

Engagement: Reluctant Parent



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 with the clinician. 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

It is the first session and you have just described to the child's caregiver what TF-CBT will entail (including active caregiver involvement and talking about the traumatic events the child has been through. You can tell by the caregiver's expression, body posture, and statements that s/he is unsure about TF-CBT/this approach. Please show me how you would address any caregiver reservations.

SUPERVISOR INSTRUCTIONS

You are a caregiver who is uncertain about treatment for the following reasons:

- **You were not expecting to have to participate in treatment yourself,**
- **You are skeptical that "therapy" can help**
- **You prefer to "leave the past in the past" rather than you/child discuss what happened.**

DO respond to good efforts on the therapist's part. One goal is to demonstrate that direct conversations about a caregiver's reservations can be productive and helpful.

All issues may not be resolved in 5-10 minutes, so stop the role-play at your discretion after a minimum of 5 minutes have elapsed.

EXPECTATIONS

- * Therapist **provides an opportunity for/invites** caregiver to share hesitations ("What are your thoughts about...?" "You look unsure about something...")
- * Therapist **directly acknowledges/normalizes caregiver concerns/hesitations.**
 - Normalizes concerns as reasonable/understandable ("Many parents ask me that..." "It is normal to want to protect your child from distress..." "Good question..." "I can understand your hesitation...")
- * Therapist attempts to **address caregiver concerns/engage caregiver** in TF-CBT.
 - **Provides corrective information or convincing rationale** for treatment ("This treatment is different from what you may have experienced before..." "By talking about what happened, we can..." "This treatment has evidence that it works...")
 - **Identifies and ties parent's goals to TF-CBT:** "You mentioned you're worried how this could affect her later relationships...", "...These are exactly the things treatment can help you with.")
 - **Refers to assessment results** ("Your son's answers on the CPSS suggest he does continue to think about the car accident and worries a lot about it happening again...")
 - **Suggests a "trial period"** for caregiver to see what they think of therapy
 - **Uses Motivational Interviewing strategies** (notices and acknowledges "change talk")

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

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

- What factors might interfere with engagement or participation for this case, in the clinician's view?
- Is the parent bought into treatment?
- Are there other parents/caregivers that could/should be included in treatment?