I think I can…I think I can… Overcoming caregiving challenges in TF-CBT

Michael Gomez, Ph.D. & Saba Shahid, PsyD

Why don't caregivers (or staff) do what you want them to do???

Caregiver Involvement

- 3 reasons caregivers do NOT do what you want

1. Knowledge Gap
   - "My 3 year old knows it makes me mad when she cries."
2. Energy Gap
   1. 40 year old adolescent
   2. "I work 2 jobs and pull at least 60 hours a week, I'm exhausted."
3. Cognitive Distortion
   - **Perceptual vs. Concrete Barriers**
   - "My child has Bipolar, he will NEVER be better."

- 3 reasons caregivers do NOT do what you want

1. Knowledge Gap
   - "My 3 year old knows it makes me mad when she cries."
   - **Solution: Provide Information**
2. Energy Gap
   1. 40 year old adolescent
      - **Solution: Deal with them like you would an adolescent**
   2. "I work 2 jobs and pull at least 60 hours a week, I'm exhausted."
      - **Solution: Emphasize Self Care**
3. Cognitive Distortion
   - Perceptual vs. Concrete Barriers
   - "My child has Bipolar, he will NEVER be better."
     - **Solution: Cognitive Processing**

     Start with Good Boss/Bad Boss

Reasons heard for not including caregivers

- "Not trauma-informed, doesn't understand child, very negative view of child"
- "Has own trauma history, can't handle being involved"
- "Avoidant"
- "Denies child experienced trauma" OR "Denies trauma impacted child"
- "I don't know how much they'll participate."

Moment of Self-reflection

- How do we, as therapists, feel when a caregiver is invalidating, unsupportive of our client?

- Do we "write-off" caregivers too early in the process?
- Are we making assumptions about their ability to engage?
- Are our expectations realistic? (What is 'normal' reaction to learning of trauma? Parenting a child with may behavior problems?)

What is "normal" for engagement?

- Variable
- Dependent on a number of factors
- May not be accurately perceived by therapist
- Ruptures in relationship should be predicted
- Can be influenced by therapist

Barriers: What's said vs What's in their head

- Perceptual
  - Therapy won't work
  - I/My parenting is being criticized. I'm being blamed.
  - Therapist doesn't understand.
  - Therapist doesn't value my input.
- Concrete
  - Time, travel, childcare, etc
- We have much more impact on the perceptual.

Possible Approach: Include engagement as therapy focus

- Assess from initial time point and frequently throughout therapy
- Predict there will be weeks caregiver/child doesn't want to come

T1: Explain that you know from experience that parents are often reluctant to come back. Sometimes it's because parents don't want to think about the trauma anymore. Sometimes it's because parents don't want to expose their young children to the trauma memories anymore. Sometimes it's because old memories get stirred up from the parent's past. Explain that this is very likely to happen as the time approaches to come for the next visit. This is natural and happens to almost every parent.

Weekly*: Rate feeling of distress about coming to therapy (1-10). But you made it here! How did you do that? What tricks did you use?*

Credit: Michael Scheeringa

Creating Safe Place for Caregivers in TF-CBT

- Empathize with difficulty in their situation
  - Must be genuine
- Create space for caregiver to share concerns
  - Need to hear the 'unpopular' thoughts to allow potential change
- Align with the caregiver
  - May distance self from other systems involved
  - Avoid the 'expert role'

Creating Safe Place for Caregivers in TF-CBT

- Power of Praise
  - Build up caregivers
  - Catch them doing good
  - Therapy needs to be a positive experience for them too
- Selective Attention & Redirection
  - Caregivers who have own agenda
- Am I communicating a message of hope?

Creating Safe Place for Caregivers in TF-CBT

- Lessen caregiver fears about therapy
  - Predictability
    - Session time & structure
    - Therapist behavior
  - Accurate expectations
  - Logic and Sequencing of treatment
    - Gradual exploration of trauma
- Supporting caregivers through trauma focused treatment
  - Normalize therapy can be difficult for caregivers
  - Use same skills taught to child

Let's Practice!

- Let's say you have a caregiver who is reportedly disbelieving of the sexual abuse allegations her daughter made against her husband.
- First, identify your immediate bias and make an intention to put it aside.
- Second, generate compassion for this caregiver by identifying at least 2 reasons why she might not believe.
- Third, consider 3 open-ended questions you might ask this caregiver given that your goal is to increase her engagement in the daughter's TF-CBT treatment.

How a barrier may become a bridge…

- Caregivers with own trauma experiences may initially present barriers
  - The "Just move on, I never talked about it" mentality
- Cognitive Processing can be very effective to shift focus and capitalize on their enhanced empathy for child
  - "You have both been through this…What ways of coping have you attempted?"
  - "What did you need as a child?"
  - "What would it have been like if you had gotten the support back then?"

Buy-In for Behavior Management

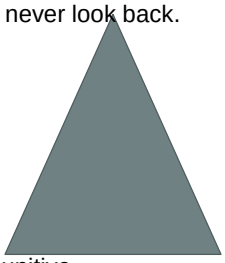
- Caregivers need accurate, trauma-informed understanding of child's behaviors to engage in treatment recommendations
- Cognitive Processing & Education needed first!

Common 'misunderstanding' of child behavior

- Developmentally inappropriate expectations
  - Pathological liar
  - No remorse. Not upset unless caught.
- Overpersonalizes misbehavior
  - Child's doing this to 'get at' me.
  - Child is disrespecting me.
- Pathologizing child behavior
  - Attachment issues
  - Manipulative

Cognitive Reframing Example

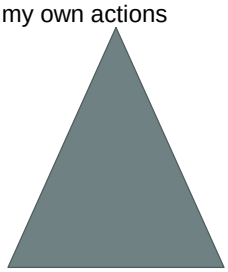
He overreacts because of his attachment issues and may not ever get better regardless of what I do. At 18 he may walk out and never look back.



Harsh, punitive discipline; Yell at child

Helpless; Hopeless; Angry; Scared

I am the first good role-model he has had. I can teach coping skills through my own actions



Used skills from therapy to address misbehavior

Empowered; Hopeful

Therapist Impact on Engagement

- Do you deliver services with hopefulness
- Do you believe you are effective?
- Do you believe you can help, have something worthwhile to offer?
- Do you believe *this person* can change?

Elicit – Provide – Elicit

- I find that a lot of times my PRAC skills have been "contaminated" by a previous provider
  - "Mr. Jones showed me that deep breathing stuff but it didn't work at all on the unit."
- So . . . We have a few choices
  - Same tactic – different implementation or language
  - Different tactic
- With E-P-E don't think of it robotically ("I did an elicit so I HAVE TO do a provide now")
- *Think of it as a proportion or a RHYTHM of that part of the session: Should be MORE Elicits overall than Provides*

Elicit – Provide – Elicit

- Ask permission
  - You're thinking "But they'll say NO!" (if they're that resistant at that point in time NO information is getting through, you can't "force" a kid to relax)
  - Ex: "Would it be alright if I told you some things that have worked for other parents here?"
- Clarify information needs and gaps
  - Ex: "What do you know about coping skills?"
  - Ex: "Is there any information that would be more helpful right now for you?"
    - Can go into Agenda Mapping here
- ABOVE ALL ELSE: Explore Prior Knowledge and Current Interest
  - Ex: "What relaxation skills did you learn at the last therapists you and your son went to?"

Agenda Mapping

Elicit – Provide – Elicit

- PRIORITIZE
  - Good principle here is "don't tell people what they already know"
- Be clear and give info in SMALL doses
  - **When in doubt go back to elicit (NOT provide)**
- Support Autonomy
  - Again, can you FORCE someone to relax?
  - When you threaten a person's freedom that makes them tend to want to ASSERT it
- Do NOT prescribe the person's response
  - ~~Wrong: Parent "Relaxers just don't work." You "Ya they do, you just aren't trying hard enough."~~
  - Right: Parent "Relaxers just don't work." You "Relaxers kind of have the opposite effect for your son, they just frustrate him."

Elicit – Provide – Elicit

- You check back in
- Good language:
  - "Does that make any sense?"
  - "What else would you like to know?"
  - "How does that apply to you?"
  - "So what do you make of that?"
  - "What do you think is a good next step for you?"

Let's Practice