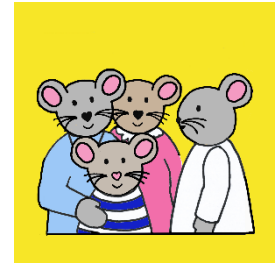


Assessment and Engagement

Use This:

After the family have
been allocated to the
MICE intervention.



Goals

- You will begin to establish rapport with the family
- The family will outline the main challenges and goals
- The family will understand basic information about the treatment
- The family will identify ways to address barriers to their active participation
- The family will understand the weekly measures

Materials

- **Understanding What's Going On** therapist handout and parent handout (p. 267)
- **What I would like the therapist to know...** parent handout
- **Setting Goals for Treatment** handout (p. 270)
- **What Can Help** handout (p. 272)
- **Thinking Ahead** worksheet (p. 273)
- **Challenges and Goals** interview (p. 271)
- **Weekly questionnaires** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

Who is present?

This will vary by age and type of problem but in general:

- Parents only if primarily behaviour problems
- Parents and young person if primarily anxiety or depression
- You may want to assess the young person separately from his/her parents if you sense that (s)he would be able to talk more freely alone.

⚡ If time is tight: Do what you can to make sure you have another session after this one.

Main steps

- | | |
|--|--|
| <input type="checkbox"/> Give What I would like the therapist to know handout | Introduce yourself to the parent and/or young person. Give the What I would like the therapist to know parent handout and ask the parent if they would like to complete the sheet before starting the assessment. |
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<input type="checkbox"/> Address Ground Rules	Before starting the assessment, discuss any “deal-breaker” policies in terms of confidentiality (i.e., that what is spoken is confidential unless a family member indicates possible harm to themselves or others) so that such procedures do not come as a surprise to parents later.
<input type="checkbox"/> Thank for completing the questionnaires	Thank the parent and/or young person for completing the pre-treatment questionnaires and the longer DAWBA questionnaire. Let them know that these questionnaires are not just for research but that they are really useful clinical measures to assess change over time.
<input type="checkbox"/> Set an Agenda	Remember to start by setting an agenda together.
Part 1 – Understanding the difficulties	
<input type="checkbox"/> Understanding what’s going on	During the assessment it would be useful to ask questions that will allow you to understand what is keeping the difficulties going and how the epilepsy, thoughts, feelings and behaviours fit together in an unhelpful vicious cycle. Such understanding is often referred to as a ‘formulation’. At the end of the assessment, it is helpful to complete a diagram of the role of epilepsy and thoughts, feelings and behaviour (see Understanding What’s Going On therapist handout for an example and complete using the blank parent handout) and discuss this with the patient. You can also refer back to this during treatment as you learn more about the difficulties and what is keeping them going.
<input type="checkbox"/> Conduct Challenges and Goals Interview	Administer the Challenges and Goals Interview, writing down those details that you think will be helpful for planning future work together. Convey an attitude of empathy, support, and interest. You may already have some of this information from the notes or referral, so focus on trying to get new information and establishing priorities. Make sure you understand the family situation in terms of who lives at home, parental relationship status, siblings or other issues based on the notes and clarify anything that you are unsure about. You may need to guide the family to organise the challenges into a list or to identify the greatest priorities if there are too many issues. If the family dwells on any one problem at length, let them know that you have noted that problem and would like to see if there is another to add to the list.
<input type="checkbox"/> Obtaining goals for treatment	Work with the parent and/or young person to try to identify 2-3 goals for treatment. When identifying goals, try to establish goals related to each of the challenges listed, and ensure that intermediate steps are identified for goals that might be difficult. Review the Setting Goals for Treatment handout with the young person/parent and use this as a guide when setting goals for treatment.

<input type="checkbox"/> Review and Clarify	Repeat back to the parent what appear to be the child’s main problems or challenges and your understanding of the parent’s goals for seeking services. Ask the parent to let you know which parts of your understanding seem right and which parts seem wrong.
<input type="checkbox"/> Validate the Parent	Emphasise to the parent that he or she provides the perspective of a caring adult who knows the child much better than you ever will and that they have coped incredibly well under the very challenging circumstances of their child’s epilepsy and other difficulties. Remind the parent of his or her invaluable role in the treatment process and the unique perspective he or she can bring. Acknowledge that the parent is the “true expert” on his or her child and that you therefore really depend on what he or she has to say.

Part 2 – The plan for treatment

<input type="checkbox"/> Check in about Prior Experiences	Check in with the parent about past experiences in treatment. Ask the parent what has worked well for his or her family in the past as well as what strategies were less helpful. Encourage the parent to express any general concerns he or she has about agency procedures or the therapy process. Try to become aware of parental perceptions that may favourably or unfavourably impact the course of treatment.
<input type="checkbox"/> Manage Expectations	Explain that during this treatment programme you will not be “talking it out” with the child and you will not be “searching for the root of the child’s behaviour or anxiety or mood problems.” In fact, in most cases, you will not even spend the majority of your time meeting with the child at all, because that is unlikely to provide the type of help that is needed unless the treatment is for depression or an older adolescent with anxiety.
<input type="checkbox"/> Discuss What Can Work	Point out that one approach known to be particularly helpful is to work primarily with a parent, focusing on specific skills known to be helpful in managing children’s behaviour and anxiety. Emphasise that you will (a) work together to establish or strengthen a number of powerful skills in the parent for increasing his or her child’s positive behaviour (or improve mood, or decrease anxiety), and (b) work together to figure out which specific skills work best.

Example script

One of our biggest goals in working together will be to give you a toolbox, or a set of skills to use when managing your child’s difficult. We’ll start by learning some new strategies or working with some of you may already know, and seeing how we can improve them. Then we will try to learn which ones work best with your child.

<input type="checkbox"/> Describe your role	<p>Explain that your job will not be to spend a lot of time with the child, nor to be a passive listener to the parent. Instead your role will be more like a coach. Explain that a coach's job is to:</p> <ul style="list-style-type: none"> • Make sure practice is aimed at specific goals (you will not ask parents to practise things that don't move them towards their goals) • Ensure that practice is not too hard or too easy (you will work to make sure that parent and child develop skills at an appropriate pace) • Maintain enthusiasm (coaches often give pep talks, and you will work to make sure that the parent stays motivated and interested, especially when times get challenging) <p>This is what you will do as a therapist: plan, organise, supervise, troubleshoot, and give feedback about new skills. If things get in the way of learning or using those skills, your job is to address those barriers.</p>
<input type="checkbox"/> Describe Parent's Role	<p>In most cases, telephone sessions will be with the parent. Explain that another important goal is for the parent to become the coach as quickly as possible. The parent will be asked to learn how to use these new tools and techniques with the child, and learn how to fix new problems that come up. As soon as a parent can start to take over, the therapist backs away a bit, providing support only when needed. Eventually, family members will be able to use all of their new skills and strategies without help and won't need the therapist anymore. Remind the parent that all this represents an active approach to treatment, and that children always do better when parents participate actively in treatment.</p>
<input type="checkbox"/> Cover the <i>What Can Help</i> Handout	<p>Go over the <i>What Can Help</i> handout together. Be sure to stop and answer questions as you go along. The parent/young person should be given this to take home.</p>
<input type="checkbox"/> Cover the <i>Thinking Ahead</i> Worksheet	<p>Next, complete the <i>Thinking Ahead</i> worksheet. Your goal is to identify any potential barriers to treatment participation and to identify corresponding solutions in advance. The parent should get a copy of the completed handout to take home.</p>
<input type="checkbox"/> Introduce <i>Weekly questionnaires</i>	<p>Introduce the parent to the <i>Weekly questionnaires</i>. Explain that research has shown that outcomes are better with weekly monitoring and the measures are tools to make a global rating of the child's difficulties and progress towards goals. Explain to the parent how the scales works (e.g., higher numbers represent progress towards goals), and ask the parent to use it to rate his or her difficulties under various circumstances. Let the parent know that in most cases, he or she will be asked for a rating of his or her child's difficulties at the beginning of each treatment session. Ratings will be used to guide discussion and to measure how the child's difficulties are changing.</p>

<input type="checkbox"/> Obtain a Rating	<i>If you have time and if you have clearly established goals, have the parent rate his or her child's difficulties for this week. Ask the parent what the number he or she chooses means, in order to be sure he or she understands.</i>
<input type="checkbox"/> Complete <i>Understanding What's Going On</i> handout	If you have time at the end of the assessment complete <i>Understanding What's Going On</i> handout and share with the parent/young person. Otherwise share it with them at the beginning of next session.
<input type="checkbox"/> Send the materials for the next session	Tell the young person/parent you will send the materials for the next session. Remind them that the materials <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <i>Weekly questionnaires</i> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> Answer Questions	Answer any questions at this time and thank the parent/young person for his or her participation.

Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to the child, or discussing an area of interest you have in common. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent's efforts and to convey support and encouragement.

Share with Child (if possible)

At the end of the session, if the child is available and has not been in the session, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> Review Concepts	Explain to the child that there will be some changes in communication in the family that are meant to be helpful for everyone. You can tell the child that for the time being, you will be working with his or her parent to help everyone in the family develop better ways to communicate with one another and to solve problems that might come up at home. Use this time to answer any questions that the child might have, and to indicate that you will be checking in with him or her each week after meeting with his or her parent.
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If the child has had a separate assessment, then ask for the child's consent to summarise what has been discussed with the parent.

Helpful Tips

- Some parents may be surprised at, or resistant to, the idea that you will be working mainly with them, expecting that you would mainly talk to the child. Such parents may perceive that the focus on parents implies that they are being blamed for their child's problems. Dealing with such concerns skilfully in the first meeting can go a long way toward ensuring that parents get engaged and continue to participate in treatment. Consider the following approaches:
 - One approach is to note that overcoming mental health problems is different from overcoming other problems. In the case of behaviour problems, experience over the past fifty years has shown that working with parents is especially effective. More recent research has shown parent-led CBT for anxiety to be as effective as traditional treatment for anxiety with the child. One reason may be that monitoring the child's behaviour and mood has to be done mostly at home and in other places where the child lives his or her everyday life – not in the therapist's office. Parents are the most important people in the child's life, and the most influential. The child might spend, at most, an hour per week with the therapist, but *many more* hours every week at home with parents. So it makes sense that most of the solution to conduct problems needs to be based at home, and with the parents.
 - Another point that can be helpful is to note that this particular child has special needs that require special steps. You might say: *"Suppose, for example, that you bought a car and you found that it wouldn't start if you just turned the key in the ignition. Instead, you have to turn the key while pushing a special button on the steering wheel and wiggling the gear stick. You could insist that the car should start when you turn the key, and you would be right. However, the reality is that for this particular car you have to do something special to make it work right. In a similar way, different children need different procedures to help them be their best. Your child may not be just the standard child who responds to standard good parenting procedures. Instead, special parenting procedures may be needed to help your child be his or her best. That's why so much of our time will be spent with just us together – working on those special procedures needed to help your child be his or her best."*
- Therapists should be careful when discussing commitment and motivation with families, so as to avoid suggesting that the family is "not interested" in the child's progress. Many families are motivated for their child to improve, but do not have much time or have limited resources. A better approach is to describe that treatment must be an important goal for the parent using the words "high priority" instead. Parents should be encouraged to inform their therapist if they are not finding enough time to practise outside of session, as well as to discuss any other difficulties they are having with treatment as such difficulties arise.
- For parents who seem resistant to committing time to therapy, ask them to consider how much time and energy they are currently spending engaged in conflict with their child, or managing the consequences of their child's misbehaviour or anxiety in school with peers. Let them know that this approach will take time now to save them time later.

How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?