Engaging Caregivers in TF-CBT

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  - Dorsey, Cox, Conover, & Berliner, 2011

- Mary McKay
  - McKay, McCadam, & Gonzalez, 1996
  - McKay, Nudelman, & McCadam, 1996
Learning Objectives

Participants will:

- identify common barriers to caregiver engagement in TF-CBT
- describe strategies for effective caregiver engagement in TF-CBT
- identify caregiver engagement strategies for each of the PRACTICE components
Why is caregiver engagement so important in TF-CBT?
Barriers to Caregiver Engagement in TF-CBT

- Stigma of abuse
- Children are avoidant
- Parents are avoidant
- Cultural issues
- Families are overwhelmed
- Lack of stability and support
- Systems issues (foster care, court)
Considerations during Initial Engagement

- Race
- Ethnicity/cultural issues
- Stressors
- Isolation
- Fears that friends, neighbors will disapprove of seeking care
- Helping client manage in communities of scarce resources
  (McKay, McCadam, & Gonzalez, 1996)
- Caregiver’s own distress and/or trauma exposure
- Systems issues
Strategies for Engaging Caregivers

- Initial focus on caregivers is essential
- Assess and understand caregivers’ needs
- Provide support and validation
- Explain rationale for including caregiver in treatment
  - Part of the solution, not part of the problem
  - Caregivers’ power to influence recovery of child and improve child behavior
- Enhance motivation
  - Aligning around common goals
  - Instilling hope
  - Teaching effective strategies for prompt symptom relief
Empirically Supported Engagement Strategies

- Telephone engagement intervention
  - Goals:
    - Clarify the need for mental health care
    - Increase caregiver investment and efficacy
    - Identify attitudes about previous experiences with mental health care and institutions
    - PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE! around concrete obstacles to care

(McKay, McCadam, & Gonzalez, 1996)
Needs Assessment

- Defining concern
  - Recent example
  - Why now
  - Strengths in supporting child
  - Things parent has tried in the past

- Getting help
  - Can services make a difference for the child?
  - Have they sought help before?
  - Was that experience helpful; was the provider helpful?

(Mckay, McCadam, & Gonzalez, 1996)
Active Problem Solving with Caregiver

- Appointment logistics: what to expect
- Parent prepares list: strengths, goals, and concerns
- What do you think about coming?
- What could stand in the way of getting here?
- How hopeful do you feel that this will help?
- Preparing parent to talk to child about the appointment

(McKay, McCadam, & Gonzalez, 1996)
First Interview
Engagement Strategy

- Purposes
  - To understand why a child and family want help from provider
  - To engage the child and family in a helping process, if appropriate
  - Start building therapeutic alliance
  - Begin psychoeducation and orientation to treatment
  - Provide a resource to caregiver based on need identified during phone interview – to make them feel heard and provide some immediate help  

(McKay, Nudelman, & McCadam, 1996)
Elements of Engagement Process

- Clarify the helping process for the client...
  - Carefully introduce self, agency intake process, and possible service options.
  - Do not assume that client has been given accurate information about services.
  - Do not assume clients know what is expected of them and what they should expect from intake process/worker.

- Develop the foundation for a **collaborative** working relationship...
  - Balance the need to obtain intake information (agency assessment, insurance forms, etc.) with helping the child and family to “tell their own story” about why they have come.

(McKay, Nudelman, & McCadam, 1996)
Elements of Engagement Process (continued)

- Focus on immediate, practical concerns...
  - Be ready to schedule a second appointment sooner than the following week.
  - Parents often need help negotiating with other systems.
  - Demonstrates your commitment and concern for parent and your desire and ability to help

- Identify and problem-solve around barriers to help seeking.
  - Explore potential barriers to obtaining ongoing services.
    - Concrete barriers
    - Attitudinal barriers

(McKay, Nudelman, & McCadam, 1996)
Engagement throughout Treatment

- What do you do to keep caregivers engaged?
- How often do you check in with caregivers as to how it is going?
- How often do you re-assess symptoms or evaluate progress?
- What contributes to families dropping out of treatment?
- What can we do to prevent this or re-engage them?
Case Example: Nelida

Nelida is a Mexican-American mother of three children: Maria is ten, Juan is 7, and Carlos is 2. Nelida has been married to the children’s father, Jorge, for 12 years. They met when Nelida was in high school living with her aunt due to her parents’ substance abuse problems. Jorge has been very controlling and abusive throughout their relationship. He would often come home drunk and assault Nelida in front of the children. Neighbors called the police during several loud altercations, and Jorge was arrested for hitting Nelida with a baseball bat, causing a concussion. Child protective services opened a case and helped Nelida obtain a restraining order. Jorge was sentenced to two years in jail.

Nelida is struggling to provide for her children. CPS recommended therapy for Maria and Juan due to their trauma symptoms. Nelida has not followed through with therapy for herself but expresses wanting to help her children. She tends to minimize the extent of the domestic violence and its impact on her children.
Strategies for Engaging Caregivers: Psychoeducation

- Provide psychoeducation on trauma and its impact on child and caregiver

- Resources:
  - National Child Traumatic Stress Network
  - Resources for Parents and Caregivers: http://www.nctsn.org/resources/audiences/parents-caregivers
  - UKY Center on Trauma and Children Video: Why Experiences Matter – Trauma 101 for Caregivers https://youtu.be/qWPAT-G6r08
  - When to Seek Help if Your Child has Experienced a Traumatic Event - https://youtu.be/yPvTBnE1R5E
Strategies for Engaging Caregivers: Parenting Skills

- Focus on validating the caregiver and his/her efforts to address problems

- Functional Behavioral Analysis
  - Include caregiver’s thoughts, feelings, and reactions
  - Teach, coach, and model concrete skills to manage child’s behaviors

- Teach trauma-informed parenting strategies
  - NCTSN: Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents
  - Off-Road Parenting

- Focus on parenting skills throughout treatment
Strategies for Engaging Caregivers: Relaxation

- What does caregiver do to relax?
  - Evaluate efficacy and appropriateness to various situations

- Teach new skills for caregiver’s toolbox

- Caregiver can experience stress relief and model adaptive coping for child

- Caregiver can better support child in practicing relaxation skills

- Resources: Apps (Relax and Sleep Well, MindShift, Take a Break! Guided Meditations for Stress Relief, BellyBio Interactive Breathing, Relax Melodies, Take a Chill), You Tube, self-care plans
Strategies for Engaging Caregivers: Affective Expression and Modulation

- Parallel process: caregivers who feel more supported will be better able to support their children.
- Teach parent skills for managing intense emotions in child.
- Balancing act: provide opportunities for processing their own feelings without losing focus on child.
- Practicing grounding and mindfulness skills.
- Assign self-care practice and check in frequently.
- Conjoint sessions to practice sharing feelings between caregiver and child.
Strategies for Engaging Caregivers: Cognitive Coping and Processing

- Teaching cognitive triangle and common distortions
- Using relevant examples
- Normalize and use humor (e.g., Sad Cat Diaries)
- Identify and process caregiver distortions related to parenting and the child’s trauma
Strategies for Engaging Caregivers: Trauma Narrative Development and Processing

- Assessing caregiver readiness/appropriateness
- Sharing TN as it is being developed by child: gradual exposure for caregiver
- Processing caregiver’s emotional reactions to TN
  - May include trauma triggers for caregiver
  - Continue to challenge caregiver distortions
- Preparing caregiver for conjoint sessions
- Enlisting caregiver support to challenge child’s trauma-related distortions
- Optional empathy/apology letter
Case Example: Matthew

Matthew is a married Caucasian father of two children. His 13-year-old daughter, Nathalie, recently disclosed being sexually abused by a maternal uncle. Matthew has his own history of being sexually assaulted while in juvenile detention as a teenager. He has participated in his own therapy, but the abuse of his daughter is triggering past issues for him. Matthew and his wife have been involved in their daughter’s therapy, but he has not been showing up to sessions since Nathalie started her trauma narrative.
Strategies for Engaging Caregivers: In Vivo Mastery of Trauma Reminders

- Help caregiver identify trauma reminders
- Create coping plans for each reminder
- Engaging caregiver and child in developing and implementing desensitization plan
- Provide support and explore other supports for caregiver
- Focus on long-term goals: recovery, resilience, adaptive functioning
Strategies for Engaging Caregivers: Conjoint Child-Parent Sessions

- Ensure that caregiver understands why this is so important
- Evaluating caregiver readiness
- Addressing challenges
- Role plays, audio recording
- Supports for caregiver
- Other options for conjoint sessions
Strategies for Engaging Caregivers: Enhancing Future Safety and Development

- Addressing caregiver’s safety concerns
- Caregiver’s role in safety planning
- Conjoint sessions
- Explore sources of ongoing support for family
- Predict, Prepare, and Plan
- Process caregiver’s feelings about ending treatment
Questions
Contact Information

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