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Volume 7, Module 3, Article 2, pp. 399- 409, 10-02-11 [copyright by authors]

Commentary on A Strengths-Based, Skill-Building, Integrative Approach to Treating Conduct Problems in a 12-Year-Old Boy: Rafael's Story

A Case of Rejection, Redemption, and Resilience: Commentary on the Case of Rafael

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ABSTRACT

Paul Clement (2011) presents a unique case of an adolescent with congenital limb deficiency. He integrates a number of approaches that encompass positive psychology, cognitive restructuring, social problem-solving skills, outcome assessment, and a quantitative evaluation of therapeutic change. We examine this case using resilience as a theoretical framework with an emphasis on identity formation, self-esteem, coping strategies, and assessment. We provide some comments on the strengths of Clement's approach as well as offer suggestions of additional assessment procedures and interventions that may have been beneficial to Rafael's treatment.

Keywords: resilience; limb deficiency; cognitive behavioral therapy; orphan; clinical case studies; case studies

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Paul Clement (2011) provides a valuable glimpse into his practice and therapeutic approach in the case of Rafael. Anchored by a clear theoretical approach, Clement provides a very useful view of the practical use of outcome assessment in private practice. His patient, Rafael, demonstrated significant and long-term gains associated with his treatment with Clement. This unique case addresses treatment of an adolescent with congenital limb deficiency—a condition not often encountered by the general practitioner. Clement integrated a number of approaches that encompassed positive psychology, cognitive restructuring, social problem-solving skills, outcome assessment, and quantitative evaluation of therapeutic change. His approach was to assess strengths and weaknesses and to replace weakness with new competencies.

Drawing on his past experience as a swimming coach, he saw his role as practicing new competencies in the "pool." We will review the case through the perspective of research on children with chronic health conditions, with a focus on resilience, self-esteem, coping strategies,

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Volume 7, Module 3, Article 2, pp. 399- 409, 10-02-11 [copyright by authors]

and assessment of this population. We will also discuss the application of evidence-based approaches for addressing possible ADHD-related impulsivity and aggression, including social skills training, cognitive-behavioral techniques, and social problem-solving. Finally, the central issue of ethnic identity, its interaction with resilience, and consideration of possible early attachment issues are explored.

OVERCOMING ADVERSITY

Rafael is a 12-year-old adolescent who presents with a number of risk factors and negative life events. He was born with limb abnormalities that included no hands, no right forearm, and deformed feet, which placed him at greater risk for psychological maladjustment (Varni & Setoguchi, 1992). In addition to his physical disfigurement, he has an early history of abandonment and attachment issues. He has recollections that his biological parents placed him in an orphanage at 3 months of age and he was then adopted at 13 months by a single mother, with two children. Although he maintains contact with his biological relatives (aunt and uncle), he also receives gifts from his biological parents on special occasions with his aunt and uncle acting as intermediaries. Although some contact compared to no contact is assumed to be more beneficial, the indirect receipt of gifts may be interpreted as an additional form of rejection by his biological parents. Additional stressors include teasing and bullying related to his birth defect, difficulty verbalizing his feelings, and temper outbursts dating back to preschool. More recently, he was suspended three times and has a history of lying, theft, and one instance of vandalism toward a teacher's aide, for which he was required by the school district to see Clement for therapy. Rafael's coping mechanism to deal with stressors in his life resulted occasionally in negative outcomes.

Despite these major challenges, Rafael was generally resilient to negative circumstances, exhibiting multiple protective factors that ameliorated these risks. In relation to personal attributes, he was "brilliant", healthy, and had high self-esteem. He also maintained a level of moral culpability for his actions. He had a loving and supportive family, with a mother who was highly educated and had access to high quality resources. Religion plays a role in his family life, with Rafael serving as an altar boy on occasion and receiving confirmation. The combination of Rafael's high self-esteem and relatively low family conflict likely served as buffers from negative outcomes experienced by children with limb deficiencies (Rubenfeld, Varni, Talbot, & Setoguchi, 1988; Varni, Rubenfeld, Talbot, & Setoguchi, 1989a). Research indicates that greater family cohesion and organization coupled with greater moral-religious practices are also associated with fewer internalizing and externalizing behavior problems, as well as increased social competence among children and adolescents with limb deficiencies (1989b). Furthermore, because Rafael's mother was a "military brat," she appeared to have provided the necessary structure, mindset, and support system that benefited Rafael's development. On the other hand, it is possible that too much "restriction" may have suffocated Rafael's need for autonomy, which was acted out by lying about using the internet and stealing a cell phone. Nevertheless, the military appears to have been an influential factor in his life. Although this was not made explicit during the sessions, it became evident by his later career choice: Clement writes that after college, Rafael's "ultimate goal is to obtain a doctoral degree and to serve military personnel who have lost limbs or suffered other physical disabilities in combat situations" (p.

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387). Lastly, he attended a good private school, had two close friends, and was active in his community.

Given the combination of protective factors, family support systems and resources interacting over time to provide endurance under challenging circumstances, in many respects Rafael was able to sustain a meaningful sense of integrity and mastery in coping with stressors (Esquivel, Oades-Sese, & Jarvis, 2010). Rafael excelled in his courses and therefore demonstrated academic resilience —the "heightened likelihood of educational success despite personal adversities brought about by environmental conditions and experiences" (Wang, Haertel, & Walberg, 1997, p. 4). Despite his physical limitations, he pushed his limits, excelling in drawing, writing, running, swimming, and playing soccer and basketball. Not only did Rafael refuse to allow his limitations to define him, his pursuit for competence earned him recognition in a number of these areas, such as participating in the academic decathlon and earning athletic awards for being the most improved and inspiring. Self-esteem is found to be a byproduct of competence, which prevents adolescents with multiple risk factors from engaging in delinquent behaviors and experiencing depression (Gerard & Buehler, 2004). Additionally, the degree to which Rafael was able to function with his limb abnormalities also played an important role in his overall functioning and development of autonomy and self-identity (Wallander, Varni, Babani, Banis, DeHaan, & Wilcox, 1989).

CULTURAL AND ETHNIC IDENTITY

Although Rafael's country of origin was unspecified due to confidentiality, and the match or mismatch in ethnicity of his mother and siblings were unknown, an important resilient factor may have been overlooked in the therapeutic process. Ethnic identity is particularly salient in the identity formation of immigrant adolescents. Rafael's need for group affiliation becomes evident when Dr. Clement mentions that Rafael enjoyed attending "an annual 'Latino' conference each year." In addition to academic success, the role of ethnic identity is found to have a significant impact on how adolescents cope with adverse situations like discrimination (Garcia Coll, & Magnuson, 2000; Yasui & Dishion, 2007). Ethnic identity defines how we view the world—attitudes, values, opinions, concepts, and emotions; and how we think, define events, make decisions, and behave (Sue & Sue, 2003). As an African American, ethnic identity serves as a "suit of armor" to deflect adverse situations (Arroyo & Zigler, 1995). As an Anglo, ethnic identity helps one get through difficult times (Grossman & Charmaraman, 2009), or guards against antisocial behaviors and substance abuse if Rafael was Latino or Hispanic (Brook, Whiteman, Balka, Thet Win, & Gursen, 1998). Ethnic identity may have also played a role in protecting Rafael from negative experiences of prejudice or discrimination arising from his possible minority status and physical disability.

COGNITIVE-BEHAVIORAL AND SOCIAL SKILLS INTERVENTIONS

An area in which Clement aptly utilized Rafael's cognitive strengths was the use of "24 contrasts for dealing with interpersonal conflicts," based on a program developed by Foster and Robin (1989) to teach assertiveness, conflict resolution, and coping skills. Clement's description of its applications was as follows:

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> Each contrast identified a problematic way of dealing with a conflict and then a more positive alternative method. . . . My general approach to working through each contrast started with first giving examples of the contrast, and having Rafael identify what examples from his life experiences would align with a given contrast. I viewed this part of his treatment as a form of cognitive restructuring. I wasn't asking him to do anything at this point in time other than to reflect on each contrast (p. 369).

The use of these contrasts played a central role in Rafael's treatment. However, the use of the contrasts to remediate social skills performance would have been enhanced by the use of behavioral rehearsal, such as in-session role-plays and homework to try out new skills. Positive alternative methods learned could have been incorporated into social problem-solving training. This training involves a sequence of steps including: identifying the problem, identifying alternatives to solve the problem, considering the positive and negative consequences of each alternative, selecting the alternative most likely to achieve the goal, and planning how to implement or, if necessary, change the plan. While Rafael was given some homework assignments to apply such skills, practice and generalization did not play a prominent role in treatment. We strongly believe that it would have been beneficial to incorporate into Rafael's treatment behavioral rehearsal (Lochman, Whidby, & FitzGerald, 2000), including performance feedback, in order to improve Rafael's *application* of social skills rather than relying solely on remediating his social skills *deficits.*

In addition to "cognitive restructuring" referenced by Clement, cognitive-behavioral techniques to improve anger management could have been considered, particularly given Rafael's cognitive strengths. Such an approach would include helping Rafael identify his "triggers," his typical thoughts/beliefs in response to these triggers, as well as identifying associated feelings and their intensity, and, finally, the consequences of his behaviors. Many of these treatment components can be found in manualized treatments such as *Keeping Your Cool: The Anger Management Workbook* (Nelson & Finch, 1996), and could have easily been incorporated into treatment to a greater extent.

It is noteworthy that the incident directly leading to the school's demand that Rafael attend therapy involved him letting the air out of the tires of a teacher aide's car. The symbolic value of this—negating the vehicle's ability to function—when considered with Rafael's inability to use his hands, is ripe for exploration within a cognitive-behavioral framework. For example, discussion of how the aide felt and what s/he may have thought in response to the act would likely parallel Rafael's feelings and self-beliefs related to his disability. Rafael could have been guided to identify and challenge his thoughts associated with his emotions of frustration and anger, as well as his self-perceptions related to self-esteem. The goal would be to help Rafael perceive himself in a more realistic way based not on what he is capable of *despite* his limb deficiency, but what he is capable of *because* of it.

EMOTIONAL DISTANCE

Emotional knowledge, understanding, and expression are fundamental skills that undergird resilience factors such as the ability to regulate emotions and behaviors and to solve

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social-related problems (Denham & Burton, 2003). Clement noted the importance of addressing emotions during treatment. He employed activities such as exploring alternative ways to express negative emotions and complaints that would yield positive outcomes (sessions 1-3), talking about the functions of feelings and other strategies (session 9), and utilizing the Feeling Talk Self-Evaluation Chart (session 10). As an alternative method to deal with negative emotions, Clement also used a creative technique that distances the problem from the client by objectifying it via a "psychological autopsy." This approach allowed Rafael to identify causes of his negative outcomes. It appears, however, that Rafael contained his feelings throughout the sessions as evidenced by Clement's statements such as Rafael expressing "no complaints," talking "positively," and speaking with an "emotional tone [that] was relaxed and friendly" when discussing emotional related topics.

In reviewing the case, there is a sense of emotional distance between Clement and Rafael. While Rafael himself seemed disconnected from his emotions, this never appeared to be adequately addressed in therapy. This may have played a role in how the treatment progressed and the need for a second course of treatment. The fact that Clement concluded by the end of the first course of treatment that Rafael "was not effusive" when discussing important events or accomplishments in his life and that he "was low-key in discussing accomplishments and life situations" should have raised a red flag for him to more explicitly address Rafael's lack of emotional expression and assertiveness. Ultimately, Rafael's difficulty in verbalizing his feelings was never actually resolved.

Another example of emotional distancing is Clement's minimization of himself as a father figure. Although Dr. Clement did not see himself as a father figure, the dynamics between Rafael and him reveal otherwise. Rafael's ability to progress in therapy appeared to be enhanced by the support and validation of an adult male figure. In support of this hypothesis, it is noteworthy that Rafael stated that he was hoping to have more male teachers in school. Discussions during sessions were akin to those heard between father and son—relating happenings at school and discussing sports and dances. In essence, these discussions may have satisfied Rafael's need for his "father" to be proud of all his accomplishments, despite his imperfections.

There were also missed opportunities during sessions to apply emotional skills on topics that were broached by both Rafael and Clement. Sessions were mostly filled with discussing the minutiae of school life. For example, there is never an acknowledgement by Clement of Rafael's feelings toward his early memories surrounding his adoption, receiving the silver cross necklace from his biological parents and its significance, the death of a relative, not making the team, or receiving his best report card. The fact that an adolescent such as Rafael reportedly had "no complaints" also signals a red flag.

Rafael also appeared to be a passive recipient of goals that were set for him, as well as topics that were discussed in session, despite Clement's contention that he encouraged Rafael's active participation. It would have been beneficial to involve Rafael more collaboratively in identifying, setting, and refining goals in behaviorally specific terms at the first course of

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treatment. Could this have contributed to the need for a second course of treatment? Clement does, however, have Rafael and his mother set goals for the second course of treatment.

Rafael's passivity or apathy in conjunction with difficulty with emotional expression may have been due to his fear of abandonment or rejection from his mother and substitute "father." His own biological parents had already rejected him and did not appear to want direct contact with him. We must consider that the separation from his biological parents at three months, followed by placement in an orphanage, could have had a truncating effect on his emotional development. Young children who remain institutionalized for more than six months are at significant risk of developing attachment problems and cognitive, social, and behavioral issues (Johnson, Browne, & Hamilton-Giachritsis, 2006). However, although living with a supportive family fostered higher IQs on average, attachment-related issues persist in institutionalized children. A lack of response to emotional needs at this critical time of development could help explain Rafael's difficulty in verbalizing and connecting with his emotions, as well as his lack of attunement to the feelings of those closest to him. The fact that Rafael did not remember his sessions with Clement during a meeting many years later confirms that an emotional connection between them may not have been made.

ASSESSMENT OF BEHAVIORS, QUALITY OF LIFE, AND COPING STRATEGIES

Rafael's strengths were assessed informally during the first course of treatment and more empirically during the second course of treatment using the Developmental Assets Checklist for Adolescents (DACA; Watson-Adams, 2006). It may have been beneficial if the DACA was also completed by Rafael and his mother at the beginning of treatment (rather than at Session 17), so that Clement could have used this data for treatment planning. He also evaluated the instrument's test-retest reliability by providing them with a second set of DACA forms to complete at home, although possible response bias raises questions about the reliability of these ratings (e.g., Rafael and his mother could have compared responses).

Clement integrated multiple measures of behaviors that were rated by multiple people across settings to document baseline data. The initial assessment of Rafael included the *Childhood Symptom Inventory-4 Parent Checklist*, and the *Childhood Symptom Inventory-4 Teacher Checklist* (Gadow & Sprafkin, 1997), which was completed independently by three of Rafael's teachers. In addition, the *Childhood Problems Checklist* (Clement, 1999) was completed by Rafael's mother. Incorporating a measurement of health-related quality of life for children with chronic health conditions, including limb deficiency, such as *The Pediatric Quality of Life Inventory* (PedsQLTM 4.0; Varni, Seid & Kurtin, 2001), may have been helpful to Clement in obtaining additional clinically-relevant information. This instrument is commonly administered prior to intervention with children with chronic health conditions to help tailor the interventions for problems reported by the children and their parents. The instrument consists of 23 items that assess multiple domains, such as Physical, Emotional, Social, and School Functioning, using both a parent and a child self-report format. Additional, disease-specific modules are available.

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In addition to quality of life assessment, coping strategies used by children with chronic health conditions have also been reported (Varni, La Greca, & Spirito, 2000). Donaldson et al. (2000) utilized the *Kidcope* (Spirito, Stark, & Williams, 1988), a checklist designed to assess 10 cognitive and behavioral coping strategies: *distraction, social withdrawal, wishful thinking, resignation, self-criticism, blaming others, problem-solving, emotion regulation, cognitive restructuring, and social support*. Children rated their use of coping strategies in response to four types of stressors: *school, parents/family, siblings, or peer/interpersonal*. Contrary to expectations, while there were individual differences in coping strategies, the pattern of children's coping strategies were found to be similar across the various stressors. Those most frequently used coping strategies were *wishful thinking, problem-solving, and emotion regulation*. A broader range of coping strategies were used by older adolescents across stressors relative to early and mid-adolescents, with an increased use of *resignation, self-criticism and cognitive restructuring*.

A study by Spirito, Stark, Gil, and Tyc (1995) found that the use of certain coping strategies, e.g., *social withdrawal, social support, wishful thinking* and *resignation,* was consistent between medical and non-medical stressors while others, e.g., *distraction, blaming others,* and *emotion regulation*, varied by type of stressor. Assessing Rafael's coping strategies could have helped guide treatment planning, particularly if his pattern of use of coping strategies across different stressors was found to be atypical. Coping strategies categorized as approach- or problem-focused (e.g., problem-solving) were found to be more highly correlated with positive child outcomes than those categorized as avoidant or emotion-focused (e.g., emotional regulation) (Compas, Malcarne, & Fondacoro, 1988). Clearly, many of Rafael's coping strategies at home and school could be characterized as avoidant or emotion-focused as opposed to problem-focused.

Although addressed to some extent informally by Clement, more structured assessment may have helped tailor the treatment by identifying and reinforcing more adaptive coping skills. For example, Rafael's coping strategies at home were addressed by Clement only in Session #18 in which he presented alternative coping strategies to Rafael, e.g.,

> staying in the situation and talking rather than walking away or clamming up; identifying what he and his mother wants; seeking win-win solutions for conflicts; brain storming as many options as possible before choosing a solution; and identifying pros and cons for each option, and then choosing a mutually acceptable option (p. 373).

ALTERNATIVE TREATMENT: NARRATIVE THERAPY

Rafael's strengths in writing and drawing lend themselves as an alternative or initial approach to expressing his feelings. In one activity, Clement himself asks Rafael to react to the saying, "The pen is mightier than the sword" and then to "compare power tactics with methods of persuasion." In line with these strengths, Rafael could have benefited from an expressive therapeutic technique, involving narratively verbalizing his feelings directly with his mother. Rafael could have verbalized his feelings to his mother through a letter, email, or other narrative

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construction instead of verbalizing them directly. A narrative approach is based on the assumptions that Rafael could have been guided to

> reconstruct [his] understanding of past experiences, interpret or reinterpret traumatic events, modify faulty assumptions from varied perspectives, adopt more flexible ways to process events, bridge gaps and integrate life stories, develop a greater sense of agency as a narrator of his own story, and become better able to create future life-enhancing experiences (Esquivel, Oades-Sese, & Jarvis, 2010, p. 24).

Rafael was at an age when he would be able to reconstruct his own life story and project ideals into the future with a greater sense of personal identity. Narrative therapy also integrates critical aspects of culture (i.e., acculturation, language, family beliefs, and values) and can be used in conjunction with family therapy.

POSSIBLE UNDIAGNOSED ADHD

Rafael's initial assessments revealed that for two of the three teachers who completed the *Childhood Symptom Inventory-4,* the "ADHD, Hyper-Impulsive" Scale was elevated (T scores of 76 and 68), suggesting that Rafael displayed a significant level of hyperactivity/impulsivity. In addition, the "Act without Thinking (Hyperactive or Impulsive)" category on the *Childhood Problems Checklist* (Clement, 1999) completed by Rafael's mother was listed as 7 - "Some Problem." The only behavior category rated as more significant was "Anger (with a rating of 6)." Yet ADHD did not seem to be considered as a diagnosis, nor was impulsivity identified as a treatment goal. Including impulse control deficits and poor judgment as contributing factors to Rafael's poor problem-solving seemed warranted.

Children with ADHD frequently misinterpret interpersonal provocations and develop a hostile attribution bias (Milich & Dodge, 1984), although much of Rafael's provocation was due to teasing related to his limb deficiency. Furthermore, children with comorbid disruptive disorders have difficulty with emotion regulation and tend to overreact, often employing retaliation and reactive aggression that result in interpersonal rejection (Hinshaw, 2000). Behavioral parent training (BPT), behavioral classroom management (BCM), and behavioral peer interventions (BPI) have been shown to be the most effective components of treatment for children with ADHD (Pelham & Fabiano, 2008). Clement's use of the "psychological autopsy" to increase Rafael's awareness of important social and causal factors in situations that led to anger reactions and disruptive behaviors was consistent with such training. However, as Hinshaw observes: "...any cognitive aspects of intervention must be clearly linked with behavioral reinforcement strategies" (Hinshaw, 2000, p. 101). While five conjoint parent sessions were incorporated into the therapy, these did not appear to include parent training. Teacher and parent behavioral consultation and training may have also helped enhance gains (Mrug, Hoza, & Gerdes, 2001; Pfiffner & McBurtnett, 1997).

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OUTCOME MEASUREMENT

The *Childhood Problems Checklist* (Clement, 1999) was given to Rafael's mother to complete at sessions 1, 17 and 29. Clement presents no evidence of validity or reliability in his discussion of this instrument. In addition, Rafael's mother was given a photocopy with her previous ratings on it to complete during the latter two sessions. This calls into question the validity of the results as the mother could compare her previous and current ratings, leaving open the real possibility of rater bias. Factors such as pleasing/not offending the therapist or overestimating positive change need to be accounted for. It also introduces the risk of the therapist unwittingly influencing the rater's responses in a positive direction. In addition, post-treatment data from his three teachers would have been useful to assess progress made at school.

CONCLUSION

Rafael is the epitome of a resilient individual faced with multiple challenges. As an adult, he continued to test his physical limits and remains an active community member, taking on a leadership position for Student Take Action Now: Darfur, working with poor youths, and tutoring athletes to maintain academic eligibility. Rafael has used his adversity as a motivator to succeed in multiple areas of his life. He also hopes to use his experience with his disability in a positive way to help military personnel who have lost limbs and suffer from other physical disabilities due to combat.

Clement rightly points out the importance of considering other contributing factors than therapy alone in assessing their relative contribution toward therapeutic outcomes. He attributes Rafael's positive outcomes as

> about two thirds coming from the client's characteristics and background, and the rest roughly equally divided among the therapist's characteristics, the therapeutic alliance, and specific interventions. My main point here is to emphasize that while specific interventions are important for improvement, they are only one piece of a larger set of dynamic factors accounting for outcome. (p. 387)

Clement also points out the importance of the interaction of therapy and other factors with the developmental trajectory of the child. Rafael's resilience and his development of a positive identity as he entered adolescence seemed central to his developmental trajectory during therapy.

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