TF-CBT-A “Take Five”

Special Considerations for Implementing TF-CBT with Adolescents

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Psychoeducation

(1) More to Deal With – Multiple Problems, Multiple Traumas

Teens are at increased risk compared to young children for developing certain kinds of mental health, behavioral, and social problems—including PTSD, depression, substance abuse, self-harm, and delinquent behavior. These problems often co-occur. Adolescents are also more likely than young kids to experience multiple types of traumatic events in their lifetimes, which increase their risk for mental health problems and future victimization.

(2) Dramatic Changes

Adolescence is a period of dramatic physical, sexual, cognitive, emotional, social, and spiritual development, all of which can be impacted by trauma. Youth and families should be educated about typical developmental tasks and expectations in these areas, as well as the possible effects of trauma across these domains.

(3) Let's Talk About Sex…

Teens who have experienced traumatic events, particularly sexual abuse and assault, often have questions or concerns about the influence of their experiences on their sexuality and physical health. Be prepared to discuss these questions and rape-related health concerns; dispel myths about trauma and sexuality with teens and their caregivers; and support teens to discuss their health concerns with their physicians as well. Do not assume you know the youth's sexual

orientation or gender identity, and recognize that trauma issues may be more complex for LGBTQ youth. Create a safe and affirming environment for all traumatized teens, and remember that these youth may not be “out” to their parents or caregivers.

(4) …And Drugs

Even trauma-exposed teens that have not yet started to use alcohol, marijuana, or other drugs are at elevated risk compared to their peers for problematic substance use and abuse. Teens may use substances to cope with distressing emotions (but do not assume that all distressed teens who are using substances are doing so as a coping strategy). Substance use can place teens at increased risk for future victimization; informing teens of this connection and assessing their level of use can be valuable in reducing unhealthy coping and preventing risky behaviors and situations.

(5) Parallel Process

Remember to emphasize the critical role of the caregiver. This can be especially important for teens, because parents may think they don’t need to be a part of therapy. Remind caregivers of their critical influence as role models for their teens. Encourage parents to learn, practice and reinforce the coping skills their teens are learning throughout the treatment process. “Do what I say not what I do” just doesn’t work. Teens are much more likely to be influenced by caregivers’ behaviors rather than caregivers’ lectures.

Parenting

(1) Keep it Positive

Parents and other caregivers play a central role in their children's lives and treatment during adolescence. Trauma can disrupt family routines and rhythms, which often are affected during the transition to adolescence for all families. Help caregivers connect youth's trauma experiences and current difficulties (moodiness, behavior, irritability): instead of seeing *bad* kids, help caregivers see kids who have had bad things happen to them. Assist the caregiver and teen to find time for positive family activities, focusing on inexpensive or free activities. Help caregivers identify opportunities to praise their teens' positive qualities and behaviors, and remind parents that just because their teens roll their eyes in response to praise, that doesn't mean "deep down" they don't appreciate the encouragement.

(2) Negotiation Tactics

Although caregivers should still take final responsibility for house rules, responsibilities, and consequences, assist caregivers and teens to work together to negotiate and compromise when they can in establishing rules and responsibilities (e.g., chores). Letting teens be part of the decision making process can go a long way in promoting buy-in and preventing future conflict, and taking the time to listen to why a teen prefers one task to another may result in a win-win situation for all.

(3) Communication is Key

Basic communication skills can provide multiple benefits for both caregivers and teens. "I"-statements, reflective listening, paraphrasing, and other skills often taught to couples or for interpersonal effectiveness in general can be integrated when communication problems are identified. It is particularly valuable for parents to engage in reflective listening when teens are discussing positive behaviors/experiences and/or problem issues in a thoughtful way.

(4) Try Validation

Strengthen caregivers' validation skills. Ensure that caregivers can separate validation of a teen's emotional reaction and their endorsement of a teen's behavior or choices. Support caregivers to provide verbal and non-verbal messages that affirm the teen as a person, affirm the teen that his/her feelings are real and understandable, and affirm that the caregiver is *listening*, is *concerned*, and *can handle it*. Validating prior to problem solving is recommended.

(5) Think 'Balancing Act'

Supporting teens in their growing autonomy means skillfully allowing them opportunities to be more independent, not "dropping the reins" completely. Empower parents to retain their responsibilities for ongoing monitoring and rule making, even when there's pushback from teens. High risk behaviors should be handled with clear, consistent contingency management, regardless of age.

Relaxation

(1) All About the Rationale

Learning relaxation skills can be difficult, as well as physically and emotionally uncomfortable when working toward mastery. Depending on their trauma and learning histories, adolescents may have longer histories of avoidant coping or anxiety-maintaining coping strategies (e.g., breathing patterns) when compared to younger children. Spend extra time on the rationale. Explain to teens that trauma responses are reflected in brain changes (neural pathways) and that using these skills can develop new neural pathways. Tie rationale to outside interests (e.g., sports), and work with caregivers to incentivize practice if necessary.

(2) Sleep Hygiene

Include sleep hygiene assessment and education as part of relaxation for all adolescents, whether they currently endorse sleep difficulties or not.

(3) Tracking for Teens

Give teens the responsibility to track their practice of relaxation techniques. This can include mobile apps, text messages to themselves, painting a polka dot on their thumb nail each time they practice, an adult-style tracking sheet--whatever works!

(4) Relaxation vs. Avoidance

Asking teens what relaxation strategies work when they have trauma memories or experience trauma cues is one way to incorporate gradual exposure into treatment. Teens may confuse relaxation skills with avoidance strategies. Instead of asking teens “how they relax” or “what they like to do to relax,” start by defining the difference between relaxation and avoidance. Another suggestion is to use the “tuning out/tuning in” framework to help teens identify when they are using relaxation vs. avoidance. Teens with high levels of introspection or insight might find concepts such as avoidant coping, active coping, and other terms interesting and helpful.

(5) Try Meditation

Consider incorporating mindfulness-based exercises into this module, such as activities that draw awareness to all 5 senses and simple guided meditation. Although it is important to emphasize that teens will need general relaxation strategies, as well as strategies to deal with trauma reminders, mindfulness activities may be appropriate for both.

Affective Expression & Modulation

(1) Wider Range of Emotions

Teens should be expected to master the identification of a wide range of emotions during this module, including more complex emotions than expected of younger children. Don't forget to include a wide range of positive emotions, as well. Remember to ask teens about how they feel when they think about or remember their traumatic experiences as a form of gradual exposure, and encourage teens to use affective modulation in response to trauma reminders and to encourage parents to support teens in this regard.

(2) Dimensionality of Emotions

Given adolescents' abstract thinking abilities, adolescents can describe and sort emotions based on a number of different dimensions to deepen their learning. Examples include: *feelings I like to have* vs. *feelings I don't like to have*; *feelings I show others* vs. *feelings I hide from others; feelings I know how to deal with* vs. *feelings that are hard to manage*. The concept of mixed or blended emotions is also helpful for teens. Having more than one feeling simultaneously about the same person or situation can lead to stronger OR blunted feelings. For one teen, feeling combined love and betrayal about his mother makes him enraged; but for another teen, feeling combined love and betrayal about her mother makes her numb.

(3) Emotion Regulation Toolbox

When emotion regulation is a problem area, adolescents can benefit from the integration of several techniques. Some examples include problem solving, understanding that negative emotions are transient, seeking positive social support from peers or adults, using humor, and positive distraction. Also consider acceptance-based and mindfulness-based techniques. These techniques focus on being present in the moment and taking a non-judgmental stance towards emotions and affective symptoms.

(4) Self-conscious Emotions

Self-conscious emotions, or "secondary emotions," may be more central to a teen's recovery from trauma than younger children. Include discussions and examples, and differentiate between embarrassment, guilt, and shame.

(5) Caregiver Responses

Some caregivers are intimidated or distressed when their teens express some emotions, such as anger. In addition to psychoeducation and parenting interventions, standardized assessment tools can help caregivers gain insight into their responses to their teen's emotions. Role playing is a helpful strategy to help parents learn and practice better ways to respond to their teens when they are upset. Additionally, use role plays with caregivers to ensure that new skills being mastered by the youth (e.g., expressing anger) are met with appropriate responses when practiced at home. It is also important for therapists to support caregivers in developing and practicing effective coping skills, and to remind parents that they continue to be critical role models for their teens.

Cognitive Coping

(1) Scratch the Surface, Then Dig Deeper

Adolescents are often better able to identify thoughts, attitudes, and beliefs than younger children due to their level of cognitive development. Get beyond the "surface" automatic thoughts to teens' core beliefs about the traumatic event(s) and the impact on their lives. Socratic questioning is a powerful tool for accomplishing this goal. Teach adolescents to use this skill to manage daily stressors, then they will be well-equipped to use these skills after the completion of the narrative to address trauma-related cognitive distortions.

(2) Thinking Errors and Distortions

Older adolescents have greater potential for more abstract, logical, and complex thinking. However, teens are still prone to a number of thinking errors and cognitive distortions. Younger teens, in particular, may be prone to concrete or rigid views about rules and moral standards. A fun way to teach teens about cognitive distortions is through the introduction of characters that represent prototypical patterns of distorted thinking. For example the "What are You Thinking Team" worksheet features 10 such characters including "Drama Queen Jean" (catastrophizing) "Emo Emily" (emotional reasoning) "Blaming Blake" (personalization) and "Negative Nate" (disqualifying the positive) to personify distortions.

(3) Caregivers Count

Caregivers can play a critical role in helping their teens identify, challenge, and replace thinking errors in their daily lives. Additionally, caregivers may have their own cognitive distortions related to their teens' trauma-related experiences. Be sure to teach and reinforce caregivers for effective use of cognitive coping and for coaching and supporting their teens' use of this skill.

(4) Celebrity Role Models

Publicly available testimonials from celebrities who have overcome trauma and adversity can provide powerful examples of cognitive coping and processing. This is particularly true if the adolescent identifies in some way with the celebrity. Identify examples ahead of session or work with the teen to select the best, most appropriate examples for each client, and come prepared to discuss how the celebrities' perspectives (i.e., their thoughts and beliefs about the experience) helped them build resilience. These examples also help prepare teens to begin the trauma narrative, which is the next part of treatment.

(5) Understand the Impact

When the time comes for adolescents to use cognitive coping skills to process their trauma narratives, consider having them describe the impact of the trauma on different aspects of their lives and identities (e.g., peer and family relationships, school, future goals, sense of safety, views of self, etc.). This can be a helpful way to identify dysfunctional trauma-related thoughts and core beliefs.

Trauma Narrative and Processing

(1) Continually Build Motivation

Once the narrative work is initiated, regularly review the rationale for the trauma narrative component and employ strategies for motivational enhancement, as needed. Identify a set of intrinsic and extrinsic motivators that can be used to reinforce teens' cooperation, engagement, and completion of the trauma narrative component.

(2) Making it Their Own

Encourage teens to be creative and take ownership of their narratives. Although most teens are responsive to the idea of writing a book or written narrative, some respond better to other creative ways of expressing themselves. This is a great opportunity to leverage their interests, talents, and strengths (e.g., art, music, poetry, rap, comics, video games, photography, sports) in structuring and creating the content of their narratives.

(3) What to Include?

By the time they reach adolescence, many youth have experienced multiple types and incidents of potentially traumatic events. Guide teens to write about the events that were the worst or had the most impact, potentially beginning with experiences that are easier to write about and work gradually toward the most traumatic event. Teens should also be encouraged to write about the overall impact of trauma on their lives. Additional events can be included, but may not be needed, for treatment goals to be met.

(4) Explore Common Themes

Adolescence is a time when our beliefs and values become more stable. This underscores the importance of helping teens process their thoughts and feelings about their trauma histories so they can enter adulthood with healthier, resilient perspectives. Several common themes are found in adolescents' trauma narratives. Some examples include abandonment, mistrust, shame, guilt/self-blame, incompetence, failure, self-sacrifice, and pessimism. Look for these themes in your clients' narratives and use cognitive processing techniques to explore, challenge, and replace unhealthy thoughts. Remember that these core trauma themes may also present as trauma reminders; for example, if rejection is a core trauma theme, then rejection by peers may become a trauma reminder.

(5) Striking the Right Balance

Discuss with teens and caregivers the rationale and benefits of including a trusted caregiver in the trauma narrative component of treatment. Balance your ethical and legal responsibility to protect teens' privacy and confidentiality with the goal of encouraging open parent child communication and the sharing of the narrative with a trusted caregiver. If teens are hesitant or likely to be hesitant, but you have determined sharing would be clinically appropriate, wait to visit the idea until the narrative has been completed so that they feel comfortable sharing their deepest thoughts, feelings, and details of their experiences with you and can make the decision about sharing it with a caregiver after it is complete. Sometimes teens are concerned that the narrative will be too upsetting to the caregiver, but when reassured by the therapist that the caregiver is well prepared and emotionally capable of hearing the narrative, teens are often more willing to share it. Other teens don't want to share the entire narrative, but may be willing to share their final summary chapter.

in vivo Mastery

(1) Consistent Monitoring is Key

in vivo, exposure exercises should be rated, recorded, and tracked over time when indicated. Offer teens choices for how they monitor their completion of exercises and SUDS ratings. For instance, they could record the information in a journal, complete worksheets you provide, or use mobile smartphone applications designed for behavior tracking. As a clinician, take time to become familiar with these apps before recommending them. Be sure to reinforce effort as well as successes!

(2) Creatively Overcoming Avoidance

Adolescents may engage in emotional avoidance, or efforts to avoid certain internal cues like feelings or moods that are associated with their trauma histories. Be creative in generating situations wherein teens can be exposed to avoided emotions for their hierarchies. For example, viewing tragic scenes from movies may induce feelings of sadness or despair that a teen has avoided following traumatic loss. As another example, running up and down stairs or doing jumping jacks can induce similar internal physical sensations as those brought on by fear or panic.

(3) New Expectations, New Challenges

Teens may be required to share restrooms, change clothes in locker rooms, and shower with other youth as part of gym class, sports, or other extracurricular activities. Additionally, adolescents are expected to take more responsibility for independently maintaining their personal hygiene than young children. Exposure to others' sexual body parts, as well as their own, may be a trigger for trauma-related symptoms.

(4) Body Image

Most people become more concerned with body image during adolescence, but this can be particularly true for youth who have experienced emotional, physical, or sexual abuse, or who have lasting physical injuries from traumatic events. Help adolescent clients identify whether activities to overcome avoidance of body image concerns should be included in their hierarchies.

(5) Romantic Relationships

Many teens start dating or experimenting with romantic relationships. For youth who have been sexually abused or assaulted or who have witnessed domestic violence, intimate physical contact with boyfriends or girlfriends may trigger trauma symptoms. Assess whether aspects of adolescents' romantic relationships (i.e., things their partners say or do) should be included in their *in vivo* exposure hierarchies and/or processed using cognitive coping skills. Help teens discern between trauma-related distress and risky or unhealthy situations.

Conjoint Sessions

(1) Practice Gradual Exposure

Add 5-10 minutes to the end of earlier sessions with both the teen and caregiver to increase adolescents' comfort with sharing. Use the time to have the caregiver reflect verbally on progress, provide praise, and reflect on positive emotions, such as pride at the teen's engagement. These are good ways to make everyone more comfortable with sharing.

(2) Keep an Open Door

Teens may be hesitant to share their narrative with a supportive caregiver until they have engaged in deep cognitive processing around issues such as shame or blame. Once the narrative is nearing completion and you feel confident in the caregiver's ability to be supportive, introduce the idea of sharing the narrative. If teens are reluctant, explore the reasons behind this and consider the possibility of sharing parts of the narrative to promote open communication.

(3) Frame Setbacks Positively

If after careful consideration conjoint sessions with a caregiver are not feasible or decided against, make this change therapeutic. Themes such as autonomy, creative use of other support people, and appropriate boundaries are worthy of praise and reinforcement. It may not be necessary to

raise the idea of sharing the narrative until the therapist has determined that such sharing would be in the teen's best interest. This has the added benefit of reducing the likelihood that not sharing would be viewed as a setback.

(4) Plan and Prepare

Topics such as sexual behavior/partners, drug or alcohol use, or other subjects are more likely to appear in teens' narratives, and caregivers should be prepared for this. Do your best to be sure that they are. Caregivers may in fact benefit from role playing how they would like to respond to hearing the teen's narrative to enhance the likelihood that the session will be therapeutic.

(5) Juggling Challenges

There are lots of things to prioritize and keep in mind as the process unfolds. Take into account the teen's confidentiality, the caregiver's responsibility to keep the teen safe, appropriate boundaries and privacy, and your role in assisting the teen to access all of the support the caregiver is able to provide. As with all children, there is no 'one-size-fits-all' conjoint session for teens.

Enhancing Safety

(1) Keep it Relevant

Address topics that are developmentally geared toward adolescents. For instance, have a conversation and provide resources about teen dating violence (what it is, what to do about it) and healthy vs. unhealthy relationships with both adolescent boys and girls. Encourage teens to describe the qualities of ideal romantic partners and create "ideal dating timelines" to facilitate discussion about how their current relationships align with or depart from those ideal situations. Teens also may be more likely than younger children to experience sexual harassment at school, work, or in the community. These risks are heightened for LGBTQ youth. Help teens and their caregivers proactively develop plans for how to respond to these situations.

(2) Build Key Skills

Equip teens with interpersonal effectiveness and assertiveness skills. These skills can be used for a range of situations, including boundary setting with romantic partners, escaping a potentially dangerous situation, and drug refusal. Role plays provide valuable opportunities to model, coach, and problem-solve how to handle different scenarios teens might encounter. Involve caregivers when possible to help the skills generalize beyond treatment and to enlist allies for teens as they learn to navigate challenging situations.

(3) Let's Talk about Sex, Again

Enhancing safety also involves promoting sexual health. Be prepared to provide medically accurate information about sexual health topics (sexually transmitted infections/diseases, proper condom use and birth control, etc.), and prepare and encourage (e.g., role play) teens to have these conversations with their health care providers. Be mindful of health disparities for LGBTQ youth. Tailor sexual health information to be appropriate for individual youth. Teens in foster care, juvenile justice, and those with a history of sexual abuse are particularly vulnerable to commercial sexual exploitation. Educating these youth about exploiters' grooming and recruitment ploys, and developing and role playing specific safety strategies may enhance these teens' safety.

(4) Address Risk Taking Head On

Substance use and engagement in delinquent acts are dangerous and also increase risk for future trauma. Work with teens and their families to reduce risk for these behaviors. Focus on increasing involvement in prosocial activities, reviewing of healthy coping skills, teaching consistent parental monitoring, defining consequences for behavior clearly, and encouraging open dialogue between teens and caregivers. Avoid lecturing! Use activities, role plays, and scenarios to have a meaningful impact.

(5) iSafety

Talk with teens about safe internet and mobile phone practices. Help teens learn to make responsible decisions about what to send (and not send!) via text message or posts to social media, profiles, blogs, or discussion boards. Themes, such as trust and levels of communication, can be helpful. Emphasize that they lose control over access to all information they share digitally; anyone can share it or see it. Also help teens learn how to identify and report suspicious or predatory online behavior to a trusted adult or the police. Work with teens and their families to develop house rules around safe phone, tablet, and computer use and to foster open lines of communication around this topic.