

Responding to Kids and Teens with Big Feelings with Adele Lafrance: Skills from Emotion Focused Therapy (EFFT) Part 1

Adele LaFrance: [00:00:00] That means that that kid, that teenager is going to be more open, more flexible, more likely to, follow your lead than if they were increasingly in a state of resistance. So even if you don't agree using this strategy with sincerity, so not as a ploy, you know, really putting yourself in their shoes, that has the most profound effect on the brain in terms of, , creating that state of, , of increased collaboration, cooperation, et cetera.

Debbie Sorensen: That was Dr. Adele Lafrance on psychologists off the clock.

Yael Schonbrun: We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work, and health.

Debbie Sorensen: I'm Dr. Debbie [00:01:00] Sorensen, practicing in mile high, Denver, Colorado, and coauthor of ACT Daily Journal.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston based clinical psychologist, assistant professor at Brown University, and author of the upcoming book Work, Parent, Thrive.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of be mighty and the big book of act metaphors.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: you for listening to Psychologists Off the Clock.

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Debbie Sorensen: Hello everyone. This is Debbie I'm here today to bring you the first episode in a two part series on emotion focused family therapy, and this first interview is with Dr. Adele Lafrance. She's one of the creators of emotion focused family therapy.

And it was a real honor to have. Adele on and next week we will be hearing from another EFFT therapist, Dr. Mindy Solomon.

I did a training in EFT and I found it super helpful in my life as a parent and also in my work as a therapist. And I've told a number of my clients about it because there's a lot of really useful strategies. And also this is a therapy that we've never talked about on the [00:03:00] podcast.

Yael Schonbrun: Yeah. I mean, one of our missions on this podcast is to share evidence, backed psychology, uh, treatments and strategies. And we do end up talking a lot about acceptance and commitment therapy, but there's a lot. Of evidence back treatments that I think are important to spread the word about, and this is one of them.

So I would just encourage folks not to get too hung up on the acronym on the acronyms of any of the evidence-based treatments and to focus more on, on the content, on the skills that get taught. Um, and this is. Very cool treatment because it's very much focused on relationships and emotions in relationships and intimate relationships and gives you some really concrete, practical tools.

And that is a huge reason why I think this is a very, very cool episode. So don't get hooked on the acronyms, but really know that this comes from a place of a scientific backed work and has a lot of practical applications,

Debbie Sorensen: I think where this particular approach is really helpful, I think is [00:04:00] engaging the entire family in helping with these emotionally charged situations. So whether you have. You know, a family member, maybe you have a child or a spouse or other family member who just has big feelings who maybe gets dysregulated or things just kind of build up.

You know, I think that sometimes you might feel a little bit hopeless. Like what can I do? Well, according to this model, The family, the parents, the caregivers, whoever's involved play a crucial role of supporting the person. And while it's not all on you as something for you to fix, like, there are ways that you can respond that are going to be more effective.

So they use strategies like. Emotion coaching and very concrete ideas of how to validate feelings and how to respond. And problem-solve around feelings in these charged situations where you might just feel like, I don't know what to say and do here. You know, everybody's escalated.

Maybe you have a [00:05:00] super feel or in your family, maybe you yourself get dysregulated and this can help you be a little bit more effective and also feel empowered. My engagement in this situation matters. And I have some tools that I can use that are going to be more helpful than what I've been.

Yael Schonbrun: you'll leave this episode, feeling empowered with some ideas of things that you can do in complicated situations that maybe have. Left you feeling quite disempowered in the past. So we hope that you do get a lot out of this episode,

Debbie Sorensen: Dr. Adele, LaFrance a clinical psychologist research scientist and co-developer of emotion focused family therapy. She's the co-author of two books. The first is what to say to kids? When nothing seems to work a practical guide for parents and caregivers and emotion focused family therapy, a trans diagnostic model for caregiver focused interventions.

And that's a treatment manual for clinicians as published by the APA. Adele is passionate about [00:06:00] helping parents to support their kids of all ages in a way that is informed by the latest developments in neuroscience. She and her colleagues have a wealth of caregiving resources available at no cost at mentalhealthfoundations.ca.

Is that right?

Adele LaFrance: It's exactly right?

Debbie Sorensen: Yeah, check it out. It's amazing. And it's free. A lot of the videos are free, which is incredible.

Adele LaFrance: to do with caregivers is free of charge.

Debbie Sorensen: Wonderful. What a service Adele, Adele has an interest in mechanisms and models of healing, including emotion processing spirituality, and family-based psychedelic psychotherapy. And currently she's involved in research on MDMA and psilocybin assisted therapy for eating disorders.

Adele LaFrance: that's right.

Debbie Sorensen: and she's a frequent keynote speaker at professional conferences and does media appearances related to emotion, mental health and the science of psychedelics.

Adele LaFrance: That's right.

Debbie Sorensen: Well, welcome Adele. And thank you so much for being here. I can't wait to talk to you about all these different components of your work.

Adele LaFrance: [00:07:00] Thank you. Debbie. I'm really, really happy to be here. Chatting with you.

Debbie Sorensen: Can you tell us a little bit about what is E F F T uh, we'll dive into some of the nuts and bolts of it, but who's it for? What's the goal? Like, , what is the treatment for.

Adele LaFrance: Yeah.

I mean, I wish I would have named it something different, honestly, because the name is a bit misleading. It's not a traditional family therapy, you know? Um, as the name suggests it's cause you, when you think about traditional family therapy, it's like all the family members in the room, you know, working on communication or trust-building or expressions of care, and EFT is really different in that.

We're really recruiting parents, caregivers, spouses of individuals who are struggling with a mental health issue, for example, and we're giving them tools. And we're giving them techniques in order to support their loved one in a good way. I mean, it does lead to [00:08:00] improve family functioning, but it's more

about, um, helping family members with, you know, proven techniques to support their loved ones who are going through a hard time essentially.

And so that can be a four-year-old, who's struggling with the transition of a new brother or sister that could be a 40 year old. Who's dealing with difficulties with substance misuse anywhere along that continuum. Um, so it's a very broad based cross diagnostic model and it's also across the lifespan.

So there are different modules within EFT. Um, the, the first three intervention modules have to do with behavioral support, emotional support. And what we call therapeutic apologies. And then the other two modules are a little different. Sometimes parents, caregivers can end up in patterns of, [00:09:00] uh, problematic parenting or problematic caregiving.

They may, you know, be criticizing their loved one, or they may be in denial if their loved one's difficulties or they may be accommodating or enabling some of their issues. And so the fourth module is all about helping caregivers to increase awareness about the potential of those patterns, but also to transform them.

Um, thankfully those patterns are always coming from a place of love, um, but they can be problematic. And so we, we tend to them. And then the last module is about the same thing for clinicians. Clinicians, we can get into states of being where we can be critical of our patients, our clients, or we can be in denial about lack of progress, or we can be avoidant, you know, in our style.

And so it's an opportunity for us as clinicians to reckon with our own humanity and kind of check in, attend to some of these [00:10:00] potentially problematic processes and transform them. Ideally.

Debbie Sorensen: Yeah. So I want to highlight something about this that I think is really important. And I did a workshop with Mindy Solomon. Who's also going to be coming on the podcast to talk a little bit more about the clinical applications of it. I think um, it was my first real exposure to EFFT and what I was so struck by is that sort of trans diagnostic, like across the lifespan piece of it. Because although I was thinking specifically about how I talked to my own kids and how I help them with their emotions and that kind of thing.

I was really struck by how, as a clinician, it's so helpful and it's helpful with my adult clients it's really is helpful throughout the whole span of, so could you tell a little bit about how the, how EFT evolved to be so comprehensive?

Adele LaFrance: Yeah, well, um, it was really interesting because I first started [00:11:00] out with the development of the model, the context of eating disorders with, with children, adolescents, you know, um, part of eating disorder treatment for children, adolescents involves tasking, the parents with renourishing their child in the face of their refusal, resistance, which what have you.

Um, but you know, it's like, it's sometimes it's, it's really a critical situation in terms of physical health. So we really need to empower these parents to help them, to feed their kids and to make sure that they don't have other symptoms. Well, I would hear about parents coming back, um, and saying like, okay, we did the meal support.

We insisted that she eat the whole entire meal, but literally plates were flying. I was so astounded by that, like, whoa, I don't know what to do. About that, you know? And so I started to think about how can we help the parents tend to [00:12:00] the emotion that's underlying, not just the eating disorder, but also that is so present when their child is so resistant, you know, so that we can avoid this whole plate flying thing.

And then I came across, emotion focused therapy, which is all about helping adult clients process their emotions. And I thought, okay, well, we need to teach parents to use those skills with their kids, both because it'll target the root of the eating disorder, which we need. We know one of the risk factors is difficulties with emotion processing, but also because it will make meal times, uh, less chaotic, but in some cases, less traumatic for all people

Debbie Sorensen: for everyone,

Adele LaFrance: For everybody. Yeah.

It's extremely traumatic for an adolescent to, to kind of have this awareness that they were throwing plates at their parents. You know, especially since most of these young women that were in this program were like [00:13:00] A-plus students, you know, very, very, uh, responsible members of society.

But, but when at the height of their illness, the fear related to weight gain or calories, whatever made it so that, you know, they'd act out in these ways. So it was terrifying for them. It was terrifying for their parents. And if sometimes it was even scary for the treatment team, like, oh my gosh, are we making them worse?

You know? So in any case, it was really important to kind of target the underlying processing difficulties with emotion, but it was also really important to provide these skills, these strategies, these tools, so that, um, we weren't causing more problems. Going through the recovery process. So that's kind of how it started.

And some people clinically, we say, if you can work with eating disorders, you can work with anything because there's so much resistance. Like there's not that that inherent, like drive to heal on the surface. Like you would see with people who are struggling with other issues. And so I thought, okay, well, [00:14:00] it seems to be working. Um, they're really positive benefits. Parents and caregivers are really grateful. Why don't we do this with people who are older? You know, why don't we try some of these same techniques with people who are older. And then we did. And it was remarkable. And parents and caregivers were so grateful because they had no idea what to do.

And they were all pretzeled up, like trying to figure out how to manage these incredibly difficult situations. And so that we got curious about, okay, well, the worst with eating disorders. What could it do in other domains of mental health? You know, like anxiety, depression, PTSD, OCD. And I mean, we expanded, we expanded in practice first, followed up by some research and we saw that, um, across diagnoses, there are emotion processing deficits and [00:15:00] across diagnoses.

When we equip the loved ones of people who have these difficulties with emotion, processing skills, uh, people get better, a lot faster. And one of the coolest reasons why they get better a lot faster as because of the neuroscience of connection, like on my best day as a therapist, I will be able to affect a change for someone in a treatment room.

I mean, you know, it's, it is shown that therapy works and that's a good thing. But if I teach my clients, spouse, some of the same emotion processing skills that I would use in therapy, and they use those skills infrequently and imperfectly, they are going to have way more of an impact that I'm going to have as an expert psychologist on my best day, you know, because of the love between them because of the neuro-biological bond [00:16:00] between them, because their brains light up more in response to one another than they do a stranger.

Who's a therapist who cares about them, but not in the same way. And so in a way it's like really leveraging this connection for efficiency, you know? So I, I know, I think that's really cool.

Debbie Sorensen: And it seems to matter. I mean, I think, I wonder if you could just speak a little bit about why it's important to engage the family or caregiver, whoever's caring for the person, right? Your spouse. It could be a parent, even an adult, a parent of an adult or a kid. It's just who a friend, whoever happens to be.

Why do you think it's important to engage caregivers? And what would you say to someone who feels intimidated or powerless? Because these situations can be harder. You gave the example of plates flying, but I think when, you know, no matter what the situation is, if it's your child having a tantrum or if it's a substance abuse, like it's very, I think [00:17:00] sometimes family almost feels like they want to, you know, give up or

Adele LaFrance: Yeah. Throw their hands up in the air. Like they've tried everything for short while there are a couple of things I would say about that. There are hundreds of reasons why I believe caregivers need to be involved for their own sake first. And one of those reasons is that, especially when we're talking about burnout, you know, like you alluded to that in terms of like, wanting to give up.

What we know about caregiver burnout is that burnout is more related to. Feeling ineffective and feeling like our efforts are not worthwhile. That's, that's the kind of pathway to burnout as a caregiver. However, if a caregiver feels like they have strategies that work and that are meaningful, it's actually quite empowering.

And self-reinforcing, I worked with a mother a few years ago, but adult woman with different mental health issues [00:18:00] and she was burned out. Like she could hardly keep her eyes open during the caregiver workshop that I was facilitating and taught her some skills that day. I encouraged her to go try it. And she's she, I remember she said to me, she's like, my daughter has been really unwell for many years.

You think this is going to help. And I said to her, I'm like, I really, really do. It's so different than what you've been doing. It's so different from what we do in this culture. I really, really think there could be an impact. Give it a try. If you have enough energy, she came back the next day. Cause it was a two day workshop, beaming excited.

Couldn't wait to share. She's like, ah, use the emotion coaching strategy. And I didn't even get all the way through it. My daughter totally opened up and we had, you know, as deep of a conversation as we've ever had, we stayed up way

too late, you know, hanging out together. And it was amazing to witness the transformation of burnout, you know, from one day to the [00:19:00] next.

And so that's one of the reasons why I'm so passionate about bringing in caregivers is because I want to teach them some skills that will make their life easier, as well as support their loved ones. In a really positive, productive way. The other reason to bring in caregivers, aside from the two that I've mentioned so far, the neuro-biological bond and the antidote to burnout is that when there's someone in the family or someone in the system who has a serious or chronic mental health issue, it affects everybody.

It polarizes patterns, it brings some people closer together. It drives other people apart, you know, in that same system and in the UK actually, which I find so amazing. If you are the close person to somebody who has, um, serious or chronic health or mental health issue, [00:20:00] you are entitled to a needs assessment, you are entitled to support, and that could be, um, supportive care, or that could be the, the teaching of skills.

You know, to help you navigate this challenging and unique situation. And so that's why I really feel passionate about it because it's good for everybody. It's good for everybody to have important people involved in, in ways that they feel comfortable, you know? Um, so that outcomes are likely to improve for the person who's struggling, but also for the people who are supporting them.

So it's kind of a win-win situation. Like the idea that someone comes for individual therapy as an adult has been a very popular idea for falls since the history of psychology, basically. But I think now that we understand more about the neuroscience of connection, that's going to be one of our outdated [00:21:00] ideas, because like we're helping somebody on their own, but then they're going back to this. You know, and we're not taking advantage of all of these incredible resources, human resources that are surrounding them.

So I'm I'm hopeful. It's going to affect a change. Long-term

Debbie Sorensen: Well, it, if it speaks to the context and how important the context is, but then also social support and how even, like you said earlier, it doesn't have to be perfect, but even just making some shifts can really benefit everyone. It gives people a sense of empowerment and yes. Yeah.

Adele LaFrance: that's right.

Debbie Sorensen: So I think one of the things that all of these different groups have in common that you work with here, you know, children, teenagers, adults who are struggling is this idea of helping people who have big feelings, right?

Like helping people with their emotions. And I think, you know, you think of adolescents in particular, but also just really across the life span [00:22:00] that some people do have strong emotions. Could you talk a little bit about what, what do, what are super feelers and what's going on with kind of emotional, big, big emotions, emotion, dysregulation.

Adele LaFrance: Yeah, well, so some people get dysregulated with small feelings, you know, so it's, it's really kind of a unique interaction. Um, but when, when people have big feelings, like we coined this term, the super feeler for a person who experiences their own emotions very strongly, but they also experienced the emotions in their environment in a very acute manner.

In other words, their radar for stress or distress in others is incredibly high. And when they have stress or distress, Um, it can feel overwhelming and, and that's tricky to live in this world because our world is already. So, um, stimulus rich that to then layer on like this really [00:23:00] sharp antenna. Um, no wonder people are seeking out methods of coping methods of like soothing, the nervous system either through.

Cutting or food restriction, bingeing or purging through drug use through shopping inappropriate relationships. Like those strategies do work. They do help take the edge off the nervous system. Obviously they're maladaptive, you know, and they have health consequences, but it speaks to the, the crux of the issue.

And that is in regulating one's own emotions. There are different theories about how one becomes a super feeler. Some people think that, um, it's, uh, it's related to inborn temperament. Other people are, you know, or maybe even genetics. Other people think like, uh, early stress, early exposure to stress. Um, Others think that there are some [00:24:00] neuro-biological variations in terms of like number of receptors for oxytocin in the Olympic system, you know, which is we're getting complicated here, but there, or it could be a combination of all those factors.

Like we just don't know. What we do know though, is that people who are super feelers need a little extra support and people who aren't to, um, attend to move through, um, emotional experiences of varying intensity, everybody needs that kind of support. But if you're a super feeler, you might need a little more.

Debbie Sorensen: Yeah, you need some of these skills that we're about to talk about today to be able to like handle those emotions in an effective way. Um, I want to talk really quickly about one thing that gets, I think a little bit tricky when there's potentially, you know, a family member, a child, um, who is struggling with emotion, regulation issues, which is the tendency to blame [00:25:00] ourselves.

And I think as a parent myself, sometimes when my kids are having a problem or when they're like, you know, losing it, my mind goes there, right? Like, oh my gosh, if I was a better parent, if I knew how to handle these things better. so I love the way that EFFT approaches that the issue of blame and that tendency to blame. What, what would you say to someone who may be in that place of wondering if it's all their own fault?

Adele LaFrance: Yeah, I mean, do they blame themselves for world war two is the first question. Um, probably not. And, uh, world war II actually had a really strong influence on the way. Parents engaged with different emotional states with their children. You know, like we were taught during that period that vulnerability was bad.

Hide your fear stuff, your sadness, you know, tuck away your shame, um, because you know, war time made it so that you had to be stoic, et cetera. But after the war ended, [00:26:00] like, oops, we forgot to tell ourselves that like emotions are important and now we need to go back and feel all those feelings to, you know, get back, to get our systems back to baseline.

And some of those values around emotion were transmitted into the parenting context and transmitted over generations. And so if parents are, um, struggling to respond to their children's emotions, Whether they're specific emotions or they're more intense emotions that's because we have not been taught how to do that.

Um, so them and most other people on this planet. So when we think about the notion of parent blame, like to me, it's just such an irrelevant concept because if you, if you like pan out three generations, I mean, we're doing way better than where we came from and we're going to continue to do better still.

That's the process of evolution. I mean, of course I would want to still tend to that feeling of self blame because that [00:27:00] self blame is also coming from a place of love and care and commitment, you know? And so I I'd want to like preserve those beautiful aspects of it, but then clean up the rest, um, because parents do the best they can with what they have.

With what they were given with what they learned. And that to me is true. 100% of the time. And sometimes people challenged me on this. Oh, well, you're telling me that a parent who decides to, you know, blank, you know, some not so good thing, you're telling me that they're doing the best they can when they, when they purposely do this or do that.

And I'm like, yup. I do pan out the last three generations of that person's life. Look at the different social and historical influences

that have shaped the generations that came before them that have shaped their experience, their attraction to the world [00:28:00] today. And it will, you will be hard pressed to find a parent, even a parent who's engaging in problematic parenting patterns. Who's not doing their best.

Debbie Sorensen: That's right. I love that. I mean, I think that it really speaks to how this is a skillset that applies to everyone. But a lot of times we didn't learn it, you know, in our own upbringing. And I love that piece around coming from a place of love. I think in acceptance and commitment therapy, we talked a lot about how pain and values are joined together.

Right? And I think that if you're sitting there at two in the morning, blaming yourself for a problem that your teenager is having, you can look at that as a sign of like what matters to you? What do you care about? Obviously you don't want your teenager to be suffering, but the fact that you're you're suffering because of that suffering just shows how much.

Adele LaFrance: that's right. The only [00:29:00] downside to self-blame is it does restrict the capacity for connection. And so a parent who is in a state of self blame, um, is going to be less able to tolerate. When their child has normal expressions of rejection, um, or normals, normal desires to separate or individually or exp or expresses, you know, normal expressions of criticism or anger.

You know, a parent who's in a state of self blame is going to have a lot more difficulty holding that, um, and helping their child move through that experience. And so for me, that's one of the, there are two reasons to help a parent with, with self blame one for their own sake, because carrying self blame is like carrying a bucket of rocks up an already steep hill of life.

That's the first [00:30:00] reason. The second reason is that the self-blame creates this, uh, this experience of folding in, onto the self. You know, this ruminative like, oh my gosh, how could I have done that? How could I have

done that? Which makes it so that they're less present for their child and able to like hold those tougher states.

Um, so I mean, actually if you go on my website, mentalhealthfoundations.ca under clinician resources, clinician videos, the very first video is about helping to transform caregiver, self blame. Um, because you know, we that's, the last thing we need is to be blaming ourselves for situations where we're clearly doing our best with what we've got, you know, so I don't know, I feel really strongly about helping parents free themselves from those jackals.

Debbie Sorensen: You know, I had a client once whose kids I think were in their probably twenties and thirties. And she was in tears one day talking about blame. She had for [00:31:00] herself, for things from when her kids were little. And she had never talked about that before openly. And she was literally in tears and I just thought, wow, she's been carrying that bucket of rocks for decades.

You know, it's just so heartbreaking when you think about the load, right? The emotional load of.

Adele LaFrance: Oh, and you know, if you, if you take a little stroll in the maternity ward of any hospital and you ask every single mother in that ward, do you have a story of self-blame around how you could have been a better mother to your newborn? I can guarantee you every single one of those moms. We'll have a story like, oh, I, I lifted something heavy that I probably shouldn't have, or, oh, I feel like I wasn't, as on top of the vitamins as I should've been, like, it starts so freaking early, you know, and dads have it too.

Uh, it tends to be stronger in the person who's [00:32:00] carrying, you know, the, the, the child. Um, so I don't mean to exclude dads. Dads certainly have, have narratives of self-blame also. So there's gotta be some evolutionary aspect to this, or it's just really deeply ingrained, you know, in, in our, in our conditioning and our culture, but it's, it's also super sad, you know?

So it's like, I, I love helping parents and caregivers free themselves.

Debbie Sorensen: yeah, yeah. Freed themselves. I love that. Well, again, we're going to talk with Mindy more about clinical applications of EFT, but I want to dive in a little bit more to some of the actual strategies here in your work, specifically with parents and caregivers of kids and teenagers, and a lot of this, again, your book.

For parents and caregivers is called what to say to kids when nothing seems to work, which is so fitting because you have all these examples of these really hard situations that happen all the time. And it's like, I don't know what to [00:33:00] say. Cause no matter what I say, it seems wrong. Um, but let's start with the wrong part, right?

Like that. I mean, I don't want to say wrong. That's a little harsh, but like the ways that we tend to respond, those, you call them knee-jerk responses. And certainly we all do them. Right. And it's not, again, it's not like a, a massive crime against humanity here, but they tend to be a little bit unhelpful.

Right. So what are some of the kinds of things that you see in terms of those automatic responses that are, are like, not quite what we're going for

Adele LaFrance: Yeah, like okay. For kids and teens, one of the most common ones is I hate school. Like if you think of your knee-jerk response for high hate school, it's going to be something. Yeah. But you need to go or it's not that bad, or you learn to like it, you know, it's like, and the

Debbie Sorensen: You're so lucky to have an education, right? I mean, yeah.

Adele LaFrance: exactly, you know, like, so that's a really, really, really common one. Um, you know, or I feel sad, you know, ah, a parent might say like, oh, why do you feel that way? And, oh my, [00:34:00] I wish that I could see my friend Sally today. Oh, well, you'll see her again. Like reassurance, problem solving and rationalization are three of the most frequent, um, knee-jerk responses that we observe in our culture.

And when, when I've surveyed literally hundreds of people about different types of knee-jerk responses, the top three are reassurance, problem solving and. Um, so it's, it's, it's, uh, woven into the fabric of our culture. The problem though, is that it doesn't work. And so let me just do a really, really brief demonstration. Okay.

So I'm gonna invite you Debbie, to put yourself into a resistant, like, I don't want to go to school stance. Okay. Like just put your body in that stance and whoever's listening, try it out. Um, to see the difference. I don't want to go to school and I'm going to say some words and you just tell me what happens below the neck.

Like if your resistance increases or decreases by what I say. Okay, you're ready.[00:35:00]

Debbie Sorensen: Okay.

Adele LaFrance: Okay. Put yourself in that resistance state and just say, I don't want to go to school.

Debbie Sorensen: I don't want to go to school.

Adele LaFrance: I know honey, but you have to go to school. School is like your job. I need to go to work. You need to go to school and trust me, it'll help you later to get to where you want to go.

Okay. Did you feel the resistance increase in your. Like to me, I wish we had billboards all across the world saying our typical strategies of responding to resistance actually increase resistance and then it's frustrates us. All right. It's so frustrating. But some, some recent advances in neuroscience has demonstrated that if you can speak out loud, the reasons why the other is feeling resistant, the brain registers it as like, okay, you know, the alarm bells can tone down a little bit because the external environment has processed what we're saying about this, even if they don't agree.

So let me just demonstrate it a second time. [00:36:00] Okay. So on, when I say go put your body back into that resistance, say, I don't want to go to school.

And then again, just notice what happens below the neck. Not don't worry about what you want to say back. Just notice the physiology of, of, um, of what it's like.

Okay. yourself into that resistant place. Tell me, I don't want to go to school.

Debbie Sorensen: I don't want to go to school.

Adele LaFrance: I do not blame you for not wanting to go to school today because there are probably 700 other things you would rather be doing with your time because sometimes school is hard and sometimes school.

is uninteresting and staying at home feels a heck of a lot better most days. So did you feel your body relax?

Debbie Sorensen: I did. And I feel sort

of like I found myself nodding, like, yeah, get it. You understand?

Adele LaFrance: exactly. And that creates a state of physiological and psychological openness and flexibility so that when you follow it [00:37:00] up with, I promise it's not going to be forever. You'll get through the day. I believe in you when you get home, you know, we'll set aside some time to play some cards. Now get out of bed and get your clothes on.

That means that that kid, that teenager is going to be more open, more flexible, more likely to, um, follow your lead than if they were increasingly in a state of resistance. So even if you don't agree using this strategy with sincerity, so not as a ploy, you know, really putting yourself in their shoes, speaking the reasons why they might not want to go to school that has the most profound effect on the brain in terms of, um, creating that state of, um, of increased collaboration, cooperation, et cetera.

Debbie Sorensen: Yeah. And I think it takes practice because it isn't necessarily what we're used to doing. We do have that tendency to try to jump in and [00:38:00] reassure, talk them out of it, make them feel better, actually, Adele, one of the things I noticed I tend to do sometimes I think I was trying to tap into my own kids like common humanity.

Like you're not alone is that I would say. Um, so for instance, my daughter was telling about feeling rejected socially one day and I said, oh yeah, that's happened to me before, too. I remember. And she immediately was like, that's not helpful because I think I was trying to like, be like, it's okay. I think the vibe underneath, it was a little bit of like, don't worry.

We all face that. Like I was trying to make her feel better and it was definitely not a good move. Luckily she told me, so I've been cautious of doing that.

Adele LaFrance: That's the beauty of

Debbie Sorensen: don't really care about that.

Adele LaFrance: The kids will tell you, they'll tell you by, you know, by verbally telling you like your daughter did, or they'll tell you by like rolling their eyes or by cutting the conversation short, there are all these markers of like, Ooh, not helpful. But [00:39:00] you know, when we look at your intentions, your motivations, I mean, they're so beautiful, right?

It's like wanting her to know like projection is a part of life. There's nothing wrong with her. It's happened to you too. You can imagine. Like, I mean, it's, it

really is so loving. The problem is the brain, the brain wants that kind of stuff. Just not first.

Debbie Sorensen: Right.

Adele LaFrance: The brain wants the, I can imagine why you would feel that way from your perspective.

And let me give you three reasons why, so it's in the book, you know, we invite parents to use three because statements, and then when they're more open and flexible, then you can say all that good stuff that you said, and it's likely to have a more positive result.

Debbie Sorensen: Yeah.

Adele LaFrance: Yeah. So it's really like, which is awesome. It's like, we're not asking parents or caregivers to like completely change everything that they're doing. No, not at all the reassurance, the problem solving that's actually really effective. But as a second step, you need to have that first step [00:40:00] in order to bring malleability to the organism, you know, to like open them up, to soften them up, to create that flexibility.

And then the reassurance and problem solving is going to be great. So it's, it's the order of operations. That's critical.

Debbie Sorensen: Yeah. And I think, you know, part of what you're talking about is validating and helping them understand that you get it and then building a bridge as you call it in your book, like connecting with them, kind of translating almost. I was wondering, what are your thoughts about how to build a bridge in those moments? When maybe it's hard to connect with them? Like they're upset, you're upset. I dunno. What are your, how do you, how do you do that?

Adele LaFrance: I mean, even though it's hard, when, when we're, when we're dysregulated, then we, we lose, um, connection to our capacity for creative creativity and flexibility and all those good things that are required in order to put ourselves in the other person's shoes. And so, you know, sometimes we [00:41:00] have to blow it and then go back and be like, you know, when you said this and I said this, I should've said this.

And that's actually one of the chapters in the book it's called the do-over. I can't tell you how powerful it is for a kid of any age to have a parent come to them

and say, I messed that up. I wish I would've done it differently. And so it's never too late. Here's here's me, you know, giving it another go.

That is so incredible. Powerful and healing. And it really flies in the face of how our parents were taught to raise us, like never admit to fault, you know, like, I don't know about you, but like, that's certainly the culture that I was raised in. Like parents don't admit to fault and they don't apologize, you know?

And it's an opportunity to correct that cycle to, to break that cycle. But if, if a parent is able to kind of get kind of connect with themselves, maybe they take a [00:42:00] couple of deep breaths as a general rule kids act out because they feel overwhelmed. They feel stress or distress of some type, you know, or there's trying to seek comfort, um, or relief from stress or distress in some way.

And so if all else fails, you could say like, oh yeah, I could understand why you'd want to hit your brother because you're feeling really sad about being left out. You know, you can just imagine that there's a sweetness. To all problematic behaviors, not, we don't want to, we don't want to make it okay. By highlighting the sweetness, but we're highlighting the sweetness because that's part of the thing that's going on.

And then we're going to correct the behavior, you know? So, but yeah, it is hard. I don't want parents to feel like they need to get it right though all the time, because like, we're human too. We get dysregulated, you know, we get impatient. [00:43:00] Um, so that's the wonder of the do-over in fact, it's one of my favorite chapters in the book because it's like it's and it's real, like it's not just lip service.

Like it's actually real that? doing a do. It can be as powerful if not more powerful than getting it right the first time.

Debbie Sorensen: Yeah. And I mean, it's coming from a place of genuineness in the sense that like we mess up too, and we can own that and role model to our kids,

Adele LaFrance: Yeah. It's never too late. It's never too late.

Debbie Sorensen: right, right.

Adele LaFrance: And we've had parents do do overs that were five years old. Memories are not stored chronologically, but more by intensity. And so if

there's an intense memory, you can bring it back up, help process the emotion, the emotional tags, you know, associated with the memory.

And then when the memory goes back in, it gets filed in a different filing cabinet of like lesser, intense memories. So the do over is kind of magical. It can heal old wounds. It doesn't just have to be, you know, that [00:44:00] day or that week.

Debbie Sorensen: That's right. Yeah. Um, and how powerful is that? Right? Yeah. So I'm wondering, so you have emotion coaching, which I love that concept. And I love, we've talked about emotion coaching sometimes on the podcast before Gottman's work and others. I know you, you drew from in your model. But you don't just end it there.

You also have the practical support, as you said, you know, you start with validation and emotion coaching, and there's a lot more to that people can read and look at your videos and that kind of thing. Practical support. Would you be willing to do a couple more examples to kind of illustrate what that

Adele LaFrance: For sure. Yeah. No, for sure. And I guess I'll just say one thing about the Gottman difference is that John Gottman's model was created for little kids. You know, where emotion words can be as much more freely, but in our culture, we have been conditioned at a young age. So then, you know, to not use emotion words as freely.

And so that's why I adapted [00:45:00] my version of emotion, coachings that you can validate thoughts, attitudes, urges, behaviors, not just emotions. And so, I mean, I've always bowed down to John Godman because like? he's the, he's the original, you know? Um, but Yeah. so that's kind of the difference between the two, if people are wondering what Yeah. Let's do, let's do a couple of new.

Debbie Sorensen: Well, I'm glad you pointed that out real quick because, um, I think that you have expanded it right. And brought it into you've made it a little bit more broad and brought it into these other areas as well. So that's a really good point because the book, the God-man book on this, um, was really like a parenting manual for little kids.

Um, yeah. Yeah. But I mean, again, it's the same skill, whether it's like my adult client or my, you know, young child, because I think we're all learning how to deal with our emotions in an effective way. No matter what age we are and how skilled we are at this. Yeah.

Adele LaFrance: exactly.

Debbie Sorensen: Okay. So first example I have to now this is like a daily occurrence in my home, practically.

Not, not really, but I think a lot of [00:46:00] parents will relate. Okay. So I tell my kids it's time to stop watching a TV show or stop, you know, get off their

Adele LaFrance: Electronics of whatever.

Debbie Sorensen: Right. And they fly into a rage. Um, I especially have one child. I shall not name names here, but who tends to be a little hot tempered.

Right. And just starts yelling and screaming. Like you're the worst parent, you know, all that kind of stuff. Um, how would I respond to that? Using this technique?

Adele LaFrance: Well, first of all, if, if, if you know, already that you have a kid who's much more reactive to those types of situations, I would do a little front-loading. And so the first thing I would do would be to enter the space and be like, oh, what are you playing? Oh my gosh. Oh, that's so fun. What's that little, what's that little mushroom guy for okay.

And what, oh my God. Look at your level. Like, so engage, engage, engage with interest with curiosity, with connection. Like I remember, [00:47:00] um, my step son was staying with us over the summer and I made it my job to learn everything there was to learn about for. Because I knew that one of our biggest battles was going to be transitioning from fortnight during the summer to do other family oriented activities that were not as fun, you know?

And so I learned that whole game inside out, I'm telling you it was such a worthwhile investment because I would front load, you know, but not just as a strategy, I would do it occasionally. Sometimes we even play together and I think there's such a bad rap out there for video games and electronics that parents really engage with their children in a way that's quite negative around them.

You know, like sharing negative judgements around them. And I don't know that that's the right thing to do because it's like, if we're so negative about these electronics, why are we giving them to our kids? If we're going to give them to him, then we should also celebrate how fun they can be, how entertaining they can be, how useful they can be, et cetera, et cetera.

So, [00:48:00] you know, you'd want to pepper that in every once in a while.

Debbie Sorensen: I mean that first of all, that makes it so much less of a power struggle and it helps you join together. I actually started watching a show with them once my kids, once in a while that was on Netflix. And it was kind of actually, the show is better than I thought I was like laughing with them because

Adele LaFrance: Oh, yeah. They love that.

Debbie Sorensen: Yeah.

Adele LaFrance: They love that. They love that because for most of their day they are doing what adults tell them to do. It is so refreshing for a kid to have an adult do what they want to do. You know? It's so cool. So anyway, so we do a little bit of peppering of that. Front-loading um, and then when it's time, like you can use humor, you know, if, if that's gonna go well with your kid, like, for example, all right, kiddo, I have some really bad news, you know, it's time to get off your device.

And then we expect they're going to have a blowout, you know, like sunlight. Okay. It's totally fine. So you're Not seeing it as disrespectful, rude. You're seeing it as like a normal response. [00:49:00] And that's when you start. So you, you did what I did earlier. You state three reasons why would make sense for them to feel like it's unfair or to not want to get off their device or to not want to do the thing that you want them to do?

You know, and I would, I would use energy. So if they're energetic about their resistance, then I would be energetic with my validation as long as it's sincere. So it sounds something like this. I do not blame you for wanting surfer, not wanting to follow me around to the grocery store. It is not the coolest place for you to be.

And I bet that if, you know, you could stay on for like just one more hour, it would feel so good to get to that next level. And I'm also thinking that you're probably tired of adults telling you what to do. And so those are the three potential statements and each one, the inflection goes down. Why?

Because if the inflection goes up, they're expecting you to say, [00:50:00] but, and so they're going to be defensive. And so it's very strategic, you know, inflection goes down and then you offer them a little emotional support, which sounds silly for electronics, but it's actually important. Electronics are designed to be addictive, you know, so it is actually hard to transition.

And so I might say like, Hey bud, I promise you, you will be able to play later or tomorrow, whatever the rule is. Um, and it won't, you know, w what we're doing is not going to take forever, and I do want what you want, and I appreciate, you know, how much fun you have on this game. And then you follow it up with practical support and practical support in this situation is helping them practically to transition.

And so you might say, I'll say I have no problem setting an alarm for two minutes. To help you with the transition when the alarm goes, then it's time. If you're not able to transition, we'll have to talk about a consequence. Okay. Or it could be, [00:51:00] um, like why don't I put it on pause and we'll go quick, quick to do our errands.

And then we'll see what the rest of that evening looks like. So anything to do with helping them transition, whether it's problem solving, whether it's distraction, you know, whether it's, um, giving them a plan for return to enjoyment, you know, with this activity that will all work super well. But I want parents to know that even if they use all of these strategies, it doesn't mean their kid is going to go from terrible to

Debbie Sorensen: Right.

Adele LaFrance: this. right? No, it's not. That's not going to anyone who tells you that they have a strategy that's going to lead to that kind of outcome. Like runaway. Cause it's like snake oil. It's not true.

Debbie Sorensen: Yeah.

Not realistic,

Adele LaFrance: No, but it is gonna make it, um, easier to transition. So this approach is all about increase in flexibility, include increase in cooperation.[00:52:00]

And so it's going to make it so that you have a bit more flexibility, uh, between you to get whatever you need to do done.

Debbie Sorensen: Yeah. How do you think in the long run, it helps them understand their emotions better, which will help. I mean, even, yes, they might still lose it when. Take away their game, but I think over time, it's like, there's an effect of that.

Adele LaFrance: absolutely. And it strengthens the relationship because then they really feel like you get them, you want to get them, you care about them. And also you're the boss, you know, and that's actually, kids need to know who's the boss at the same time. So it's like, it's a perfect balance of both they're important. And your.

Debbie Sorensen: Yeah. Okay. Next example. Um, so imagine that your child, any age, actually, this could be even a teenager, an adult child comes home from school. You can tell they're upset, but they're not really saying much. You can tell they're in a funk then later, like maybe at dinner [00:53:00] they, they get self-critical right.

Like nobody likes me. I'm no good at math. They're just really down on themselves. How would you respond to that?

Adele LaFrance: Well, there's two elements that you've actually brought up there that are really important. One is that they come home from school looking solid, but don't talk to you about it. So that's number one. So one of the things that I suggest parents do in those situations is to start there and be like, Hey, bud looks like.

It looks like you had a rough day and they'll probably say no, right? No. Or I don't want to talk about it. And that's when you start using the approach, I don't blame you for not wanting to talk to me about it. Sometimes I can say the wrong thing or sometimes I don't always listen and I want to rush in to reassure or to give you tips out of solve the problem, or, you know, whatever's give three reasons why it would make sense for them to not want to talk about including the [00:54:00] fact that it might be weird for them to talk to their parents about these things.

So you're kind of naming like, yeah, it makes sense to me that you'd be hesitant talking about these things because, because, because I want you to know that, um, I've been learning some new skills and, uh, I see that sometimes I haven't always done it. Right. And I'm feeling pretty good, you know, about maybe being able to help you in a different way.

And so I just want, I just want you to know I'm here, I'm available. If you end up changing it. Most most kids will want to save face and like still remain clammed up for a little while. And most kids will eventually open up to test the waters because they do want your support. They really do. Um, they just struggle sometimes with some of the more conditioned ways that we respond to

their stress or distress, which makes it so that if it happens at dinner time, they're like, oh, I'm so stupid.

Or, you know, I'm never gonna make it. You're going to have more [00:55:00] openness on their part. And so then again, you enact that?

same strategy. Well, first you could ask a question. Did anything happen? You know, or what did something happen? No. Suddenly go on. And it's like, no, just in general, did you, you still use the same strategy? Like Yeah.

I could imagine why you'd feel that way because you know, when you're a teenager. And things don't go well at school, it's like normal to kind of look at yourself and be like, what did I do? How could I be different so that you can avoid that from ever happening again? Because man, it probably doesn't feel so good.

And notice I'm using very tentative language. You might feel maybe probably like I'm allowing for the possibilities that I am wrong so that they can say, no, it's not that it's this. And then they give you the goods, right? They're like, oh, I failed to fail the test or I didn't get as high on my test. Or I only got an 85 on my test and the knee jerk response for that is like an 85.

That's amazing. Right. But you know, the kids upset. And so you're like, okay, well, [00:56:00] why would it make sense for, for a kid who got 85 to be upset? Well, cause my kid really values education and part of their identity is like that they are a good student and they really want to get into that really good universe.

So bingo, here's another opportunity. Oh man. Even though 85 could be considered a really good grade. I can understand why you'd be upset because you are the kind of kid who wants to show your best all the time and who works really, really hard to do that. And I know that you're really eyeing that specialized program, you know, for, for college.

And so it makes sense to me that you'd feel bummed by that like, think of the difference in terms of a response than what they would get from any other member of our culture on any given day. Now once they're like, oh Yeah,

You know, like whether they say it or not, then you can say, You know, I have a feeling it's not gonna affect the rest of your life, [00:57:00] you know, and if you want, we can talk to the teacher or I can help you for the next one, um, to see if we might be able to boost your grade that way, or we can just look to see,

like, is this actually going to have an impact so that you can rest knowing that you can let this go?

You can leave this behind you. So that's that whole sequence, the three, because statements, emotional support and then some practical support.

Debbie Sorensen: great. I mean, this is so helpful. And I think people who are interested in learning more should look at your book for a bunch of other examples like this. it's just refreshing because I think sometimes there is such a tendency to argue with kids, even when they're, self-critical like, no, you're the greatest, you know? And it's like that doesn't actually help because they'll, they'll argue back, right. There'll be like, oh, I'm not, you know, it just gets to this unhelpful place. And so this is so refreshing. Um,

Adele LaFrance: Oh, I'm glad to hear that because honestly, like my, my motivation doing this is for parents first, so that parents don't feel so stuck, you know, like wanting to help their kids. And obviously it [00:58:00] has a beautiful domino effect, you know, for the child too. But I mean, you know, I'm a parent, it's freaking hard. I'm a step parent, which has, it's a host of unique challenges, you know?

Um, but it's like, it's hard and it's also one of the most important job that we all have, you know? So anything that we can do to ease that for our fellow brothers and sisters, you know, that's, that's a good day.

Debbie Sorensen: Well, I want to finally wrap up by asking you a little bit about your current directions, because I know you've, you've moved more into doing research on psychedelics and the therapeutic use of psychedelics.

We actually, my cohost, Jill did an episode recently on psychedelics in therapy. Um, and I know you have a lot to say about this. So could you just give a few words about what you've seen in your work, in terms of the healing impact of psychedelics with people and families who are struggling? Like, how does this [00:59:00] fit into your work that you're doing?

Adele LaFrance: Yeah. Well, it's interesting because I started working with psychedelics, like doing the research in 2014, actually. So I've been carrying these two lines of interest and research for the last number of years. And now it's like probably the most exciting for me professionally is that I get to combine them.

And so really looking at the integration of EFFT principles and techniques into clinical protocols with psychedelics. So for example, we have a study going on, um, in the UK, uh, for people with eating disorders and they're taking psilocybin as part of a treatment and their caregivers are involved doing some EFFT work, which is really, really cool.

And there's another study with MBMA. I completed another one with ketamine and, um, there are many, many different applications that are, that are proving to be promising, but the one that's probably the most relevant for this conversation is the potential for psychedelics to [01:00:00] help parents and caregivers forgive themselves for hard things that happened in their past as parents, and also to override some of that cultural conditioning that makes it so that it's harder for them to be there for their kids in the ways that they want. That has been really, really remarkable. I interviewed a woman recently who participated in a psychedelic retreat abroad, and she talked about how it transformed her parenting. And she realized, you know, that there were some of her own fears, some of her own shame that was getting the way of being able to be there for her daughter in the ways that she needed.

Um, but she also like had these Epiphanes these revelations about like what her daughter really needed very, very specifically, and it transformed their relationship, you know, which I thought was really powerful. So psychedelics are mostly being looked at right now [01:01:00] in the context of mental health issues, like as a, as an adjunct to treatment or as a treatment in of itself.

But I see the promise of psychedelics more broadly in terms of healing. Um, relationships and relationships within families, but also relationships with between cultures, between political parties, between religions and there's this really great study that just came out in the last, um, six or eight months, uh, Lee Roseman from Imperial college.

He just published a study, looking at the potential of psychedelics to heal, um, divides between Israelis and Palestinians and the results are, oh my gosh. It's so amazing. And so when you think about what's possible in that cultural religious context, and then, so then what must be possible in a family context? You know, like, oh my gosh, it's just so [01:02:00] exciting.

Debbie Sorensen: That's really interesting. Yeah. How it sort of opens up people from some of these blocks and mindsets that they're stuck in and that there's potential for it to be used, not just for internal healing, but for those like more relational and social and political. Interesting. Wow. Really fascinating. Yeah. Well, Adele, I really appreciate your time and coming on to share your

expertise and these really helpful strategies with us. Can you point our listeners towards your resources, again, your webpage and other resources that they might find helpful to? If people want to learn more about.

Adele LaFrance: absolutely. Yeah. There are so many free on demand resources for both caregivers and clinicians at www.Mentalhealthfoundations.ca. Um, you can also learn more about uh, some of this research that we've talked about, both relating to EFT and psychedelics as well as events that are coming up at my personal [01:03:00] website, which is www.Dradelelarance.com. Um, so those are probably the two kind of best, uh, resources in terms of getting access to, you know, free on demand. Um, help.

Debbie Sorensen: Great. Well, be sure to check that out and Adele, thank you again so much for joining us.

Adele LaFrance: Thank you so much for having me. It was a pleasure. Thanks.

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