Difficult to Engage, Easy to Judge: Helping Caregivers with Challenging Behaviors

Presentation by
Jenny Cianciolo, LCSW and Marissa Schnell, LPA, LCSW

OBJECTIVES

- Increase understanding of complex caregiver factors that make engagement difficult
- Develop strategies that engage and promote collaborative relationships with caregivers who exhibit challenging behaviors
- Increase awareness of how one's own thoughts and emotional responses to complicated caregivers can impact engagement

Being a caregiver is hard work...
Caregiver support is one of the strongest factors that influences a child's recovery from trauma (Cohen, Deblinger, &绿色, 1997).

- A caregiver you thought was easy to work with
- A caregiver you thought was challenging to work with

**Small Group Activity**

**Challenging Caregiver Factors**

- Denial of the Abuse
- Enmeshed and Disengaged Relationships
- Loyalty Conflicts
- High Anxiety
- Extreme Anger
**Denial of the Abuse**

*Definition:* Natural defense to protect one from reality: grief can overwhelm and might render one unable to function.

- Data suggests that the majority of NOC mothers believe at least some part of their child's allegations regardless of whether the abuse was intra-familial or extra-familial.
- A substantial number of parents disbelieve some, or all, of the allegation.
- Ambiguity often surrounds the alleged incident

*NOC = Non-offending caregiver*

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**Loyalty Conflicts**

*Definition:* What a caregiver of an abused child experiences when they have an alliance to the child and the person who harmed the child

*Problematic Loyalty Conflicts:* When a caregiver exhibits behaviors that could negatively impact the physical or emotional safety of their child or their ability to support child because of their connection to the person who harmed the child.
Denial and Loyalty Conflicts: How This Presents to Professionals

• Caregiver appears overwhelmed, confused, and withdrawn
• Caregiver has difficulty accepting the AP is the offender
• Caregiver suggests their child may have “misunderstood” what happened or “is lying.”
• Uncooperative with investigation and interventions
• The child may recant or minimize the abuse after caregiver presents as non-believing

*AP = Alleged Perpetrator

Denial and Loyalty Conflicts: How It Can Present To Professionals

• Caregiver denies or minimizes the child’s disclosure and needs “She seems fine so maybe what he did was not that bad”
• Caregiver concerned about consequences and needs of AP
• Caregiver highly emotionally distressed and having trouble emotionally supporting their child
• Caregiver colludes with the AP to hide or destroy evidence
• Caregiver concerned about family staying intact or reuniting despite potential risks (e.g., pushing child to forgive or communicate with AP)

Denial of the Abuse

• Given the traumatic impact of an abuse disclosure, a degree of initial disbelief or denial is likely, and sometimes appropriate
• Initial reactions of caregivers often does not predict their subsequent response—responses are not fixed and change over time (Smith & Cohen, 2004)
• Belief is a strong predictor of maternal protectiveness following disclosure of abuse, however belief does not necessarily ensure support or protection, especially if the perpetrator is the mother’s partner. (Heriot, 1996).
Why Do Some Caregivers Respond with Denial/Disbelief?

- Some NOC's have had previous unpleasant experiences with various agencies and law enforcement and thus are suspicious and resentful - view the “system” as oppressive.
- Before getting over the shock, have urgent tasks to perform (e.g., call law enforcement, go to the hospital, find new housing).
- Cultural beliefs about abuse may be different than our country’s laws.

Research About Believing (Bolen, Dessel, & Sutter, 2015)

Small study but interesting findings

- In research study, the NOC’s did not talk as much about if they “did or did not believe” the child’s disclosure as they did about the “evidence supporting or not supporting” the disclosure.
- Supports “decision making” rather than “belief” terminology to reflect the process NOC’s go through in determining how much they believed the abuse had occurred.

Factors That Could Contribute to Greater or Lesser Belief (Bolen, Dessel, & Sutter, 2015)

- Preconceptions of abuse
- Perception that the circumstances of the abuse defy belief
- Wanting the disclosure to be untrue
- The person who provided the information about the disclosure
- The relationship of the AP to the NOC
I miss him so much! I still love him! I want to understand what happened.

I hate him! We are not speaking right now. I want to kill him!

If you were told today that your partner, child, best friend, or sibling sexually abused someone you loved how would you respond?

- Would you believe it right away?
- How would you feel?
- What would you think about?
- What would be the first thing you would want to do?

What Caregivers are Experiencing when They Find out A Loved One Abused Their Child

- Shock
- Loss of Future Plans
- Loss of Material Resources
- Feelings of Powerlessness
- Fear and Hurt
- Loss of Safety
- Embarrassment
- Shame and Guilt
- Grief/Loss of Relationship
- Threats to Their Beliefs About Themselves as a Parent and to their Self-Worth

Many caregiver behaviors that seem challenging or unsupportive have a survival intent.
The Right to Grieve...

The Right to Grieve...

Extreme Anger

Extreme Anger: How it Can Present to Professionals

- Children focused on not upsetting the caregiver
- Blank or hostile stare or no eye contact
- Challenges with emotional closeness
- More punitive
- Uncooperative with professionals
- Irritable towards child
- Very focused on their own needs and/or justice over child’s needs
- Poor engagement with child
- No/low empathy
Extreme Anger: What is Behind It

- A desire/need for justice
- Anger at the professionals and system
- Feeling judged by one or all agencies they work with
- Fear of being stigmatized
- Caregiver has trauma history and was triggered
- Trauma history-no justice or not believed
- Caregiver has an angry coping style

Caregivers with High Anxiety

The Intersection of Anxiety and Trauma

Caregivers with High Anxiety: How it Can Present to Professionals

- High needs for control
  - Significantly limiting child and family's activities after the trauma
  - Excessive calling and questioning
  - Excessive anticipation of problems
  - Overprotecting
- Presents as fearful and worried-Sometimes turns into anger
- Avoidant coping styles
Caregivers with High Anxiety: How it Can Present to Professionals

- Reassurance seeking
- High dependency on others/Requiring other people (e.g., family members, school, professionals) to accommodate anxiety
- Fears about leaving the house and/or going to certain places

Enmeshed Relationships

Enmeshed relationships have also been called "Emotional Incest Syndrome"

Enmeshed dynamics in caregiver-child relationships is evidenced by:
1. Boundaries are unclear
2. Caregiver is using the child to satisfy needs that should be satisfied by other adults
3. Caregiver is ignoring many of the child's needs
### Enmeshed Relationships: How the Caregiver Presents to Professionals

<table>
<thead>
<tr>
<th>Enmeshed Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly emotionally distressed</td>
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<tr>
<td>Needs more support/comforting than their child</td>
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<tr>
<td>Projects their own emotions/fears onto the child</td>
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<tr>
<td>Child caring for or comforting the caregiver</td>
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<tr>
<td>Caregiver has few, if any, adult emotional support systems</td>
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**28**

**29**

**30**
Indications of an Overly Close Parent-Child Bond

- Child feels closer to one caregiver than the other
- Child is a source of emotional support for their caregiver
- Caregiver is “best friends” with child
- Caregiver shares confidences with the child

Indications of an Overly Close Parent-Child Bond

- Child is given special gifts, attention, or privileges from a caregiver
- Child feels guilty when spending time away from caregiver
- Caregiver thinks child is better company than his/her partner
- Child has impression caregiver does not want them to have friendship/romantic relationships outside the family

Disengaged Relationships
Disengaged Relationships

What is this?

• Often unavailable to meet their children’s emotional needs
• Indifferent, dismissive, neglectful, or lack of warmth
• Lack of awareness of child’s ongoing experience
• Inattention, distraction, diminished reactivity
• Creates damage by what they “didn’t do”

Psychological neglect has been variously characterized as involving chronic rejection, ignoring or overlooking the child’s needs, under-stimulation, emotional non-responsiveness, and denying or withholding emotional support or love. (Hart et al., 2002).

Disengaged Relationships: How it Presents to Professionals

• Caregiver appears depressed or withdrawn
• Caregiver is inattentive to child in waiting room, busy with own activities
• Caregiver has difficulty identifying child symptoms related to emotions, thoughts and feelings
• Caregiver focuses on child’s need to “move on,” “get over it”

• Caregiver shows lack of emotional response or support to child
• Caregiver corrects, disciplines without nurturing—appears cold
• Caregiver presents stoic and highly controlled, has difficulty showing emotion
• Caregiver unknowledgeable about child’s social interaction/school progress/social media activity/friends
• Child is not seeking comfort or support from parent
Characteristics of Disengaged Relationships

- Inconsistent parenting – sometimes wise, sometimes unreasonable.
- Communication challenges - If child is upset, parent says something superficial and unhelpful or gets angry and sarcastic.
- Conversations are mostly centered on caregiver's interests.
- Caregiver tends to be a black-and-white thinker, un receptive to new ideas.
- High level of stress in caregiver’s life

How Challenging Caregiver Factors Can Impact the Child’s Needs

**Emotional Impact**

- Child might not receive the emotional support they need
- Child could feel responsible for their caregiver's feelings
- Child could feel anxious about getting caregiver in trouble
- Emotional distress could lead to behavioral problems
- Child might not have caregiver support in treatment
- Child could develop dependency problems and/or avoidant coping styles
- Child could experience low self-confidence and feelings of worthlessness

**Safety Impact**

- Child could be at increased risk for re-victimization by alleged perpetrator
- Child could be at risk of out-of-home placement
- Child and family might not get the services/resources they need
- Child may seek comfort, affection, and support outside of the family
How Challenging Caregiver Factors Can Impact Trauma Professionals

- Caregiver could miss important appointments or decline needed services
- Child could recant their disclosure or be unwilling to give important information to professionals
- Caregiver might be unwilling or feel they are unable to participate in child's treatment
- Caregiver could influence their child's belief systems and response to trauma professionals
- Caregiver behaviors could impact the trauma professionals emotionally

Our Emotional Response To The Client

- Unreasonable dislike for the caregiver
- Inability to empathize with the caregiver
- An overemotional reaction to the caregiver's anger
- Defensiveness or vulnerability to the caregiver's criticism
- Discomfort with the caregiver; dread of sessions/interactions

Helper Emotional Activation
Helper Emotional Activation

- Preoccupation with the caregiver's behavior, including fantasizing about responses to the caregiver
- Difficulty in paying attention to the caregiver; mind wandering
- Excessive liking of the caregiver
- Over-concern about the confidential nature of the work with the caregiver
- Feeling impelled to do something active for the caregiver; like give advice or suggestions

Management Strategies to Avoid Emotional Activation

- Awareness of one's own internal experiences
- Detach emotionally while maintaining care/respect for the client
- Avoid developing expectations of the client
- Remain calm, objective & attentive despite client's presentation
- Avoid taking the client's behavior personal
Why Engagement with Caregivers is Important

- Increase caregiver’s support of their child
- Increase access to needed resources for family
- It could increase attendance and participation at appointments
- It could increase willingness to provide needed information to professionals working the case (e.g., detectives, social workers, therapists, medical staff)
- Your interaction with caregivers could influence their views about other professionals who can help them

Factors that Limit Engagement

- Ignoring problems that parents think are important
- Asking parents to do things they perceive will not help
- Lack of communication
- When caregivers feel judged or stigmatized
- Being too confrontational in the beginning
- Making assumptions/diagnosing without gathering data
What are your engagement superpowers?

Factors That Improve Engagement

- Consistent and Non-judgmental Communication
- Strengths Based Communication
- Understanding and Acknowledging Cultural Factors
- Including Caregivers in Planning Process
- Reducing Parent Stressors and Barriers

Cultural Competence and Engagement

- Cultural competence has a strong impact on engagement
- Engagement of minority populations in treatment is strongly related to a professional's willingness to learn about and accept how the client and their caregiver views and defines the problem
- The client and caregiver's definitions of a problem through a cultural lens needs to be utilized to shape interventions
How to Engage with Caregivers

- **Listen, Listen, Listen**
  - Be mindful of nonverbal communication and how you show the caregiver you are listening.
  - Learn about the situation from the caregivers perspective and consider factors that could be influencing the caregivers responses.

- **Make statements that show you understand their view of the situation**

- **Validate and empathize with the feelings of the caregiver**

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Caregivers with Denial/Minimization of the Abuse

- If caregiver appears to be in shock after learning about the abuse let them know this is a common and normal experience.

- Be cautious of judgement of caregiver’s immediate responses to learning of the abuse.

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Caregivers with Loyalty Conflicts

- Normalize the caregiver’s grief and loss.
- Discuss with them ways to manage their emotions while supporting and protecting their child.
- Help the caregiver access needed resources or connect them with people who can help them with this.
- Be very cautious about how you speak about the alleged perpetrator.
Engagement for Specific Challenging Factors

Caregivers with Enmeshed Relationships with Their Children

- Validate the value of a caregiver-child bond
- Recognize some of the caregiver's strengths in caring for their child
- Avoid trying to pull caregiver and child apart too quickly
- Reassure caregiver and child the client can participate independently

Caregivers with Disengaged Relationships with Their Children

- Tell them how important they are to their child
- Educate on their impact on the child healing from trauma
- Reinforce the caregiver’s desire for a close parent-child bond
- Use strengths-based communication

Caregivers with Intense Anger

- Identify what is at the root of the anger.
- Give permission to feel their anger
- Consider other emotions are underneath the anger and start there
- Empathize with emotions
Caregivers with High Anxiety

- Be patient and recognize the lack of control they are experiencing
- Normalize how the trauma is impacting them
- Be consistent in your communication with them (do what you say)
- Give them hope by letting them know most children and families heal from trauma with support and treatment
- Utilize clear, consistent boundaries with the parent

Engagement for Specific Challenging Factors

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