

SHADOW'S EDGE TRAINING

Webinar II



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Working with Adolescents

Working with Adolescents in Life-Threatening Situations

Narrative Therapy, Basic Principles

Narrative Therapy Techniques The

Healing Power of Writing

Sample Activity



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Working with Adolescents



Adolescents

□□□□□□□□□→ Adult + essence

Adult: Adult

Essence: Essence, spirit



- A stage characterized by identity formation, the search for belonging, and the need for autonomy
- *This period is a process of discovering one's individual essence beyond the transition to adulthood.*

What happens during adolescence?

The Adolescent Brain – Daniel Siegel

The Brain Triangle Model

- Lower Brain (Brain Stem): Basic life functions, reflexes, survival, automatic responses
- Middle Brain (Limbic System): Emotions, attachment, perception of threat and reward. This area is very active during adolescence.
- Upper Brain (Prefrontal Cortex): Planning, thinking, empathy, self-control. It is not yet fully developed during adolescence.



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What happens during adolescence? The adolescent brain

- Daniel Siegel

- Prefrontal cortex (frontal lobe): Responsible for functions such as planning, judgment, and impulse control. This region is still developing during adolescence.
- Limbic system: The system of emotions, rewards, and risk. It activates earlier.

Due to this asymmetrical development:

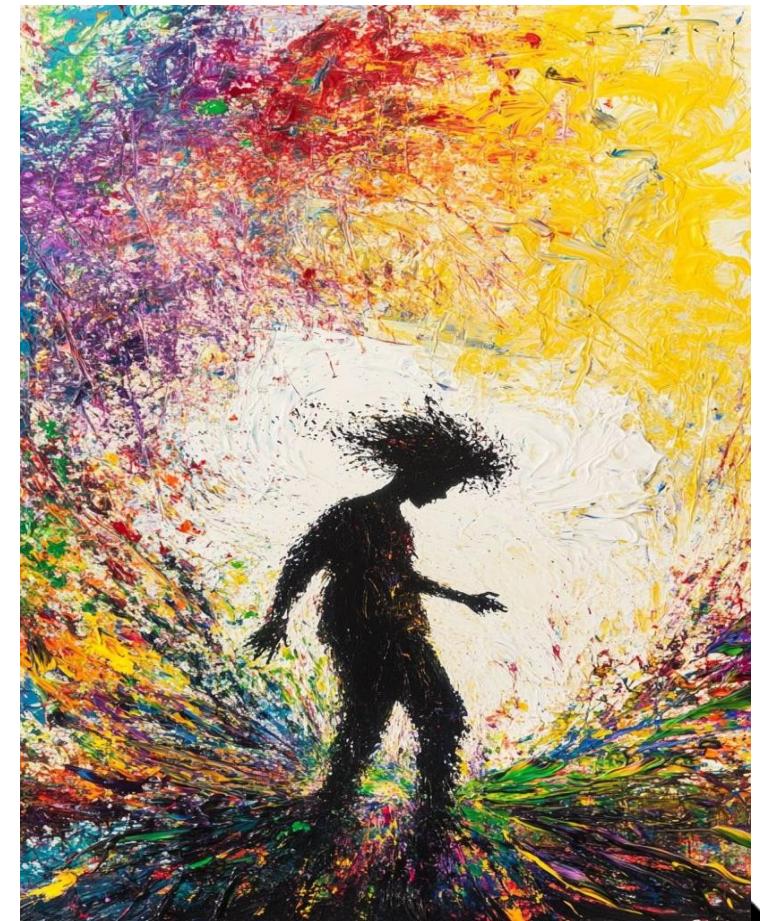
- Emotions are experienced intensely,
- Risk-taking behavior increases,
- Impulsivity and mood swings are normal.



What happens during adolescence?

The adolescent brain – Daniel Siegel

- Adolescence is not a crisis, but a potential and an opportunity!
- Four key characteristics that define the potential of adolescence:
 - Emotional Spark/Intense Emotionality
 - Social Connection/Engagement
 - Seeking Novelty
 - Creative Exploration/Research



What happens during adolescence?

Brainstorm - Daniel Siegel Dopamine System:

- Dopamine: It is the basic chemical of the reward and motivation system in the brain. It is like an internal motor that creates the feeling of "I must do this again!"

During adolescence:

- Dopamine levels rise, and sensitivity to rewards increases.
- The desire for novelty and risk increases.
- Peer approval, social media likes, and experiences such as physical activities create a much more intense feeling of reward.



What happens during adolescence?

Increased dopamine leads to:

1) Impulsivity:

- Seeking immediate gratification, making quick decisions, engaging in risky behavior, acting without considering the consequences.
- This is usually due to the prefrontal cortex not being fully developed.

Example: Sudden arguments, sharing something on social media, running away/not coming home without planning, etc.
Behaviors

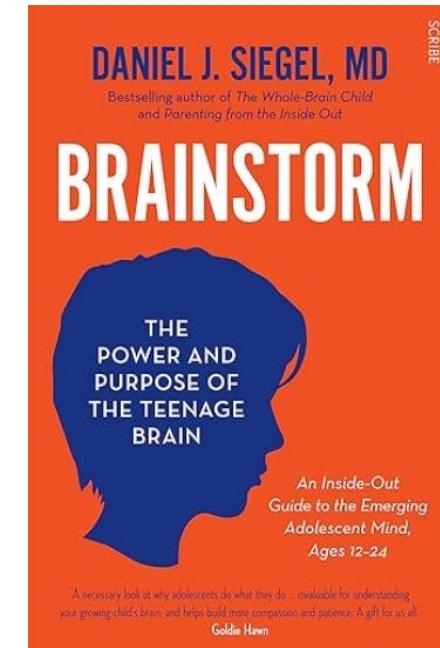
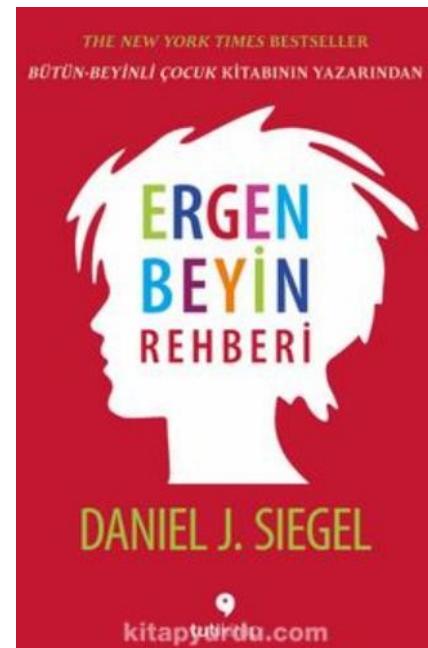
2) Excessive rationality:

- An effort to regulate oneself through thought in response to intense stimuli.
- Analyzing everything, overplanning, overthinking social situations
evaluation of social situations.
- It is linked to the desire to regain a sense of control.
- *Example: "What if...", "I have to think about everything so I don't make a mistake" type of excessive mental cycles*

What happens during adolescence?

Dopamine provides courage!

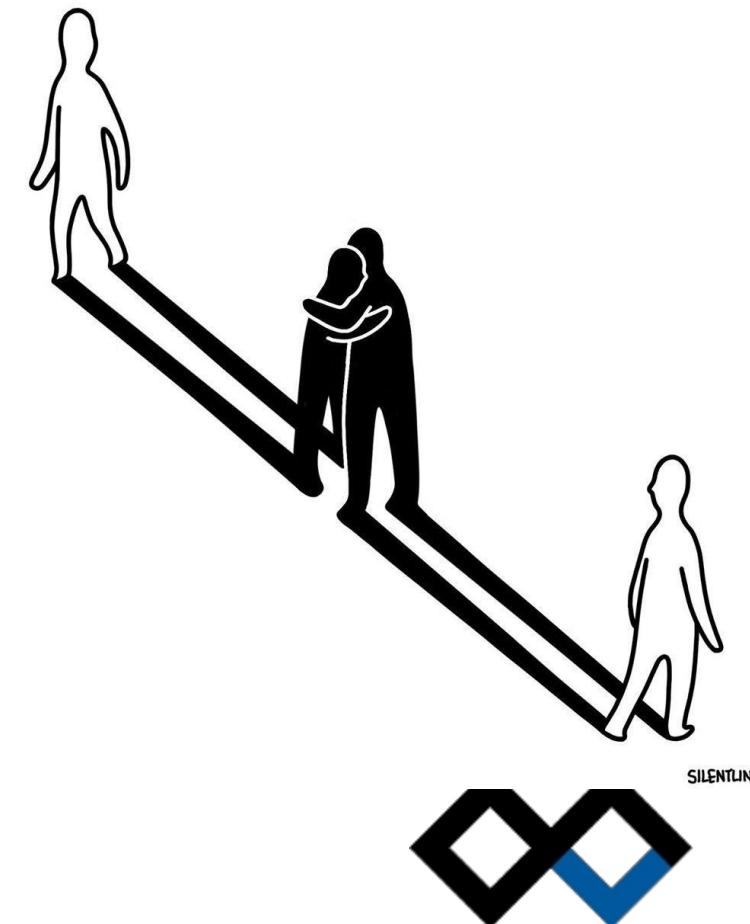
- The brain's desire for "Essence" helps them suppress the fear response that prevents them from growing and becoming themselves. Adolescence is the formation of the Adult Essence.
formation.



Attachment, Separation, and Risk in Adolescence

- The adolescent moves away from dependence but does not want to completely break away from attachment.
- They need a certain amount of "separation" to build their identity.
- The answer to the question "**Can I be myself?**" determines whether they stay in a relationship or withdraw from it.

When young people feel it is difficult to be themselves in a relationship, they distance themselves from that relationship.



Attachment, Separation, and Risk in Adolescence

- Physical, social, and emotional risk-taking behaviors increase during adolescence.
- Young people are three times more at risk of injury or death during this period.
- This process is experienced developmentally by all adolescents.
- **What we can do:**
 - Not suppressing the need to explore, but guiding them
 - Provide safe spaces for exploration (art, sports, games, creative projects)
 - Support autonomy by staying connected
 - Listening rather than judging, especially when young people struggle to express themselves

"In relationships where they can choose to connect, young people can explore freely without putting themselves at risk."



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Understanding Emotional Age and Addressing Needs



The Lost Generation

- Child-focused programs are structured around play and protection.
- Adult programs progress through responsibility, functionality, and decision-making.
- The lack of programs specifically for adolescents creates a gap between these two extremes.



Unseen Needs

- Their silence may be interpreted as "good." **(Remember the tolerance window!)**
- Their desire to be alone may be perceived as "withdrawal."
- Their emotional expressions may be labeled as "incompatibility."
- Yet all of these are developmentally expected responses.

Challenges Encountered in Programs

- Fixed session structures do not allow for flexible participation.
- A controlling or didactic tone can cause adolescents to withdraw.
- Participation processes are generally defined for children and adults.

What Should Be Done?

When providing support to adolescents in disaster areas:

- Safe but free spaces
- Flexible participation structures that give them a voice
- Developing non-judgmental, supportive adults is critical.

What resources do they have? What can we encourage?

How can we create space for them to try new approaches?



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Adolescents' Skills and Strengths

- **Creativity:** They can find new ways to overcome challenges.
- **Community awareness:** They form strong bonds with their peers and are effective in group-based work.
- **Openness to change:** They are inclined to try new methods.
- **Strong emotions:** They can transform the emotional intensity of disaster periods into constructive and creative outlets such as art, sports, or volunteering.
- **Digital literacy:** They can use technology to communicate and access tools that support their well-being.

Making Space for Adolescents

- **Right to be heard:** Not just listening, but involving them in decision-making processes.
- **Participatory activities:** Organizing activities shaped by their ideas (e.g., "Adolescent Advisory Board").
- **Their own creations:** Enabling them to produce their own projects (podcast, photo exhibition, volunteer group).
- **Space for experience:** Providing safe social spaces that allow for mistakes, experimentation, and change.

Adolescents heal not only by receiving support, but also by giving support. To do this, we need to provide them with safe and flexible spaces for action.

Working with Adolescents -

Activity:

Reconnecting with Your Teenage Self

- What does working with adolescents mean to you?
- What kind of teenager were you?
- When you were a teenager, what kind of person did you need?
- What do you need right now to become the person you needed as a teenager?



Staying in Touch with Teens

- **Manage the relationship, not the session:** Sometimes it's more therapeutic to just "chat" rather than "teach."
- **Building cultural connections:** What TV shows do they watch, what games do they play, what singers do they like? This information can be the first key to connecting with them. *Be sensitive to them!*
- **Observing resistance:** When you say, "Working with teens is so hard!" pause for a moment: *Where does this statement come from? Could it be from parts of your own adolescence that weren't heard or understood?*

Break



Working with Teens in Life-Threatening Situations



Recognizing Risk Signs

- Expressions of hopelessness and helplessness ("Nothing will ever change.")
- Frequent talk of death, suicide, or disappearing
- Self-harming behaviors (cutting, burning, etc.)
- Sudden behavioral changes (withdrawal, aggression, decline in school performance)
- Acting as if saying goodbye, giving away personal belongings
- Increased substance use
- Sleep and appetite disturbances

Life-Threatening Risk Indicators in Psychological Assessment and Ongoing Individual Consultations:

Verbal expressions:

- "I can't take it anymore."
- "My life has lost all meaning."
- "I'll be gone soon, don't worry."
- "If I don't wake up one day, who will notice?"
- Praise for people who have committed suicide
- Farewell conversations, farewell letter

Behavioral signals:

- Sudden withdrawal from social circles, withdrawal
- Acquiring means for suicide (razor blades, rope, medication, etc.)
- Serious impairment in daily functioning (sleep, appetite, loss of interest)
- Leaving a will, distributing possessions

Risk Factors: Hidden Carriers in Life History

- Recent acute stressor experience (*Has the individual experienced an event recently that would cause an intense stress response?*)
- History of diagnosed psychiatric illness
- Substance use or addiction
- Chronic illnesses and syndromes associated with chronic pain
- Childhood trauma (neglect, abuse, loss, etc.)



Risk Assessment Steps

- **Have you had thoughts?**
 - «Have you recently thought about harming yourself or ending your life?
»
- **Do you have a plan?**
 - "How did you plan to do it?", "When did you plan to do it?"
- **Do you have access?**
 - Ask if they have access to drugs, weapons, or harmful substances
- **History of Suicide Attempts**
 - The presence of previous attempts is the strongest risk indicator.
- **Protective Factors**
 - Protective elements such as supportive relationships, plans for the future, and beliefs
 - Is the client's immediate psychosocial environment unsafe? (For example: Are they vulnerable to mistreatment or exploitation by others?)

What to Do: Identify and Prioritize Life-Threatening Situations

- Is there a risk of sudden death or serious physical harm?
- Is the person at risk of harming themselves or others?
- Do they have a plan, means, or method?
- Is their psychosocial environment safe?

✓ *The first step is to ensure the safety of the client or others, if necessary, by directing them to 112, psychiatric services, law enforcement, or social services.*

How does your organization handle this situation?

What to Do: Assess Risk and Protective Factors

- Risk Factors: Psychopathology, substance use, trauma, acute stress, loneliness
- Protective Factors: Social support, belief system, purpose in life, emotional resilience

✓ *Think of them as two sides of a scale: If risk outweighs protective factors, referral is necessary. The process can be managed by supporting protective factors and monitoring progress.*

What to Do: Provide a Safe and Supportive Interview Environment

- A calm, private, and, if possible, crisis-supported environment
- Do not hesitate to talk about suicide; **talking about it does not increase the risk of death, it reduces it**
- Demonstrate a non-judgmental, sincere, and listening attitude
- Avoid making promises, blaming, or giving advice (**Things to avoid**)

✓ *First goal: Emotional regulation. Second goal: Activate the support mechanism.*

What to Do: Involve the Family in the Process

- Provide the family with accurate information; avoid causing panic
- Encourage parents to establish a judgment-free communication and trust environment
- Teach the family ways to say, "I see your pain, I am here for you."
- If necessary, make an official report through 183 or social services channels report

✓ *Working with the family is not just about providing information, but also about emotional awareness.*



What to Do: Intervention Plan and Referral

- If immediate intervention is required: refer to a hospital/mental health professional
- If it is not an emergency but still risky: create a crisis plan (list of trusted people, distracting activities, emergency numbers)
- Work with the client to externalize the "suicidal part"
- Use the Interagency Referral Form if necessary:

[Interagency Referral Form - Short Version for Partners Outside the Protection Sector.docx](#)

✓ *Build a support network, document and systematize risk management, avoid working alone.*



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Life-Threatening Risk Situations

What to Do: Crisis Plan

- When interviewing, it is also important to provide the person with a brief psychoeducation about suicide. For example: After the suicidal thoughts have passed, you can ask them again what they thought about suicide, and whether they want this to happen at any moment in their life.
- You can then explain that suicidal thoughts come in waves and that they should not act on that impulse. If necessary, you can implement the suicide prevention crisis plan. as needed.
- In the crisis plan on the side, you can list and the people they can reach out to and they are asked to use it at that moment.

It is important that the client always has this paper with them and can access it!

Kriz Önleme Planı

Yardıma ihtiyacım olduğunda erken uyarı işaretlerim:	
Ruh Halleri (1-100)	
Fiziksel / Bedensel Belirtiler (1-100)	
Otomatik Düşünceler / Varsayımlar / Kök İnançlar	
Tepki ve Davranışlar	

Bu işaretleri algıladığımda ulaşabileceğim ve temasa geçebileceğim kaynaklar: (Telefon numaraları)

Hastanın İmzası	Tarih	Terapistin İmzası	Tarih



Understanding and Distinguishing Self-Harm Behavior

- Not all self-harm behaviors are suicide attempts
- Secondary gains (attention, avoidance) and secondary losses (giving up support) should be identified
- The ways in which the person meets their emotional needs should be questioned
- The goal should be to meet the need in healthy ways, not to stop the behavior

Break



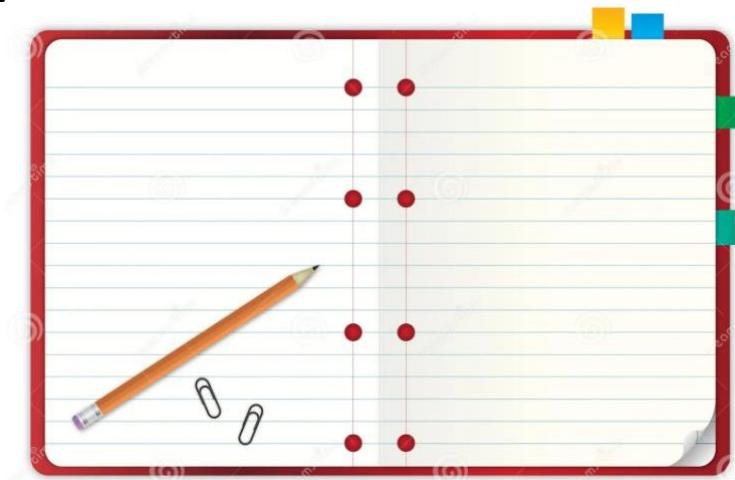
Introduction to Narrative Therapy



- **Narrative Therapy (storytelling therapy) is based on the assumption that individuals understand their lives, experiences, and relationships through stories.**
a constructivist therapeutic approach.
- This therapy is based on the idea that the person is the expert on their own life and addresses the problem by separating it from the person rather than identifying the person with the problem.

"The person is not the problem; the problem is the problem." -

Michael White



Narrative Therapy

What does this approach believe?

- **The person is not the problem; the problem is the problem.**

The person is not the subject of the problem they are experiencing; they are an individual with a problem.

- **The person is the expert on their own life.**

The therapist is not the one who provides information; they are the one who discovers meaning with the person.

- **Every individual has more than one story.**

Alternative and empowering narratives can be found beyond the dominant ones.

- **Problems arise within a social and cultural context.**

Therefore, it is necessary to consider not only the individual but also their relational and social environment.

- **Language shapes our experiences.**

How problems are discussed also affects how they are experienced.



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Some Techniques Used

Externalizing conversations:

Externalization is a technique that allows the person to relate to the problem by creating a distance between themselves and the problem, without identifying with it.

Application Process:

- 1. Naming the problem:** "If you were to give this feeling a name, what would it be?"
- 2. Exploring its effects in life:** "When does it have the most impact?"
- 3. Developing an attitude toward the problem:** "Do you agree with what this voice is telling you?"
- 4. Establishing an alternative relationship:** "What has worked so far to make this problem less effective?"

Some Techniques Used

Re-authoring conversations:

- Re-authoring is the process of moving beyond the dominant problem-focused stories that describe a person's life and making existing but invisible alternative narratives visible.
- It focuses on the individual's values, strengths, and meaningful experiences.
- It helps to recognize the "unique outcomes" in life.
- It develops a counter-narrative to the dominant narrative.

Output Examples:

"I'm someone who runs away from everything." → "But last week I raised money for a friend."

"I always make mistakes." → "But last year I won first place in an art competition."

Narrative Therapy

A Case Example:

A 14-year-old female student. She moved to another city with her family after the earthquake. She is having trouble. She doesn't want to participate in group work and avoids making presentations.

- Dominant Story: "I am shy. I cannot speak in front of people. Everyone laughs at me."

Externalization Conversation:

- Therapist: "If this voice belonged to a character, what do you think its name would be?" Client: "Maybe... The Silence Monster."
- Therapist: "When does the Silence Monster approach you the most?"
- Client: "When I have to say something in class."
- Therapist: "Do you always believe what it says?"

Now there is a sense of self associated with the "Silence Monster" rather than the "shy self."

Rewriting Conversation:

- Therapist: "Does the Silence Monster always win?"
- Client: "No. For example, the other day I recommended a book to the teacher."
- Therapist: "Great! What was different about that situation?"
- Client: "Because I was alone with the teacher, and she listened to me seriously."
- Now an alternative narrative emerges against the dominant story: "Sometimes when I'm listened to, the brave girl inside me can come out."



Trauma-Focused Narrative Therapy

- Trauma is not just a painful event; it is an interruption in the process of making sense of things. interruption in the process of making sense.
- Individuals who experience trauma cannot transform their experiences into a coherent narrative; a sense of fragmentation emerges.

Like a story without a beginning, middle, or end, where the sense of time is disrupted...



Trauma-Focused Narrative Therapy

- **Creating a Safe Narrative Space**

Approaching trauma indirectly rather than directly. Symbols, metaphors, drawings, writing: "tools that help carry the story."

- **Recognizing Unique Outcomes**

Moments of resilience that emerge within the trauma: "I wasn't alone that day,"
"I calmed my sibling down."

- **Expanding the Trauma Narrative**

Telling the story not only through "breakdown" but also through coping, making sense, and future-oriented empowerment

"Working with trauma is about creating space for the person to return to their story, reconstruct it, and bring back the missing voice." - Michael White

The Healing Power of Writing



The Healing Power of Writing

Why does writing heal?

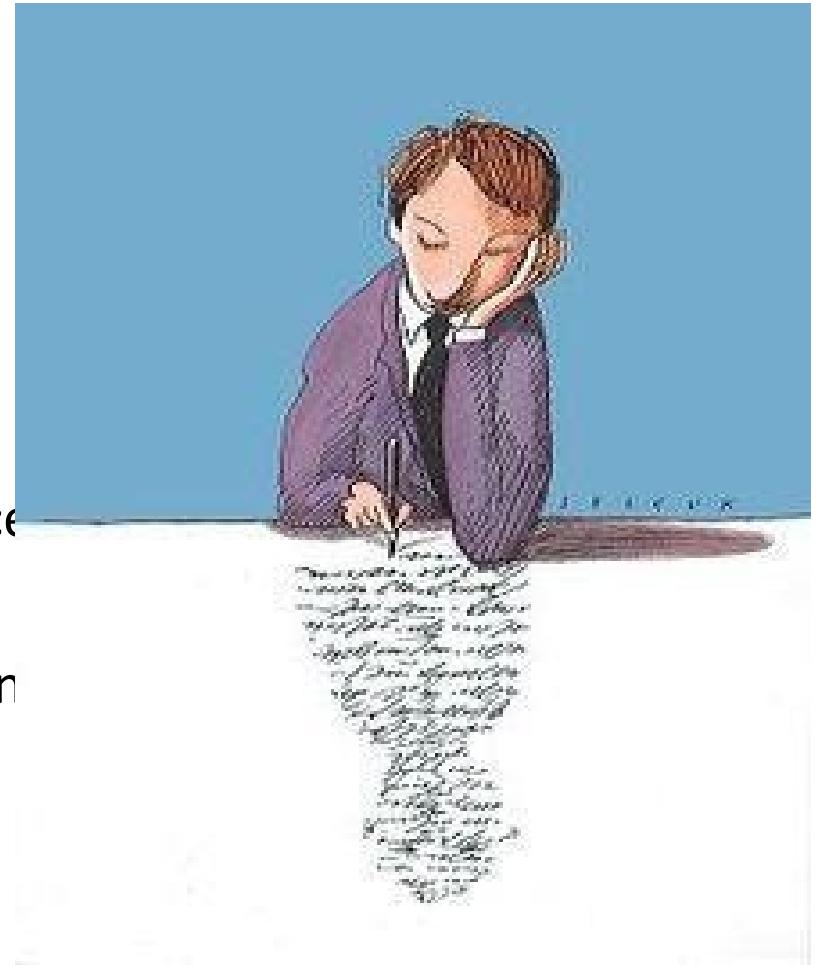
- Writing contributes to the organization of post-traumatic experiences.
- It has functions such as **making sense of things, distancing oneself from emotions, and regaining a sense of control**.
- Scientific research shows that regular writing reduces stress levels and improves psychological well-being.
- Writing is a way to form a safe connection through words.



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How does writing organize internal experience?

- **It structures chaotic inner experiences.**
- **It gives voice to unspeakable emotions.**
- It enables the individual to be a "**witness**" to their own experience
- It increases inner resilience and self-awareness.
- Supports the development of emotional regulation skills in the long run
-



Expressing Yourself Through Writing in Adolescence

- Adolescents often struggle to express their feelings; writing offers a "passageway" here.
- It can be used as an important tool for identity development it can be used to explore questions like: ***"Who am I? What am I feeling? What am I becoming?"***
- Digital writing (blogs, digital journals, online forums) can also be effective in this process.
- Writing can be used as a tool for both **introspection** and self-exploration.



Journaling: The Power of Writing a Daily Journal

- Journaling is the process of regularly writing to explore one's own feelings and thoughts.
- It can be guided by daily questions:
- *How did I feel today?*
- *What made me feel good?*
- *Was there a challenging moment? How did I handle it?*
- Visual journaling can also be helpful (drawing + writing).
- Sharing within the group is not mandatory; privacy and confidentiality are important.



The Effect of Writing on Emotion, Memory, and Health

Emotional regulation:

- Writing allows individuals to make sense of their inner world and safely express their emotions.
- Naming emotions is the first step in regulating them.
- It is a tool that alleviates inner chaos, especially for adolescents.

Coping with traumatic memory:

- Trauma often comes with fragmented and disjointed memories.
- Writing helps to piece these memories together and give the events a "narrative" form.
- When writing, the person has the opportunity to reevaluate events by externalizing them.

Relieving mental burden:

- It reduces thought loops (overthinking).
- Provides cognitive clarity: "What am I feeling right now? What am I thinking? What could this be related to?"

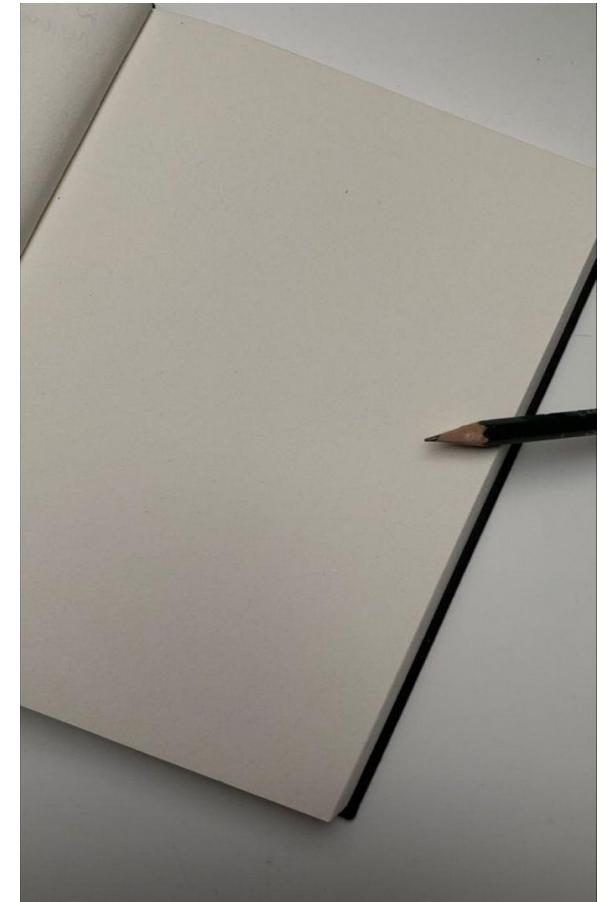


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Writing at Shadows Edge

Experience

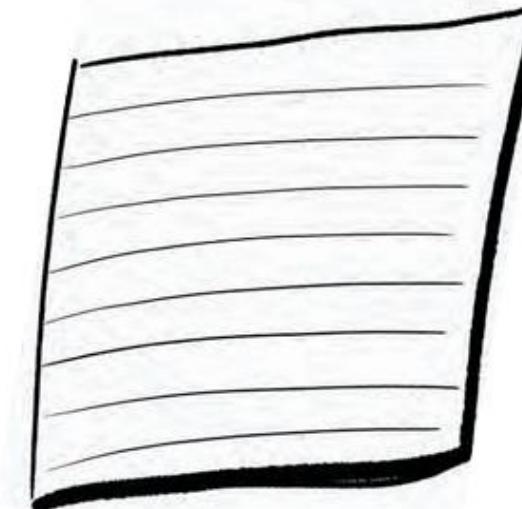
- When the game reaches the journaling section, the young people see a question on the screen.
- First, a brief open discussion takes place, then everyone writes individually in response to the same question. The writings are recorded on A5-sized paper, a size chosen deliberately: a portable format that evokes the feeling of a diary.
- At the end of the session, these writings are brought together to form a collective "journal booklet."
- This booklet serves as both a transitional object and a shared creative space for the young people.
- Thus, the Shadow's Edge experience transforms into not just a digital but also a physical space of memory and meaning.



Yaşam Çizgisi

Hayatınızın bir zaman çizelgesini oluşturun - bir "yaşam çizgisi". Öncelikle, hayatınızdaki en az sekiz büyük olayın bir listesini yapmak için günlük alanını kullanın. Taşındınız mı? Yeni bir evcil hayvan mı edindiniz? Aileniz mi değişti? Sevdığınız birini mi kaybettiniz? Bu olaylardan bazıları iyi, bazıları ise pek iyi olmayabilir. Şimdi bu olayları örnekteki gibi yaşam çizginiz üzerinde gösterin..

Örnek:



Reading Recommendations



Useful Links

- <https://www.shadowedge.com/>
- <https://prettymothermag.com/dijital-cagda-cocuk-olmak/>
- <https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-suicide/art-20044308>

Thank you for
listening!

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