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

John Briere, PhD

Cheryl Lanktree, PhD

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

NCTSN
The National Child
Traumatic Stress Network

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

NCTSN   The National Child Traumatic Stress Network

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

NCTSN   The National Child
         Traumatic Stress Network

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

The National Child
Traumatic Stress Network

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

NCTSN   The National Child
Traumatic Stress Network

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

Adapting 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 caretaker time if their own 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 caretaker, or 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

NCTSN

The National Child
Traumatic Stress Network

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:

    1. Return to regular face-to-face sessions

    2. Institute hybrid sessions

    3. 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, for example:

APA Services Sample COVID-19 Informed Consent Form

NCTSN The National Child Traumatic Stress Network

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

NCTSN

The National Child
Traumatic Stress Network

Remain 100% remote

- Assumes that insurance companies & government programs will continue to reimburse for virtual sessions

- Requires ongoing willingness & necessary technology on the part of both the therapist & the client

- Weigh the costs & benefits that have been discussed in these webinars

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*

NCTSN

The National Child
Traumatic Stress Network