



## CHILD-CAREGIVER CONJOINT WORK

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### Child-Caregiver Conjoint Work

#### *Goals:*

- ✧ *Improve parent-child communication: teach caregivers how to talk with children about emotionally arousing situations*
- ✧ *Increase warmth, bonding, and emotional security*
- ✧ *Teach the parent how to tolerate hearing about the traumatic event and talk about the event with the child in a direct, calm, and supportive\* manner*
- ✧ *Clarify any questions, misperceptions, confusion, or unpleasant feelings the child may have related to the traumatic event such as their parent's role (e.g., lack of protection, future safety plans) or family disruption*
- ✧ *Clarify the parent's protective role and responsibility*
- ✧ *Teach parents behavioral strategies to respond to children's emotion in a child-focused, emotion-focused way that supports children's socioemotional development and emotional security. These skills involve **Active Listening, Emotion Coaching, and Emotion Support.***

#### ***What is Active Listening?***

Parents follow their children's lead, show their children that they are listening and that they understand and accept them. These skills involve parents being aware of their own body language/nonverbal behavior (eye contact, posture, facial expressions, tone of voice) when talking with their children; using reflection (paraphrasing, repeating what children say); and, asking helpful questions to understand what their children are telling them. Parents focus the conversation on their children's feelings versus their own. They do not change the subject, bombard children with questions, or focus on rules/right and wrong. They also take note of what their children's body language is telling them.

#### ***What is Emotion Coaching?***

Parents learn skills to facilitate children's understanding of emotion as well as their ability to manage emotions in a healthy way. This involves helping

children to label their feelings, to understand the causes and consequences of their feelings, and encourage children's healthy coping. Parents try to help extend children's understanding of feelings in an empathic way (e.g., acknowledging mixed feelings, secondary feelings). This also involves parents modeling/teaching emotion identification and healthy coping strategies.

### ***What are Emotion Support Skills?***

Parents learn increase their use of support or "validation" of their children's emotions and decrease their use of invalidation. This helps children feel comfortable and secure, encouraging them to share more about their thoughts and feelings related to their daily experiences and their experience of traumatic events.

#### ***\*What does "Support" or "Validation" look like?***

- ✓ Parent praises the child
- ✓ Parent maintains focus on the child's feeling(s)
- ✓ Parent matches the child's affect
- ✓ Parent accepts and reflects the child's feelings
- ✓ Parent demonstrates empathy
  - ▶ lets the child know they understand the way they feel
  - ▶ takes the child's perspective
  - ▶ shows warmth and affection

✧ *Example-Parent says: "I can see why you felt scared" "I understand you felt I did not protect you"*

#### ***\*What does a "Non-supportive/Invalidating" response look like?***



✧ **Minimization:** Parent minimizes the importance, severity, or impact of the traumatic event on the child.

*E.g., "We didn't fight that much and you were hardly ever around to see it. It was only one time he did that and it wasn't that bad. It's over now so why don't you just forget about it?"*

✧ **Disbelief:** Parent makes statements communicating doubt or disbelief.

*E.g., "Did it really happen that way? I do not remember that. Are you sure? You didn't seem that scared when we argued. I know you said it happened all the time, but I don't get when, because I was at home most of the time."*

- ✧ **Blaming:** Parent directly or indirectly places blame or responsibility on the child.

*E.g., “If you would have told me earlier, I could have done something to help you. You should have trusted me! That would never of happened if you didn’t sneak out with your friends and go looking for trouble.”*

- ✧ **Critical statements & punishment:** Parent indirectly or directly criticizes the child or makes a punishing remark.

*E.g., “You had to talk back to him, didn’t you? You knew that would make him mad again...” “if you would have kept family business private, you wouldn’t have had to leave the home”*

- ✧ **Hanging out to dry: Child makes a significant disclosure and parent does not respond**

*E.g., Child: “I didn’t tell you what happened because I was scared you would get mad at me and think I caused it.*

*Parent: silence.*

*(See AFFECT Communication Training Module for more details on building parents’ emotion focused communication skills; Shipman & Fitzgerald, 2005; fitzgm@mus.edu)*

### ***How do I teach these skills to parents?***

The therapist teaches these communication skills throughout the course of TF-CBT therapy through a combination of didactics and role-plays in caregiver sessions and live, in session coaching in family sessions. Therapists serve as “coach” as the parent talks with their child about emotionally arousing events. The idea is to begin building parents’ communication skills around less emotionally arousing situations, during psychoeducation and skill building components (PRAC). The caregiver and the child are regularly brought together to interact, even if these conjoint interactions are very brief. This provides the caregiver with many opportunities to practice and generalize the skills. The therapist prepares the parent for conjoint sessions through regularly reviewing and practicing the skills, introducing increasingly difficult/arousing topics to discuss, and providing feedback regarding the parent’s mastery of these skills. It is important to highlight the parent’s strengths. Consistent with the gradual exposure approach, the therapist gradually introduces Trauma Narrative materials in parent sessions to prepare the caregiver for the conjoint Trauma Narrative session in which the child shares his/her narrative/piece of work.