

# Oh Parent, Where Art Thou?: Engaging Caregivers in the TF-CBT Process

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## 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."



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## 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?)



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### 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




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### 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.
- Improvements in attendance, completion of treatment
  - 50% fewer no-show to 1<sup>st</sup> appt
  - 24% fewer treatment drop-out




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### 4 Critical 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.
- Focus on immediate, practical concerns...
  - Parents often need help negotiating with other "systems" (i.e. school).
  - Responding to parents concerns provide an opportunity for worker to demonstrate their commitment and potential capacity for help.
- Identify and problem-solve around barriers to help seeking
  - Every first interview must explore potential barriers to obtaining ongoing services
  - Specific obstacles, such as time and transportation must be addressed.
  - Other types of barriers include previous negative experiences with helping professionals; discouragement by others to seek professional help; differences in race or ethnicity between the interviewer and the client; families' experiences with racism and its impact on their willingness to receive services from a "system" need to be carefully explored.




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### Step 1: 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

*TI: 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?*




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### 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'




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### 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?




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## 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



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## 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?"



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## 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!



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### 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




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### 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




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### Therapist Impact on Engagement

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




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