Family Alignment Initiative: Misalignment = Disengagement!

Caregiver Involvement Strategies

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• Brief review
• Roles for caregiver involvement & illustrations
  o Across diagnoses and developmental levels
• Key mechanisms of change
• Strategies for active caregiver involvement
  o Therapy process
  o Common elements of EBP for caregiver involvement
• Challenges
The Successful Process of Involving Caregivers

• Begins with the caregiver feeling respected and heard

• Reflective listening and validate the parent’s experience

• Acknowledge the struggle and recognize strengths

• Use reframing liberally to decrease blame, sense of failure, hopelessness
  – e.g., change self blame to regret

• Clarify goals and needs
  – Seek feedback on the match between caregiver expectations and services
  – Prioritize – helps keep focus and align treatment as issues arise in the work
  – Transparency in your evaluations

• Identify barriers and concerns, collaboratively problem solve
  – Discuss options/ideas – What does the parent think may help? What has worked before?

• Instill hope
  – Tap into hopes and dreams

• Use motivational interviewing strategies to respond to ambivalence, increase intention to participate

• Respect and incorporate caregiver perspective in the treatment plan

• Empower caregivers and foster self-efficacy

• Thank caregivers for attending as without their participation the child’s progress may be limited

(Stern et al., 2014)
What Do We Know About Caregiver Involvement?

- **Parenting matters**: positive caregiver-child interaction is a vital protective factor.
- Caregiver involvement has consistently been associated with improved child outcomes.
- Youth who receive caregiver-child interventions may improve more than those who receive individual child treatments.
- Family-level interventions, such as behavioral caregiver training, family skills training and family therapy can significantly improve child outcomes.
- Almost half of evidence-based treatments for youth include caregivers in sessions.
- Studies show that caregivers are often involved in sessions - however, only marginally:
  - Information gathering (e.g., assessment/evaluation)
  - Psychoeducation
  - Goal setting/reviewing
  - Child external care (e.g., referrals/use of other services)
  - Active caregiver-focused skill building strategies observed less than 25% of the time and with low intensity.

“Breadth but not depth”

Garland et al., 2010,

What Are The Current Caregiver Involvement Practices?

Caregiver Involvement as an evidence-based process

Active participation of caregivers in evidence-informed services geared towards addressing the needs of the child and family both within sessions and between sessions.

- In what ways do you currently involve caregivers as active participants in treatment?
- What are the challenges in involving caregivers in ongoing services?

Let’s chat!
We’re Engaged!

What’s Next?
Evidence-based treatment in child mental health

Family Centered

• Targets child/youth problems/disorders

• Anchored in empirical knowledge on the identified problem, child development, family processes and treatment outcome research

• Informed by research on change mechanisms and therapy process within and across models

• Increased links between family treatment process and outcome research

• Increasing attention to evidence-informed common elements /shared strategies

Lebow, 2005
Roles for Caregiver Involvement

Illustration 1: Child Anxiety Treatment
✓ Collaborator/Coach - assist child with skill acquisition/exposure tasks learn skills to manage their own anxiety; modelling; parenting style; behaviour management (continual reinforcement); problem solving; and effective communication skills, modify interaction patterns (Kendall, Furr, Podell, 2010 in Weisz & Kazdin)

Illustration 2: Child Disruptive Behavior Treatment
✓ Collaborator/Co-therapist – essential for change; parenting skills; strengthen relationships; modify maladaptive family interactions

Illustration 3: Adolescent Externalizing Disorders Treatment
✓ Family based, relationally focused, collaborative – improve family relationships and those between the family and key systems that influence youth, target maladaptive family interaction and multisystemic risk and protective factors

Caregivers at all times have an important role in monitoring progress and providing feedback
Key Mechanisms of Change

• Shifting parenting
• Strengthening parenting skills and the caregiver-child relationship
• Modifying coercive and maladaptive interactions
• Improve interactional and behavioral competencies
• Repair attachment, reconnect family members
Understanding and Shifting Interaction Patterns
The Reinforcement Trap

Please clean up this mess.

I said clean it up!

Clean it up now!

Oh, stop your whining!
Coercive Cycle / Reinforcement Trap

Parent directs

Child reacts

Parent reinforces arguing

Child argues

Parent increases demand

Child refuses

Parent directs
Child Disruptive Behavior: Caregiver Involvement Targets*

- Clinical strategy (therapeutic content & treatment methods)
  - Psychoeducation
  - Establishing and reviewing goals
  - Parent-child relationship, quality time
  - Positive reinforcement
  - Limit setting/discipline
  - Affect or anger management
  - Problem solving skills training
  - Modeling
  - Role play or practice
  - Assigning or reviewing homework

*Common practice elements of evidence-based treatments*
Anxiety Cycle

Mom tells Meg she has to go to school

Mom gives in and lets Meg stay home from school

Meg gets upset, whining and saying she feels sick

Mom escalates her response, with more whining/crying/shouting, may vomit

Mom attempts to comfort/reason/argue with Meg, saying she has to go to school
Child Anxiety: Caregiver Involvement Targets

- How to be a “coach” for their child
- Detective Thinking
- Stepladders (exposure, parent and child)
- Reducing attention for anxious behaviour
- Rewarding non anxious behaviour (brave behaviour)
- Modelling non anxious behaviour
- Increasing child’s independence
- Avoiding excessive reassurance
- Natural consequences
- Implementing consequences for aggressive behaviour (time out, removal of privileges)

Lyneham, H., Abbott, M., Wignall, A., & Rapee, R. Macquarie University Anxiety Research Unit, Australia
The Evidence: Caregiver Involvement in Treatment for Child Anxiety

• Parental involvement in treatment yields increased positive effects (Bogels & Phares, 2008; Marin, 2010).

• Reduces the rate of relapse as compared to individually focused CBT (Marin, 2010).

• Essential for “skill acquisition, reinforcement, generalization and long term maintenance” (Pahl & Barrett, 2010 in Weisz and Kazdin).
Understanding and Shifting Interaction Patterns

- Become Reflective
- Build Insight
- Instills Hope
- Increase Engagement
- Collaboratively Problem-Solve
- Build Skills
- Prepares caregivers for future interventions

Align with caregiver and child/youth goals

Example diagrams at:
http://www.ctacny.com/family-alignment.html
Using Interaction Cycles with Caregivers

• **Goal:**
  o To identify patterns of interaction between caregiver(s) and child that results in worsening behavior in children and loss of control in caregiver(s).

• **The How:**
  o Have caregiver(s) identify a common occurring situation in which problem behavior arises and use the boxes or circles in one of the *Interaction Cycle* diagrams to map out the interactions that take place in the situation.

  o Track sequences, ABCs, what leads up to the concerning behavior, what does he/she do, what happens next, and so on ... how each interaction influences one another.

Begin to collaboratively problem-solve:

1. Can ask caregiver(s) to identify interactions in the cycle that they feel don’t work or evokes a negative response.

2. Ask to identify alternative interactions they feel may produce a more positive outcome.

3. Info obtained in identifying an interaction cycle can be used to develop a homework task.

• Give prompts, ideas as needed.

Example diagrams at: http://www.ctacny.com/family-alignment.html

Adapted from:
Benoit-Leach, Greenberg, Kane, Lowe, & Sanders, 2014.
Adolescent Externalizing Disorders

Changes in Caregivers’ Role During Adolescent Years

- Less emphasis on control, more emphasis on influence
- Old skills shift in how they should be applied developmentally
- New skills required to deal with teens’ challenges to rules and increasing autonomy
- Surveys indicate that teens continue to look to parents for advice and support
  - Caregivers as a resource

Key Caregiver Practices with Adolescents & Treatment Focus

- Clear rules
- Consistent appropriate consequences
- Parental monitoring
- Problem-solving and communication skills

Treatment

- Includes youth & caregivers in varying combinations
- Family and relationally focused
- Emphasizes communication, problem-solving (family conflict management) and monitoring
- Parenting skills as part of multi-component treatment with severe youth problems

Adapted from Foster, 2000
Strategies to Deepen Caregiver Involvement

- Therapy Process
- Caregiver Common Elements of Evidence-Based Treatment
  - Core Methods
Therapy Process
(Beginning, Middle, Ending Treatment Phases)

- Engagement, joining, therapeutic alliances (balanced)

- Reduce within session negativity and blaming
  - Reframing most powerful tool - use freely

- Develop a shared positive relational focus
  - Opens the door to increased family bonding and hope

- Increase within family alliance in early sessions, especially with families of adolescents

- Treatment is phasic: During early stages of engagement structuring (ground rules, teach, advise for behavior change) leads to negativity

- Manage in-session process, keep treatment on track and moving forward
The Dilemma: How does the therapist talk to caregivers so they feel respected and not blamed when involving them in treatment as essential to child change?
Therapy Process: Strengthening Parenting Skills (Middle Phase)

I’ve tried that before....Nothing gets through to him...I can’t

• Studies show therapist “teach” behavior or confrontation increases caregiver disengagement

• What Helps?

• Focus on eliciting behavior rather than teaching
• Coach, not “teach”
• Reframe and support
• “Struggle and work through”
• Role playing to minimize “teaching” behavior
Core Treatment Methods

• Psychoeducation
• Modelling
• Role Plays
• Problem-solving
• Tasks Between Sessions
Working with Parents who have Children with Conduct Disorders

USE ROLE PLAY TO ENHANCE TEACHING

(Webster-Stratton & Hebert, 1994)
Poll Question

• How often do you do role plays with caregivers in treatment?
  – Frequently
  – Some of the time
  – Occasionally
  – Not at all
Let’s chat!

• If you do role plays with caregivers, please share:
  o Successes
  o When you do role plays, what are the challenges for you?

• If you have not done role plays with caregivers, please share your challenges.

• Please use the chat box
Challenges

• Role Play discomfort/reluctance
• Barriers
  – Anxiety
  – Self-consciousness
  – Parents did not think or experience them as useful
  – Childish
  – Prefer discussion
  – Cultural considerations
• Parallel process

...We weren’t so great at role plays and neither were the parents... They preferred to have discussion.”

Stern, et al., 2008

Role playing in supervision is a good strategy for enhancing practitioner skills and increasing confidence for involving caregivers.
Strategy: Role Plays

• Ways to involve caregivers
  ✓ Role play how to be a coach for your child
  ✓ Role play parenting skills
  ✓ Role play with parent and child together

• Setting up for success
  • Create real life role plays
  • Keep role plays brief
  • Use prompts and shaping

• Coach and reinforce during process for success, freeze to coach if stuck

• Debrief
  – Elicit caregiver self-reflection and foster self-efficacy
  – Praise successes and effort
  – Shape continued skill development with specific feedback

• Provide another opportunity to practice after feedback
Let’s Practice!

Praise Role Play

Jerry and Kara have established a strong therapeutic relationship and she has revealed that Jason often does not mind her and is showing some of the same behaviors at home that the school is concerned over. They have agreed to try using praise to strengthen his positive behaviors and the times he does listen to Jerry before addressing some of his negative behaviors.
Debrief

- What did you observe that went well?

- How would you debrief with Jerry? What feedback would you give her as the provider?

Please use the chat box
Strategy: Problem Solving Training

- Defining the problem

- Brainstorming (solution-listing)
  - Not evaluating while listing
  - Be creative

- Evaluation
  - Why would this be a good solution or not for your family?

- Planning and invite commitment to next steps

- Praise the family for working together to address a common problem and goal

- Celebrate small successes: Renegotiation is common

- Studies suggest it is the process that facilitates positive outcomes

(Forgatch, 1989; Foster, 2000; Granic et al., 2007; Stern, 1999; Stern & Azar, 1998)
Introduce problem solving in the behavior change phase
- Collaborative focus and within-family alliance is established
- Negativity has been minimized

Negative behavior, emotions -> poor problem solving outcomes

Coach communication skills first for highly disruptive families
[e.g., “I” statements, active listening (paraphrasing, checking, asking good questions)]

Keep the session light and fun

Frame as an “experiment”
Strategy: TASKS & Assigning Homework

• One of the essential tools to
  – Promote new skills and develop new competencies
  – Create new interactions and disrupt old patterns
  – Incorporate changes into the family for the long term

• Home practice tasks help to enhance sense of mastery, self-efficacy

• In session – e.g., direct “to do” in enactments

• Out of session – e.g., implement a new skill or problem-solving solution

• Studies show:
  o Low rate of assigning homework tasks in child clinics
  o Large % of caregivers did not endorse following therapist home recommendations

Fawley-King et al., 2012; Garland et al., 2010
Home Tasks: Setting up for success

• Setting up for success: Task creation
  – Link presenting problem to task
  – Align with child and caregiver goals
  – Link role plays and in session process to task

• Setting up for success: Implementation
  – Practice first in session
  – Collaboratively develop a plan for taking to home, community setting
  – Identify barriers and brainstorm solutions to overcome

• Setting up for success: Preparing for the best; for the worse
  – Monitoring task assignment
  – Tasks as diagnosis
  – Seeing tasks through
  – Reinforcing for efforts as well as accomplishments
Caregiver Involvement & Family Centered Practice: Key Messages

- Caregiver involvement is critical for shared decision-making and treatment planning that is evidence-informed and transparent.

- Allows caregivers to see family patterns that contribute to child difficulties and develop skills to create healthy communication and interactions.

- Caregivers are key for modelling, coaching, and reinforcing child behavior; setting limits & developmentally attuned consequences, family problem-solving.

- Supports caregivers learning coping skills/tools to facilitate homework and transfer change to the home and natural ecology.

- Family history/context is important for individualizing treatment.

- The involvement of caregivers and a family focus sets in motion systems change.
Your Turn!

• What is one thing you can start doing right away?

• Questions or comments?
Next Family Alignment Webinars in the Series

• View past webinars in the series and get checklists and resources at www.ctacny.com

• Next Core Area: Caregiver Involvement
  – Caregivers and Kinship Care
    • May 20, 2015 12PM-1PM
  – Consultation Webinar
    • June 10, 2015 12PM-1PM
Thank you for participating with us today!

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