**DIFFICULT TEENS!**

Who don’t want to be here…..at ALL.

Options:

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| Rewards/Incentives   * What is this teen interested in? * Any way to tie components to interests? * Can the caregiver give rewards after session (go to ice cream, more phone time) * Rewards for participating in session?   + Candy, iPod/Pandora time, end session early, game on phone, computer game | Insight   * Conceptualize TF-CBT as fit for distress/symptoms * What are other outcomes, that TF-CBT participation is related to, that he/she might be interested in (get foster parent “off their back”, stabilize for a placement change)? * Tie components to current, real-life stressors (visits, boyfriend problems) |
| Creativity   * Videos (you tube, other), books * Pop Culture * More reading and writing than talking? * Will typing engage the youth? * Fostering Hope has flip cameras we can loan out, if you want to try them * Create materials for a sibling/niece, advice giving? | Caregiver Involvement   * What is the youth’s relationship with their caregiver? * Any way to use the caregiver in to engage the young person? * Have them in the room, come into the room for part of the session? |
| Parent-related Issues   * Does the youth want to be back with his/her parents? * Is there a parent who can be engaged, even if in a limited way?   + What is the reunification plan? | Youth who say they don’t need treatment   * Prove it to you: 1 session psychoeducation, 2 sessions of Trauma Narrative (tell details, thoughts, and feelings for 2-4 events), 1 session of looking at thoughts—focused work (cognitive restructuring) |

Remember:

* Motivational Interviewing techniques are often your best shot, spending some time getting buy in is A OK (otherwise, you’re struggling for power and convincing, which we know doesn’t work and doesn’t feel good).
* Some adolescents simply do not want to be in treatment, and even if you use all your best skills and some of these….it may not work
* Try your best, but for some, right now may not be the best time, we can’t force them, and we want them to (ideally) leave thinking that therapy can be helpful