

Trauma Teletherapy for Youth in the Era of COVID-19 (Part 1)

John Briere, PhD

USC Adolescent Trauma Training Center
Department of Psychiatry & Behavioral Sciences
University of Southern California
Los Angeles, California

Amy Escott, MS, LPC

Children's Advocacy Center of Greater St. Louis
University of Missouri—St. Louis
St. Louis, Missouri

The problem

- Many children & adolescents with abuse &/or trauma histories
- COVID restrictions preclude face-to-face therapy
- Teletherapy may be an answer, but
 - Potential problems with rapport
 - Less protection of client when in their own home
 - Reduced privacy in many cases
 - Less input for therapist regarding treatment process
 - Socioeconomic barriers
 - Access to tablet, phone, or computer
 - Therapist isolation, steep learning curve for technology

First of all, self-care

- Differentiate home from office
- Establish regular routine, dress for work
- Space sessions
 - At least 10-15 minutes between sessions
 - Avoid back-to-back sessions when possible
- Arrange parenting/pet care during sessions
- Physical self-care
 - Daily exercise regimen, go outside several times a day
 - Monitor alcohol or other substance use
 - Attention to healthy eating & sleeping

First of all, more self-care

- Emotional self-care
 - Take up or devote more time to daily yoga, meditation, prayer, or mindfulness exercises
 - Phone apps: CALM, Headspace, Mindful USC, iChill , Liberate Meditation (developed specifically for the Black, Indigenous, & People of Color community)
 - Begin a new hobby, take up an extracurricular activity, or read a new book
 - Engage regularly in creative pursuits such as cooking, gardening, writing, or an art activity
 - Intentionally limit your exposure to news media

Client safety

- Multiple dangers for clients
 - Ongoing abuse
 - Sometimes unsafe living environments
 - Constrained to home potentially under abuser's control
 - COVID exposure risk
 - Crowded conditions, less opportunity for social distancing
 - Caretakers at greater risk of infection due to poverty, etc.
 - Reduced surveillance by systems

Intervening in client danger

- In-person vs. teletherapy
- Assessment of immediate danger, location, privacy
 - Address & phone, if possible
 - Code words for danger, listening other
 - Headphones, but may reduce danger acuity
- Safety planning
 - Ways to exit the home safely, packed bag, mask
 - Call or text safe people in the community who can be called upon for shelter/support
 - Call the police or other law enforcement (e.g., call 911)

Intervening in client danger

- Plans for reaching the therapist, crisis line, or mobile crisis team in an emergency
- Prearranging/locating shelters for youth in the near vicinity
- Harm reduction for substance abuse & risky behaviors
- Teaching social distancing & other infection prevention strategies
- Debunking pandemic myths

Increasing psychological safety

- Explicit discussion of technology confidentiality (HIPAA compliance)
- Limits to protections (e.g., possibility of eavesdropping)
- Note session is not being recorded (or, if it is, will not be shared with others)
 - Be aware that client may be distrustful of possible recording due to cyber-bullying, revenge porn, etc.
- Dress as you normally would if session was in-person
- Discuss virtual backgrounds
 - + Keeps therapist's environment confidential
 - Client may wonder what therapist is hiding

Increasing psychological safety

- Warn client about any possible interruptions/intrusions on therapist's side & discuss any potential effects
 - children/pets in video feed
 - baby crying
 - conversations in another room
- If client was previously seen face-to-face, consider transitional object (e.g., statue, figurine, picture) from office that can be included in home video feed
- Refrain from looking at phone or other devices “off camera”

Increasing psychological safety: An example



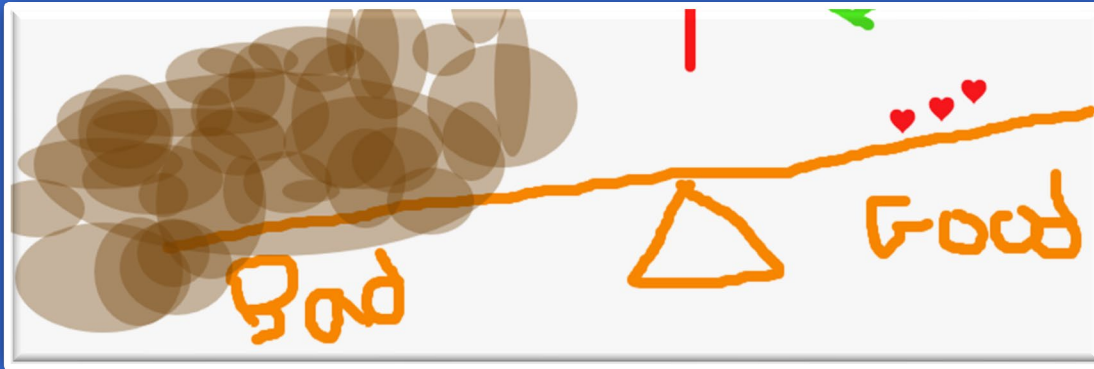
Children's Advocacy
Services of Greater
St. Louis



Using shared materials

- Administering psychological tests
 - Use tests adapted for telehealth settings
 - Verbally administer existing written tests online
 - Note limitations in report
 - Use instruments that are interview-based
 - Use ITCT-A tools
- Assessment format & structure
- Logistics of conducting activities & exercises
 - Advanced planning
 - Consider (& vary) a range of activities
 - Storage of materials
 - Expect the unexpected

Activities & exercises: Some examples



Preview of trauma teletherapy webinar (Part 2)

With Cheryl Lanktree, PhD

- Addressing teletherapy-related threats to rapport
- Constraints on therapeutic exposure
- Involving & supporting family members
- Returning to the office or clinic

Wednesday November 18, 2020

12:00 to 1:00pm PT

(save the link you were emailed to use again)

Special event guest speaker

With Russell T. Jones, PhD

How to capture the moment?

Steps towards transforming the future.

Dr. Jones will discuss the urgent need for greater awareness & understanding of how African-Americans experience race-based stress & the ongoing impact of daily triggers.

Tuesday November 10, 2020

10:00 to 11:30am PT

Register here:

<https://zoom.us/meeting/register/tJYrcu2vqzwsEtWaN-LI7gxdWoYzBd-DpDcO>

References*

Briere J & Lanktree CB (2013). *Integrative treatment of complex trauma for adolescents (ITCT-A): A guide for the treatment of multiply-traumatized youth*, 2nd edition. Los Angeles, CA: USC-ATTC, NCTSN.

Briere J & Lanktree CB (2014). *Treating substance use issues in traumatized adolescents: Key principles & components*. Los Angeles, CA: USC-ATTC, NCTSN.

Briere J, Lanktree CB & Escott A (2020). *Trauma teletherapy for youth in the era of the COVID-19 pandemic: Adapting evidence-based treatment approaches*. Los Angeles, CA: USC-ATTC, NCTSN.

*available for download at attc.usc.edu

Trauma Teletherapy for Youth in the Era of COVID-19 (Part 2)

John Briere, PhD

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Department of Psychiatry & Behavioral Sciences
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Teletherapy-related threats to rapport

- In many cases, clients are more comfortable with teletherapy than the therapist
 - Used to interacting with phones, tablets, computers
 - Very traumatized/avoidant youth may appreciate the physical & emotional distance

Teletherapy-related threats to rapport

- Yet, some clients may be threatened by diminished interpersonal connection associated with teletherapy
 - Doesn't seem real
 - Client doesn't feel seen
 - Lack of normal cues & responses associated with screen interactions leads to
 - hypervigilance & distrust
 - fears of disattunement & abandonment
 - Screen freezes, distortions, sudden loss of sound, highlighting the artificiality of the treatment frame

Potential remedies to rapport issues

- Manage your own technology fears
 - Become comfortable with platform (practice with peers)
- Plan for possible disruptions
 - Plan with clients how teletherapy can be resumed if there are technological glitches
 - If connection entirely fails, try to reconnect for a specific time (e.g., 5 minutes)
 - Failing that, switch to a phone conversation

Potential remedies to rapport issues

- If necessary, explicitly discuss client's concerns, fears, & comfort with remote therapy
- Encourage ongoing feedback from client regarding how teletherapy is going & any issues associated with it
- If relevant, negotiate client's desire to turn off camera when stressed

Potential remedies to rapport issues

- Maintain eye contact, when possible & appropriate
 - Avoid checking phone & looking off-camera
 - When not contraindicated, nonthreatening eye contact can increase sense of rapport
 - Attend to cultural issues
 - Eye contact may be potentially threatening
- Consider increasing expressiveness on video calls
 - Facial expressions, body posture/language
- Explicitly verbalize appreciation of the youth's willingness to participate in teletherapy

Constraints on emotional processing

- Effective part of trauma therapy, but
 - Harder to monitor client's reactions to reliving trauma
 - Perceived reduced therapeutic rapport may make the client feel less safe, reducing counterconditioning
 - High stress in the client's environment means that they may be more easily overwhelmed in face of memory exposure

Adapt to these constraints

- Consider adaptations to emotional processing interventions
 - Especially assess for & focus on client feelings of safety
 - Less intense, shorter exposure exercises, often later in treatment
 - Titrate exposure to overwhelming memories
 - Interspersal
 - When possible, keep client visible on screen, so untoward responses can be observed

Involve & support family members in teletherapy

- When possible, caretaker or partner supports safe, confidential space—boundaries established in advance, devices for teletherapy provided
- Begin with a thorough assessment
- When information-gathering, you may have less access to collaborative partners such as schools, social workers, or medical providers
- With younger youth, a portion of the session time may be allocated for therapist to meet with caretaker

Caretaker support for pandemic-related stressors

- Separate time for caretaker if their trauma is activated
 - Pandemic-related traumas may include: job loss, risk of contracting COVID, medical issues, financial stress, overcrowded environment or social isolation
- De-escalation
 - Caretaker calls, youth calls & hands phone to therapist, clinician calls caretaker
- Risk of IPV, child abuse & neglect may increase
- Safety plan, temporary respite, resources, referrals
- Collateral, group or family therapy, parenting classes, psychiatric evaluation if necessary

Support the caretaker's support of the client

- Check in with caretaker prior to youth's session
- Older adolescents or young adults
 - Reinforce confidentiality
 - Only share information if youth provides consent
 - Dyadic session may be helpful
- Consider including other family members
- Additional therapist if caretaker needs more support
 - May refer for individual therapy or other resources (e.g., legal, medical, financial, social services)

Triggering during teletherapy sessions

- May be sheltering-in-place where abuse, family violence, parental substance abuse occurred(s)
- Close proximity can increase triggering
- Before each session, ensure safety—“How is it going?”
- Address, problem-solve triggering interactions
- Therapist demonstrates support & compassion
- Use the ITCT-A Trigger Grid when possible
- Teach emotional regulation
 - Deep breathing, self-talk, mindfulness exercises or grounding activities

Video-based family therapy

- When client & family members can all benefit
- Review treatment guidelines, goals, importance of respecting & listening to each other
- Assess stressors—financial, health, isolation
- Prioritize advocacy & safety interventions
- Can involve participants in group or family sessions at different locations
- Ensure that
 - Participants interact with each other
 - All are simultaneously visible

Goals of family teletherapy

- Improve communication of feelings & experiences including those related to the lockdown
- Increase support & empathic attunement
- Develop regular family routines, relaxation activities
- Reinforce appropriate boundaries & safety
- Ensure that expectations of youth(s) are developmentally appropriate
- Process acute traumas when possible
- Increase trigger management & affect regulation skills for all family members

Specific ITCT-A family therapy interventions

- Time line
- Genogram
- Family drawings
- Role playing
- Sessions address:
 - assessment & planning
 - effective communication
 - roles & boundaries
 - exploration of trauma exposures
 - enhancing attachment relationships & support

Options for returning to the office or clinic

- As pandemic wanes or when a vaccine becomes available, consider whether to:
 - Return to regular face-to-face sessions
 - Institute hybrid sessions
 - Remain 100% remote

Return to regular face-to-face sessions

- Maintain adequate testing & screening
 - Neither client nor therapist is COVID+ or at high risk
- Define rules
 - How many clients may be present in the waiting room
 - Use of masks & continued social distancing
 - Physical contact (e.g., hugs, handshakes)
- Disinfect clinical areas regularly
- Use adapted consent materials

<https://www.apaservices.org/practice/clinic/covid-19-informed-consent>

Institute hybrid sessions

- Assumes that insurance companies & government programs will continue to reimburse for virtual sessions
- Initial face-to-face session in which rapport is established & assessments are performed
- Followed by a series of teletherapy sessions
 - With an option of returning to the office or clinic in the event of a crisis or symptom exacerbation

Remain 100% remote

- Assumes that insurance companies & government programs will continue to reimburse for virtual sessions
- Requires that technology remain available for both the therapist & client

References*

- Briere J & Lanktree CB (2013). Integrative treatment of complex trauma for adolescents (ITCT-A): A guide for the treatment of multiply-traumatized youth, 2nd edition. Los Angeles, CA: USC-ATTC, NCTSN.
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