Practice Guide

Engagement with Caregiver

Use This When:

At the beginning of treatment to understand and address barriers to treatment to improve participation.



- Objectives:to begin to establish rapport with the parent
 - to elicit the parent's perspective regarding the child's main challenges and goals for improvement
 - to identify and reduce practical and psychological barriers to participation
 - for parent to understand basic information about the treatment

Steps:	
Explain rationale	Let the parent know you will spend today's session discussing the parent's reasons for seeking treatment for the child, establishing treatment goals, discussing the current treatment program, and working together to reduce obstacles that might get in the way of treatment.
Discuss challenges and goals	 Elicit from the parent: The child's <i>problems/challenges</i>. Convey an attitude of empathy and support. Focus on priorities if there are many issues (e.g., "What are the three biggest challenges for your child right now?"). The parent's <i>goals</i> for treatment. Develop behavioral goals related to each problem and identify middle steps for difficult goals (e.g., "What signs would tell us that your child is making progress?").
Review, clarify, and validate	Summarize and clarify what appear to be the child's main challenges and your understanding of the parent's goals for seeking treatment. Express empathy for the parent's concerns. Point out the parent's strengths in coping with the child's challenges. Acknowledge that the parent is a caring adult who is the "true expert" about the child, and as such, the parent will play an invaluable role in the treatment process.
Discuss prior experiences	Ask the parent about treatment approaches that have worked well for the family in the past and what approaches have been less helpful. Encourage the parent to express concerns about the usefulness and demands of treatment, agency procedures, and the therapy process (e.g., "Did [services] make a difference for your child?" and "Did you feel like the provider understood your perspective?"). Notice parent perceptions that may impact treatment.
Clarify expectations	Paint a picture of how you anticipate treatment will progress. Describe whether you will spend more time with the child, the parent, or everyone together. Try to identify and address any misperceptions that could cause problems later.
Describe your role	 Explain that your role will be like that of a coach and that you will: Make sure practice is aimed at the family's specific goals. Ensure that practice is not too hard or too easy. Plan, supervise, troubleshoot, and give feedback about new skills. Address obstacles that interfere with learning or using those skills.
Describe parent's role	Emphasize that you will work together to figure out which skills work best for the child. Explain that children do better when their parents participate in treatment.

Steps:	
Ask for parent's perspective and if needed, address concerns	 Get the parent's perspective about your description of treatment. If the parent appears concerned about participating, express empathy and explain: Parents are the most influential people in the child's life. The child might spend, at most, 1 hour per week with the therapist, but <i>many more</i> hours at home or school. So, most of the opportunities for the child to learn will happen at home and in other places where the child lives his or her everyday life.
Discuss attendance and barriers to treatment	 Emphasize the importance of regular attendance and practice of skills. Make a list of <i>barriers to treatment</i> (e.g., parental stress, time commitment, transportation issues) in a way that conveys empathy (e.g., "Sometimes things come up that make it hard for families to participate in treatment on a regular basis. What could get in the way of you meeting with me regularly?").
Develop a plan for addressing barriers	 Write out at least two potential solutions for each barrier. Identify what the parent can do ahead of time to carry out each solution easily. Have parents keep a copy of the list.
Elicit a commitment	 Based on what you can discern about the parent's concerns, elicit a commitment to the next steps of treatment. For example: schedule the next appointment with a parent who expresses enthusiasm for treatment. schedule a follow-up phone call to discuss and answer questions about treatment with a parent who seems resistant to treatment. Thank the parent for their participation and express enthusiasm at the prospect of working together.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Avoid suggesting that the family is "not interested" in the child's progress. Instead, describe that treatment must be an important goal for the parent using the words "high priority."
- For parents who seem concerned about committing time to therapy, ask them to consider how much time and energy they currently spend engaged in their child's problem. Let them know that this approach will take time now to save them time later.
- Adding pre-session supports, such as reminder phone calls or check-ins, can also help with engagement.
- Engagement strategies should be continued throughout the application of any later skills covered together. For example, in later meetings designed to introduce new skills, it can be helpful to have a regular check-in regarding barriers or to end those meetings with a positive activity or conversation.

Practice Guide

Engagement with Child

Use This When:

To facilitate the child's active participation in therapy



Objectives:

- To develop the child's power and efficacy with regard to treatment decisions and outcomes
- To build strong collaborative relationships with the child and others in the child's support network to support the child's progress
- To enhance the child's understanding of therapy services and the roles of those involved
- To reduce barriers to active participation in services

Steps:	
Facilitate empowerment and efficacy	Provide as many age-appropriate opportunities for client choice and involvement in decision-making as possible (e.g., scheduling appointments, service planning, therapeutic activities, out-of-session practice). Praise participation at every level and reward even small steps towards progress.
Support access to services	 Create opportunities for therapeutic contact. Consider what factors are important so that the relevant participants can meet. For example: Location/Transportation: Will the child (and others) travel to you or will you travel to them? If they are traveling, consider providing bus tokens, bus route information, taxi vouchers, or other things that will facilitate their travel. If you are traveling to them, consider if it is feasible and therapeutically appropriate to meet them at their residence or whether an alternate location is preferable. Scheduling: What are the scheduling preferences of the child? What are the child's other time commitments? Provide flexible scheduling to accommodate the child's other obligations and preferences. Food: Will the therapeutic contact occur during mealtime? If so, provide food. Have snacks available at other times to help the child feel comfortable and to set a positive tone for the therapy session.
Provide proactive reminders	Between contacts, confirm the date, time, and location of your next therapeutic contact with the child (by phone, in person, texting, email, etc.). If the child is traveling to you, review the child's travel plan. If you are located at the same site as the child (e.g., school, residential facility), be sure that the child knows whether you will accompany the child to the meeting location or whether the child should plan on meeting you there.
Clarify the therapeutic process	 Ensure the child has developmentally appropriate information regarding treatment services. Use open-ended questions to elicit the child's views and provide additional information to correct any misinformation. Normalize the experience of receiving services. Purpose: in general, what will you and the child work on? (e.g., "Many children work with a counselor so they can [insert reason]. We're going to be working together to [describe purpose].") Roles: what are the roles and responsibilities of you and the child? (e.g., "Sometimes when we are learning new skills, one person is the teacher and the other person is the learner. When we work together, how does it sound if I am the teacher some of the time and then you are the teacher some of the time? I want to hear your opinions because you are the expert about your life and so it's important that you have a chance to say what you think.") Contact: How many times do you expect to meet with the child? How often will you meet and for how long?

Steps:	
Create a positive therapeutic relationship	Connect by learning more about the child's experiences and interests, or by engaging in enjoyable activities together. Convey through verbal and nonverbal means that you are a positive, trustworthy, and consistent source of support. Be mindful of the child's verbal and behavioral cues about his or her relational style. If the therapeutic relationship needs work, consider separate strategies for targeting rapport directly.
Build and engage a support network	Develop the child's support network. Involve people who are willing and able as team members to support the child's efforts in therapy.
Foster positive expectations	 Instill hope that therapy will bring about positive change. Normalize the experience (e.g., "This would be a challenging for anyone." "Lots of people have trouble with school/parents/peers.") Foster efficacy (e.g., "You'll learn skills to make it more likely that you'll be able to handle those situations effectively.") Tell success stories (e.g., "There was a 7th grade boy who often felt angry. [Insert more information]. In a short time, he was doing much better and it was because of his own efforts.") Emphasize collaboration and teamwork (e.g., "Together, we'll try new skills and learn what works best.")
Promote open discussion about barriers to treatment	 Identify factors that might get in the way of therapeutic contacts. Ask the child about previous services, particularly what worked well and what was less useful. Probe responses (e.g., "What made you stop seeing that counselor?") Normalize the experience of initial negative emotional reactions to services (e.g., "It's a common experience that children don't like coming to meetings or that they feel weird about it in some way.") Probe for and address concerns that children regularly voice, such as stigma, confidentiality, and cultural differences (e.g., "Often students feel concerned that [insert concern]. Is that a concern for you?")
Set the stage for successful out-of- session practice	 Create out-of-session practice as an extension of in-session practice so that the child understands what he or she is supposed to do. Provide a concrete framework (e.g., worksheet) to guide practice. Clarify expectations by having the child explain the assignment. Work through an example with the child. Have the child identify potential practice times and anything that might get in the way of practice. Resolve barriers to out of session practice. Identify natural reminders of practice in the environment (e.g., after child eats dinner, phone call from therapist). Identify individual in support network to help child with practice. Contact child between sessions to find out how practice is going and to address any barriers to practice. Review practice at the next session to show the child that you value his or her efforts. If practice! Consider larger incentives for participation if necessary.

Helpful Tips:

- This material can be covered in more than one session/meeting and can be revisited as you cover new material over the course of treatment
- Monitor important factors such as therapeutic alliance, satisfaction, treatment relevance, attendance, participation, and out of session practice to provide information about child engagement in services