

BRINGING CAREGIVERS INTO TF-CBT: THE WHEN, WHAT, WHERE, WHY, AND HOW

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Goals for the next hour...

- Normalize difficulty
- Why so difficult?
- What do we do?
 - *When*
 - *What*
 - *Where*
 - *Why*
 - *How*
- ...if we have time, we will problem solve some cases

Tell me about it...

- Resistance
- Willingness to participate
- Avoidance
 - *Of memory*
 - *Of their own emotions*
- Frequently also traumatized
- Denial
- Time/buy-in
- Guilt
- FEAR
- High focus on negative behaviors

Why?

- The best TF-CBT outcomes for children are with active caregiver involvement.
- It is easiest at referral to set the expectation of caregiver involvement in each TF-CBT session.
 - *We'll talk about strong handshake at referral during the how...*
- Remember your training! What does the research say?

Who?

- Biological parents
- Step parents
- Foster parents
- Caseworker
- CASA
- Adult sibling
- Other family member
- Religious leader
- Legal guardian
- Teacher
- Milieu worker
- Case manager
- Power of attorney
- Guardian ad litem

Who?...Considerations

- Foster parent versus biological parent/family member
 - *What's the permanency plan?*
 - *Is this going to change up everything I have going on right now?*
 - *Inviting the birth parent into TF-CBT will create an opportunity for them to enhance their parenting capacity and provide another source of data for the Court's decision-making.*

- What if no one is available?
 - *This is where we get creative*

How?

- Let's talk perception
- Barriers are real
 - *Internal*
 - *External*

Impact of Perception

- Perception road goes two ways
- “Difficult to engage” parents
 - *What comes to mind?*
- What, if anything, changes if you view the family as resistant?
- What, if anything, changes how a family views us as the helping professional?

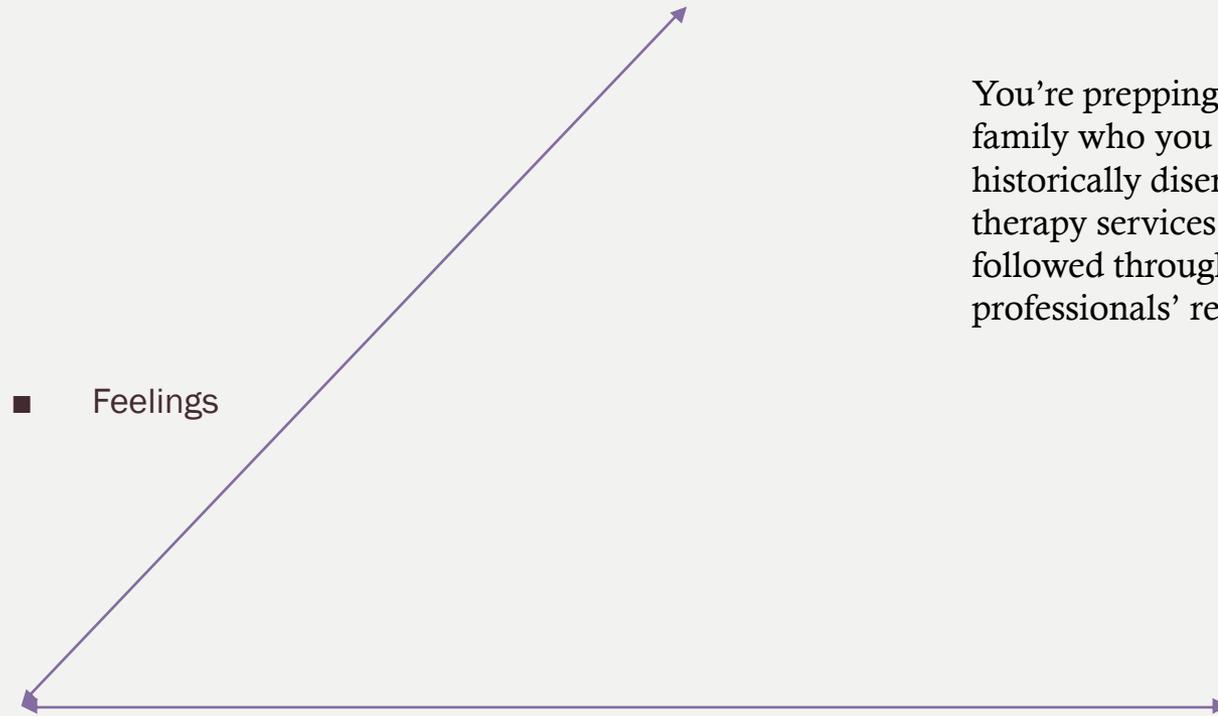
Walk with me on this...

You're prepping to meet with a family who you know to historically disengage from therapy services and has not followed through with professionals' recommendations

- Thoughts



Walk with me on this...

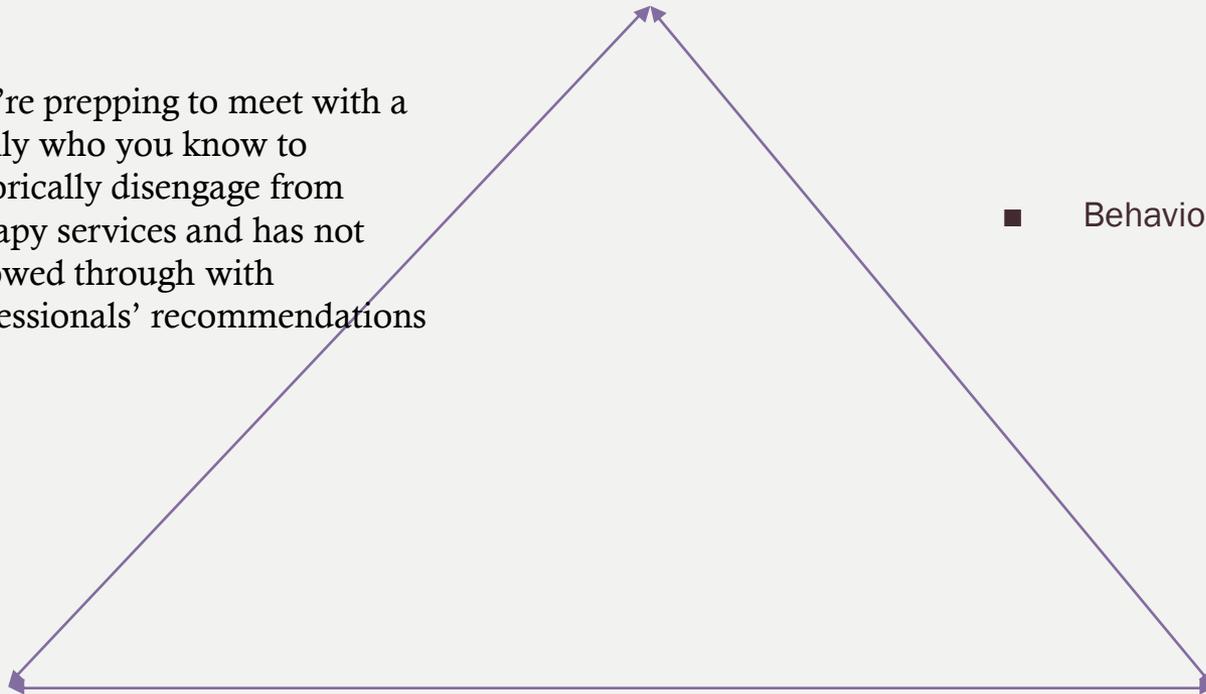


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■ Behaviors

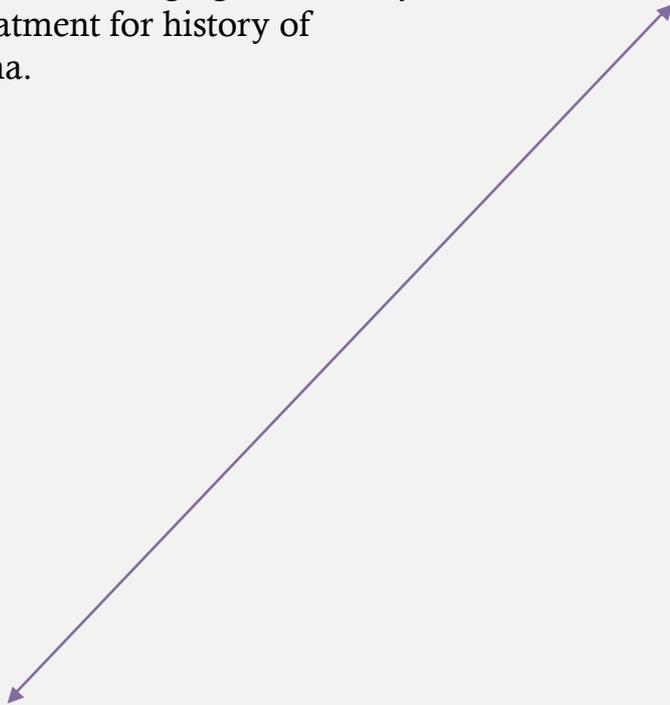


Ourselves

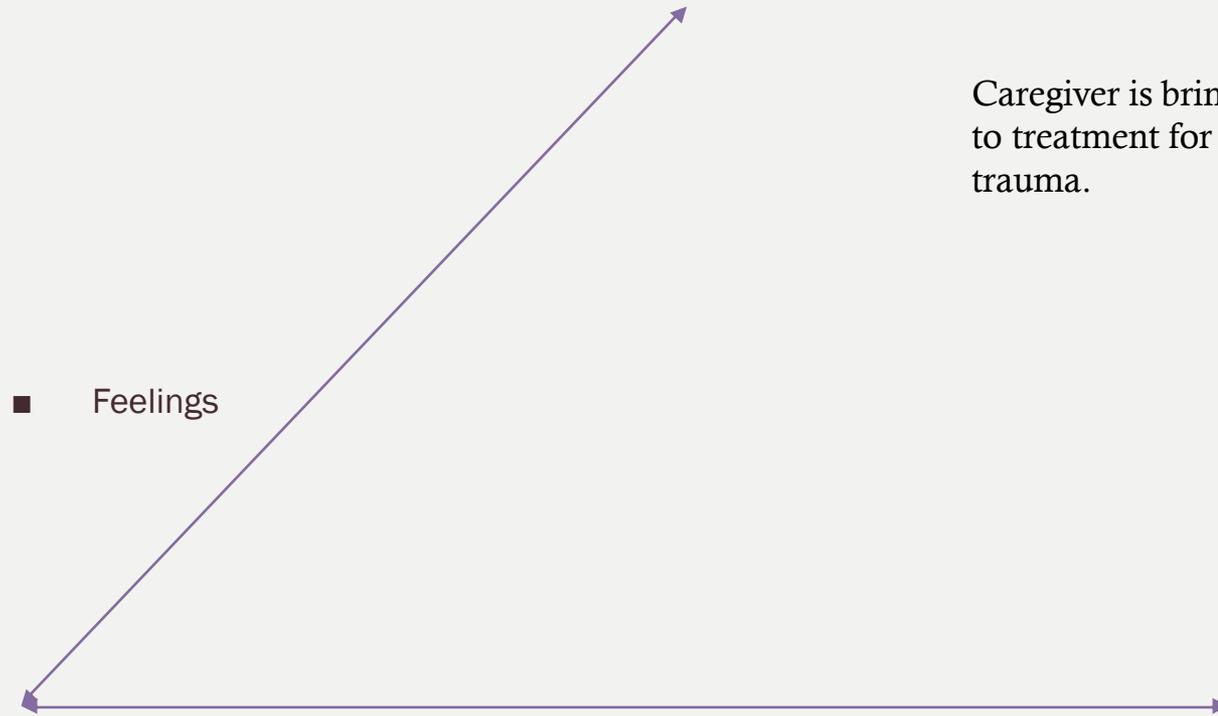
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Caregiver is bringing their family to treatment for history of trauma.

- Thoughts



Walk with me on this...

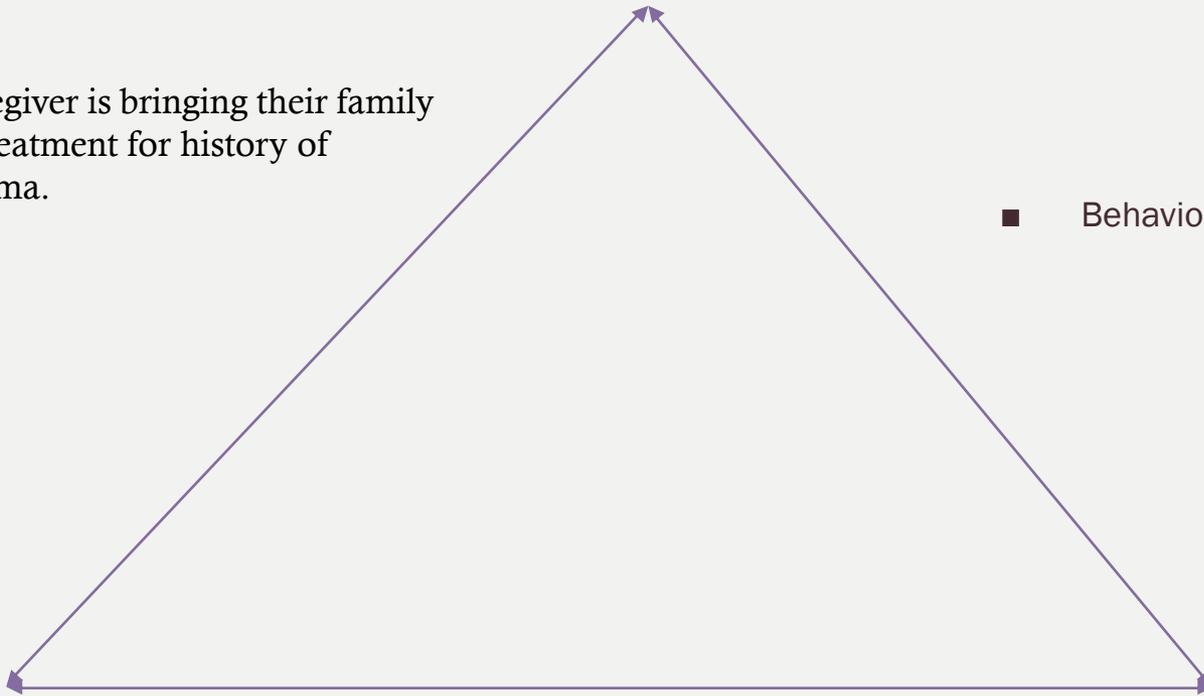


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Walk with me on this...

Caregiver is bringing their family to treatment for history of trauma.

■ Behaviors



Caregiver

First stop—caregiver buy-in

- How has parenting been affected by traumatic events
- Engagement of caregivers to commit to reducing trauma symptoms by providing safety, structure, and consistency to increase positive behavior while reducing negative behavior.

MI Strategy: Weighing Pros and Cons

Pros of Staying the Same	Cons of Changing
Cons of Staying the Same	Pros of Changing

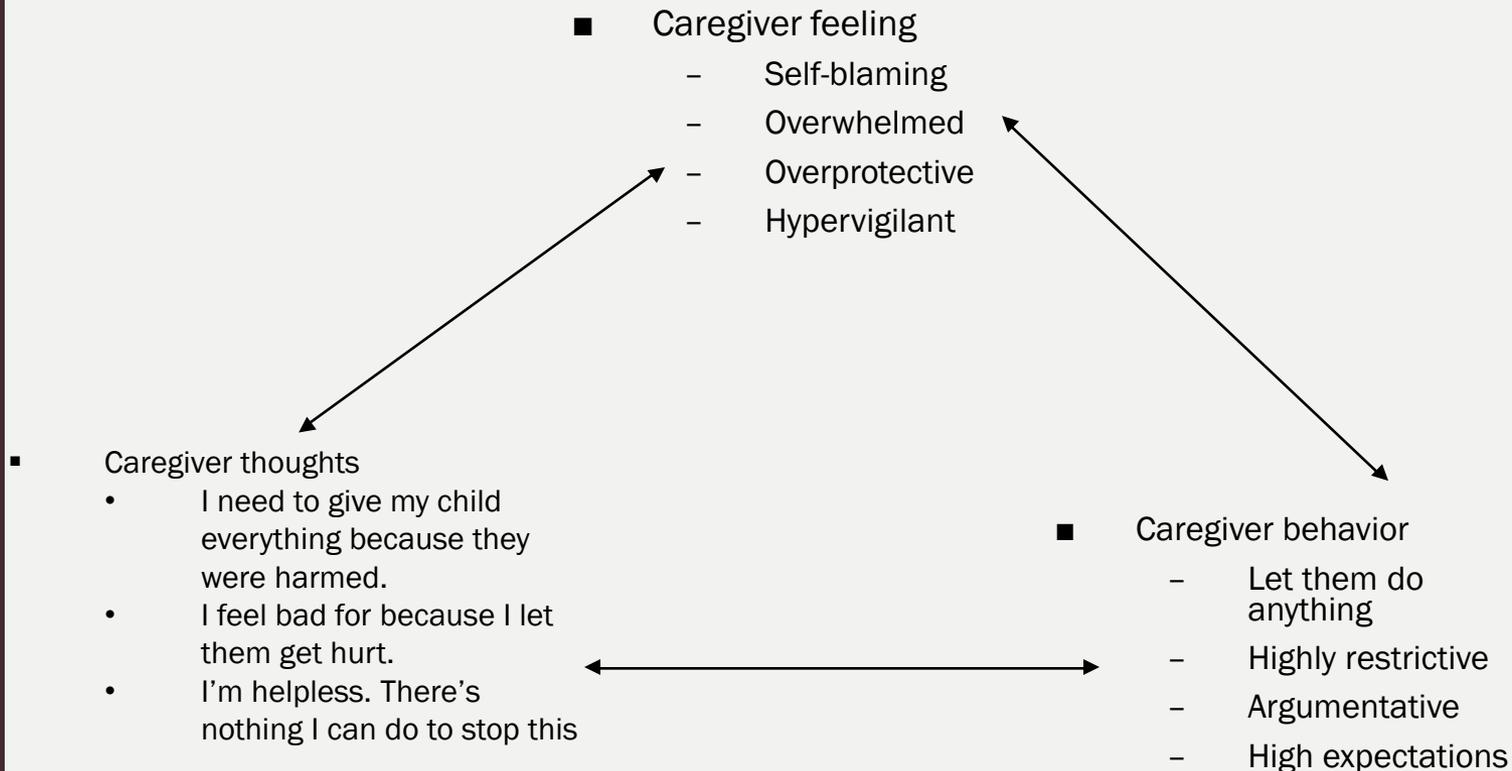
- Channel Carl Rogers: Walk in their shoes; understand them
- Reflections amplifying points, reframe information
- Evocative questions

Okay, they're engaged—now what?

- Are you meeting with them every session?
- Can we get them on the phone?
- Separate session just for caregiver?
 - *Might decide this is necessary throughout treatment*
- Are you relying on your system support?

When?

- Caregiver should have exposure to every phase of treatment
 - *Remember your how*



When?

- Timing within the model
 - *P*
 - *R*
 - *A*
 - *C*
 - *T*
 - *I*
 - *C*
 - *E*

- Timing with the session
 - *Child alone*
 - *Caregiver alone*
 - *Conjoint*

What are we readying caregivers for?

What is our end goal?

Maybe it depends? But how do we structure to fit for each family?

Where?

- Inpatient?
- Outpatient?
- School-based?
- Home-based?

Case Examples

The “What” does caregiver involvement look like throughout treatment?

■ Assessment

- *Involved throughout; should provide significant amount of information used to make clinical decisions*
- *Does this change for inpatient? Shelter?*

■ Psychoeducation

- *What does their knowledge of trauma look like at this phase in treatment?*
- *Normalizing, validating, learning with their child*
- *Helping to develop accurate/helpful understanding of trauma and its impacts*

Case Examples

The “What” does caregiver involvement look like throughout treatment?

■ Parenting

- *See webinars on parenting imbued throughout TF-CBT*
- *Age appropriate*
- *POSITIVE REINFORCEMENT*
- *Benefit of positive relationship*
- *When to implement discipline strategies?*

■ Affect Modulation

- *Caregivers always great at this piece?*
- *Help them through teaching their children*
 - *Not a trick, but kinda*

Case Examples

The “What” does caregiver involvement look like throughout treatment?

■ Cognitive Coping

- *Cognitive triangle*
- *This will often begin cognitive processing for caregivers*
 - How are they communicating to their children about trauma because of their own thoughts related to trauma?

■ Trauma Narrative

- *Gradual exposure for caregivers*
- *DO NOT spring narrative on caregiver at conjoint*
- *Remember their own histories and needs—give them space to hear these experiences without their child present*
- *What if they have not been involved up to this point?*

Case Examples

The “What” does caregiver involvement look like throughout treatment?

- In vivo
 - *NEED caregiver buy-in for this to work*
 - *You will work with caregiver to develop this structure / process*
 - *A lot of outside of therapy work (potentially)*
- Cognitive Processing
 - *You are probably doing this throughout treatment with the caregiver (see: cognitive coping)*
- Conjoint
 - *Caregiver should be primary source of support here*
 - *Red, green, yellow parent (remember this?)*
- Enhancing Safety
 - *Want caregiver to have same knowledge as child*
 - *From here on out caregiver will help support child with safety and application of learned skills*

THANK YOU!

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