allowed time to process it thoroughly and generate an appropriate response. Therapists are available to prepare the individuals who will be receiving the letters, similar to the approach outlined by Gordon et al. (2004). The therapist is also there to help the individual members of the systems to process information that is difficult for them to hear after

the letter has been read. Throughout this process the therapist is responsible for teaching and modeling effective communication skills to all members of the family.

On a deeper level, impact letters and accountability letters have the potential to restore nurturance and heal attachment injuries. Johnson et al. (2001) describe attachment injuries as occurring in a couple's relationship when one partner experiences an event as a betrayal or violation, and the other partner fails to respond by offering reassurance or comfort. This leads to a rupture in the trust between partners and intimacy is damaged. Likewise, in parent-child relationships, when a child misbehaves the parent may perceive this as an affront and react harshly. This leads the child to perceive the parent as unsafe and unavailable. As these types of interactions escalate over time the parent-child relationship no longer serves as a secure base or a safe haven and attachment is damaged.

Although such ruptures are problematic, Johnson (2002) argues that attachment injuries can be repaired (in part) by the expression of disowned needs and blocked emotions. Impact letters and accountability letters, as described above, provide the adolescent and parents with an opportunity to express deep feelings that they have suppressed, and to meet each other's needs by being accountable for their behavior and making amends. By doing so they are afforded an opportunity to move from a position of blame and attack to one of soft love (Sells 2001) and seeing the other person as human and like themselves, instead of seeing them as irrelevant, an obstacle, or an object (Arbinger Institute 2008). The process of healing attachment injuries also provides opportunities to restore lost nurturance through the expression of positive thoughts and feelings as well as efforts to connect lovingly with each other.

While the process of transactional letter writing in and of itself is important to discuss, outcomes are the greatest indicator of utility. As can be inferred from the information above, the desired outcome is for families to move through the stages of change, improve communication skills, and strengthen bonds. If used correctly, impact letters and accountability letters should result in both the adolescent and parent being more open to change and motivated to work on their part in the problem. Moreover, they would be expected to employ better communication skills in their interactions, or at least be able to pick up on speaker-listener techniques more readily when introduced to them as part of the family reunion process, weekly phone calls, or other family visits. Finally, and probably most importantly, these types of letters provide fertile ground for healing attachment injuries and reestablishing nurturance, which should result in greater family satisfaction and decreased conflict.

## Future Directions

Letter writing has long been an accepted intervention for working with families and should continue to be used frequently by both inpatient and outpatient therapists (e.g., Rombach 2003). There is a need to continue to develop methods for using

letter writing in creative ways that encourages stronger family ties. DeMille and Montgomery (2016) detailed one such effort in their description of using letter writing as part of the process of integrating narrative family therapy in an outdoor residential program. In their case study, DeMille and Montgomery described working with a particular adolescent in an egalitarian manner for a number of sessions to first help prepare him for the narrative work with his family. Once the adolescent had softened and was prepared to engage, they used a form of parallel letter writing to help create a new story that contrasted the problem saturated narrative. They initially asked the adolescent questions that "...included 'what did your home look like as a child?' 'What did it take to live in your home?' 'Who was in charge in your home and what did it take to be in charge?' 'What were the most fearful events in your childhood?'" (p. 8). The answers to these questions were labeled as the adolescent's *autobiography*. The parents were asked to reflect and write on questions that mirrored those provided to the adolescent. Once the adolescent was ready to share, the autobiography and the parent's narrative was read in front of the group, and space was given to cocreate a new narrative that enabled greater progress and a more positive view of the adolescent. This process was repeated over a number of weeks and the authors demonstrated how this provided the adolescent and family with an opportunity to expand their understanding of each other and experience a more positive outcome.

Similar to the work of DeMille and Montgomery (2016) some therapists assign a *strengths letter*, wherein the parents highlight the positive qualities and characteristics they see in their child, which is done to encourage a focus on strengths during the treatment process. Another possibility is to modify letter writing assignments given for individual development in such a way that it also addresses family concerns. For example, toward the end of an adolescent's stay in a residential program they are commonly given the assignment to write to their future self and share things they either think in the present that will be important to remember, or things that they hope the future self has accomplished or experienced. This assignment could be modified to include a letter to their family members in the future. A possibility would be to write positive things their family should remember about them if the adolescent relapses or returns to old behavior. Although this is just one example there are, of course, numerous opportunities for creative assignments and activities that could merge letter writing and family therapy. The key factor in applying this creativity is to keep the focus on relationship patterns and processes. When this is prioritized a number of possibilities and opportunities become evident. As a final example, an adolescent or parent could initiate a discussion via letters about successes and challenges they are having in applying principles from program materials. They could also discuss positive qualities they see in each other or ask for support in different areas of functioning. This could provide an opportunity for a positive conversation about the process of change and increase empathy for both parties.

## Conclusion

One of the most common difficulties in teaching effective communication skills is keeping people in a state of mind where they can accept what the other person is saying and integrate new information into their world view. Therapeutic letter writing provides the opportunity for adolescents and their parents to slow down the conversation and to see each other as human beings like themselves who struggle, feel shame, and aspire for acceptance. Through writing and sharing letters, adolescents and parents can feel less alone in their struggles and feel a greater sense of empowerment against the problem (Hoffman et al. 2010). Families can act as their own audience for the ways in which they gain stability and work collaboratively to develop a cohesive unit. Because of the many benefits, programs should include therapeutic letter writing within their conceptualization of best practices. By doing so, programs will demonstrate an understanding of the systemic nature of adolescent behavior problems, which would have a positive effective on posttreatment outcomes.

## References

- Alcoholics Anonymous. (2002). *Twelve steps and twelve traditions*. New York: Author.
- Allan, J., & Bertoia, J. (1992). *Written paths to healing: Education and Jungian child counseling*. Dallas, TX: Spring.
- Arbinger Institute. (2008). *The anatomy of peace: Resolving the heart of conflict*. Oakland, CA: Berrett-Koehler Publishers.
- Arnone, J. M. (2014). Adolescents may be older than we think: Today 25 is the new 18, or is it? *International Journal of Celiac Disease*, 2(2), 47–48. doi:[10.12691/ijcd-2-2-4](https://doi.org/10.12691/ijcd-2-2-4)
- Blanchette, A. W. (2010). *The clinical theory and practice of outdoor behavioral healthcare* (Unpublished doctoral dissertation). Regent University, Virginia Beach, VA.
- De Cremer, D., Snyder, M., & Dewitte, S. (2001). The less I trust, the less I contribute (or not): The effects of trust, accountability and self-monitoring in social dilemmas. *European Journal of Social Psychology*, 31(1), 93–107.
- DeMille, S. M., & Montgomery, M. (2016). Integrating narrative family therapy in an outdoor behavioral healthcare program: A case study. *Contemporary Family Therapy*, 38(1), 3–13. doi:[10.1007/s10591-015-9362-6](https://doi.org/10.1007/s10591-015-9362-6)
- Diamond, J. (2000). *Narrative means to sober ends: Treating addiction and its aftermath*. New York: Guilford Press.
- Epston, D. (1994). Extending the conversation. *Family Therapy Networker*, 18, 30–37.
- Gilbert, P. (2015). Self-disgust, self-hatred, and compassion focused therapy. In P. A. Powell, P. G. Overton, & J. Simpson (Eds.), *The revolting self: Perspectives on the psychological, social, and clinical implications of self-directed disgust* (pp. 223–242). London: Karnac Books.
- Golann, S. (1988). On second-order family therapy. *Family Process*, 27(1), 51–65. doi:[10.1111/j.1545-5300.1988.00051.x](https://doi.org/10.1111/j.1545-5300.1988.00051.x)
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital and Family Therapy*, 30, 213–232. doi:[10.1111/j.1752-0606.2004.tb01235.x](https://doi.org/10.1111/j.1752-0606.2004.tb01235.x)

- Gorske, T. T., Srebalus, D. J., & Walls, R. T. (2003). Adolescents in residential centers: Characteristics and treatment outcome. *Children and Youth Services Review*, 25(4), 317–326. doi:[10.1016/S0190-7409\(03\)00014-8](https://doi.org/10.1016/S0190-7409(03)00014-8)
- Henggeler, S. W., & Lee, T. (2003). Multisystemic treatment of serious clinical problems. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 301–322). New York: Guilford Press.
- Hernández, P., Almeida, R., & Vecchio, D. D. (2005). Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Process*, 44(1), 105–119. doi:[10.1111/j.1545-5300.2005.00045.x](https://doi.org/10.1111/j.1545-5300.2005.00045.x)
- Hoffman, R., Hinkle, M. G., & Kress, V. W. (2010). Letter writing as an intervention in family therapy with adolescents who engage in nonsuicidal self-injury. *The Family Journal: Counseling and Therapy for Couples and Families*, 18(1), 24–30. doi:[10.1177/1066480709355039](https://doi.org/10.1177/1066480709355039)
- Jay, J. (2013). *Love first: A family's guide to intervention*. Center City, MN: Hazelden Publishing.
- Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: Guilford Press.
- Johnson, S. M. (2012). *Practice of emotionally focused couple therapy: Creating connection*. New York: Routledge.
- Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy*, 27(2), 145–155. doi:[10.1111/j.1752-0606.2001.tb01152.x](https://doi.org/10.1111/j.1752-0606.2001.tb01152.x)
- Katz, L. F., Wilson, B., & Gottman, J. M. (1998). Meta-emotion philosophy and family adjustment: Making an emotional connection. In M. J. Cox & J. Brooks-Gunn (Eds.), *Conflict and cohesion in families: Causes and consequences* (pp. 131–166). New York: Routledge.
- Markman, H. J., Stanley, S. M., & Blumberg, S. L. (2010). *Fighting for your marriage*. Hoboken, NJ: Wiley.
- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. New York: Guilford Press.
- Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Nau, D. S. (1997). Andy writes to his amputated leg: Utilizing letter writing as an interventive technique in brief family therapy. *Journal of Family Psychotherapy*, 8, 1–12.
- Omer, H. (1991). Writing a post-scriptum to a badly ended therapy. *Psychotherapy*, 28, 483–492.
- Parker, L. (2009). Disrupting power and privilege in couples therapy. *Clinical Social Work Journal*, 37(3), 248–255. doi:[10.1007/s10615-009-0211-7](https://doi.org/10.1007/s10615-009-0211-7)
- Pearson, L. (1965). *Written communications in psychotherapy*. Springfield, IL: Charles C. Thomas.
- Pennebaker, J. W., & Evans, J. F. (2014). *Expressive writing: Words that heal*. Enumclaw, WA: Idyl Arbor Inc.
- Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38–48.
- Rombach, M. A. M. (2003). An invitation to therapeutic letter writing. *Journal of Systemic Therapies*, 22(1), 15–32. doi:[10.1521/jsyt.22.1.15.24097](https://doi.org/10.1521/jsyt.22.1.15.24097)
- Sells, S. P. (2001). *Parenting your out-of-control teenager: 7 steps to reestablish authority and reclaim love*. New York: St. Martin's Press.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox*. New York: Jason Aronson.
- Slesnick, N., Bartle-Haring, S., Erdem, G., Budde, H., Letcher, A., Bantchevska, D., et al. (2009). Troubled parents, motivated adolescents: Predicting motivation to change substance use among runaways. *Addictive Behaviors*, 34(8), 675–684. doi:[10.1016/j.addbeh.2009.04.002](https://doi.org/10.1016/j.addbeh.2009.04.002)

- Tubman, J. G., Montgomery, M. J., & Wagner, E. E. (2001). Letter writing as a tool to increase client motivation to change: Application to an inpatient crisis unit. *Journal of Mental Health Counseling*, 23, 295–311.
- White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide, South Australia: Dulwich Centre.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton.

## Author Biographies

**Jacob D. Christenson, Ph.D., LMFT** is an assistant professor of marriage and family therapy at Mount Mercy University. Dr. Christenson received his Bachelor degree in Psychology from California Polytechnic State University. He then completed his Master's degree and doctorate in Marriage and Family Therapy from Brigham Young University. Before coming to Mount Mercy University, Dr. Christenson worked for 4 years at Aspen Achievement Academy in Loa, UT as a Field Therapist. As a Field Therapist, Dr. Christenson experienced firsthand the challenge of being a systemic marriage and family therapist in the world of residential care. Over the course of his career Dr. Christenson has consistently been involved in academic research and publication. In addition to numerous presentations at national and international conferences, Dr. Christenson has published a number of articles in peer-reviewed journals such as the *Journal of Marital and Family Therapy*, *Contemporary Family Therapy*, and the *American Journal of Family Therapy*. Dr. Christenson also serves as an editorial board member for the *Journal of Marital and Family Therapy* and *Contemporary Family Therapy*. Dr. Christenson teaches a number of course at Mount Mercy University. The courses he taught have included, Parents and Children, Micro-counseling, Medical Family Therapy, and Research Methods. Dr. Christenson is also an AAMFT Approved Supervisor, which has enabled him to provide supervision in practicum courses. Dr. Christenson also serves as the Clinical Director for the Gerald and Audrey Olson Marriage and Family Therapy Clinic, which is attached to the marriage and family therapy program at Mount Mercy University. In addition to his work as a professor, Dr. Christenson provides therapy in private practice and is the founder of Covenant Family Solutions, an outpatient therapy group practice in Cedar Rapids, Iowa. When not working, Dr. Christenson enjoys spending time with his family and being active in his community.

**Amber L. Runkel, MA, TLMFT** works as a provisionally licensed marital and family therapist in a private practice in downtown Des Moines, IA. She specializes in individual, couple, and family therapy, and she strives to help clients gain self-awareness and acceptance, increase mindfulness, and heal wounds that hinder daily functioning, relationships, and life goals. Amber is also a preclinical fellow of the American Association for Marriage and Family Therapy and the Iowa Association for Marriage and Family Therapy. Amber received her Master of Arts degree in Marriage and Family Therapy from Mount Mercy University in Cedar Rapids, Iowa, and her Bachelor of Science degree in Psychology at Iowa State University in Ames, Iowa. Amber has published articles in *Contemporary Family Therapy* as well.

Family Therapy with Adolescents in Residential  
Treatment

Intervention and Research

Christenson, J.; Merritts, A.N. (Eds.)

2017, XVI, 467 p. 10 illus., Hardcover

ISBN: 978-3-319-51746-9