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Feelings Forward: A Trauma Group for Adolescents

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Abstract

Within the United States, research has shown that roughly 14% to 43% of children and teens go through at least one traumatic event and of those children 3% to 15% develop PTSD (*VA.gov: Veterans Affairs,* 2018). The current research has indicated that children who have endured a traumatic event can suffer from lifelong determinantal effects such as emotional, physical, and psychological issues. With these statistics in mind, this group manual has been created for adolescents who are presenting with PTSD symptomology. Among the literature regarding the detrimental impact that trauma has on adolescents development, there will be a focus on how to decrease or diminish trauma symptoms. This group manual was created for adolescents aged 15 to 16 years old to provide them with education, coping skills, emotion identification, and peer support. Techniques from Trauma- Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Trauma and Grief-Focused Interventions will be utilized throughout this manual as these evidence-based practices have been seen most effective in treating those who have endured a traumatic event.

Keywords: Trauma, PTSD, adolescents, group therapy

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Introduction

In the last year, I have worked with many students who have gone through traumatic events, and I have noticed how prevalent and debilitating their symptoms have become. Additionally, I have realized a lack of knowledge about trauma education and the implementation of interventions, specifically in rural comminutes. These students are left with little time to focus on their social and emotional health due to feelings of hopelessness and lack of resources. When I think about Maslow's Hierarchy of Needs, children are not getting their basic needs met, and when they come to school, they are required to meet the rigorous demands of school. Thus, if a student is not getting their basic needs met and struggling due to psychological and physical trauma, how are children expected to perform daily functions?

During the Covid-19 pandemic, schools were shut down, and children were forced to stay home. The stress of the pandemic, job loss, and domestic abuse rising; children are being exposed to adverse experiences and traumatic events. According to the Children's Bureau through the U.S. Department of Health and Human Services, Adverse Childhood Experiences (ACES) can be defined as any potentially traumatic events that occur before the age of 18. These adverse experiences include all types of abuse, neglect, and household dysfunctions (childwelfare.org, n.d). As children are coming back to school this fall, educators and mental health professionals need to be prepared for the traumatic events children were exposed to while being home. When children encounter traumatic stress, most of these adolescents have not developed a coping mechanism to deal with these adverse experiences, thus emphasizing trauma education and trauma informed groups.

As stated by Grasso, Dierkhising, Branson, Ford, & LeeIt (2015), by the time children reach adolescence, most will have experienced one adverse or potentially traumatic event. These

adverse childhood experiences can play a part in their development and be detrimental to their lifelong health. Additionally, much research has been conducted on children who grow up with adverse childhood experiences struggle to develop healthy attachments and relationships (Cloitre, Khan, Mackintosh, Garvert, Henn-Haase, Falvey, & Saito, 2019). ACEs affect multiple areas of development, including cognitive, emotional, and social development. ACES can also be the source of posttraumatic stress disorder (PTSD), depression, and behavioral problems (Grasso et al., 2015). This purpose of this literature review is to examine the current research on how traumatic events will affect adolescents and what evidence-based intervention can be implemented in the school setting for trauma focused groups. Special focus will be given to how ACES have a detrimental effect on children's development, resulting in emotional and psychological issues.

Literature Review

Adverse Childhood Experiences

There has been much research supporting what trauma does to the development of the child. There are primary developmental milestones children go through, and when these developmental patterns are interrupted, the outcomes may be adverse and interfere throughout the duration of their life. According to Frydman and Mayor (2017), while establishing early adolescent development, the prefrontal cortex goes through developmental shifts in cognitive and emotional functioning, including increasing impulse control and the effect of emotional regulation. However, if these developmental tasks are interrupted by a traumatic event, this healthy development will be profoundly impacted negatively (Frydman & Mayor, 2017). Furthermore, researchers have continued to discuss the importance of development. When the early years have been interrupted by adverse experiences, this sets the stage for functional delays and health issues that will continue in their life span (Grasso et al., 2015). When a child continues to be exposed to adverse experiences, the younger the child, the more emotional and cognitive obstacles the child will be confronted with in the future. Grasso et al. (2016) revealed that these adverse experiences are having a detrimental effect on children's development, resulting in emotional and behavioral issues. Ultimately, the time of adverse experiences will relate to how psychological and behavioral patterns will display in different periods of childhood (Grasso et al., 2015).

ACES and Developmental Stages

Child development and psychopathology suggest that different types of ACES may present at different developmental stages in their life (Grasso et al., 2015). This specific study examines different age ranges and the various ACES children are being exposed. The research

reported that school-age children (6-12) are at increased risk of child maltreated, sexual violation, and physical assault, compared to younger children (Grasso et al., 2015). Similarly, Frydman and Mayor (2017) discuss that when a student has not developed anxiety management such as coping mechanism in response to the triggered trauma, thus the student will struggle with emotional regulation depressive symptoms and low frustration tolerance.

It is believed that adverse experiences can also result in emotional and behavioral dysregulation, but also will set the stage for functional impairment and health issues (Grasso et al., 2015). Results from the same study found that 10-48% of adolescents have experienced multiple forms of ACES. Additionally, these youths exposed to multiple forms of abuse are at risk for continued exposure, and from a sample of 2,030 children, they are four times more likely to experience additional ACES within the next year (Grasso et al., 2015).

Although the current research focused single types of adverse childhood experiences, there has been limited research as to the specific pattern of ACES in different developmental stages of childhood and adolescence in correlation with how it affects them later in life (Grasso et al., 2015). Overall, the research indicated that adolescents that were exposed to adverse experiences early in life but only rarely exposed to ACES were less likely to develop internalizing and PTSD (Grasso et al., 2015). On the other hand, adolescents who were exposed to multiple forms of ACES, such as abuse, neglect, were most likely to have clinical PTSD and internalizing symptoms (Grasso et al., 2015).

Trauma

The counseling profession should be cognizant of various triggers that trauma can manifest, thus the significance to understand the depth of psychological and emotional development and its impact trauma has on an adolescent. There has been extensive research on

defining trauma and the various forms of trauma. According to Fugate-Whitlock (2018), trauma can be defined as physical, psychological, emotional, or sexual abuse at any age and to anyone. Furthermore, trauma can also be categorized into neglect and witnessing a stressful event that overwhelms the individuals coping mechanisms. According to the Center for Disease Control and Prevention (CDC, n.d.), they define all kinds of abuse and neglect of a child under the age of 18 by parents, caregivers, or someone who is regularly overseeing an adolescent such as daycare provider or teacher. The research found that there are about 1 in 7 children that are experiencing child abuse and neglect in the year (CDC, n.d.).

Brain Development

To understand how trauma affects an adolescent, readers should first understand how a child's brain develops. There have been significant studies that address the result of trauma, and in recent years' studies have begun to analyze neural development of the brain. A recent study indicated that, within the last decade, neuroscience is starting to reveal the complexity of neural development (Fine, 2014). From what is understood in science about maturity is that as a child matures, the gray matter in the brain reduces, while white matter increases. The brain matter indicates that the brain is engaging in neural efficiency (Fine, 2014). The brain develops from the back-to-front, meaning the newest part of the brain develops last (Fine, 2014). Thus, the sensory and motor system is first to mature; likewise, the part of the brain controls decision making, impulsive control, and judgment making mature last (Fine, 2014). In the same study, research has investigated the effects of emotional and social context on decision making. An adolescent will begin to develop and execute their functioning tasks with age; however, cognitive functioning may develop slower (Fine, 2014). Researchers have now found that the brain

maturation with behavioral and social characteristics are not at full maturity until well after adolescents. Therefore, prior implications can have a considerable impact (Fine, 2014).

Previous studies have shown that there has been a detrimental effect on adolescent development due to trauma; likewise, some authors have driven further findings around the human neurodevelopment (Fine, 2104). As the research continues further to analyze neural plasticity, the brain's way of adapting to the changing environment, and the relationship with psychosocial development, this has led to an overall better understanding of how neural growth affects children and adolescents. When the environment meets the neural demands, the brain learns to adapt to the environment (Fine, 2014). However, at times when there is a significant pressure, the brain reacts by shaping neural circuits, which will eventually lead to maladaptive functioning in the future (Fine, 2014). Furthermore, this is the brain's ways of adapting to injury, adjusting the response to the new situation or change in their environment.

In some cases, when there is a trauma to the brain by injury or psychosocial factors, this will then lead to adverse outcomes of developmental delays down the road (Fine, 2014). Thus researchers came to conclusions that a positive environment during crucial developmental periods or of adversity in early childhood can affect the neural development throughout the lifespan (Fine, 2014). The counseling profession working with children and adolescents should be familiar with recent literature to understand how the brain shifts when a child goes through a traumatic event, thus needing to provide developmentally appropriate counseling services.

Treatment Modalities

Many youths have experienced various forms of trauma such as domestic violence, neglect, witnessing violence, and other forms of interpersonal trauma. Counselors often suggests different practices of treatments for those children exposed to traumatic events. Youths with

trauma have been treated with a variety of forms of interventions with some of those in group sessions. Several interventions will be analyzed in order to identify group techniques that were found successful for working with youths with trauma histories. These include Trauma- focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Interventions in Schools (CBITS), and Trauma- and Grief-Focused Interventions.

Trauma-Focused Cognitive Behavioral Therapy

A study based on TF- CBT by Cohen, Mannarino, Kliethermes, and Murray (2012) investigated youths with complex trauma and how to implement evidence-based practices for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) treatment. Complex trauma can be defined as those who have problems with attachment security, affect regulation, disassociation, behavioral regulation, cognition and self-concept (Cohen et al., 2012). The first step to implement a treatment is assessment. However, assessing youths with complex trauma can be complicated. The therapists gather information about their trauma experiences and the secondary situation that come along with the related traumas. These include removal from families and placement in foster care or residential treatment facility, medical, and other procedures that could have been traumatic (Cohen et al., 2012). Likewise, youth who have complex trauma are under-reported and also could be due to various reasons such as trying to avoid the traumatic situation. Therapists gather information from youth, parents or caretakers and the school (Cohen et al., 2012).

The study suggested that youth with complex trauma respond best to phase-based treatment. TF-CBT emphasizes that each number of sessions are dedicated to each of the three phases. Traditionally, a treatment would be divided 1/3 of the session in each phase. However, Cohen et al. (2012) suggested that since many children with complex trauma have significant

regulation problems, the inventions ends up focuses on half the number of sessions to the coping skills phase. A typical treatment would be 8-16 sessions to 25 sessions (Cohen et al., 2012). The phases are as follows: (Phase 1) Addressing Coping Skills (enhancing safety, psycho-education, relaxation skills, parenting skills, relaxation skills, cognitive coping skills and affective modulation skills); (Phase 2) Trauma Narration & Processing; (Phase 3) Consolidation and Closure. Trauma narrative is a technique used to help individual with trauma make sense of their experiences, while being confronted with painful memories. Overall, TF-CBT has shown tremendous strides in multiple domains that impact youth with complex trauma (Cohen et al., 2012).

In an additional study conducted by Schneider, Grilli, & Schneider (2013) focuses on the need for early interventions for children and adolescents exposed to trauma. In a pediatric clinical trial high level of stress were reported in 90% of children who were sexually abuse, 75% exposed to school violence, 50% of those exposed to physical abuse, and 35% exposed to community violence (Schneider et al., 2013). Although trauma is a significant contribution to many individuals mental health, the studies have reported that trauma is treatable and those who have sought treatment have found success. The American Academy of Child and Adolescent Psychiatry (AACAP) recommends that psychotherapeutic interventions consider (1) consider the severity and degree of child impairment due to PTSD symptoms, ; (2) integrate interventions for co-morbid conditions into trauma treatment where applicable, and (3) adopt trauma-focused psychotherapies as first-line treatment (Schneider, 2013). These recommendation also include parent or caregiver participation in the treatment process.

In the survey of 262 clinicians regarding the knowledge of the implementation of evidence-based treatment, found that less than one-third were able to identify other evidence-

based treatments other than TF-CBT. Of those clinicians trained in TF-CBT, 78% reported being trained in TF-CBT, however only 66% of the clinicians reported using TF-CBT will full consistency (Schneider, 2013). Among those implementing TF-CBT, those clinicians reported teaching relaxation skills and providing psychoeducation, and using less of trauma narrative and cognitive processing. Most frequent techniques used that are not trauma specific focused heavily on cognitive behavioral and less on trauma specific techniques such as gradual exposure, trauma narratives. Evidence- based interventions such as TF-CBT has suggested that clinicians tend to use less of trauma-focused techniques, however when implementing trauma focused interventions such as TF-CBT there are high report in a decreased of PTSD symptoms.

Cognitive Behavioral Intervention in Schools

Another trauma-focused intervention that implements evidence-based practices is the Cognitive Behavioral Intervention in Schools (CBITS) program. CBITS was originally a program for ethnically diverse communities, specifically, ethnic minorities and immigrant youths exposed to trauma. The CBITS program was designed to decrease negative effects of trauma exposure in a diverse group of low-income children and being delivered in a school setting (Ngo, Langley, Kataoka, Nadeem, Escudero, & Stein, 2008). The program emphasizes flexibility in addressing trauma for students from different communities, thus the program is not culturally specific. Rather, the program focuses meeting the needs of the students and emphasizing cultural competence, while mainlining the main components of cognitive-behavioral therapy (Ngo et. Al., 2008).

Similar to TF-CBT, the core components of CBITS is psychoeducation, cognitive coping, relaxation, social problem solving and trauma narrative. Due to its success in treating youths with posttraumatic stress and depressive symptoms, the CBITS program is been

implemented in other various communities including urban African American, native American and rural communities (Ngo, 2008). It is important to note that through engagement strategies and working with collaboration with parents and school staff who represent the ethnic groups has reported to aid in the success of the treatment process. Ngo (2008) suggested that with collaboration with community partners and using community partner framework with CBITs has been an effective approach to integrating an effective treatment.

Trauma and Grief-Focused Interventions

Another form of intervention that was implemented with individual who have experienced traumatic events is a trauma- and grief-focused intervention. Saltzman, Pynoos, Layne and Aisenberg (2001), recruited 812 students, who were assessed for trauma exposure and distress and 26 students who participated in the trauma and fried-focused group psychotherapy program. The program has four main components: first and second include a multistep screening approach. The component are as follows (1) self-report survey of community violence exposure and posttraumatic stress, depression and grief symptoms; (2) individual screening (significant exposure, in component 1); (3) pregroup clinical interview (features of traumatic events, hierarchy of trauma experiences, and identification of negative emotions); (4) trauma and grief-focused group psychotherapy (Saltzman et al., 2001).

According to Saltzman (2001), trauma and grief-focused group psychotherapy consists of five focused areas including traumatic experience, reminders of loss and trauma, the interplay of trauma and grief, post trauma adversity, and developmental progression. This specific group consist usually of 20 semi-structured sessions divided among four modules. With this modality of sessions, this intervention has demonstrated success in building group cohesion, coping skills and processing traumatic experiences. Every session begins with check in and review of skills

and exercise from the previous week. Overall, the study revealed that the participants that received the psychotherapy had significant improvements in posttraumatic stress, depression, and complicated grief symptoms (Saltzman et al., 2001).

Group Cohesion

A study focusing on aspects of cohesion among psychotherapy groups was conducted by Burlingame, McClendon, and Alonso (2011) and reviewed definitions and measurements of group cohesion. According to Burlingame et al (2011) cohesion has been identified as synonymous with the therapeutic relationship in group therapy. Furthermore, this article has identified two factors, quality and structure among the group therapy instruments (Burlingame et al., 2011). Researchers, Burlingame et al. (2011), defined the measurement of cohesion as group acceptance, emotional well-being, self-disclosure, interpersonal liking, and tolerance for personal space. In this meta-analysis the first dimension of cohesion is structure and can be defined as the group members perception on the facilitators competence, genuineness, and warmth (Burlingame et al., 2011). Burlingame et al. (2011) define relationship quality into two factor definitions: (1) belongingness and acceptance and (2) interpersonal work factors (working alliance and group climate). Furthermore, the framework for understanding relationship quality focused on member-member and member-leader interactions for cohesion outcome. Overall, the results of this study suggested that cohesion has a desired outcome when emphasized as a therapeutic strategy (Burlingame et al., 2011). Furthermore, the study reported greater outcomes when sessions last more than 12 sessions and is comprise of 5 to eight members. Cohesion takes ample time and consistent member interaction (Burlingame et al., 2011).

Conclusion

The research clearly shows the severity of ACES and how it affects a child's mental, physical, and psychological health. It is alarming that many adolescents with mental health issues will not receive proper services. Furthermore, since most individuals will experience an adverse experience at least once in their life, adolescents must receive appropriate treatment and early interventions. Utilizing techniques based on TF-CBT, CBITS, and trauma-informed practices in this group will facilitate the development of coping skills identification of triggers, and to reduce trauma symptoms.

Group Overview

Type of Group and Purpose

The following group was designed by implementing techniques from various approaches including TF-CBT, Trauma and Grief-Focused Interventions, and CBITS. This group is intended for adolescents who have experienced a traumatic event and are presenting PTSD symptomology. The counseling group format was chosen to provide psychoeducation about various feelings and emotions associated with trauma, as well as evidence-based techniques to process traumatic events. By providing adolescents with psychoeducation within the process groups is the hope that the group will be to attain knowledge and skills to be able to cope with the traumatic events.

Group Format

According to Yalom (1995), the ideal group size for adolescents should be comprised of seven to ten members. For this training, the group will consist of seven to eight members. This group will take place in a school setting, due to the intention of working on a similar goal, it will be a closed group to encourage cohesiveness among members. The sessions will be structured into 8 weeks, meeting once a week for 60 minutes. Each session will begin with an opening activity, psychoeducation, a skills-based activity, and ending with a mindfulness practice. The purpose of ending with mindfulness is to implement calming techniques in hopes for the members to gradually inherit skills to incorporate in their daily practice. The trauma group will allow for flexibility because of some weeks requiring more time spent on developing skills.

Facilitator Qualifications

The facilitator of this group must be a licensed counselor, school counselor, or mental health professional. The facilitator does not need training on the specific interventions being used

but is rather educated on trauma-informed practices. The facilitator must hold a current license in the state that they wish to practice.

Screening and Referral

Every member of the group will need a Trauma-Informed Mental Health Assessment that consists of an interview and assessment that measures current traumatic-related symptoms. A mental health professional will administer a Child and Adolescent Trauma Screen (CATS) to screen for the severity of trauma-related symptoms. Also the intake assessment, the facilitator will administer the Child and Adolescent Needs and Strengths (CANS)-Trauma Comprehension Version before the group selection process. According to NCTS, the CANS approach is intended to gather information on a range of domains associated with the function of the child and caregiving system (Peterson, 2018). The clinician will use this assessment to assess the child's strengths. The CANS assessment needs to be completed by a clinician who is trained to administer this assessment. The members can be referred by a school professional for screening from an outside agency. The purpose of the screenings is to decide on the severity of the trauma and assessing where they fall socially and emotionally.

Guidelines and Goals

The facilitator will inform the members of the main guidelines of the group. The facilitator will discuss confidentiality with the members and the group will collaboratively create individual goals and collective group goals. When creating the goals of the group, the facilitators need to cognizant that the goals are developmentally appropriate to ensure that understanding and application. The group was created for an 8-week time frame, however, this group is flexible and they can spend more time in a certain week. The overall goal should be to decrease or diminish trauma-related symptoms and leave the group having processed their trauma and with

coping skills. The goal for implementing mindfulness exercise at the end of every session is to give the member a variety of tools and techniques in hopes of engraining healthy practices they can implement in the daily routines.

Some common group norms for an adolescent groups include:

1. What is said in the group stays in the group
2. One person talks at a time
3. Be respectful and kind
4. No phones

ASCA Standards for Group

- **B-LS 7.** Identify long- and short-term academic, career and social/ emotional goals
- **B-SMS 7.** Demonstrate effective coping skills when faced with a problem
- **B-SS 6.** Use effective collaboration and cooperation skills
- **B-SS 4.** Demonstrate empathy
- **B-SS 8.** Demonstrate advocacy skills and ability to assert self, when
- necessary
- **B-SMS 9.** Demonstrate personal safety skills

Weekly Activities

Week One

Objectives	1. Member will begin building rapport and group cohesion with other members and facilitator through introductions and an icebreaker activity. 2. The facilitator and members of the group will create rules and goals together.
Discussion	**Introductions** o Welcome members and briefly state purpose of the group: to help them process and cope with the traumatic event that they have endured o Have members and their caregivers sign informed consent (Appendix B) o Explanation of group counseling and confidentiality (Appendix C) o Have members take the pre-test (Appendix D) o Have members introduce themselves and share a fun fact about themselves. o Create rules and group goals o Provide time for members to get to know each other.
Activity/ Supplies	**Icebreaker** o Weave a Web (Appendix E) **Supplies** o Ball of Yarn

	Mindfulness o Discuss what mindfulness is and the importance of mindfulness work o Mindfulness Tasting- Hershey Kiss (Appendix F)

Week Two

Objectives	1. The members will learn about trauma and adverse childhood experiences. 2. The members will learn how stress and trauma are connected
Discussion	**Opening Activity** o Review Rules o Highs and Lows o Discuss that every week each member will share one high or a positive aspect of the week and one low of the week. This will be done at the beginning of every session. **Psychoeducation** o What is trauma? o Trauma can be defined as physical, psychological, emotional, or sexual abuse at any age and to anyone. Furthermore, trauma can also be categorized into neglect and all types of abuse (Fugate-Whitlock (2018). o According to the National Child Traumatic Stress Network, childhood trauma occurs when children are exposed to events or situations that overwhelm their ability to cope with what they have experienced (Peterson, 2018). o Facilitate discussion on how stress and trauma are connection (Appendix G)

	○ Discuss that when we go through something stressful or traumatic it changes the what we think and feel about situations. Our feelings are directly linked to our thoughts. ○ Allow time for discussion about feelings associated with trauma. These feelings can include as shame, guilt, helplessness, and fear. ○ Discuss at times different thoughts lead to different feelings. Often we say unhelpful or negative thoughts that can get in the way of helpful feelings.
Activity& Materials Needed	**Activity** ○ Hot Seat Activity (Appendix H) **Homework** ○ Introduce their thought journal- They will keep this journal during group for various activities. This journal is personal and only for their eyes. ○ Writing Prompt- How does trauma affect you? ○ Explain to members that they will write in their journal how their trauma affects them in their life whether its emotionally or physically ○ Send home Trauma and ACEs infographic with member to give to parents. (Appendix I) **Mindfulness** ○ Self-Compassion Activity (Appendix J)

Week Three

Objectives	1. The members will learn about how the brain reacts to stress. 2. The members will engage in discussion on how to identify emotions.
Discussion	**Opening Activity** o Highs and Lows Activity **Psychoeducation** o Check in with members about previous weeks discussion about trauma o Introduce the Hand Model of the Brain (Appendix K) o Discuss what is happening in the brain when they get upset. o Explain to the members that the prefrontal cortex helps us make decisions before we act. The amygdala allows to feel feelings that protect you from danger and lastly, the hippocampus is in charge of learning and storing memories and bringing out old memories (Walinga & Stangor, 2014). **Emotion Identification** o Facilitate discussion on ways they can identify emotions and how to respond effectively. o Keep a feelings journal o Notice and name your feelings- what were you doing when you encountered these feelings

Activity & Materials Needed	**Mindfulness** o The mindful Jar Activity (Appendix L) o At the end of the mindful jar activity, encourage all members to close their eyes and engage in belly breathing for one minute.

Week Four

Objectives	1. Members will be able to identify their own triggers 2. Members will learn coping skills to implement during a trigger
Discussion	**Opening Activity** o Highs and Lows **Psychoeducation** o Review previous session and ask the group if they were able to identify emotions with some strategies learned in group o What is a trigger? o Discuss that triggers are memories that lead to intense emptions that remind someone of what happened before or during a trauma. **Fight or Flight Response** o Explain that when we are triggered by an event, our brain activates stress response to fight or flee, meaning run away. o Facilitate conversation about how trigger symptoms are not always bad and the flight or fight response in our brain can protect us. o Provide example such as seeing a bear in the woods **Trigger Identification** (Appendix M) o Discuss the activity with the group and review the problem, trigger categories, and begin to develop a plan to recognize triggers o Facilitate conversation about avoiding versus removing themselves from the situation when feelings get too intense

Activity & Materials Needed	**Size of the Problem Role Play** o Have members write three scenarios that they feel triggered by o Members will role play the scenarios and come back together and identify the size of the trigger o Provide an example that if your shoes are dirty is this a small problem and do we need to use coping skills or feel triggered. **Mindfulness** o Body Awareness (Appendix N) **Homework** o Have members share triggers with their caregivers when they get home

Week Five

Objectives	1. Members will learn about coping mechanisms 2. Members will identify coping skills 3. Members will create their own self-care plan
Discussion	**Opening Activity** o Highs and Lows **Psychoeducation** o Review previous session o What are coping mechanism? o Explain coping mechanisms are strategies to implement when someone is faced with a stressor or trauma trigger to help them deal with big emotions. o What do they help your body do o Explain coping mechanisms help your brain and body process and manage emotions.
Activity & Materials Needed	**Coping Skills Checklist** (Appendix O) o Begin by asking the members what they do when they feel anxious or nervous when they are faced with trauma reminder o Have members go through a checklist and identity coping skills they are currently implementing **Self-Care Plan** (Appendix P) o Have members share their current self-cares. o Facilitate discussion on the importance of self-care into daily routine.

	○ Allow time for members to create a self-care plan ○ Exercise, Balanced Diet, sleep schedule, journaling.. **Mindfulness** ○ Peter Levine 5 Step Self Holding Exercise (Appendix Q)

Week Six

Objectives	○ Members will identify people and places that make them feel safe ○ Members will collaborate to create a safety plan
Discussion	**Opening Activity** ○ Highs and Lows **Psychoeducation** ○ Review previous session ○ Introduce this week's focus on safety planning. ○ Explain we have learned that our trauma has impacted our ability to feel safe. There are moments that we feel things are out of our control that leads up to not feeling physically and or emotional safe. Today, we are going to identify ways that allow us to feel in control, however sometimes things are out of control..” ○ Discuss the difference between physical safety and emotional safety ○ Facilitate group discussion on the importance of being able to identifying a person and place they feel safe with.
Activity & Materials Needed	**In my control** ○ Members will create a circle in their journal and write things that are in their control in the middle and outside the circle things that are out of their control. **Safety Planning** (Appendix R)

	○ Have group members create a safety plan to follow when they are feeling triggered by an event. ○ Safety plan should include: ○ Triggers such as places, people, smells,, ○ Identify people and places where they feel safe ○ Identify warning sings ○ Identify your coping skills with the distress **Mindfulness** ○ 5-4-3-2-1 Grounding Technique (Appendix S)

Week Seven

Objectives	○ Members will begin to process second to last week of group ○ Members will create an postcard addressing their trauma and decorate the front through artistic expression
Discussion	**Opening Activity** ○ Highs and Lows ○ Explain termination process ○ Facilitate conversation and allow time for members to process group being close to ending
Activity & Materials Needed	**Dear Trauma Art Activity** ○ Members will create a dear trauma post card ○ Members will have an opportunity to express and address their trauma through writing on the post card ○ Members will use artistic expression to create the front of the post card ○ Allow time for members to share their post cards if they feel comfortable **Supplies:** ○ Postcards Print Out (Appendix T) ○ Paint/crayons/coloring pencils/pencils **Mindfulness** ○ Calm App (Appendix U)

Week Eight

Objectives	1. Members will process feelings about it being the last week of group 2. Members will identify changes they have made 3. Members will discuss goals
Discussion	**Highs and Lows** **Closure** o Facilitate conversation with members about how they are feeling about it being the last group session o Ask the group members what they have learned o What strategies they have begun to implement and changes they have seen o Process any anxiety and talk about all the things they can take away to help them o Have members take the post-test (Appendix V)
Activity & Materials Needed	**Goal Visualization** o Explain to members that we are going to goal visualization of what they desire for the future. **Mindfulness** o Create a gratitude list in Journal

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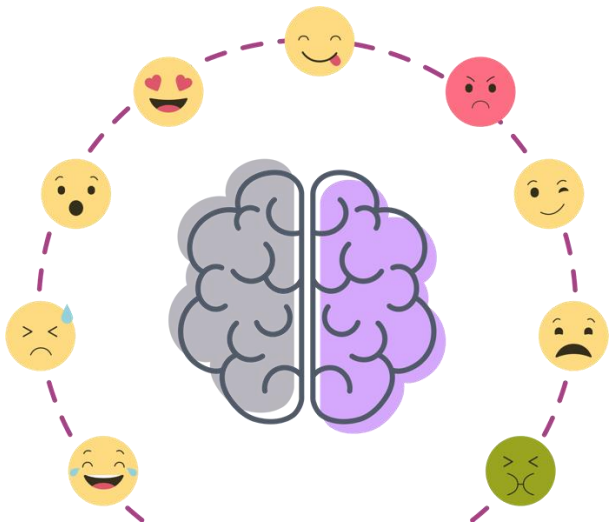
Appendices

Appendix A- Flyer

Feelings Forward: A Trauma Group for Adolescents



The goal of this group is to provide adolescents a space to process their trauma, teach them coping skills, and equip them with mindful practices to implement in their daily life!

Details: An 8 week closed group that meets once a week for one hour during school.

Contact Lindsay Thronson for more details and any further questions.

Appendix B- Informed Consent

From: https://pearlvitality.com/wp-content/uploads/pvc-adolescent-forms.pdf

ADOLESCENT CONSENT FORM AND PARENT AGREEMENT TO RESPECT PRIVACY

ADOLESCENT THERAPY CLIENT:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date _____

PARENT/GUARDIAN:

Check box and sign below indicating your agreement to respect your adolescent's privacy:

☐ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

☐ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____

Appendix C Group Confirendiality Agreement

From: https://www.teacherspayteachers.com/Product/Group-Confidentiality-Agreement-Counseling-1755701

Group Confidentiality Agreement

Part of being a member of this Group is to make sure everyone feels comfortable. We want everyone to feel they can trust one another and feel comfortable in sharing their thoughts and feelings with one another.

This means Anything that is said while we are in our Group, CANNOT be repeated to another student outside of our Group.

As Participants, we need to be capable of being Trustworthy and Respectful of each other's feelings. This is called "Maintaining Confidentiality".

Consequences of breaking this Confidentiality Agreement may result being unable to Participate in this Group and/or Future Groups.

By signing this document YOU Promise to be Respectful, Trustworthy and Caring students to both your peers and your school counselor.

Name:_____

Date:_____

Appendix D- Pre-Test

1. What are coping skills?
2. What is a healthy behavior and what is an unhealthy behavior that you do when you are feeling stressed?
3. What are you hoping to take away from this group?

Appendix E- Weave A Web Activity

https://www.counselorkeri.com/2019/06/20/counseling-icebreakers/

6. Weave a Web

This is one of my favorite activities to do with a class or group. Start with a ball of yarn or large ball of twine. Make a statement about yourself. If someone shares this in common, they say, "Me too!" Hold on to the end of the yarn and toss the ball of yarn to that person. That person then makes another statement about him/herself. If someone else shares this in common, they will say, "Me too," as well. The person holding the ball of yarn will hold on to the string and toss the ball to that person.

Students continue doing this until everyone has at least one piece of the yarn. Students can then observe the literal we of connections between them! This is a fun activity to repeat at the end of group – students are great about recognizing and honoring deeper connections they discovered during group.

Appendix F- Mindfulness Tasting

From: https://www.jmu.edu/counselingctr/files/Mindful%20eating.pdf

Mindful eating

Try to keep quite during the exercise and focus all of your attention on the chocolate. Approach the exercise with an open mind and a gentle curiosity.

- Pick up your wrapped chocolate but don't unwrap it yet.
- Place it in the palm of your hand and notice the colors and shapes on the package. Feel the weight of it in your hand.
- Pretend like you have never seen a wrapped chocolate bar before and examine it closely.
- Touch the packaging with your fingers and feel the texture. Pay attention to any sound the wrapper makes. Examine the wrapper noticing all of the colors. Look at the different sides of the chocolate wrapper and notice any place that the light reflects off the package, any shadows.
- If your mind starts to wander and think about other things, that's ok. Notice the thoughts and bring your attention back to the chocolate.
- Now begin to slowly open the wrapper. Listen for the sounds of the wrapper tearing. Notice the movement of your hand, fingers, and arm muscles as you open the chocolate.
- You may hear other people or other noises in the room. Notice the sounds and bring your attention back to the chocolate.
- Raise the chocolate to your nose and smell the chocolate. Slowly breathe in several times and focus on the different smells. Does smelling the chocolate trigger anything else in your body?
- Is your mouth watering? Are you having any thoughts," Hurry up and let me eat the chocolate!" "What's taking so long?" If so, notice them and bring your attention back to smelling the chocolate.
- Now slowly take a small bite of the chocolate, but do not chew it or swallow it. Notice the feeling and taste of the chocolate in your mouth. How does it feel as it melts? Notice the taste and sensations of the chocolate on your tongue. Move the chocolate around in your mouth. Try to notice the moment where you feel like you want to swallow. Slowly swallow the chocolate, focusing on the sensations. Notice any lingering tastes or sensations.

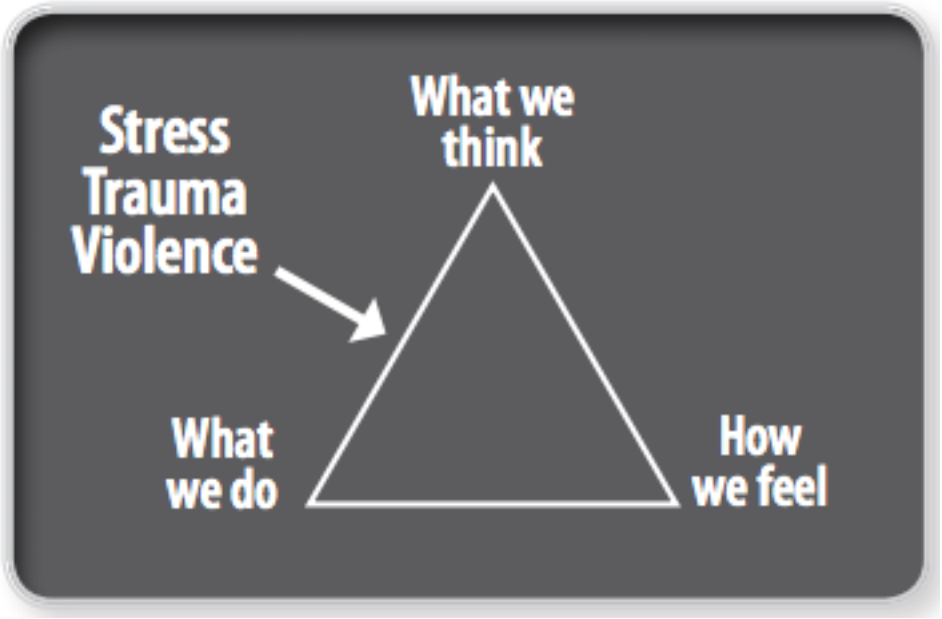
How was this different from your normal way of eating chocolate?

What did you notice during the exercise?

Any thoughts about how these principles might apply to eating or other areas of your life?

Appendix G- How Stress and Truama are Connected

https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL272/RAND_TL272.pdf



Appendix H- Hot Seat Activity

https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL272/RAND_TL272.pdf

GROUP SESSION 3

Hot Seat Activity

Name: _____

Questions you can use to argue against unhelpful negative thoughts:

OTHER WAYS TO THINK ABOUT IT

Is there another way to look at this?

Is there another reason why this would happen?

WHAT WILL HAPPEN NEXT

Even if this thought is true, what's the worst thing that can happen?

Even if this thought is true, what's the best thing that can happen?

What is the most likely thing to happen?

Appendix I- Parent Trauma Infographic

Trauma and ACEs

What is Trauma?

Trauma Defined:

- Trauma can be defined as physical, psychological, emotional, or sexual abuse at any age and to anyone. Furthermore, trauma can also be categorized into neglect and all types of abuse.
- Child trauma occurs when children are exposed to events or situations that overwhelm their ability to cope with what they have experienced, according to the National Child Traumatic Stress Network.

Types of Traumatic Events

- Neglect
- Domestic or family violence
- Community Violence (shooting assault, bullying)
- Sexual or physical abuse

What are ACEs?

ACEs Defined:

- Adverse Childhood Experiences (ACEs) can be defines as any potentially trauma events that occur before the age of 18.
- These adverse experiences include all types of abuse, neglect, and household dysfunctions.

Impact of ACEs & Trauma

- Ace's can have a detrimental effect on a child physical, mental, and emotional health.
- Children exposed to multiple forms of abuse coupled with frequent exposure are more likely to develop PTSD and other internalizing symptoms.
- Children who experience 4 or more ACEs are at a higher risk of developing heart disease and cancer. They are also at greater risk of attempting suicide and drug use.

Emotional Response to Trauma:

- Emotions such as extreme fear, guilt, helplessness, and shame associated with the trauma.

https://eclkc.ohs.acf.hhs.gov/publication/trauma7adverse7childhood7experiences7aces

Appendix J- Self Compassion Activity

From: https://shifts.coach/mindfulness/activities-for-teens/

9. Self-Compassion

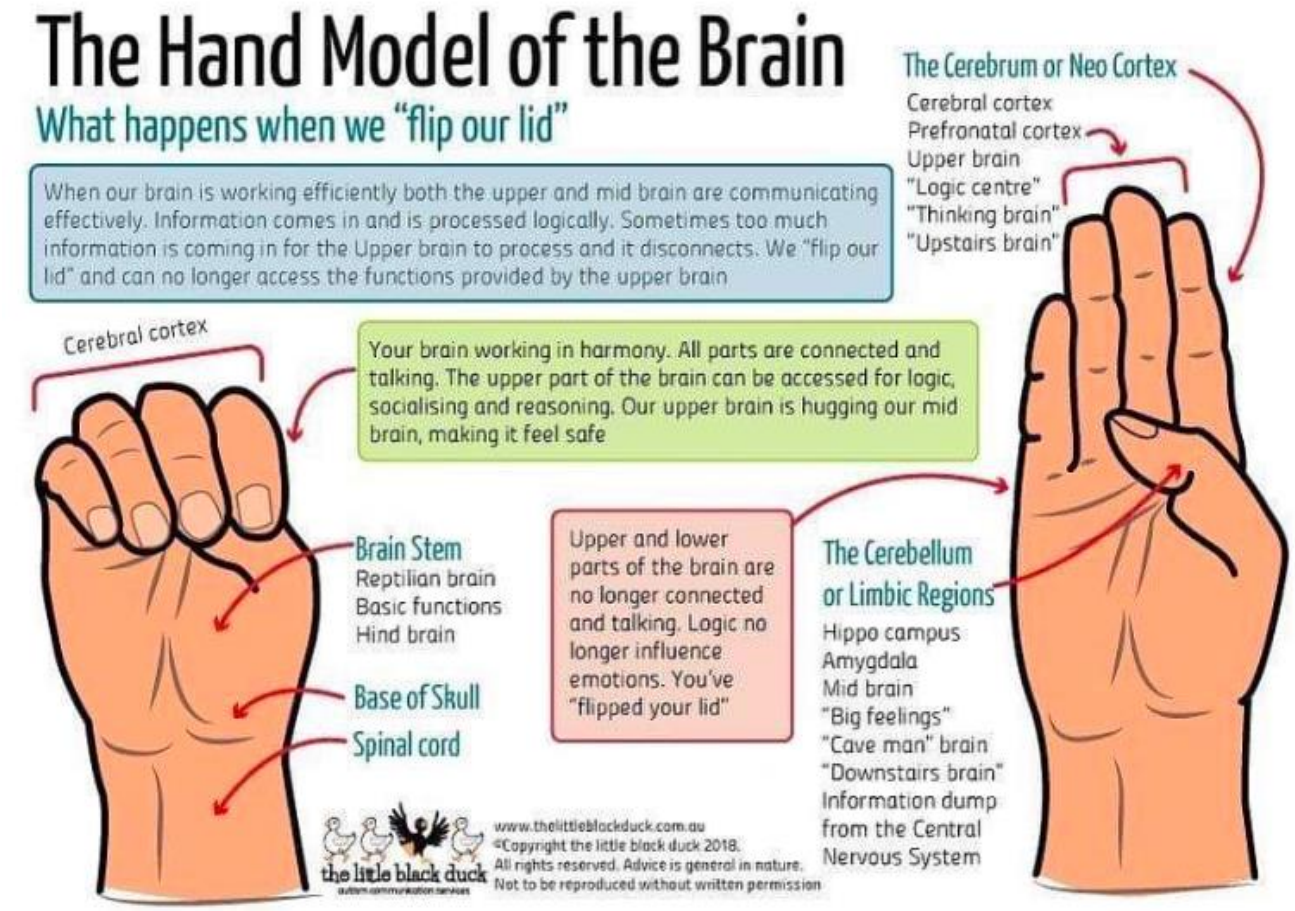
There are many unhealthy ways we deal with stress and anxiety, and it is never too soon to begin teaching our young people how to respond in a healthier way. Self-compassion is not mindfulness exactly, but it is part of the path. Responding with compassion is a mindful response that helps us be more present and kind toward ourselves.

Have the teens bring to mind something that has been painful or uncomfortable for them recently. If they would like, they can put their hands over their heart (this stimulates the vagus nerve and releases oxytocin). They can silently offer themselves a few phrases of compassion:

- This is painful
- Suffering is a part of life
- May I have compassion for this pain

Appendix K- The Hand Model of the Brain

From: https://www.pinterest.com/pin/698409854700483277/



Facilitator will explain that "The face of the person is in front of the knuckles, the back of the head toward the back of your **hand**. Your wrist represents the spinal cord, rising from your backbone, upon which the **brain** sits. If you lift up your fingers and raise your thumb, you'll see the inner brainstem represented in your palm" (Siegel, 2013).

Appendix L- The Mindful Jar

From: https://positivepsychology.com/mindfulness-for-children-kids-activities/

The Mindful Jar

This activity can teach children how strong emotions can take hold, and how to find peace when these strong emotions feel overwhelming.

- First, get a clear jar (like a Mason jar) and fill it almost all the way with water. Next, add a big spoonful of glitter glue or glue and dry glitter to the jar. Put the lid back on the jar and shake it to make the glitter swirl.
- Finally, use the following script or take inspiration from it to form your own mini-lesson:

> *"Imagine that the glitter is like your thoughts when you're stressed, mad or upset. See how they whirl around and make it really hard to see clearly? That's why it's so easy to make silly decisions when you're upset – because you're not thinking clearly. Don't worry this is normal and it happens in all of us (yep, grownups too).*

[Now put the jar down in front of them.]

> *Now watch what happens when you're still for a couple of moments. Keep watching. See how the glitter starts to settle and the water clears? Your mind works the same way. When you're calm for a little while, your thoughts start to settle and you start to see things much clearer. Deep breaths during this calming process can help us settle when we feel a lot of emotions" (Karen Young, 2017).*

This exercise not only helps children learn about how their emotions can cloud their thoughts, but it also facilitates the practice of mindfulness while focusing on the swirling glitter in the jar.

Try having the kids focus on one emotion at a time, such as anger, and discuss how the shaken verse settling glitter is like that emotion.

Appendix M-Trigger Identification

From: https://www.therapistaid.com/worksheets/triggers.pdf

Triggers

Trigger: A stimulus—such as a person, place, situation, or thing—that contributes to an unwanted emotional or behavioral response.

The Problem

Describe the problem your triggers are contributing to. What's the worst-case scenario, if you are exposed to your triggers?

Trigger Categories

Just about *anything* can be a trigger. To begin exploring your own triggers, think about each of the categories listed below. Is there a specific emotion that acts as a trigger for you? How about a person or place? List your responses in the provided spaces.

Emotional State	
People	
Places	
Things	
Thoughts	
Activities / Situations	

Tips for Dealing with Triggers

- Oftentimes, the best way to deal with a trigger is to avoid it. This might mean making changes to your lifestyle, relationships, or daily routine.
- Create a strategy to deal with your triggers head on, just in case. Your strategy might include coping skills, a list of trusted people you can talk to, or rehearsed phrases to help you get out of a troublesome situation.
- Don't wait until the heat of the moment to test your coping strategy. *Practice!*

Triggers

In this section, you will develop a plan for dealing with your three biggest triggers. Review your plan regularly, and practice each of the strategies.

Describe your three biggest triggers, in detail.

Trigger	#1	
	#2	
	#3	

Describe your strategy for *avoiding* or *reducing exposure* to each trigger.

Trigger	#1	
	#2	
	#3	

Describe your strategy for dealing with each trigger head on, when they cannot be avoided.

Trigger	#1	
	#2	
	#3	

Appendix N- Body Awareness Mindfulness Activity

From: https://www.therapistaid.com/worksheets/grounding-techniques.pdf

Body Awareness

The body awareness technique will bring you into the here-and-now by directing your focus to sensations in the body. Pay special attention to the physical sensations created by each step.

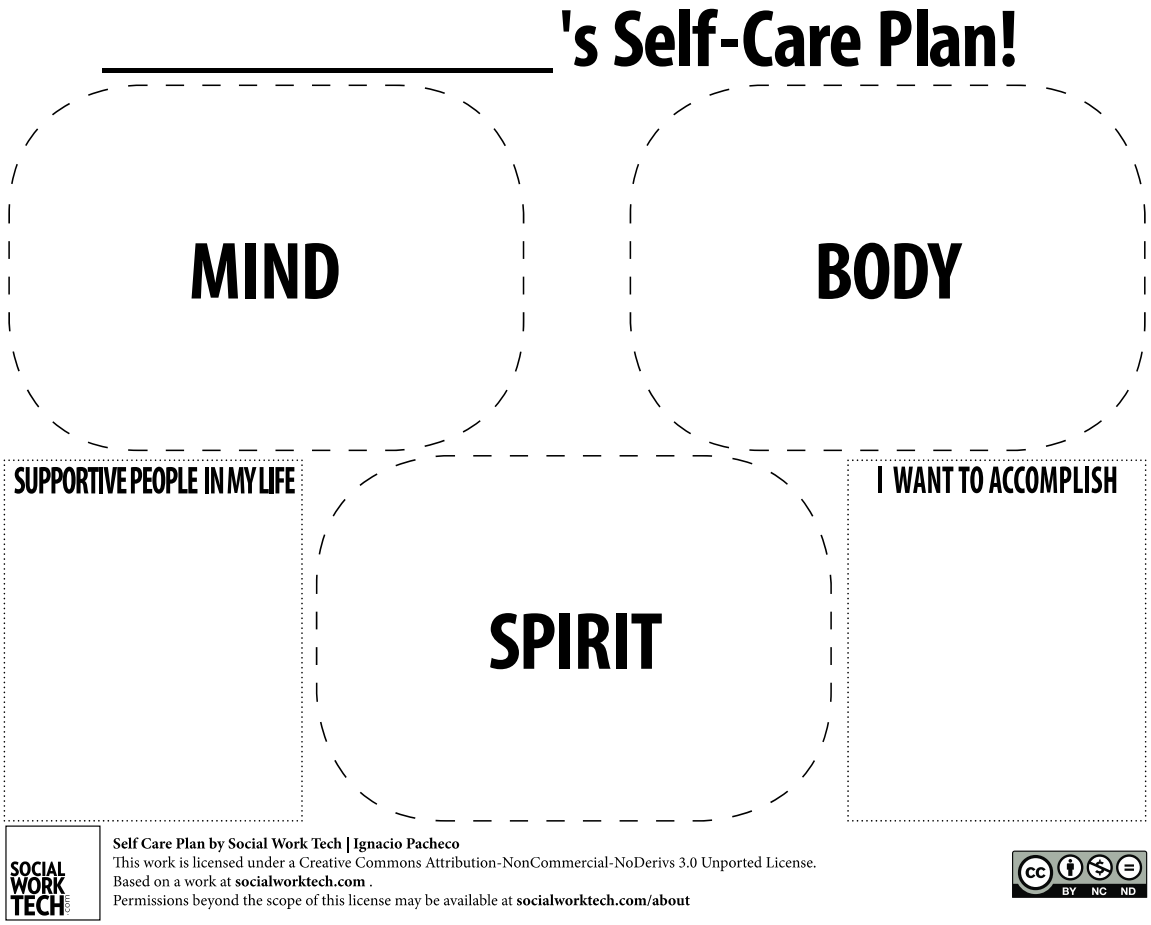
1. Take 5 long, deep breaths through your nose, and exhale through puckered lips.
2. Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
3. Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
4. Clench your hands into fists, then release the tension. Repeat this 10 times.
5. Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.
6. Rub your palms together briskly. Notice and sound and the feeling of warmth.
7. Reach your hands over your head like you're trying to reach the sky. Stretch like this for 5 seconds. Bring your arms down and let them relax at your sides.
8. Take 5 more deep breaths and notice the feeling of calm in your body.

Appendix O- Coping Skills Check List

From: https://www.pinterest.co.uk/pin/204069426852078938/

Appendix P- Self Care Template

From: http://socialworktech.com/wp-content/uploads/2011/05/Social-Work-Tech-Self-Care-Plan-en-Fr1.pdf



Appendix Q- Peter Levine 5 Step Self Holding Exercises

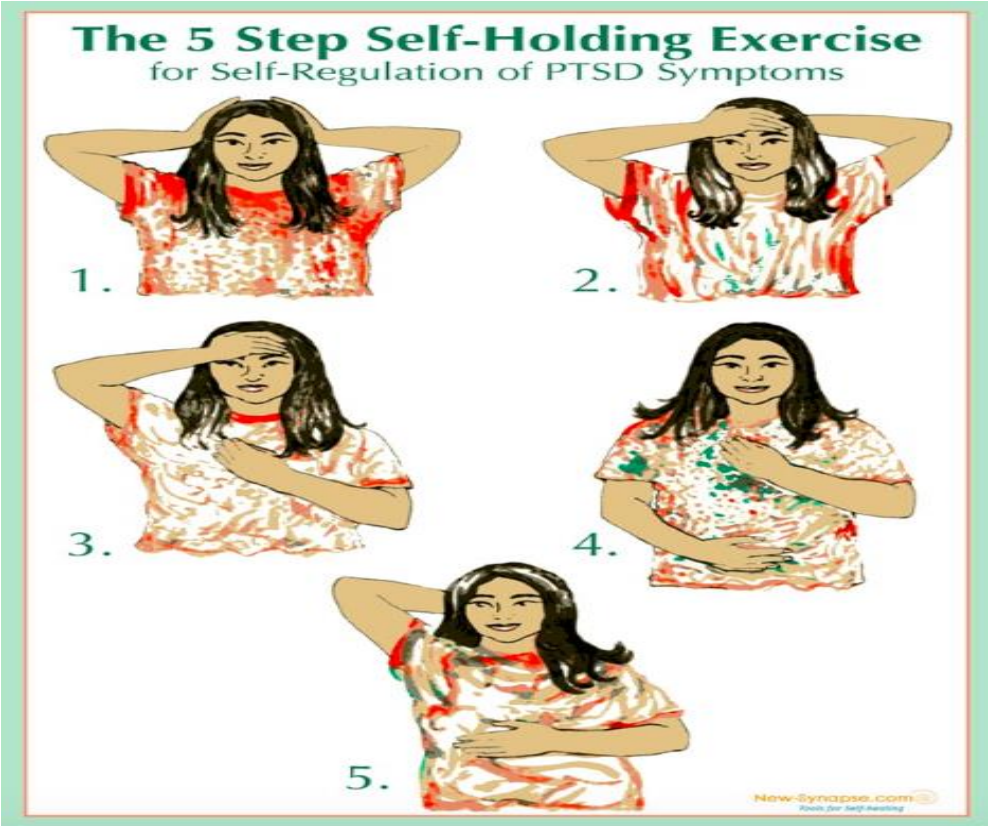
From: https://www.new-synapse.com/aps/wordpress/?p=616

Instructions:

It doesn't matter which hand (Right or Left) goes in which position. Experiment to find out what feels right for you.

Make sure to do the Felt Sense to the best of your ability as you do this exercise. That means, feel and notice all the sensations as they pass though you, like watching a stream and noticing the colors, shapes, energy, sounds and motion.

1. HEAD SIDES Place your hands on either side of your head. Think about how you are creating edges for your thoughts. You are creating the sides of a container that contains your thoughts. Feel the sensation between your hands.
2. HEAD FRONT-BACK Place one hand on your forehead and one hand on the back of your head. Feel the container around of your thinking. Feel the sensation between your hands.
3. FOREHEAD – HEART Place one hand on your forehead and one hand on your heart. See if you can sense some sensations between your hands.
4. HEART – STOMACH Place one hand on your heart and one hand on your belly – it can be over or near your belly button. Feel the sensations between your hands.
5. SOLAR PLEXUS – BASE OF HEAD Place one hand on your solar plexus – the point above your belly and right below your rib cage – and the other hand behind the base of your head – halfway covering the base of your head and halfway onto your neck. The middle of your hand should be over the deepest indentation.



Appendix R- Safety Plan Template

From: https://www.therapistaid.com/therapy-worksheet/safety-plan

Safety Plan

STEP 1: Know When to Get Help

What are the warning signs that you are beginning to struggle with your problem? These can include thoughts, feelings, or behaviors.

STEP 2: Coping Skills

What can you do, by yourself, to take your mind off the problem? What obstacles might there be to using these coping skills?

STEP 3: Social Support

If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available.

Name	Contact Info

STEP 4: Seek Help from Professionals

If your problem persists, or if you have suicidal thoughts, reach out to your professional support system.

Local emergency number:	
Professional or agency:	
Suicide hotlines in the United States:	1-800-SUICIDE 1-800-273-TALK 1-800-799-4889 (for deaf or hard of hearing)

Appendix S- 5-4-3-2-1 Grounding Technique

From: https://www.therapistaid.com/worksheets/grounding-techniques.pdf

5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.

What are 5 things you can see? Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.

What are 4 things you can feel? Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.

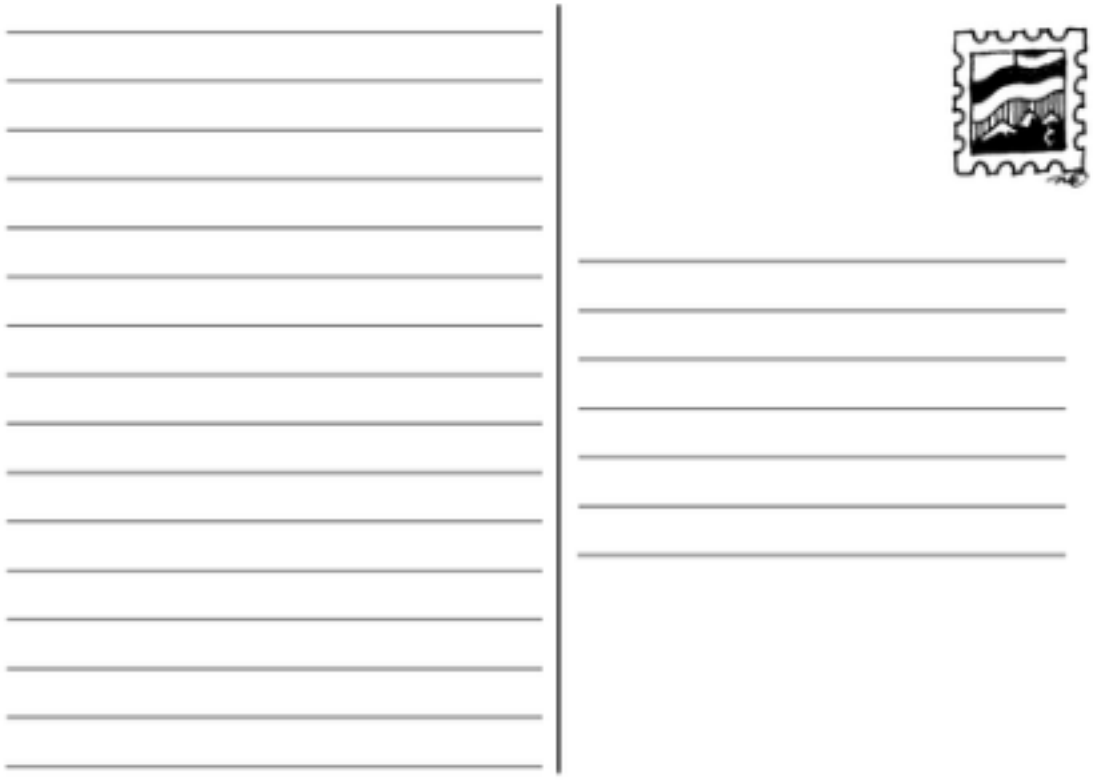
What are 3 things you can hear? Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.

What are 2 things you can smell? Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.

What is 1 thing you can taste? Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

Appendix T- Postcard Template

From: https://www.tes.com/teaching-resource/postcard-activity-7512663



Appendix U- Calm App

From: https://www.calm.com

Appendix V- Post-Test

1. What are coping skills?
2. What unhealthy coping skills have you replaced with a healthy coping skill or habit?
3. What is one take away from this group?