

TFCO for Adolescents

Treatment Foster Care Oregon for Adolescents

Individual Therapy Manual

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Overview

The individual therapist's work with the youth is aimed at building the youth's skills and providing the youth with advocacy and support. The overall aim is to help the youth succeed in the foster home, in school, and with peers. In addition, the individual therapist works with the family therapist to conduct joint sessions with the parents and the youth that focus on improving family interactions and problem solving skills to prepare for the youth's return home. Unlike many treatment programs where individual therapy is considered to be the main course of treatment, in TFCO, individual therapy is aimed at augmenting and reinforcing the progress that the youth is making in the foster home and in extending this to other settings (e.g., school) through teaching and support. Individual therapists work with youth to increase skills such as:

- Using alternatives to problem behaviors
- Social skills
- Strategies for negotiation and compromise
- Ways to identify situations that put them at risk
- Coping skills that help them avoid risks and function positively

The TFCO model operates on the premise that when all of the treatment components (including family therapy, individual therapy, behavioral interventions, and skills coaching) are implemented simultaneously, youth and their families will be well supported to achieve positive outcomes. The benefits of individual therapy are realized through comprehensive planning, integration, and coordination of the individual treatment goals with other aspects of the youth's TFCO program. The individual therapist works under the supervision of the Team Lead and with other members of the treatment team to accomplish this.

Individual therapy is present-focused. This focus is on building from the youth's current level of functioning toward the future rather than concentrating on the past. Many youth in the program have histories of mental health problems, trauma, and substance use. Given these issues and recognizing their impact, the TFCO therapist focuses on building up the youth's strengths and promoting new skill development.

There are four basic phases to the individual therapy. During the first phase, the individual therapist works to engage the youth in a positive collaborative relationship. The focus is on identifying the youth's strengths and skills, and communicating that the therapist is there to help the youth be successful. In phase 2, the therapist builds on this relationship to deal with identified problems, triggers, or barriers to success. During the second phase, the focus is on practicing new skills and strategies for dealing with difficult or risky situations and doing this across key settings such as with peers and at school. During phase 3, under the direction of the Team Lead, the individual therapist shifts the focus to work on specific issues that will put the youth at risk for future problems such as substance use, participation in health-risking sexual behaviors, or other problems. In phase 4, the therapist helps the youth develop plans for the future and helps the youth enact them using the strategies for problem solving and learning new behaviors used during phase 2.

Throughout the therapy, the individual therapist takes care to relate to the youth's skill level and style of cognitive processing. Generally, the therapist works to validate the youth's feelings, redirects the youth to engage in normalized interactions and experiences, and helps the youth articulate appropriate methods of emotional expression.

Many of the strategies presented in the *Family Therapy Manual* and the *Skills Coach Manual* are also appropriate for use by individual therapists. A review of the *Skills Coach Manual* will provide further detail about basic modeling and reinforcing strategies, teaching new behaviors, and encouraging cooperation. The *Family Therapy Manual* has more detail about using role-play exercises effectively and structuring family interactions. It is recommended that individual therapists review those manuals. Role-play examples are included throughout this manual. Some tips on role-plays are:

- Make them fun
- They can be silly
- They can illustrate the "wrong way" as well as the "right way" to do something
- Use them often
- Make them short

Phase 1: Getting Started

Typically, the individual therapist meets with the youth weekly and may supplement this with telephone contacts. The Team Lead should introduce the therapist as the youth's advocate and as someone who is going to help the youth navigate through the program and be successful. During the first three or four meetings, the goal is to form a relationship and get acquainted with the youth's likes, interests, and future aspirations. Have the youth talk about what she sees as her strengths. Starting treatment by focusing on the youth's interests and positive qualities is a non-threatening way to form a good relationship with the youth and set the right tone for the sessions.

It is common for youth to be resistant to participating in therapy sessions. They may have had bad experiences in the past or may think they will have to talk about their problems. They often present themselves as shy, withdrawn, or hostile during the first few sessions and may be difficult to engage in conversation. It will help to lighten the tone if the therapist engages in activities with the youth rather than sitting in the office talking. Some common activities include going for walks, having a snack, and playing a game during part of the session. Not only does this take pressure off of the youth, but it also gives the therapist an opportunity to observe the youth's skills while interacting with others in outside settings. If the youth is difficult to engage in conversation, it may be helpful to shift conversation to trivial and impersonal topics such as sports, music, hobbies, movies, television, etc. The therapist may want to talk about her own interests and hobbies or hypothetical situations or use humor as a way to help the youth relax. Ultimately, the therapist should ignore and not confront the youth's, but rather stay focused on building the relationship.

Initially, the therapist should look for opportunities to praise the youth for specific skills and try to identify these as resources that will help the youth succeed in the program. It is a good idea to avoid talking about problems at first. This is because many youth will either deny or minimize their problems, blame others, or, on the other extreme, readily admit to any problem simply to get the therapist off their backs. Many youth have been in therapy before and are skilled at giving whatever response they think therapists want to hear. It will be more successful in the long run if the therapist waits and gradually shifts to talking about problems or difficulties and potential solutions during phases 2 and 3, once a relationship has been established. By the end of this "getting to know each other"

Example Early Session

The therapist walks with the youth, Trina, to get a snack at a nearby restaurant. On the walk to the restaurant, Trina and the therapist talk about Trina's interests. Trina shares that she is interested in sports and likes to play volleyball. When Trina starts to complain about a teacher, the therapist redirects the conversation back to Trina's interests and strengths, "What grade were you in when you started playing volleyball?" At the restaurant, Trina and the therapist order milkshakes and french fries. The therapist reinforces Trina for being polite and courteous in the restaurant and making appropriate conversation in a public setting. The therapist and Trina walk back and talk about activities they can do in future sessions.

phase the youth should be comfortable with the therapist and trust her enough to accept her as an advocate.

To facilitate the therapist's role as advocate and support person, the therapist should avoid being in discipline or limit-setting situations. Other members of the treatment team assume this role, thereby protecting the role of the therapist as support person and advocate. Typically, the Team Lead assumes responsibility for restrictive or unpleasant changes to the youth's program (e.g., imposing consequences, setting restrictions, etc.), leaving the therapist to encourage, support, and empathize with the youth.

Given the emphasis on having the individual therapist act as the youth's advocate, it can be easy for therapists to overdo it. Sometimes therapists over identify with youth and take the position that the solution to most problems is to have the foster parents, teachers, etc., change or lower their expectations. Some situations warrant change from adults, but the primary goal of the program is to help youth develop skills that enable them to function in the community. It is most often a mistake to make extensive exceptions or special arrangements for youth while in the TFCO program as that is not how the "real world" works, and doing so makes it difficult for them to sustain their progress in the community. It can be a tricky balance for individual therapists to provide a place for youth to talk about their problems, give the treatment team insights into their struggles, and sympathize with their points of view without undermining the goals of the program. Participating in weekly clinical meetings helps therapists keep the needed balance.

Phase 2: Targeting Behaviors for Change and Skill Building

During weekly clinical meetings, the Team Lead and the treatment team identify specific behavioral goals to work on with each youth. Usually, these goals are targeted for one of the following reasons:

- There is a specific problem behavior that needs to be corrected
- The youth needs to learn important skills
- The youth needs to learn how to resolve and prevent problem situations

Initially, it is common for interventions to focus on teaching the youth alternatives to problem behaviors. Such problem behaviors are easy to identify early in treatment, and they often present obstacles to learning new skills. An important part of successful teaching is to frame the problem in a way that is likely to avoid the youth becoming defensive.

In addition to having some significant problem behaviors, many youth in the TFCO program lack basic, everyday social skills and have not yet learned appropriate ways to express themselves or get what they need and want without confrontation. They often have not learned effective ways to resolve problems or cannot see ways to avoid engaging in problem behaviors “I had to do X because they did Y!” The goal of phase 2 is to help the youth know about and be able to use a variety of acceptable strategies for dealing with difficult or disappointing situations.

Teaching Alternatives to Problem Behavior

Almost without exception, eventually the youth begins to experience problems in at least one major setting, either at home, in school, or in the community. The treatment team approaches these incidents as opportunities to learn more about the youth's skill deficits or excesses and devises interventions that can be simultaneously implemented in more than one setting (at home, in therapy sessions, at school, etc.). The youth will be more successful at changing established problem behavior if the intervention is coordinated across settings, allowing for multiple opportunities to practice, support, and reinforce the change. The youth's therapist is a key player in developing, initiating, coordinating, and following through with these interventions. The therapist often is the one to "set up" the intervention with the youth and get the youth's buy-in for working on the problem.

Once an area is identified as a target for change, the therapist's assignment is usually to help motivate the youth to work on changing or correcting the problem behavior through learning and practicing an alternative behavior. Generally, the therapist's approach would be to first frame the problem in a way that allows the youth to accept it without feeling defensive. The clinical meeting is a good place to discuss possible options for any youth behavior.

Frames

- Problem: *Arguing*
- Frame: *"You have strong feelings and ideas about things. Let's work on helping you express them in a more convincing way."*
- Problem: *Not completing tasks (homework, chores, etc.)*
- Frame: *(1) "I think you want things to be perfect, so you put off finishing them because you aren't satisfied with anything but perfection. Let's focus on getting it done even if it's not perfect."
(2) "When people ask me to do a lot, I get overwhelmed and make a list. Let's make a list of what you need to do..."*
- Problem: *Arrogant and rude to adults*
- Frame: *"You seem to be hesitant to show others that you care what they think, so you act like you don't."*
- Problem: *Pouts when not the center of attention*
- Frame: *"Have you noticed that it can be difficult to give compliments without sounding fake? Let's practice giving compliments to someone when others are paying attention to them."*
- Problem: *Angry response to feedback*
- Frame: *"You are very sensitive to others and most times that is great, but maybe you have a thin skin. We need to toughen you up. Let's practice so we can help you get a thicker skin."*
- Problem: *Demanding – "You need to take me to the mall now!"*
- Frame: *"You have a sense of urgency and pressure, let's practice relaxing and letting the world unwind at its own pace; you know, stop and smell the roses."*
- Problem: *Know-it-all*
- Frame: *"You have great potential to interact really well with others, let's practice being tolerant and pleasant when people say things that you think may be inaccurate."*

Next, the therapist encourages the youth to talk about the problem situation in terms of behavioral characteristics and identifying antecedents the youth perceives as having triggered the problem that contributed to the inappropriate behavior. The therapist and the youth then work together to come up with several alternatives to how one might handle the situation. To keep the youth's attention and to keep the tone of the session light and upbeat, it is a good idea to include some silly or humorous options on the list.

Example of identifying and practicing alternative behaviors

The foster parents report that when Jerry is involved in a conversation he is argumentative. If someone says that the weather is nice, Jerry will counter with *"It rained this morning."* In the clinical meeting, the team decides that the Team Lead will direct the therapist to practice polite conversation skills in the next therapy session.

The Team Lead comes into the individual therapy session and says in front of the youth: *"Jerry has a habit of arguing in conversations. Therapist, it's your job to practice having polite conversation with Jerry."*

Then the Team Lead leaves:

Jerry: (to the therapist) *"That's dumb, I don't argue I just express my opinion."*

Therapist: *"Ok, well let's get this done so we can go get a snack."*

Jerry: *"Whatever."*

Therapist: *"You say something — it can be ridiculous, and I'll try not to argue with it."*

Jerry: *"What? Um...The walls are glowing."*

Therapist: (laughs) *"Good!"*

Jerry: *"I don't need to go to school because I'm going to be a professional football player."*

Therapist: *"Lucky you! Ok, let's switch, and now I'll say something and you see if you can make neutral comments. The sky is green."*

Jerry: (laughs) *"Yep."*

Therapist: *"You should always do your homework before dinner, because once you eat you are tired."*

Jerry: *"I haven't noticed that, but what an interesting idea."*

Therapist: *"Great job being neutral! Maybe we can set it up for you to earn points for that this week, you're so good at it! Let's go get a snack."*

The Team Lead adds "responding politely in conversations" to Jerry's point card. The foster parents give him points for making neutral or positive statements in conversations and take points when he is rude or argumentative.

During the therapy session, the youth and the therapist practice some of the alternatives through role-play activities. The therapist often encourages the youth to use alternative responses during the upcoming week by offering an incentive or reward. The criterion for reward should be reasonable and not require perfection. Also, all plans for rewards and incentives should be cleared in advance with the Team Lead and the foster parents. This takes planning, which occurs in the clinical meeting or in conversations between the Team Lead and the individual therapist. It is important that the therapist follow up with the Team Lead after the session so the Team Lead has an opportunity to work with

other treatment team members (especially the foster parents) to reinforce the new behavior in other settings.

Sidestepping Resistance

Often the youth will claim not to know the reason that a problem is occurring or say that others are being unfair (“*They are just picking on me*”). Rather than trying to get the youth to admit to the problem, the therapist frames the problem in a neutral way and offers to help the youth. “Let’s work together to figure out a way that you can deal with this and avoid losing points.” The therapist is on the youth’s side and paves a way for the youth to work on better skills that does not involve resistance or confrontation. Again, using humor and a light touch in enacting role-play activities will make them easier for the youth to accept. The idea is to pre-teach the youth to be alert to problem situations and choose better responses. As in the previous example, a reward for improvement might be offered and the foster parents may be prompted to reinforce the behavior at home with points for more appropriate responses.

Example of interventions when youth resist

During the clinical meeting the Team Lead reports that the youth is not following directions in the foster home or at school. They discuss the following strategy for the individual therapist.

Therapist: *“I noticed that you lost a lot of points last week for not following directions. What is that all about?”*

Youth: *“I did everything that they asked me to do.”*

Therapist: *“Hmm. Well, I think we can figure out a way for you to get more points. I notice that when we are out together you follow directions really well.”*

Youth: *“I just don’t like it that I have to do things on their schedule. I’ll do my chore and homework and stuff when I feel like it.”*

Therapist: *“That’s the way we would all like it to work, too bad it doesn’t! I bet that if you do what you are asked to do right away, probably you could earn more points. Maybe we should figure out what you can earn with those points and make a plan.”*

Youth: *“Well, I do want to go to the dance next week.”*

Therapist: *“Ok, let’s work with that, let’s practice me asking and you doing right away.”*

Teaching Social Skills

Individual therapy sessions provide opportunities for therapists to help youth improve their social skills and develop new ones. Foster parents can usually provide good insight about what skills youth need to learn or strengthen. Starting small and moving on to more complex skills as therapy progresses is recommended. Youth will often identify things they want to work on that naturally offer an opportunity to teach better social skills. For example, many youth come into the program wanting to be accepted by peers. Therapists can help them learn to approach strangers and start conversations appropriately, make eye contact, and use body language in a friendly and inviting manner, etc. In addition to using structured methods such as role playing or practice exercises, therapists can model the skills in “real world” settings and use shaping to encourage behaviors that are appropriate and adaptive. See the *Skills Coach Manual* for a more detailed discussion of strategies to teach new behaviors. As with correcting problem behaviors, reinforcement in another setting will help solidify new skills.

Another important skill that many youth in the TFCO program need to learn is how to negotiate and compromise. Many have no idea how to appropriately “go after” something they want to have happen. Having established himself as an ally, the therapist is in an excellent position to teach the youth how to make constructive changes through negotiation and compromise. It is common at some point for youth to want to change something in their program. Maybe they want to change the schedule or want to work toward a specific reward. Prior to working with youth to learn how to negotiate for those changes, it is important that therapists convey that they can help them work within the system, but that the basic rules of the program are firm (e.g., point requirements for certain privileges, requirements for supervision changes, etc.). Also, once a consequence has been given, it is not negotiable—this would only teach youth that they can avoid consequences by arguing about them.

When the youth has an idea for an activity or privilege to earn, the individual therapist can help the youth to (1) clearly articulate the request and (2) identify what the youth is willing to do to facilitate the request. Before the youth presents a request to the Team Lead, the therapist helps the youth practice these two steps through role plays and gives reinforcement and corrective feedback. When the therapist feels that the youth’s presentation is appropriate, a meeting with the Team Lead is arranged. The therapist should talk with the Team Lead about what is going to be proposed before the meeting so any logistical issues can be resolved before hand.

Example of Teaching Social Skills

An example of how an individual therapist might work on social skills involves a boy named Larry. Larry was referred to the program due to his increasingly violent altercations with family members. He had a history of not getting along with teachers and his peers, and in fact, had been kicked out of several organized school activities because of his behavior. During the first few sessions, the therapist noticed several problems with Larry's interactional skills. He did not take turns talking; he would interrupt and proceed into long monologues and talk over the therapist when she tried to join in. He also did not make appropriate eye contact with the person he was talking to; he gazed off to the side. During the first few sessions, Larry told his therapist several times that he felt misunderstood because of his high intelligence. He thought if people would only listen to him more carefully, everything would be fine. During the fifth session, the therapist told Larry that she had been thinking about what he said about people listening to him and thought she knew what the problem was. The therapist told Larry that he was very bright, but that he didn't know how to get his points across effectively, and that they could work on this during the therapy sessions so Larry could make his message more powerful. Larry liked this idea because it validated his idea that people misunderstood him.

The therapist targeted two skills for Larry to work on; taking turns and making good eye contact. The therapist let him know that it wasn't easy to learn new ways to communicate, but that she would help him practice these new skills. During practice sessions, the therapist gave Larry a dime each time he gave the therapist a turn to talk or looked at the therapist's face. At the end of the session, the therapist took Larry to the dollar store to spend his dimes. Using this method, Larry learned how to listen and paraphrase. During family sessions with his parents, the same strategy was used to reinforce his new skills, and the foster parents also started giving him points at home for using the new skills there. In time, Larry learned to participate in conversations in a much more appropriate manner.

Example of youth and therapist practicing asking for something

The foster parents report that Leroy, a 14-year-old boy, has been losing points for not being where he is supposed to be. Leroy meets with his individual therapist and tells him that he wants to go to a football game in a few weeks. The therapist talks with the Team Lead after the session and reports Leroy's interest in the football game. That week in the clinical meeting, the Team Lead reports that the foster parents approve of Leroy attending the football game, and the Team Lead decides that Leroy can earn going to the football game for a week of earning all of his "being where he is supposed to be" points. The Team Lead directs the therapist to help Leroy practice asking the program supervisor for permission to attend the game.

In their next session, the therapist brings up the football game:

Therapist: *"Hey, are you still interested in going to that football game?"*

Leroy: *"Yeah, but I doubt I'll get to go."*

Therapist: *"Maybe we should ask your program supervisor after our session?"*

Leroy: *"I don't know, he always says no when I ask him stuff."*

Therapist: *"Ok, well I can show you how I usually ask people for permission and it usually works. But if you don't want to..."*

Leroy: *"You ask people for permission?"*

Therapist: *"Uh huh. Sure, all the time. It's part of life. Pretend you are the program supervisor, and I'll ask you to go to the football game. Hi, do you have time to talk for a minute?"*

Leroy: *"Sure."*

Therapist: *"There is a football game at my school in two weeks that I would really like to go to with a friend. It starts at 8pm and lasts about two hours. How about if I lose less than three points for being where I'm suppose to be between now and then, I get to go?"*

Leroy: *"Ok."*

Therapist: *"Great, thanks so much! Now, let's switch and you ask me."*

Leroy: *"Hi, can I talk to you about a football game that I want to go to?"*

Therapist: *"Go ahead."*

Leroy: *"There is a football game at my school on the 14th at 8pm, and I want to go with a friend of mine who is on my approved list."*

Therapist: *"Nice job! I like the way you added additional information about your friend and the specific date of the football game. I know that the program supervisor really likes it when people have a lot of information when they ask for permission."*

Leroy: *"He does?"*

Therapist: *"Peter will probably ask you to work on something like being on time to earn that privilege."*

Leroy: *"I can do that."*

Teaching Problem Solving Strategies

The goal of teaching problem solving strategies is to build youths' confidence in their ability to identify potential problems, generate possible solutions, consider the ramifications of possible solutions, and apply those in real-life situations. It is a good idea to start with an issue or topic the youth is not personally involved in so that she can focus on learning the process without becoming defensive. For example, the therapist might present a problem of her own or of a hypothetical youth and solicit the youth's advice on how to handle it. After practicing the steps with a few hypothetical situations, the youth should be ready to tackle real problems. The therapist should work with the youth to brainstorm several possible solutions. Youth often stop exploring options after they come up with one idea. It may help to include some silly ideas in the brainstorming part of the discussion to encourage the youth to consider several possibilities. Next, the therapist and youth should explore the advantages and disadvantages of the possible solutions. This will help the youth to anticipate the consequences of her decisions. Finally, the youth should select a possible solution and role-play it with the therapist. During these exercises the therapist should reinforce the youth as often as possible and point out the progress she is making, reminding her of successes along the way.

Teaching problem solving via soliciting the youth's "advice"

The foster parents report that the youth struggles with conversation skills. They describe her behavior as not responding when people talk to her and then asking very personal questions and making unkind statements.

Therapist: *"I know this other girl, a little younger than you, who is having a hard time making conversation with new people. Do you mind helping me out with some ideas for her?"*

Youth: *"Sure, is she just shy?"*

Therapist: *"Well, maybe she is shy. I guess it seems like she comes across as unfriendly, or maybe even stuck up because she just doesn't talk to people."*

Youth: *"Well, if she is shy and doesn't want to talk about herself, she could try asking people about themselves."*

Therapist: *"That's an idea, what do you mean?"*

Youth: *"She could ask about what kinds of things they like to do, or how their day was, or what they will do over the weekend."*

Therapist: *"Those are all great ideas, what kinds of things would be a bad idea to ask about?"*

Youth: *"How much money they make at work, whether they get along with their families, stuff like that."*

Therapist: *"So, you are saying that asking personal stuff is a bad idea?"*

Youth: *"Well, yeah, I used to lose points for that, so she might get into trouble if she asked a lot of personal information."*

Phase 3: Avoiding Risk

During Phase 3, the content of the individual therapy may shift if the youth presents with specific clinical needs that were not addressed during phase 2. The therapy remains present-focused with the overall aim of preparing youth for meeting and effectively dealing with the challenging situations and disappointments they are likely to encounter as the levels of supervision and support they experience are titrated and as they develop and are exposed to new settings (e.g., work).

In this phase, therapists work with youth to anticipate and prepare for “triggers” or risky situations originating from both internal and external sources. Internal triggers can include intense feelings of anxiety, embarrassment, or cravings. Examples of external triggers are peer pressure or rejection and direct threats or confrontations.

Youths’ histories of behavioral, emotional, and mental health problems and their experiences of abuse and neglect may make them especially vulnerable to the internal and external pressures that all youth experience to some degree. Youth with high-risk profiles, such as those in TFCO, are likely to experience these pressures more intensely than their normally developing peers, and they typically have poorer coping strategies and fewer skills for dealing with them.

Knowing the youth’s background and having a supportive positive relationship with the youth puts the individual therapist in an excellent position to help the youth prepare for and cope with difficult and challenging situations. The specific steps involved in doing this mirror the work done in phase 2 of the individual therapy and should follow the general outline of:

- Identify potentially challenging situations—use specific behaviorally defined situations (e.g., what exactly happened—or could happen)
- Identify what led up to the situation
- List potential responses—options for dealing or coping
- Use role plays that focus on practicing options and coping strategies
- Set up reinforcement for practicing positive strategies during the coming week
- Track and support practice, and work with the clinical team to incorporate new behaviors across settings

In consultation with the Team Lead, the youth may be referred to the consulting psychiatrist for assessment and medication monitoring. The Team Lead will arrange for the psychiatrist’s recommendations to be integrated into the youth’s overall treatment plan, and the individual therapist may play a key role in the delivery of specific aspects of this plan.

Specific Problems

Substance Use

Many of the youth referred to TFCO have histories of substance use. In consultation with the Team Lead and the clinical team, the individual therapist works to customize a specific intervention approach for the youth. In addition to using the behavioral intervention approach, it is highly effective to use regular random urinalysis (UA) screenings for youth with substance use problems. Numerous clinical trials have confirmed the effectiveness of using UAs, including the Community Reinforcement Approach that has shown positive and lasting treatment effects for both adult and adolescent substance users. In the clinical trials with TFCO youth with substance use problems, regular random UAs are a core treatment component of the intervention.

UAs are initiated by the Team Lead and are coupled with a program of reinforcement for clean UAs. As described above, the individual therapist works with the youth to identify risky situations and to practice refusal skills using some of the same techniques learned in phase 2. In addition, the youth's overall daily schedule is designed to reinforce her engagement in prosocial activities that compete with drug use; she receives high levels of reinforcement for practicing positive coping skills and associating with non-drug using peers. Participation in group-based drug treatment is not recommended and is counter to the TFCO goal of having youth avoid association with high-risk peers.

Considerations for individual therapy sessions with youth who have histories of substance use include location and context. It is important to be aware of and avoid any community locations where it is likely that youth would encounter peers they have used with or be exposed to substance use culture, including music or merchandise.

Trauma

Youth referred to TFCO tend to have histories of trauma and abuse. Processing past trauma experiences is not a central focus of individual therapy. Rather, the youth's disclosure of trauma and abuse is used to inform future treatment with the aim of reducing trauma-related symptoms and exposure to future risky situations. Interventions are focused on using problem-solving skills to identify positive emotion regulation and promote safety. Depending on the individual situation, the clinical team may or may not decide to directly address a trauma. Individual therapy that specifically addresses past trauma experiences is done at the initiation of the youth. Trauma-informed interventions focus on safety and education with the aim of helping the youth develop and practice coping and emotion regulation skills to manage symptoms in an effective manner. It is important that the youth has both time in the program to become stable before using trauma-related interventions and time after any trauma work to maintain that stability. All interventions are carefully matched to the youth's emotional development and cognitive processing skills.

Phase 4: Planning

In this phase, the overall aim is to assist youth in planning for their transition home and beyond. Identify with youth the specific transitions that they are about to make (e.g., to a new school, new peer group). Within those settings what aspects are likely to be stressful? Use the skills and strategies developed in phase 2 to identifying areas that may be difficult and/or stressful and plan for and practice responses.

An overview of the tasks for the individual therapist in phase 4:

- Provide youth with consistent consultation on developing a “life plan” that is age-appropriate and specific to their individual needs (e.g., career, further education and/or training, appropriate living arrangements).
- Assist youth in specifying the steps necessary to make their identified plan become a reality.
- Provide youth with the tools and supports to adjust their plan as they mature and develop more “real world” experience.
- Provide encouragement and emotional support for youth as they try new things.
- Provide youth with the resources needed to begin managing life on their own (e.g., budgeting, using public transportation, applying for and transitioning to assisted or independent living).
- Assist youth in developing and maintaining social support systems (e.g., prosocial peer relationships, mentoring adults in the community, fostering positive relationships with existing family members) that will reinforce positive gains and function as ongoing support following the completion of treatment.
- Provide consistent feedback and contingencies that will mimic naturalistic consequences and hold youth accountable for keeping on a positive track.

The individual therapist should help the youth set short- (2 to 3 months) and long-term (1 and 5 years) goals. In setting goals, identify both risk factors that the youth sees as potentially interfering with his achievement of the goals and protective factors that will help him achieve his goals. It is helpful to have each of the youth’s specific goals written down and the risk and protective factors identified for each. We have found it useful for the youth to make a video recording of these and show it to parents and other supportive adults (foster parents, Team Lead).

Some other key areas of skill development to target (depending on the youth’s age and developmental level) are:

- Developing skills for getting needed help
- Developing strategies for managing stress
- Financial planning
- Finding and building supportive relationships
- Problem solving

- Handling peer pressure
- Conflict resolution
- Dating and sexual responsibility — in this area we use materials from Northwest Media (northwestmedia.com). “The Virtual Date” is an interactive program that covers important aspects of dating and sexual coercion from the male and female points of view.
- Sexuality—development, risk, and protection
- Assistance in accessing support services in the community

For older youth (16 and up) four key areas of emphasis are:

- *Career Development* – Providing assistance to youth in developing an initial career plan, while also providing support and reinforcement for making steps toward actualizing this plan (e.g., identifying positive interests through the completion of interest inventories or assessments; visiting work sites; becoming familiar with the employment office). After a career goal is identified, providing assistance to youth in identifying and taking the steps necessary to gain career-related employment (e.g., attending community college for specific training, obtaining volunteer or work-study positions to gain relevant experience). Specific “training-to-practice” skills that will likely increase chances for success (e.g., resume building, videotaped review of mock interviews) are also provided.
- *Continuing Education* – In addition to participating in continuing education for career-specific purposes (e.g., GED, college, CNA training, beauty college, etc.), many of the youth who complete the TFCO program are also in need of education on issues related to “life in general.” To assist youth in gaining information that is thought to be protective in later life, the individual therapist can address topics such as managing finances and budgeting, using and practicing adaptive coping strategies and effective stress management, time management, knowledge on practicing healthy and safe sexual relations, choosing life partners, and managing family relationships.
- *Housing* – Given the chaos and instability that most youth in the TFCO program have experienced, identifying a supportive living situation is crucial. Unfortunately, some youth do not have families or relatives who have the resources necessary to provide a safe and consistent living arrangement. In such cases, the individual therapist (under the direction of the Team Lead) can assist the youth in identifying safe, alternative living situations.
- *Supportive Relationships* – Although youth typically develop very positive relationships with their foster parents and program staff, many have long histories of disrupted, conflicted, or non-existent relationships with family members and same-age, peers. To address the potential risk involved with having inadequate support systems and associations with deviant and/or older peers, relationship skills are taught and practiced with skills coaches who are college-aged staff members who serve as role models. We have found the role of “life coach” to be effective in addressing youths’ struggles and a positive medium in which they can learn new skills in realistic settings.

Family Sessions

At some point in the therapy, the family is brought together for family sessions. This typically occurs when the family therapist thinks the biological parents have progressed enough in their treatment to make these sessions productive. Family sessions are used to teach the family new ways of interacting with each other and to solve problems so they don't resume the negative habits they had prior to the youth's placement out of the home. It's important to structure these practice sessions in a way that maximizes the potential for success and continued motivation. The family therapist takes the lead in setting up the agenda and directing the session, the individual therapist's role is to support the youth. The family and individual therapist should meet before the session to set behavioral goals and plan the agenda. The first family sessions should be brief and structured. It is recommended that during the first 20 minutes, the individual therapist meets with the youth while the family therapist meets with the parents. During this time, the individual therapist should prepare the youth for whatever task will be occurring during the joint session. The therapist should anticipate difficulties the youth may have and strategize ways for the youth to respond. Then the parents and youth should come together with both therapists for the planned discussion. During the discussion, the youth's therapist can be supportive by offering non-verbal signs of reinforcement. The individual therapist will then follow up with the youth to reinforce positive behavior and ensure that she is prepared to return to the foster home.

Particularly "hot" topics should be avoided for these first sessions, and the tasks should be kept simple. For a more detailed discussion of appropriate topics and techniques, see the *Family Therapy Guide*. In addition to introducing and developing new skills during family sessions, it is often necessary to work on correcting some negative habits that interfere with having a productive session. Generally, the strategy used is to:

- Identify and define problem behavior
- Provide a rationale for decreasing the behavior
- Plan how the behavior will be tracked during the session
- Track the occurrence of the behavior during the task
- Optional: Set a limit on the number of occurrences allowed before ending the session
- Debrief the session

An illustration of how this might work for the initial joint sessions:

During the first 20 minutes. The family therapist meets with the parents. Their session focuses on identifying three positives from the recent home visit and one small area where they would like to see behavior change from their youth. The individual therapist meets with the youth. During their session, the therapist works with the youth to identify something positive to say about the recent home visit and something positive that happened at school that week.

During the joint family session (15 minutes). The family therapist leads the session. The family therapist cues the parents to provide the identified positive and corrective feedback to the youth. The family therapist will redirect back to the topic if necessary.

The family therapist or the individual therapist may prompt the youth to share positive experiences from the week, if necessary.

During the remaining time. The family therapist debriefs with the parents. The family therapist will reinforce adhering to the plan and responding positively or neutrally to their youth and work with the parents to identify areas to improve interaction skills. The individual therapist will debrief with the youth. The individual therapist will also reinforce adhering to the plan, responding positively or neutrally to the parents, and work with the youth to identify what the youth could have done differently in the session.

Later Sessions

After the initial sessions when the family has experienced positive interactions, it is possible that more stressful or challenging topics will be addressed in the joint family therapy sessions. The individual therapist's role is to support the youth and practice the skills necessary to promote positive change in the family.

Possible topics for the youth to practice with the individual therapist for joint sessions

- Responding when the youth hears the parents' corrective feedback
- Practice having the youth present a point of view in the joint family session in an appropriate way
- Once skills are established, the family therapy sessions gradually shift to dealing with more difficult topics.

The Transition to Home

Individual therapy continues throughout the transition to home and up to a number of months afterwards. Youth need a lot of support to maintain the progress they've made while in the TFCO home. The focus of these sessions is to help youth adapt the strategies and skills they have learned to the new home and community settings. Undoubtedly, problems will arise. The setting is less restrictive, there are more distractions, and the adults in their lives are not likely to be as skilled as the foster parents. It can be difficult for youth to stay focused on the new skills and strategies they have learned. Weekly sessions continue so therapists can help youth with problems that arise. During this time, therapists may also help youth to develop and maintain an educational or occupational plan. Usually, therapists start to fade out of the picture after about three months, as at that point youth are either headed in the right direction or have encountered serious problems that warrant another type of intervention.