





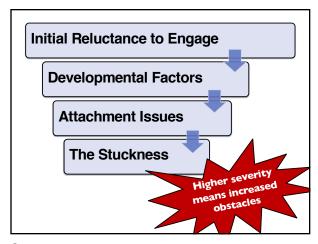
IF THAT WEREN'T ENOUGH...

- Few teen-specific approaches
- Most therapists lack teen-specific training or experience
- Get treated like big kids or little adults
- Reactance
- Therapists/programs sometimes fail at balancing autonomy and expectation

4



5





Think Developmentally



A DEVELOPMENTAL LENS

Ambivalence

Adolescence is a transitional state; nostalgic for the comforts of childhood, but wanting the privileges of adulthood

Abstract thinking

Starting to think abstractly which means existential concerns are common, especially with depressed teens & trauma survivors

Gray matters

The teen brain is a work-in-progress; impulsivity & poor problem solving are common, especially when under stress

Identity formation

A person's mental representation of who they are; components include a sense of personal continuity & uniqueness from others

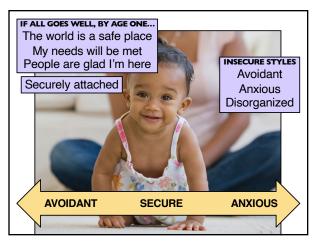
10



11

Address Attachment





14

AVOIDANT TEENS

- Often labeled resistant, oppositional or non-compliant
- Expect treatment interfering behaviors
- Present as highly independent
- Lack trust
- Empathy can seem insincere or even threatening

ANXIOUS TEENS

- May over-perform in therapy or strive to please you
- Self-sabotaging behaviors are common
- Often hyper-emotional
- Very small comfort zones
- High frequency of learned helplessness

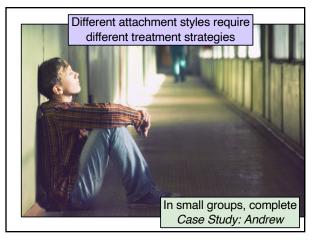


16

DISORGANIZED TEENS

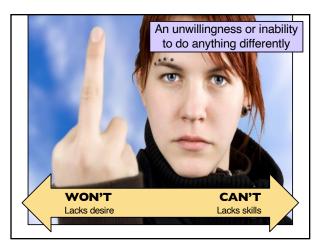
- May fear primary caregiver
- Behavior may not make sense
- Struggle with empathy & trust
- Often highly controlling or caregiving
- Desire to be attached conflicts with desire to be safe





Understand the Stuckness

19

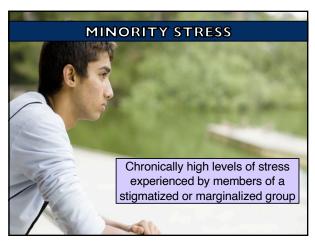


20

ABOUT THE STUCKNESS

- Stuck teens usually know they're stuck
- Stuckness leads to more stuckness
- Inherently existential

SOURCES OF STUCKNESS
Minority stress
Learned helplessness
Maladaptive task completion



MORE ABOUT MINORITY STRESS

- Ethnic, religious or sexual minorities
- Can result in a variety of mental health & physical health impacts
- Often intergenerational
- Intersectional identities further exacerbate minority stress
- Magnifies all other challenges

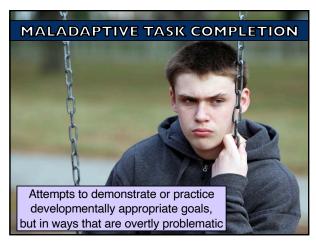
23



MORE ABOUT HELPLESSNESS

- Often a history of abuse, neglect &/or parents with SMIs
- Trauma-like symptoms common, but trauma not reported or even denied
- Low motivation & limited follow through
- Most likely anxiously attached
- Higher someone's helplessness, lower their insight

25

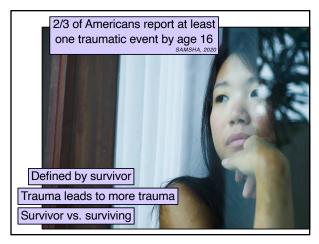


26

MORE ABOUT TASK COMPLETION

- Intention is appropriate, but execution is flawed
- Reactance + developmental debt
- Common among adopted teens
- MTC behaviors are often oppositional
- Frequently performative





29

TYPES OF TRAUMA

Acute

One-time experience that causes severe emotional distress

Chronic

Multiple traumatic events, not necessarily connected

Complex

Ongoing, interpersonal, known perpetrator

Developmental

Complex trauma that impacts early developmental tasks

Intergenerational

Trauma impacts transmitted through generations

SHORT TERM IMPACTS

- Overwhelmed and helpless
- Emotional extremes
- Can't process the experience
- Memory becomes fragmented

31



32

LONGER TERM IMPACTS

Hyper-arousalVigilance, anxiety, sleep problems, trouble concentrating

Intrusion

Flashbacks, nightmares, unintentionally re-enact trauma

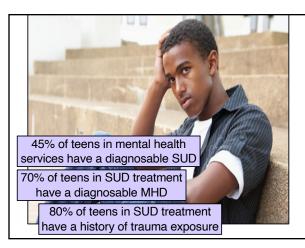
Constriction

Attempts to avoid intrusion, withdrawal from the world

In what ways might these impacts lead to treatment reluctance?

The Role of Substances

34



35

STUCK ON DRUGS

- Teens with MHDs start using earlier than their peers
- Don't start using to "fix problems"
- Using exacerbates MHDs
- Using can cause problems even when teen doesn't meet diagnostic criteria

STAGES OF USE

- No use ever
- Experimental use
- Occasional use
- Regular use
- Misuse / abuse
- Addiction

These aren't clinical terms

37



38

TALKING ABOUT DRUGS

- Abandon your Abstinence Agenda
- Share stories of past clients' struggles & successes
- Start with pros; end with cons
- Stop Less Same More
- Hold them capable
- Expect rigid thinking

Backpack Full of [BLEEP]

40



41

Part Two: MOVING FORWARD

SKILLS AREN'T ENOUGH

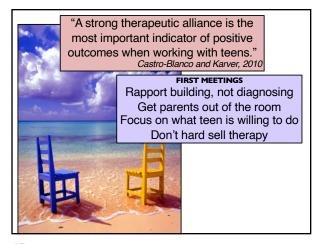
- Most treatment approaches focus on symptom reduction
- This is important, but means we might overlook the [bleep]
- Lasting change requires that we address the [bleep]



43

Cultivate Rapport

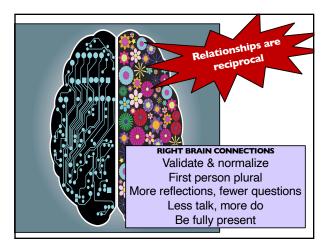
44

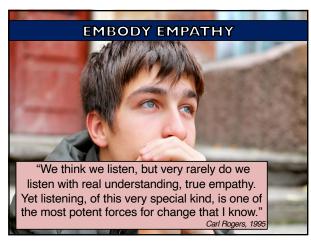


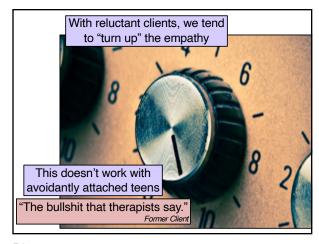




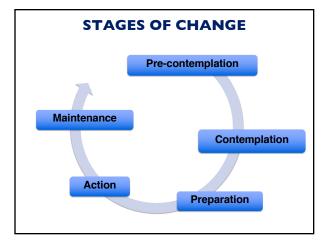




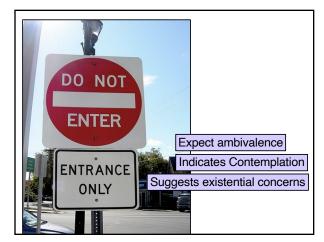


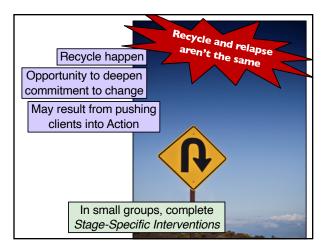


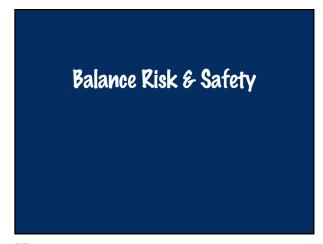


















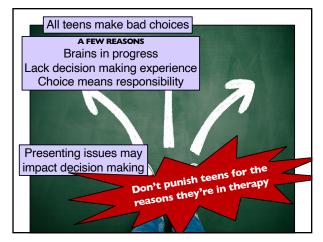
RISKING CHANGE

- Acknowledge the physical, emotional & social risks involved in change
- Explore good risks & bad risks
- Provide opportunities to practice healthy risk taking
- Use your hard-won therapeutic alliance to confront risk averse behaviors

61

Nurture Thoughtful Choices

62



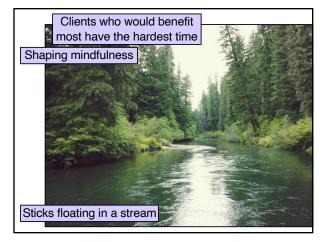
HOW TO BE MORE THOUGHTFUL

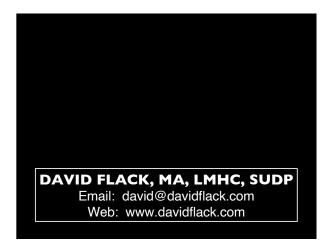
- Don't make things worse
- Least bad choice
- Take time to think
- Effective, not "good" or "bad"
- Feelings aren't facts
- Disrupt the cycle

64



65





JOIN ME

Getting Unstuck

Understanding & Treating Co-occurring Disorders in Teens February 05, 2021

Rainbow Teens

Clinical & Ethical Considerations When Counseling LGBTQ+ Youth March 12, 2021

Ethical & Legal Considerations When Counseling Teens April 2, 2021

Teens & the Pandemic Blues April 23, 2021