

Chapter 9

Superheroes and CBT for Youth



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9.1 Introduction

You're much stronger than you think you are. Trust me.
—Superman

Child and adolescent cognitive behavioral clinicians strive to teach CBT principles, skills, and strategies in ways that are accessible, creative, and tailored to youth interests. For this, superheroes provide abundant material and opportunities. From comic books to cartoons, and television shows to blockbuster movies, superheroes are highly available models to many youth. Superhero content (for better or worse) is plentiful in the form of school supplies, clothing, costumes, stickers, and other goods. While noted for gender and racial representation (see McGrath, 2007), in addition to their increasing visibility across pop culture formats, modern superheroes are diverse and their narratives increasingly inclusive and relatable.

Comic books, often featuring superheroes, have long been used for promoting positive messages (e.g., Captain America and patriotism) and health education (Branscum & Sharma, 2009) as well as safety and resilience related to abuse (e.g., Spider-Man). Research also demonstrates that priming individuals with superhero social concepts or associated physical poses facilitate prosocial behaviors (Pena & Chen, 2017; Rosenberg et al., 2013). Beyond serving as models, superhero themes provide useful metaphors (Rubin, 2007); more directly, superhero stories can be

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utilized for specific elements that may match a youth's experience, such as early parental loss or absence (Betzalel & Shechtman, 2017). Others have introduced incorporating superheroes into CBT with youth (Friedberg & McClure, 2015) as well as a more explicit "Superhero Therapy" as a format for delivering CBT and ACT-based strategies (Scarlet, 2017).

So, why superheroes? Superheroes provide clinicians infinite resources for teaching and executing CBT—their stories are engaging, imperfect, and generally encompass a series of trial-and-error efforts in problem-solving. Sure, some of their problems may involve stopping global destruction, but they have problems nonetheless! Every superhero has an origin story where learning and practice are emphasized, as superheroes often have superpowers, weapons, costumes, and/or props that they must learn how to use. Many also have sidekicks or a team of superheroes to help during their missions. This chapter provides transdiagnostic treatment recommendations drawing upon the superhero genre to enhance youth treatment engagement and cognitive behavioral skill building. We aim to demonstrate varied examples of and suggestions (as summarized in Table 9.1) for utilizing superhero metaphors, models, language, and associated accoutrements that can be used across youth ages, interests, and presenting concerns.

9.2 Case Conceptualization and Superhero Narrative

Cognitive behavioral case conceptualization drives treatment planning and intervention (Friedberg & McClure, 2015; Persons, 2012). A full conceptualization aims to develop a coherent framework for understanding a patient's presenting concerns via ongoing assessment and iterative "working hypotheses." In addition to a problem list, the biopsychosocial conceptualization includes origins of presenting concerns, predisposing and maintaining factors, protective factors and strengths; it incorporates family, culture, and context. While case conceptualization is beyond the scope of this chapter, clinicians often start CBT by providing a summary and synthesis of information gathered following comprehensive assessment. With this information, we tell the best understanding of the "story"—the diagnoses, yes, but more so how problems may have started and are interfering with functioning (e.g., going to school, making friends, sleeping, etc.), the interplay among thoughts, feelings, and behaviors (including avoidance or withdrawal), and the proposed plan for the course of treatment.

9.2.1 *Origin Stories*

Every patient has a story; every superhero has an origin story to which some youth can liken their own stories. Superheroes can be gods, humans transformed by accidents, tragedies, science experiments, or technologically advanced body suits;

Table 9.1 Superhero Adaptations and CBT Interventions

Superheroes adaptations		CBT intervention	Example
Superhero origin story	Using superhero background stories as metaphor for a patient’s symptom etiology and to provide psychoeducation about CBT interventions	Psychoeducation & conceptualization Problem-solving Emotion recognition & expression Exposure & desensitization Behavioral activation Somatic management	For a child struggling with perfectionism, using the Avengers loss at the end of Avenger: Infinity Wars to discuss thoughts, feeling, and actions associated perceptions of failure
Superpowers	The concept of “superpowers” aligns with goal of skill acquisition and mastery	Problem-solving Emotion recognition & expression Exposure & desensitization Behavioral activation Somatic management	Therapist to patient: “What if I told you that you already have a couple of key superpowers for dealing with your panic attacks? Some skills that allow you to do battle with it”
Superhero missions	The concept of “superhero missions” aligns with challenges or obstacles patients must acquire and/or strengthen skills to complete	Problem-solving Exposure & desensitization Behavioral activation	Framing learning how to prepare to engage in exposures or resist avoidance and withdrawal urges
Training sessions	The concept of “training sessions” illustrates the importance of skill rehearsal	Problem-solving Emotion recognition & expression Exposure & desensitization Behavioral activation Somatic management	Framing repeated exposure practice as a “training sessions” to strength bravery superpower
Incredible Hulk’s storyline	The Incredible Hulk provides a metaphor for several components of emotion regulation	Psychoeducation & conceptualization Problem-solving Emotion recognition & expression	Viewing Hulk transformation videos to provide psychoeducation about physiological arousal associated with anger
Superhero rating scales	Superhero themed scales can be used to help patients create emotional rating scales	Psychoeducation & conceptualization Emotion recognition & expression	Using images of brave superhero scenes to create a Bravery Rating scale
Next frame	An experiential exercise using comic strips	Problem-solving Cognitive coping	Using a scene from comic strip and prompting to use details from one frame to anticipate the thoughts, emotions, and actions of the superhero in the next frame of the comic strip

(continued)

Table 9.1 (continued)

Superheroes adaptations		CBT intervention	Example
Thought bubbles & villain thoughts	Using thought bubble illustration to support cognition awareness and the concept of “Villain Thoughts” to emphasize Automatic Negative Thoughts	Emotion recognition & expression Cognitive coping Desensitization & exposure Behavioral activation	“When I worry about what other people think. It’s the Joker...it tricks me”
Power breaths & riding the wave	Framing somatic management strategies as superpowers that ultimately help with tolerating stressful situations	Somatic management Desensitization & exposure	Teen with panic disorder envisioned herself as a Super-Surfer with her “Super SurfBoard” to “ride the wave” of her intense physiological symptoms
Tools & props Superhero song Superhero poses	Using tools, props, and mimicking superhero actions to increase confidence in one’s ability and motivation to engage in skill rehearsal	Problem-solving Emotion recognition & expression Exposure & desensitization Behavioral activation Somatic management	Anxious younger kid wears a “Brave Cape” or “Courage Cuffs” during in vivo exposures

they can also be mutants or royalty, of this universe or realm or even everyday folks among us. Superhero stories show early adversity and later resilience from that adversity. Further, grief, loss, anger, or social rejection offer entry points for the affective education that often occurs early in CBT. Skills can be framed as superpowers as illustrated below in a session with one teen patient:

T: You mentioned you really liked Spider-Man?

P: Yea.

T: Can you tell me why he stands out to you from all the superheroes?

P: He lost his parents like me.

T: Right. And then he even lost his uncle too in a violent way.

P: He was bullied by kids at his school. And he lived in New York.

T: Like a lot of teenagers, you can see he dealt with a lot of social stuff too. The therapist in me likes that there’s attention to his feelings of rejection and the grief he was working through. What can I say? Peter Parker was a science nerd, and I’m a psychology nerd.

P: (Laughs).

T: Spider-Man’s story can actually be helpful for us in what we will work on. Understanding how his story led him to have certain feelings and expectations about the world and for himself. How he used something he was good at, science, and then had to learn a bunch of new stuff—from perfecting his costume to his web-shooter... In the movie, remember how rough it was for him in the beginning when he was learning?

P: Yea, he got banged up.

T: Yea, and he set goals and kept at it. He found a way to help others and made connections. Like you, he had a really tough experience when he was younger and really struggled. Our job together is to figure out how with your story... you can use the strengths you have and maybe learn some new superpowers or skills that can help you achieve your goals.

P: Okay. But he got bit by a radioactive spider.

T: Good point. We can skip that part, deal?

In this dialogue, the clinician utilizes a natural interest of the teen patient by creating a shared understanding of his “origin story.” The Spider-Man narrative offers language to discuss difficult experiences, such as sexual abuse, rejection, and loss, while normalizing that the emotions associated with such experiences are familiar. Additionally, Spider-Man’s story features themes of perseverance and resilience that set the stage for discussing therapy’s role within the teen’s story—collaboratively working with the clinician to strengthen skills (e.g., framed as one’s own superpowers) needed for his goal attainment.

[Authors’ note: In the 1980s, Spider-Man powerfully revealed that he had been sexually abused as a child. Marvel Comics and the National Committee for the Prevention of Child Abuse joined forces as part of a mass education campaign for kids (and adults) on the effects of sexual abuse. In the comic supplement, Spider-Man disclosed his feelings of fear, helplessness, and shame and how he shared what happened to him with his trusted aunt and uncle, and the comic supplement itself provided additional guidance and strategies for youth (Gorner, 1985; <https://www.chicagotribune.com/news/ct-xpm-1985-02-10-8501080651-story.html>). This well-developed story line for arguably one of the most popular superheroes provides an impactful model for resilience.

As noted, superheroes are increasingly available and representative models, and this can aid in more meaningful inclusion for coping and mastery models. At the start of the Coping Cat workbook, an efficacious treatment for youth anxiety disorders (e.g., Walkup et al., 2008), we learn the origin story of Coping Cat (Kendall & Hedtke, 2006). Born in September 1988, and starting off as a scaredy cat, the scene is set to understand how the workbook and treatment can help transform fear into coping. Soon after the movie “Black Panther” was released (and reinforcing the importance of representative models!), one young boy of color starting CBT for his anxiety exclaimed: “Oh I want to be the Coping Black Panther!” And so, that framed the treatment moving forward.

9.3 Superheroes and the Stories of Marginalized Groups

From X-Men’s powerful fighter Storm, who was one of the first black female comic book characters to more modern America Chavez (see below) and Miles Morales, also known as “the Black Spider Man” and/or “the Puerto Rican Spider Man,”

diverse superhero models are available. Their origins as mutants who have been marginalized may be valuable models for youth from marginalized groups. For example, gender diverse, LGBTQ+, or neurodiverse youth may present with anxiety and mood difficulties connected to having been bullied or teased for being “different.” They may encounter systems (e.g., schools, churches) that label them as such, and they may experience added challenges. The very origin of the X-Men series launched in 1963 during the Civil Rights movement reflected the times fraught with racism, bigotry, and disenfranchisement of Black Americans. X-men were mutants experiencing discrimination and anti-mutant sentiment, and they promoted tolerance—“Sworn to protect a world that hates and fears them.” From these early days and characters such as Beast and Cyclops and through time with Storm and Nightcrawler to more modern mutant X-Men like Taki the “Wiz Kid” who has dyslexia, these characters have drawn youth (and adults) precisely because of their origin stories and their marginalization. One of the central messages of Professor X and the X-Men is embracing difference, challenging the notion of difference as meaning “broken” or “less than,” and learning to harness the powers that come with these differences sometimes in the face of bigotry. How’s that as a conceptual model for both acceptance and change skills in CBT?

9.4 Coping Is a Superpower

Coping skills *are* superpowers. There, we said it. Some we may already know and carry with us. Some we may even do regularly—like breathing!—and can learn to do in a particular way. Strengths-based conceptualization acknowledges what youth bring into the therapy room (or even the virtual Zoom room). Some skills youth must learn entirely, practice, tweak, and practice some more. As shown with this 14-year-old with panic disorder, the superpowers can be used to highlight strengths that they already possess:

T: Why do superheroes have superpowers?

P: To be able to fight the bad guys.

T: Right. Now like we talked about, anxiety isn’t necessarily bad but when you have a full-blown panic attack, it feels pretty evil and dangerous for sure.

P: Definitely.

T: What if I told you that you already have a couple of key superpowers for dealing with your panic attacks? Some skills that allow you to do battle with it.

P: (Stares at therapist) I don’t know.

T: One is something you already do without thinking...breathing.

P: Breathing? I feel like I can’t even catch my breath sometimes.

T: I remember you saying that. It’s a really scary feeling and a common one for people having a panic attack. Like we talked about, the threat switch got flipped and has set off the danger alarm. You have a superpower to help you reset. This is learning to breathe in a particular way. The regular breathing we don’t often think about is like regular strength. This type of slower, and controlled breathing is like superpower strength, and it can be learned with practice.

P: Um, okay (skeptical)

T: I know, it seems simple but with practice when you are not having a panic attack, you can get better at it, and use it when that false alarm goes off.

The above example demonstrates an option for conceptualizing patient's presenting concerns and treatment interventions through the lens of superpowers. Of course, the therapist would have laid psychoeducational groundwork for understanding the panic cycle, including thoughts, physiological symptoms, and behaviors associated with triggering and maintaining panic attacks (e.g., Pincus et al., 2008, b). Furthermore, as in the above example, cognitive reappraisal strategies (discussed in more detail below) may be framed as superpowers as youth learn to identify their automatic thoughts and overestimation and catastrophic thinking errors. Like slowing down breathing, slowing down one's thinking and catching those catastrophic beliefs can be quite powerful!

The following sections will provide a few detailed examples of how the superhero genre can be intertwined into how some specific coping skills are introduced in therapy and how patients implement these skills. See Table 1 for a list of superhero adaptations for CBT interventions.

9.5 Problem-Solving

Superheroes face internal struggles as well as a host of external ones. Spider-Man and Batman fought crime in New York. Superheroes like Captain America, Captain Marvel, Wonder Woman, Superman, America Chavez as well as many others have a long history of fighting Nazis. The players in the "Save the World" edition of Fortnite become "heroes" tasked with, well, saving the world. Superheroes battle problems on all scales, from local to global, universal, and intergalactic problems. It's what they do. So, they can teach us a thing or two about problem-solving. Problem-solving skills training can be a transdiagnostic stand-alone treatment (e.g., D'Zurilla & Nezu, 2010) or be an important component of a broader CBT for youth across conditions, including anxiety (Kendall, 2006), depression (Becker-Weidman et al., 2010; Rohde et al., 2005), self-injurious thoughts and behaviors (Glenn et al., 2014), anti-social behavior (Kazdin, 2000) and in varied formats of delivery (e.g., cognitive behavioral group treatment for social anxiety Stand Up, Speak Out, Albano & DiBartolo, 2007).

Superheroes solve problems and they have missions. For some youth, clinicians can frame problem-solving skills in terms "superhero missions." Superheroes most notably put their problem-solving skills on display when they have "missions" and utilize their superpowers to navigate seemingly insurmountable obstacles. Problem-solving steps generally include some variation of the following: (1) Identity the problem, (2) Brainstorm options and alternatives, (3) Consider those options, (4) Make a plan, (5) Try it out, (6) Evaluate how it went, (7) Self-praise for effort. Superheroes, when faced with missions, follow the same general steps. Below are a

few examples of utilizing the superhero mission theme to encourage growth in problem-solving skills.

9.5.1 Brainstorming

Youth with problem-solving skills deficits often fail to see and generate alternative solutions to the problems they are experiencing. As such, an essential skill in problem-solving is brainstorming. Superheroes have ideas. They are smart and clever. Often, they rely on the best science (real and imagined!). So, when teaching brainstorming, clinicians can enlist superheroes for a fun method of teaching this as a skill. For example, they might ask “Imagine you’re on Wakanda? What would Black Panther say?”

“Imagine you’re sitting in the X-Mansion. What would Professor X say? Storm? Wolverine?”

“Imagine you’re in the Avengers Compound, what would Iron Man suggest? Thor? Black Widow? Nick Fury?” and/or “Imagine yourself around the Justice League table, what would Wonder Woman suggest? Superman? Batman?”

Observational Learning

Observational learning is a common source of skill acquisition for everyone—especially children (Bandura et al., 1966). Superhero stories are rich with illustrations of the problem-solving steps and thereby viewing superhero movie and/or cartoon clips or reading comic strips can be utilized as a great observational learning tool. Superheroes often are confronted with complicated emotions and competing agendas in pursuit of their missions, which provides an opportunity to prompt the patient to consider all of these factors while identifying a target problem, generating solutions, and evaluating the consequences.

Consider the dilemma Captain America faces when he is forced to confront and subdue his long-lost friend, Bucky. As depicted in the Captain America movies, Bucky was transformed into a brainwashed soldier called a Winter Soldier. For the sake of therapy, Bucky was an old friend who became a bad guy. Just this relationship dynamic alone can be relatable to young patients in that it sparks this question, “How do I treat a close friend who now does or says hurtful things?” Clinicians can simply summarize this backstory of the two friends and prompt patients to practice defining quite a complicated problem: completing the mission and trying to save his friend. Next, clinicians can show movie clips of their battle scenes and encourage patients to observe and evaluate the solutions Captain America implements to resolve both dilemmas. Lastly, clinicians can conclude this exercise by prompting patients to consider any parallels between Captain America’s dilemma and their own lived experiences, thereby encouraging problem-solving skill acquisition and application.

9.5.2 *Experiential Learning*

Children may be reluctant to engage in talk-based therapy, especially early in the treatment process. Indeed, they rarely self-refer to treatment. A potential solution for establishing rapport, building trust, and introducing a framework for the course of treatment is to engage in an experiential problem-solving task. The clinician can introduce problem-solving skills by creating an activity that presents a dilemma the child must resolve. This does not require the clinician to have an in-depth knowledge of all dilemmas a particular hero has faced. Furthermore, in the early stages, it does not even require the therapist to discuss the presenting problems.

Consider the patient dialogue below of a 9-year-old girl with ADHD with emotional outbursts:

T: Today, I was thinking we could talk about Shuri and how you said before that she was the true superhero in Black Panther.

P: Yea, she was. T'Challa would not have been able to do anything without her inventions.

T: I thought that was really interesting. Haven't heard that one before. So, I was wondering who's the better inventor - Shuri or Tony Stark?

P: Oooo. That's a hard one, but I think Shuri. She's got the smarts plus she knows how to use the Vibranium in her inventions.

T: So, what if Shuri and Tony Stark teamed up to build a spaceship?

P: That would be dope. I mean, I think Shuri is the better inventor though (laughs).

T: I have a game for us to play today. Let's say you are Shuri and I am Tony Stark. We have these Legos here and we are going to build a spaceship for the Avengers. But, here is the thing. We can't talk and we have to take turns building.

From this point onward, the clinician can prompt the patient in identifying the problem (communication), generating and evaluating solutions (e.g., draw on a white board/blank paper, hand signals), solution implementation (e.g., building together using the selected strategies), and discussing what went well afterwards.

9.5.3 *“Next Frame”*

Another experiential exercise involves using comic strips for problem-solving skills training. As mentioned, comic books can be used to teach youth how to identify and name cognitions via thought bubbles and call outs. Clinicians and patients can draw, via comic book frames, the specific problem or challenge facing the youth. Each frame captures specific automatic thoughts, worries, assumptions, and/or frustrations that all comprise a problem the superhero must resolve, with multiple “next frames” lined up. As shown in Fig. 9.1, youth and clinicians can identify a stressful situation, consider multiple “Next frames” depending on the alternatives they select, and simulate different possible outcomes.

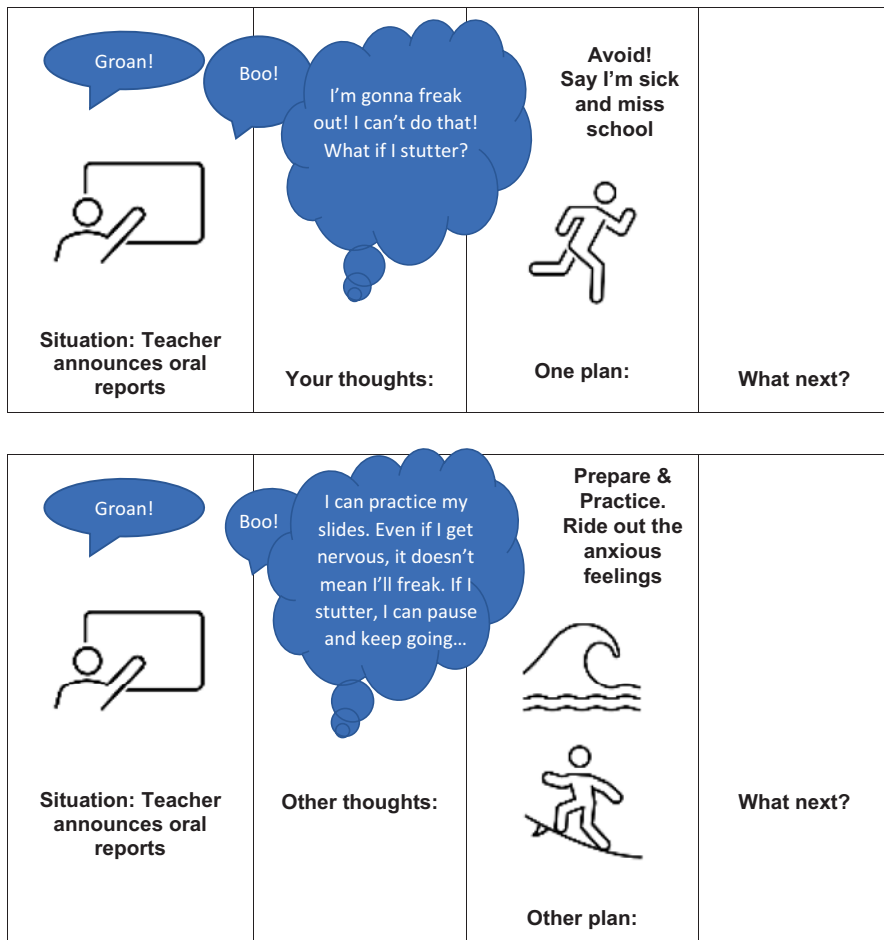


Fig. 9.1 Sample Next Frame

Following any of the aforementioned exercises, the clinician now has the option of personalizing the superhero’s problem-solving to the child’s presenting problems. The concept of generating a solution can be redefined as finding the most appropriate “superpowers” to manage the formidable foes (or the child’s presenting concerns). In using a strengths-based approach, the clinician can first prompt the child to consider “superpowers” that are already possessed and evaluate their effectiveness. Similar to training sessions where superheroes are getting used to their powers (e.g., Scott Lang practicing shrinking in his Ant Man suite or Peter Parker practicing web-swinging through the city), clinicians can frame therapy as a means to strengthen these superpowers. Also, the problem-solving framework creates space to emphasize the importance of identifying a variety of coping responses—many heroes require more than one power.

9.6 Emotion Recognition and Expression

A common goal within most cognitive behavioral interventions is to support growth in a child's emotion regulation skills, as such skills are transdiagnostically applicable (Uhl et al., 2019). A core element of emotion regulation is the ability to mindfully observe and identify emotional states at varying intensities (also known as affect labeling). And the importance of affect labeling is accentuated by its ability to promote regulation of autonomic and behavioral responses to perceived negative affect (Torre & Lieberman, 2018).

9.6.1 Introducing Affect Labeling

An essential ingredient to building such emotional awareness is applying the thought-feeling-behavior model to various emotional states. Superhero stories provide dilemmas that are accessible to children and assist children as they observe and describe components of the thought-feeling-behavior model.

T: Do you believe the thought-feeling-behavior model can be used to describe a person's response to any situation? I mean any situation?

P: I guess

T: You like Spider-Man, right?

P: Uh huh

T: How do you think Peter Parker felt when he first learned about his Spidey senses? What emotions did he have?

P: I guess scared. But maybe a little excited too because he was able to climb on the wall and stuff.

T: Why do you think he was scared and excited to be climbing walls?

P: I mean...who doesn't want to be able to climb walls, jump really high, and swing from building to building. It's just cool. But, I guess it would be weird to all of a sudden be able to do this.

T: Look at that. You just used the thought-feeling-behavior model. Feelings...scared and excited. Behavior...Climbing on walls. Thoughts... "This is weird and cool." Now, if you can do this with Peter Parker, I know you can do this for your own situations throughout the week.

If youth have limited emotional vocabulary, clinicians can provide a list of emotion types and use thoughts and actions displayed in superhero comics, cartoons, and movie clips to improve affect labeling skills.

9.6.2 *The Incredible Hulk and Emotion Recognition*

The Incredible Hulk's super strength powers directly parallel the emotion regulation construct. As the story goes, Dr. Bruce Banner, a smart and well-accomplished scientist, gains super strength by way of experimental malfunction that must be well-managed, or he risks uncontrolled destruction when provoked. He is a representation of the range of emotion regulation and dysregulation. The distinction between Dr. Banner and the Incredible Hulk represents a great visual model for psychoeducation about the emotion of anger.

Consider an 8-year-old male who is presenting with explosive angry outbursts in response to task difficulty (e.g., homework, losing in video games) and transitioning from preferred to non-preferred activities (e.g., transitioning from screen time to bedtime). The child and parents present to treatment with limited awareness of triggers or early signs of worsening mood—often explaining, “He goes from 0 to 60 with little warning.” Conceptually, there could be a myriad of other factors influencing the angry outbursts (e.g., family-child relationship, reinforcement schedules, biological predispositions); however, after functional assessment, the evident deficits in emotional recognition and expression represent an early treatment target that can also increase the child's treatment buy-in.

Specifically, Dr. Banner's seemingly instantaneous transformation into the Incredible Hulk provides a clear visual of various targets for improving emotion regulation because on closer examination, there are clues that can help. Therefore, his transformation into the Hulk exemplifies the youth's seemingly instantaneous outbursts and associated interventions—psychoeducation about changes in the autonomic nervous system arousal, behavioral patterns that vary by emotional intensity, consequences of behavioral patterns at higher intensity, and learning to connect one's emotions to their values. Dr. Banner's story also provides an opportunity to educate about the thought-feeling-behavior model within the context of anger without requiring the child to acknowledge or describe the severity of their own emotional outbursts.

A particularly therapeutically rich scene comes from the 2003 movie production of *Hulk* where Bruce Banner is engaged in a physical altercation with Major Glenn Talbot (Lee et al., 2003). During the scuffle, Major Talbot is depicted penning Banner to the floor and Banner communicates, “You are making me angry.” Talbot's non-compliance with Banner's effort to emotionally communicate his anger results in Banner's transformation to the Hulk and the subsequent destruction of property and physical aggression.

In processing this scene with a patient, there are several potential treatment relevant topics. The most obvious observation is the physiological changes depicted in Dr. Bruce's transformation into the Hulk that resemble the arousal of the sympathetic nervous system (e.g., changes in skin color, muscle tension, tachycardia, increased breathing). Also, the scene depicts an example of how Dr. Banner has had to develop strategies for early self-awareness of his changing emotional intensity (i.e., “You are making me angry”)—an example that is particularly germane to the

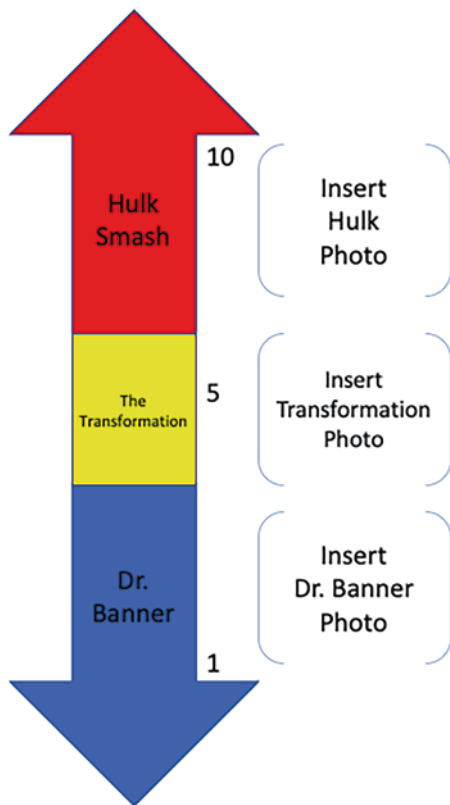
aforementioned case describing a “0 to 60” emotional escalation. This element of the scene provides an opportunity to prompt the child to consider what Banner might have noticed to signify that his transformation to the Hulk felt imminent—awareness that this situation has previously triggered him, changes in physiology, or awareness of aggression urges.

Next, Major Talbot’s unresponsiveness to Banner’s expression of “You are making me angry” depicts how emotional reactivity can partly result from underdeveloped emotional communication skills or environments not responding to one’s efforts to communicate emotional distress and assert needs. To this end, this problem-solving example can be used to prompt kids to identify alternative forms of emotional communication and assertiveness skills—preferably reframing Dr. Banner’s “You are making me angry” to “I am starting to feel angry right now and I would like for you to give me some space to calm down.” Also, this example highlights the importance of providing psychoeducation and coaching caregivers and adults within the child’s environment (e.g., teachers). They can improve the child’s efforts to engage in effective communication, especially during the early phases of treatment when the child’s communication results in seemingly ineffective, accusatory approaches, such as “You are making me angry.” Clinicians can support parents and other caregivers with instruction about how to provide validating responses that successively reinforce growth in healthy emotional expression and regulation (Meyer et al., 2014). Lastly, the resultant property destruction and physical aggression in the clip present an opportunity to discuss the consequences of unmanaged anger.

9.6.3 *Superhero Rating Scales*

Superheroes can provide good examples for creating emotion rating scales. Consider identifying scenes from comics, television shows, or movies where superheroes display the targeted emotion and create a scale anchored by different displays of this emotional intensity. Superhero narratives are rich with displays of the range of affect including, fear, sadness, anger, bravery, hope, excitement, and triumph. Dr. Banner and the Incredible Hulk are, once again, a great illustration of the spectrum of calm to uncontrolled emotion. The creation of a “Hulk Meter” (as shown in Fig. 9.2) displaying the shades of Banner’s physical transformation into the Hulk can become a tool for patients (especially younger children) to communicate their emotional intensity to parents and other adults in their lives (e.g., teachers). Of note, the “transformation” portion of scale represents an opportunity for clinicians to encourage patients and their families to identify early signs of “transformation” (e.g., physiological arousal, patterns of negative statements). Similarly, a “Brave Meter” featuring superheroes and their acts of bravery along a continuum of low to high bravery can be utilized to help children communicate how much bravery they perceive an exposure task might require and/or serve as a metric of progress—“I have achieved a Captain America level of bravery today.”

Fig. 9.2 Sample Hulk Meter. Clinician and patient can collaborate to select images to anchor the scale



9.7 Cognitive Coping Skills

Cognitive coping skills as superpowers apply transdiagnostically. Early phases of CBT for youth involve learning to self-monitor their thoughts, feelings, and actions on worksheets, self-monitoring forms, or daily diaries. An integral focus of CBT is supporting youth in better understanding how their thought patterns are associated with presenting concerns. The recognition of cognitive distortions, or negative thought patterns that often unrealistically and/or rigidly construe perceived experiences, is an important component of cognitive therapies. It is imperative that youth initially possess a framework to mindfully observe and describe their cognitive experiences. Below are a few options for supporting such self-awareness:

9.7.1 Thought Bubbles

Clinicians teach youth to pay attention to their thoughts or cognitive distortions (e.g., thinking errors or “traps”) that may be associated with their uncomfortable feelings (see, for example, Coping Cat, Kendall & Hedtke, 2006). As such, comic

books and graphic novels are a useful format for teaching youth to pay attention to their “thought bubbles.” Quite straightforwardly, comic books with superheroes can be used to teach youth the process of cognitive interventions: that is, how to identify thoughts in various situations, acknowledge certain thoughts and connect them to certain feelings, and validate those feelings (e.g., “If the character is feeling like nobody likes them, it makes sense they are sad and want to skip class”). This may require either clinicians to have their own collection of comic books or invite youth to bring in and share their favorites.

The clinician and patient often review the CBT-comic books together, stopping on certain frames to connect a character’s thoughts with emotional cues and other aspects of the story. Specifically, clinicians can read a superhero comic in-session, prompt youth to observe the thought bubbles throughout the story, and generate dialogue about how each character’s momentary thoughts are influencing the youth’s reactions within the story. Next, clinicians can create comic strips where the child chooses the superhero’s dilemma and then provide empty thought bubbles for the child to complete. The ultimate goal of the thought bubbles is to inspire youth’s curiosity about their own thought bubbles.

9.7.2 Villain Thoughts

Children often closely identify with the superhero protagonist and are intrigued by the hero’s ability to resist, thwart, and overpower the efforts of the crafty villain. The superhero provides an opportunity to support youth in casting themselves as the superhero while externalizing their negative thought patterns as a villain.

Youth can learn to use “thought bubbles” to express what they are thinking in situations and to spot the Villain thoughts. Clinicians can inquire, “As you’re thinking about your math test, what’s in your thought bubble?” Automatic thoughts can be fast! Youth can develop a new relationship to their thinking by using the thought bubbles to *slow down* those automatic thoughts and take a closer look. By externalizing their thinking process, youth become primed for the cognitive reappraisal process.

An occasional concern about cognitive therapies is their ability to be accessible across the age span. Incorporating superhero, and in particular, superhero comic book callouts that say power phrases like “Pow!,” “Splat!,” “Boom!,” “Zap!” can be quite engaging for younger patients. Moreover, these power phrases can be used to stop automatic negative thoughts (ANTs) in their tracks and battle them in a developmentally appropriate way. One 6-year-old learned to “SPOT and STOMP!” the monster ANTS with—you guessed it—his Super-Spotter and Super-Stomper! He designed, drew, and colored them in comic book frames (picture ski goggles with lasers and large red platform boots) and practiced, with significant specific labeled praise for reinforcement, how he would enter his room when he got scared of monsters in his room.

Box 9.1 Example of Superhero Language in Cognitive Work

Perfectionism is my Kryptonite. It freezes me.

My mind reading is like a messed up telepathy power.

“Shoulds” are like Fortnite Husks in my brain

When I’m depressed it’s like all my thoughts are evil shape-shifters

Given that unmanaged ANTs can perpetuate unwanted, unproductive behaviors for youth, CBT-based interventions often prioritize strengthening a child’s ability to evaluate the factual nature of their thinking to promote more flexible, realistic thought patterns; a skill also known as cognitive restructuring. Cognitive distortions are a collection of commonly experienced ANT patterns and they make us vulnerable. Also known as “thinking traps,” sometimes youth get “stuck” in these thought patterns and cognitive restructuring can help to get them unstuck—if they can learn to see them coming! All-or-none thinking keeps youth from seeing nuances and the possibilities in the middle. Catastrophizing assumes the worst possible outcomes. Overestimation errors miscalculate and predict the increased likelihood of bad events happening with often the added whammy of underestimating our ability to handle outcomes. Jumping to conclusions leads us to skip over and miss information. For anxious or depressed youth, fortune telling typically doesn’t predict a joyful future. Helping youth identify these vulnerabilities in their thinking can be an important first step in catching, challenging, and changing these thought habits. Superheroes have strengths and vulnerabilities. Adapting superhero language, youth can be encouraged to spot the vulnerabilities in their own thinking. Please see text box for samples (Box 9.1).

Learning how to recognize these vulnerabilities and patterns allows us to see them, examine them more closely, and come up with a plan. Cognitive coping skills include teaching youth how to use dispute handles or Socratic questioning in service of cognitive restructuring. They can learn to challenge their maladaptive thinking, ask clarifying questions, and test the assumptions in their thoughts. The dialogue with a teen diagnosed with Social Anxiety and OCD presented below illustrates the process:

P: I really screwed up. All my friends hate me.

T: What happened?

P: I was talking way too much about the movie. I was excited but being a terrible friend. I think I annoyed them. And then I apologized a few times for being annoying and they were like “STOP it’s fine”

T: Wow, “terrible friend” sounds harsh. Did your friends know you were excited to see it?

P: Um yeah, of course.

T: Let’s take a closer look at those thoughts? What do we know about your thinking traps?

P: Feeling like I have to be perfect is my Kryptonite.

T: How can knowing that help you here?

P: I feel like I have to be a perfect friend and that sets me up to feel bad. And I think I'm not then I apologize over and over again.

T: Right. And what about the mind reading?

P: It's super negative messed up telepathy.

T: Now, I have no idea if you were talking too much or what that even means, and I have no idea if some of your friends got annoyed, but what I do know is that a messed up telepathy power is not a source that can be trusted!

P: Yea.

T: How would you react to a friend who is excited about something?

P: I'd want to hear about it.

T: Do you ever get annoyed with your friends?

P: Sometimes.

T: Me too. It's normal. Do you know that ALL of them got annoyed? There's that all-or-none thinking.

P: No, I guess not. But they got annoyed when I kept apologizing.

T: They all did?

P: Well one of them.

T: Can you spot the effects of the Kryptonite?

P: It turned my excitement over something into worry, then I obsessed, then I apologized a lot, and then I kept thinking about it over and over.

T: That's some powerful Kryptonite. Even the most powerful Superman has a vulnerability that he has to watch out for. How can knowing this help you?

In this example, the therapist works with the youth, first, to recognize and name their cognitive distortions, and second, how they can begin to challenge them to create alternative scripts and more effective coping. Notice, the goal is not positive thinking per se—sometimes we annoy our friends!—it is understanding how to make our thinking more realistic and helpful. Superhero language can aid in this skill building.

9.7.3 Coping Self-talk

Coping self-talk can be framed as a superpower. While therapists can use superhero language to spot thinking traps, they also can work with youth to incorporate this language and associated metaphors into developing more effective self-coaching. Please see Box 9.2 (Authors' note: This teen taught their therapist about America Chavez comic books, a more modern character who had been unknown to the therapist. They noted that they were drawn to America Chavez as a superhero because she is a "Latina, lesbian, tough girl" and her origin story includes having two mothers from an alternate universe. The teen patient also described appreciating that the superhero attended college at Sotomayor University, another meaningful reference for them in a nod to the Supreme Court Justice who had been born in a familiar

Box 9.2 Examples of Superhero Language in Coping Self-talk

I'm fortune-telling again. I have to remind myself that I do not have the power to time travel to the future. I'm more powerful when I remind myself to stay in the present

Flexible thinking is like Vibranium

Like America Chavez, I can punch through the dimensions in my thinking into other possible realities. Instead of jumping to conclusions, I can use my ability to jump dimensions to think about what else is possible

neighborhood—the Bronx!. This teen became increasingly and meaningfully excited to (1) teach the curious therapist about the character and plot advancements, and (2) review the America Chavez comic books with an eye toward therapy themes and skills. Therapists are off the hook for feeling as if they have to know all the characters or shows!).

In addition to this type of representativeness, and as previously noted, therapists further can utilize superheroes as models for adaptive thinking. Wonder Woman and Captain America are famously optimistic and hopeful; they are also determined and pragmatic. Despite, and likely because of great adversity, superheroes adapted how they think and approach the world. When faced with superhero problems (e.g., saving the world, stopping crime, helping humanity and the like), they do not succeed by surrendering to their vulnerabilities, insecurities, or anxieties. They succeed in (1) reflecting, (2) engaging in more flexible thinking, (3) problem-solving, (4) developing a plan, and (5) finding and using social support.

9.7.4 *Strengths Check*

In addition to their super-strengths, superheroes possess many favorable everyday strengths and qualities that help them with their struggles. Sure they can teleport and crush things, and they are smart, funny, hopeful, curious, sassy, determined, etc. These strengths are as important for enacting those superpowers. After all, as we learned with Spider-Man, “with great power comes great responsibility.” And, further, that sense of responsibility gives more power. Across diagnoses, youth may present with negative self-perceptions. From a strengths-based CBT perspective, clinicians can work with youth to identify and affirm their basic strengths. Youth are tasked with recalling or selecting as many strengths as apply from a pre-existing list (see Fig. 9.3) and then clinicians can discuss how treatment will support patients in enhancing their strengths during their “superhero missions.”



This is a STRENGTHS CHECK

Funny	Like dancing	Cheerful
Kind	Thoughtful	Good hug giver
Like Drawing	Scientist	Listen to music
Curious	Compassionate	Friendly
Sassy	Like reading	Creative
Like to play sports	Sense of humor	Like videogames
Helper	Like animals	Like poetry
Care about the environment	Musical	Tell fun jokes
Responsible	Care about others	Clever
Fun	Dependable	Like stickers
Energetic	Quiet	Like cooking
Easy-going	Focused	Cheerful
Friendly	Giving	Smart



Fig. 9.3 Strengths Check

9.7.5 Self-validating Thoughts

Many superhero narratives depict a real struggle, and at times, a temporary defeat at the hands of the villain. Therapists can seek out any examples of temporary setbacks, losses, rejections, defeats, and failures. Furthermore, these examples can be used to metaphorically validate the difficulty of managing “villainous” thoughts (or cognitive distortions). For example, after Thanos obtained the last infinity stone, there was a collective dismay and sense of failure experienced by the Avengers at the end of *Avengers: Infinity War* (Russo et al., 2018), as their powers appeared

insufficient relative to Thanos' newly obtained strength. Sadness, anger, shock, and a sense of failure are all illustrated as the Avengers witness their comrades instantaneously vanishing. Clinicians can prompt patients to observe and describe the cognitive reactions to their perceived or actual momentary defeats or setbacks (e.g., not passing a test, not receiving a party invitation, or having an awkward peer interaction) and generate a sense of self-compassion and self-validation. Below is a therapeutic dialogue with a 10-year-old boy with social anxiety:

T: So, how was school today? Were you able to practice any of your brave goals [of raising your hand to ask or answer a question]?

P: No. I really wanted to but my Villain thoughts were telling me, "They will laugh at you" and that if I asked the teacher to repeat what she said, "They will think I'm not paying attention."

T: Ooh sounds like the Villain thoughts were pretty powerful. I know that you have talked a lot about wanting to feel more brave in school. What made the Villain thoughts seem so strong?

P: I don't know. They just made a lot of sense to me at the time. With all my nervous issues, they tell me what I want to hear. "Don't do it."

T: It's tough to not know what others will do or think. I know others who have similar Villain thoughts. But, just a quick reminder. Why do we call these thoughts your Villain thoughts?

P: I know. I know. Because they trick me sometimes.

T: Yes, they can be tricky and their trickiness can be frustrating and hard to deal with. Does Batman win every small battle with the Joker?

P: No.

T: But he does eventually learn how to beat him in the end—sometimes even using what he learned from the battles lost to help him to triumph in the end. We keep at it. And remember—sounds like you did a good job at labeling the Villain thoughts this time. So how can we use this attempt for next time you try to practice?

As demonstrated in the dialogue above, acceptance-based strategies can be essential for overcoming nonlinear treatment progress and maintaining treatment motivation. Often, there are both internal and external motivators creating pressure for children and adolescents to change their ways; with these pressures engender guilt, resentment, frustration, and hopelessness as ANTs continue at times as relentless foes. It is important to help patients develop empathy and compassion as they learn to manage ANTs and develop a concept for incorporating their setbacks into the bigger triumphant narrative.

9.8 Behavioral Interventions

Superheroes are tasked with learning how to "strategically" access and unleash their superpowers in response to dilemmas or adversity. But, even superheroes are fallible with acting on emotionally rooted impulses that ultimately interfere with

strategic execution of their mission. Similarly, youth patients are often engaged in therapy because they, too, are struggling to manage emotional impulses. The superhero genre offers an opportunity to normalize these experiences via depictions of similar struggles. Furthermore, superhero examples provide opportunities to discuss the emotion-action urge relationship, highlight how certain action tendencies can interfere with superhero missions, and prompt a conversation about interventions that could help the superhero better achieve their goals.

9.8.1 Exposures

For anxious avoidance, consider the Incredible Hulk's refusal to emerge to battle after succumbing to Thanos in defeat in the 2019 movie production *Avengers: End Game* (Russo et al., 2019). Regardless of Dr. Banner's coaxing and frustrating pleas for the Incredible Hulk to be brave and unleash his super strength to help with the mission, the Hulk refused and stayed hidden. The Hulk! This example provides an opportunity to normalize that even superheroes can struggle with anxiety. In this case, importantly, the Hulk illustrates how perceived setbacks and failures can cause one to lose confidence in their superpower. Exposure therapy is an intervention that encourages repeated engagement with feared stimuli until one develops less emotional reactivity or, more importantly, develops new expectations about their emotional tolerance and/or the likelihood of negative outcomes (Peterman et al., 2019).

Clinicians can introduce the concept of exposure therapy as a series of training sessions that help everyone (superheroes and children) acquire new confidence or regain lost confidence in their superpowers. Exposure therapy comes in different forms—*imaginal exposure* is used to encourage cognitive and emotional processing of feared thoughts, images, or imagined scenarios (Kearney, 2005*), *in vivo exposure* is used to reduce avoidance of situations that include feared stimuli (Kearney, 2005), *interoceptive exposure* used to promote tolerance of feared somatic sensations (Boettcher et al., 2016), or *prolonged exposure* to promote tolerance of feared emotional, physiological, and cognitive reactions to feared traumatic memory (Rossouw et al., 2018). Regardless of the exposure format, the superpower metaphor is far-reaching where superpowers are targeted specifically (e.g., strengthening powers to participate in class, tolerate the forces of dizzy sensations, stay in line when feeling panic) or more generally (e.g., superpower of bravery). Once the patient's target superpower is identified, a hierarchy of "exposure training sessions" can be created to strengthen their superpower to improve preparedness for their "superhero missions." The concept of "superhero missions" can be applied to designing exposures, consistent with Albano & DiBartolo, 2007, "Mission is Possible" tasks in their group CBT for socially anxious adolescents.

If anxious youth are struggling to engage in exposure training sessions, clinicians may benefit from utilizing a superhero-friendly technique that dates back to the 1960s. Emotive imagery is a systematic desensitization technique where imagery triggering positive or neutral emotions are used to neutralize the fear response

as individuals engage with a feared stimulus (Lazarus & Abramovitz, 1962). In this approach, an imaginal exposure narrative is created where the patient's superheroes of choice are interwoven into the narrative in a way that fosters competing emotional states (e.g., curiosity, excitement) that support the patient's participation and tolerance of the exposure. In a case example presented by Lazarus and Abramovitz (1962), a child with school refusal engaged in an imaginal exposure where he was assigned by Batman and Robin to participate in a surveillance mission at his school where he monitored the whereabouts of his feared teacher. Such imagery appeared to trigger positive emotions in the boy and encouraged his engagement in the exercise. While the active ingredient of change in helping youth develop competing, non-fear-based associations with the initially fearful stimuli is exposure therapy (and not desensitization strategies, such as emotive imagery; Knowles & Olatunji, 2019), it is possible that strategies like superhero themed emotive imagery can support youth in developing an initial confidence of being able to tolerate exposure exercises. Once this foundation is formed, subsequent exposure exercises, rooted in inhibitory learning theory principles (Knowles & Olatunji, 2019; McGuire & Storch, 2019), can be designed to reduce reliance on desensitization strategies and deepen the effectiveness of exposure exercises. See the "Enhancing Superpowers" section below for more adaptations and desensitization strategies for enhancing motivation for exposure therapy.

9.8.2 Behavioral Activation

The superhero genre can be used to address depression-induced withdrawal or avoidance. Behavioral activation, or the intentional scheduling of and engagement in activities that promote enjoyment, a sense of mastery, and value, is an effective stand-alone (McCauley et al., 2016) and a component within a cognitive behavioral (Chorpita & Weisz, 2009) intervention for depression. This skill encourages growth in the superpower of resisting the force of withdrawal urges and daring to adhere to daily routines and typically enjoyable, valued activities despite the force's discouragement. Similar to exposure therapy, it can be helpful to engage youth during in-session behavioral activation training sessions to help the patient practice this "superpower." Consider the example of a 16-year-old nonbinary teen experiencing a depressive episode presented below.

P: I don't even know why I am here. This is pointless. I don't have anything to say to you.

T: Can you tell me how you are feeling?

P: You know how I am feeling. I am depressed and talking about it with you is not going to help.

T: You know. I get it. Sometimes when we feel depressed. We don't want to talk. We don't want to do anything really. And yet you still came.

P: [interrupts] My mom made me.

T: Well I mentioned to you before that our meetings don't only have to be about having in-depth conversations about your depression. Sometimes, there is *power* in doing activities - even if in silence. How about this? We can go for a walk around the building together and then check back in.

P: I guess that's fine.

[After the walk]

T: So, how was that for you?

P: I mean it's not like depression's gone or anything, but I do feel a bit better.

T: That's interesting. Any idea how something like taking a walk could have an effect (even if it's small) on your mood?

The above scenario illustrates how in-session behavioral activation can be utilized for in vivo mood activation, especially when children and adolescents appear unwilling or unable to engage in more cognitively demanding conversations about their depression. More superhero themed activities could include watching movie clips with exciting scenes, scene reenactments, or engaging youth in superhero themed hypotheticals (e.g., who's a better inventor—Shuri or Tony Stark, Do you think the Civil Rights Movement would have been different if Black Americans had access to Vibranium?)

If using behavioral activation in this way, patients may express doubts as to whether engaging in pleasurable activities when experiencing negative affect (e.g., sadness or irritability) will in fact lead to mood improvements. Lean into this doubt; encourage them to use the activity like a behavioral experiment where they generate a prediction for the impact the activity will have on their mood and then compare their prediction with their actual experience. In the above scenario, a slight perceived benefit or even the fact her mood did not get worse can be viewed as evidence that this intervention is effective—even if seemingly minutely so. Clinicians can help youth contrast the consequences of chronic avoidance or withdrawal (e.g., remaining in bed all day, avoiding text messages, canceling plans) against using behavioral activation to resist these urges (e.g., by starting the morning routine, answering at least two texts/day, planning to attend an event for at least 30 min) to understand the long-term benefits of consistently applying this intervention. By establishing realistic expectations for behavioral activation, youth learn that consistency is key in reducing the severity of their depressed mood, recurrence of stressors, and ruminative thoughts (McCauley et al., 2016; Ritschel et al., 2011).

The ultimate goal (regardless if using in vivo activation or not) is to inspire motivation for patients and their families to express a commitment to routinely practice behavioral activation in response to depressed moods and to proactively continue prioritizing pleasurable and mastery-inducing activities in their daily schedules as a means of reducing the vulnerability towards depressed moods (also known as ABC PLEASE skills in DBT-A; Rathus & Miller, 2014*). Aside from supporting the activity scheduling process (e.g., identifying superhero themed activities and social interactions), the superhero genre can be used to sustain motivation towards ongoing practice of behavioral activation. Clinicians can contrast the patient's anticipated outcomes associated with chronic withdrawal/avoidance (e.g., staying in bed

all day, avoiding texts/calls from friends, neglecting school assignments) with using the behavioral activation superpower (e.g., keeping a regular sleep schedule, answering at least a few texts from friends, starting some assignments)—particularly linking this superpower with better preparation for the patient’s daily missions.

During the COVID19 pandemic and beyond, these superpowers may be particularly relevant for youth and young adults, who may be especially vulnerable to the associated mental health impacts of social isolation and feelings of loneliness (e.g., Bu et al., 2020; Loades et al., 2020). As the global pandemic has reminded us of our interconnectedness, so too does the superhero narrative remind us of our interconnectedness. From Earth to other planets and galaxies, superhero stories challenges are prefaced on this interdependence. In this context, therapists further can assist youth patients to contextualize any mental health sequelae and strategize accordingly.

9.9 Somatic Management

Learning strategies to regulate and tolerate adverse somatic experiences is a transdiagnostically relevant skill set—especially when a primary goal is improving emotion regulation (Loevaas et al., 2019). There is no shortage of somatic management strategies to introduce in treatment (e.g., paced breathing, progressive muscle relaxation, meditation, yoga); however, the challenge can be creating a convincing rationale that inspires youth patients to try and then actually employ these strategies. Once again, the superhero genre offers options for identifying how these strategies enhance the efforts of the child’s favorite superheroes to complete their missions.

9.9.1 Power Breaths and Superhero Breathing

Breathing is powerful. Breathing is often an essential somatic management strategy that CBT clinicians teach their patients. These include variations on diaphragmatic breathing, belly breathing, and controlled breathing where youth learn and practice the mechanics of inhaling through the nose for a count, drawing breath to fill their bellies, and slowly exhaling through the mouth. It can feel like we are losing our power or even have no power when our bodies are anxious, riled up, or jumpy. That’s where teaching Power Breaths comes in!

Superhero breathing combines teaching these breathing strategies with superhero poses. Youth can extend their arms out at the start, then when drawing their inhale, pull their arms in with elbows pulling to their torso, and the exhale is where the superhero magic happens—they can shoot their arms out and up in the air like a superhero flying and breathing out of their mouths.

9.9.2 “Riding the Wave”

Per our clinical observations, a common barrier to the perceived effectiveness of somatic management strategies is when youth have unrealistic expectations that engaging in these strategies will result in instantaneous relief. Such expectations can backfire—generating beliefs that “I am not doing it right” or “I knew this stuff doesn’t work.” The Silver-Surfer who uses his surfboard-like craft to surf through the elements can be utilized to more accurately conceptualize the benefits of somatic management strategies. The activation of the sympathetic nervous system (or our “Fight, Flight, or Freeze” response) is associated with the onset of various affective states (e.g., anxiety, fear, anger; Kreibig, 2010) and often includes uncomfortable physical sensations that somatic management strategies seek to relieve. While this system’s effects may be felt instantly, the “Peace and Relax” response of our parasympathetic nervous system can be a gradual process. Rather than instant stress relievers, somatic management skills can be construed as superpowers that help patients to “surf or ride the wave” of their uncomfortable somatic arousal and emotional states. One teen with panic disorder who enjoyed surfing envisioned herself as a Super-Surfer with her “Super Surf-Board” to “ride the wave” of her intense physiological symptoms.

9.10 Enhancing Superpowers: Supplemental Interventions for Enhancing CBT Intervention

Superheroes rarely act alone. Though they often get recognized for their awe-striking superpowers, they always have a team of supporters. Young patients are no different. CBT superpower skill sets can be extremely useful in addressing the cognitive, emotional, and behavioral components of emotion dysregulation. Youth may continue to struggle with low motivation to attempt new skills, experience difficulty engaging with a primarily talk-focused intervention, or feel alone in their efforts to resolve problem areas. The following recommendations provide options for how to utilize the superhero theme to enhance patient motivation for and follow through with skill practice.

9.10.1 Using Superheroes to Seek Social Support

Superhero missions operate better with a team. As part of basic problem-solving skills, clinicians teach and encourage youth to identify their team by asking for help. Social support in the form of capable adults and peer relationships is a key and consistent element in youth resilience (Masten, 2014). In teaching problem-solving, clinicians can teach effective help-seeking: whom to ask and how to ask. Again,

superheroes can provide a model. More recent movies emphasize the message of teamwork to solve the biggest problems. Individuals may have their strengths, but when they seek help and join forces with others, they become more formidable. What is better than a group of Super Friends? Recall the Wonder Twins, the famed superhero sibling duo, who would join hands and declare: “Wonder Twin powers, activate!” in order to activate their superpowers. Sometimes, superheroes have side-kicks like Batman has Robin. They may pair up for alliances or they may form a Fantastic Four. Or, like Thor, they seek counsel from their parents. Sometimes, they already exist as a powerful team of warrior women like the Amazons or special forces team of Wakandan women like the Dora Milaje (Special shout out to portrayals of powerful women). When superheroes tackle universal problems, they assemble a team.

Therefore, as part of superhero resiliency training and problem-solving, youth can learn to assemble their own teams and grow their social capital. Why might it be helpful to form this team? Who is on their team? Who can they talk to when they are feeling down? Who supports them? Who can they talk to if they are having a hard time with reading or math? Who can they reach out to when they need a laugh? With whom can they play a video game or card game? Who can they ask about soccer strategy? Who can they contact to supercharge their coping powers? See Fig. 9.4 as a sample worksheet to support youth in assembling their support networks.

As noted, youth rarely self-refer to therapy. Seeking treatment can be a (super) powerful way for a child and family to grow their team. Showing vulnerability and sharing difficult experiences may be challenging but they are also acts of bravery. Clinicians can normalize help-seeking in the superheroes that seek help all the time. For example, Chris Evans, the actor who plays Captain America, has openly talked about going to therapy and for his anxieties and “noisy brain.”

9.10.2 Behavior Plans

Therapists can work with caregivers and youth to set up at-home behavior plan targets as superhero missions. These superhero missions can be utilized for youth academic tasks, social problem-solving, and shaping compliance behaviors. Clinicians can work with parents and youth to set up at-home behavior plan targets as superhero missions that, for example, encourage chores (Operation House Clean!), increase responsibilities (Operation Dog Walk), or ensure at-home exposure practice (Operation Brave Talk). Just about anything can be converted into a Superhero Mission.

One young boy diagnosed with ADHD-Combined Type, with hyperactivity and organizational skills deficits needed help organizing his school materials. He seemed consistently “on the go”! For him, The Flash provided a guide for Operation Slow Down and Operation School Stuff. The Flash’s greatest strength was his speed; his speed was also his greatest vulnerability. The therapist, patient, and caregiver color coded school folders by subject, and the patient received “Flash points” for

Who is on your team?



Some questions to help:

Who are some trusted adults?

Who can you talk to when you need support?

Who can you reach out to for school-related questions?

Who can play games or sports with?

Who makes you laugh or smile?

Fig. 9.4 Assemble Your Super Team

accurately placing school assignments in the proper designated folder. He earned “Flash points” for organizing his backpack and using the identified folder bin on the desk in his room. He could also earn points for appropriately managing with restlessness (e.g., quiet fidget toy, asking the teacher for a “shake break” to shake out his body jumpiness, etc.). Instead of receiving frequent attention for his disorganization and hyperactivity, he learned how to embody The Flash by receiving reinforcement for adaptive behaviors.

With respect to behavior plans and charts themselves, especially for younger children, the internet provides a multitude of options for colorful superhero themed

forms, both generic and specific heroes, that can be personalized, downloaded, and printed. Parents and youth can work together to create and design charts based on youth's preferred characters and collaboratively decide where in the home these will be displayed. Further, superhero materials simply can be used as reinforcers and rewards (e.g., superhero themed stickers, prizes, Spidey-bucks, etc.). Parents can learn to incorporate superhero type language into their specific labeled praise: "You helping to clean up without asking was a superpower move. So proud of you!"

9.10.3 Superhero Tools and Props

With younger kids especially, CBT therapists can incorporate props to creatively teach skills throughout the course of treatment, capitalizing on imagination, play, and fun. Imagine your own favorite superheroes. What are they wearing? What are they carrying? What are their weapons or tools of choice? How do they unleash their might powers?

Many superheroes wear costumes. They may wear capes, masks, or cuffs or technologically superior suits made of Vibranium. They may carry a lasso, hammer or protective shield. Therapists can join imaginary forces with their youth patients in creating therapy props that aid in skill building and practice. Prop building typically requires only minimal arts-and-crafts supplies, and therapists can enlist parents in their creation as well. Anxious younger kids can wear a "Brave Cape" or "Courage Cuffs" to encourage in vivo exposures as they embark on their superhero mission of battling their worries. With construction paper or cardboard and colorful markers, therapists and patients can create a SuperShield to fight off those scary monster thoughts.

A strategy often taught to youth receiving exposure and response prevention (ERP) treatment for obsessive compulsive disorder is externalizing and naming their OCD (e.g., Franklin et al., 2019). At times, OCD can throw some pretty villainous thoughts and youth can frame and name these as supervillain-type characters: Germeo, Doomsayer, and a recent favorite, Sir Boss-A-Lot. Youth can draw out these characters so they can recognize OCD's tricks, and further, gather their own superhero "gear" to do battle with them. Sir-Boss-A-Lot was no match for the Bossy Blaster. Therapists and youth can borrow Thor's powerful hammer (e.g., made out of a foam noodle) to crush Germeo or Wonder Woman's Lasso of Truth (e.g., made out of braided yarn with glitter) when challenging Doomsayer's tall tales.

During the COVID19 pandemic, some youth have expressed anxiety about wearing masks, for example, due to sensory discomfort or breathing difficulty. One strategy that has assisted some youth is likening masks to superhero masks or superhero shields that help to protect them from the virus. As an added superhero bonus, these masks also help to protect others, as we know superheroes do. Connecting public health promoting behaviors to altruistic and greater good may increase motivation and compliance (e.g., Brooks et al., 2020). Having younger kids pick out masks with their favorite superhero characters printed on them may be a simple motivation

booster. Then, as other superheroes do, they can practice using their mask shields for increasing amounts of time or during varying activities. Pairing wearing a superhero mask with watching a preferred superhero cartoon or playing a preferred videogame can pack a behavioral super-punch! Generally, therapy props can be utilized for a multitude of skills and behaviors that therapists and parents can shape over time. Capes can also be “SuperHelper Cape” as part of behavior plans to increase chore compliance. One young SuperHelper wisely enlisted the robotic room vacuum as her side kick!

Superhero, or otherwise, therapy props can be utilized to promote initial engagement in in vivo exposures. One younger child with selective mutism summoned the strength of his Super Sparkle Speaking Stick before his first speaking exposures, including holding it out of sight when unmuting his microphone to speak to his kindergarten teacher for the first time during virtual learning. His fear ladder included repeated speaking exposures across settings with the Super Sparkle Speaking Stick and then, being mindful of safety behaviors (see Rachman et al., 2008) without it. He learned that the Super Speaking Power was within him all along!

In another example, one youth presented with PTSD symptoms and a phobia of dogs after witnessing a dog attack a family member at a local park. Her anxiety further generalized from that park to all parks, and she began to avoid socializing with peers for fear they would want to go to the park to play. Importantly, she also presented with a love of Wonder Woman and was immediately drawn to a talking Wonder Woman figure in the therapist’s office. Pressing a button at its base resulted in various empowering and inspirational sayings, including, “You are a warrior” and “You are a one-woman army.” The patient worked with the therapist on an illustrated trauma narrative with Wonder Woman making an appearance in her comic book style drawings. When preparing for her first out-of-office exposure to the park up the street with the therapist and her mother, she asked if she could bring the Wonder Woman figure with her because “She reminds me I can do it even if I’m scared.” They even joked that they were, in fact, a four-women army. The patient carried Wonder Woman to that park, and then another, and then the park where she witnessed the dog attack, and then when she first started petting dogs. The patient gained increasing confidence and was able to practice without needing to carry the (physical) Wonder Woman with her.

9.10.4 Finding your Superhero Song

The 80’s-kid clinicians among us may recall the television series, “The Greatest American Hero,” with its introductory theme song and chorus, “*Believe it or not, I’m walking on air; I never thought I could feel so free*” (sing it with us!). Take a moment to recall the original Superman theme song by famed composer and conductor John Williams in all its orchestral glory. Superheroes have anthems and superhero shows and movies have soundtracks and scores. For some youth who

may connect through music, clinicians can help them to find their Superhero Song. What is a song that pumps them up and reminds them of their powers? What is a song they can listen to before an exposure? What is a song that gets them dancing and behaviorally activated? What is a song that grounds them if they are restless? Superhero songs can then be added to a playlist or bookmarked on their smart-phones, laptops, or tablets to cue up when needed.

9.10.5 Superhero Poses

As noted earlier, physically engaging in superhero type poses can prime for prosocial behaviors (Pena & Chen, 2017; Rosenberg et al., 2013). Working with younger patients involves more engaging, lively, and interactive intervention elements; as Dr. Phil Kendall, one of the pioneers in adapting CBT for youth and developer of Coping Cat, famously emphasizes child therapists have to get out of the chair and “get on the ground” to meet youth where they are. Similar to emotive imagery exercises or superhero breathing exercises noted above, superhero poses can be incorporated to supercharge, if you will, skills learning and practice. Fly like Superman when you exhale! Some youth with social anxiety may have deficits in their social skills including poor eye contact, slouching, speaking in low volume or other non-verbal and verbal avoidance-related behaviors, and may benefit from social skills training (e.g., Mesa et al., 2015). Reference to superhero poses embodying improved posture, head up, and more direct eye contact may be helpful for some youth. The young Coping Black Panther referenced earlier would ready himself for problem-solving and exposures by assuming the Wakanda Forever stance. One child with separation anxiety engaged their “Confident Coping Pose” while another her “Sassy Stance” to face their anxiety exposure challenges. Picture Wonder Woman, Captain Marvel, and Storm (with a dash of Beyonce and Lizzo).

9.11 Conclusions

Superheroes provide ample material for infusing creativity in the delivery of CBT for youth and families. Whether as metaphor, model, or message for resilience and coping, they can join clinicians, youth, and families as they assemble the therapy team. Superheroes come in many recognizable forms, and they include everyday heroes among us. A goal in incorporating superheroes into youth CBT is to connect their story with that of a meaningful hero to them, and in essence to becoming aware of their own superpowers. We will conclude where we began with a quote from Superman (and one of the most well-known actors to play him, Christopher Reeve): “I think a hero is an ordinary individual who finds strength to persevere and endure in spite of overwhelming obstacles.”

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