

Conjoint TN Share: Preparing the Caregiver



STEPS
SUPERVISION TO ENHANCE
PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

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Remember approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapists rehearsing to provide feedback. After the rehearsal, provide feedback on strengths and needed improvements.

PROMPT FOR THERAPIST

Please show me how you would prepare the caregiver for a Conjoint Trauma Narrative (TN) sharing session. Let's assume your client finished the TN and you have already shared the TN with the caregiver, in meetings with just the caregiver, and the caregiver is no longer experiencing high distress hearing the TN.

SUPERVISOR INSTRUCTIONS

Play the caregiver and express any appropriate hesitations/concerns. Consider displaying one or more of the following, if appropriate for the case (e.g., becomes excessively apologetic, non-verbally shows discomfort or anger [crossed arms; angry/unhappy expression; becomes highly distressed [crying]).

EXPECTATIONS

- * **Ask about any concerns** thinking about the share
- * **Helps caregiver come up with praise and support statements to share with the child** during the TN (e.g., "I'm so proud of you for telling," "You have been very brave to talk about what happened" "I love you," etc.)
- * **Role plays sharing the TN** (therapist in role of child) pausing for caregiver to use reflective listening and praise/support statements
- * **Gives feedback to the caregiver on the role play** (includes some praise as well as attention to any unhelpful parent responses/behavior)

FEEDBACK

Strengths (Adherence & Skill)	
Areas to Improve (Adherence & Skill)	

OTHER TOPICS OR COMMON CHALLENGES YOU MIGHT WANT TO DISCUSS WITH THE CLINICIAN...

- Has therapist prepared the child? How does child want the session to go? (who reads the TN, snacks, eye contact, who sits where)
- Are there sections the caregiver still cannot tolerate listening to without substantial distress or doesn't believe happened? Can the child share only PART of the TN? How would this be set up?
- What skills can the caregiver use while the child shares the TN if still experiencing normal/appropriate distress?
 - ♦ What coping skills might help?
 - ♦ What could the caregiver say so that the child doesn't stop sharing/feel they are upsetting the caregiver?
- What questions does the child still have for the caregiver (if any) and can the caregiver be prepped in advance to answer these questions during the share?