

Congrats on Your Engagement!

*Using Social Psychology to Enhance Caregiver Buy-In in
PCIT*

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Learning Objectives

1. Identify possible reasons for caregiver disengagement / wariness
2. Describe several theories of Social Psychology
3. Apply these theories in practice to increase caregiver participation
4. Plan specific strategies to try out with your current caseload

Let's Put the 'Work' in 'Workshop'

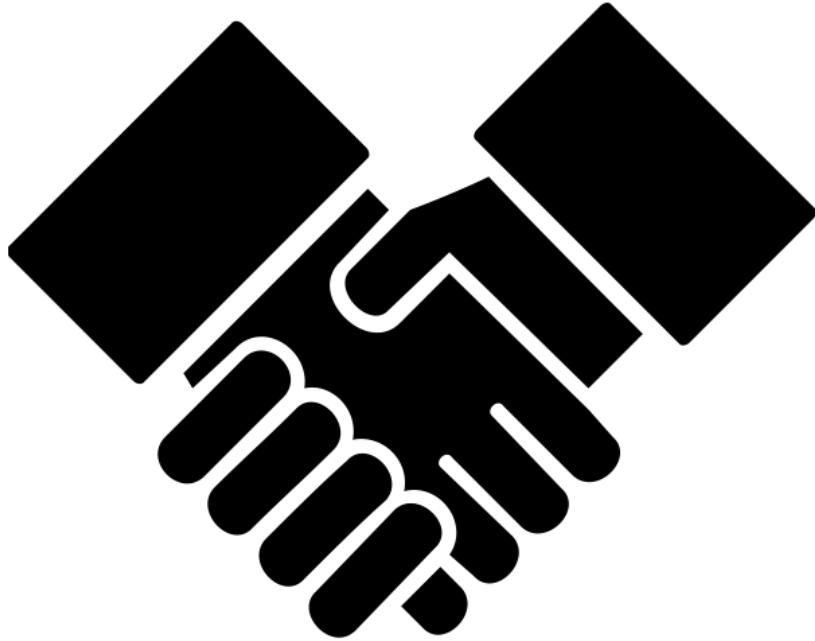
- Prepare to Share your experiences, ideas, and struggles with your neighbor and the group (ATG = Ask The Group)
- Pick a Case
 - We will be applying new ideas to our cases throughout this workshop
 - Think about a specific caregiver on your current (or past) caseload who has been more difficult; keep this person in mind.
- Pick a Neighbor
 - TTYN = Turn To Your Neighbor
 - Opportunities to discuss or rehearse

Let's Go!

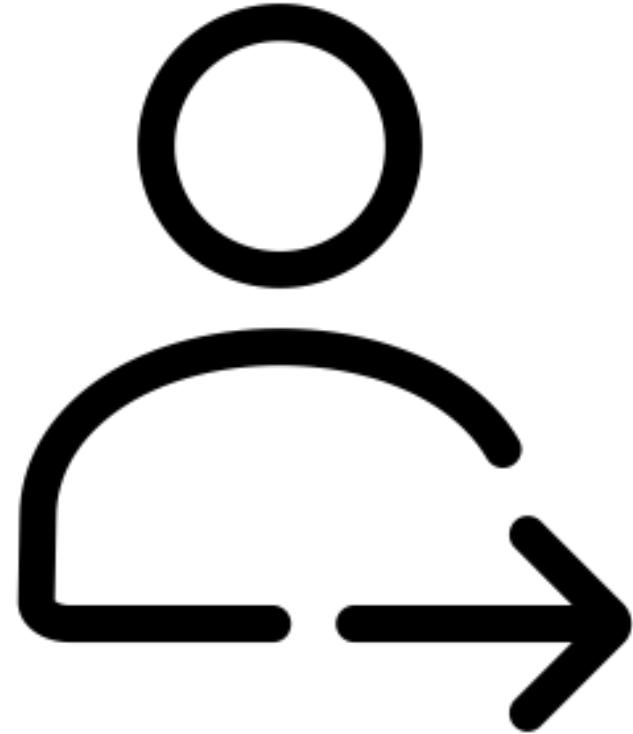


What is “Social Psychology”?

- “The branch of psychology that deals with social interactions, their origins, and their effects on the individual” (Thanks, Google Dictionary!)
- Basically, social psychology deals with the impact individuals have on each other



Connect



Persuade

Connect & Persuade

- When reviewing the broader body of social psychology research and theory, one notices that the theoretical base can be more or less broken down into two categories:
- Theories about how we bond with each other (Connect)
- Theories about how our behaviors are altered by each other (Persuade)

Caregiver Wariness

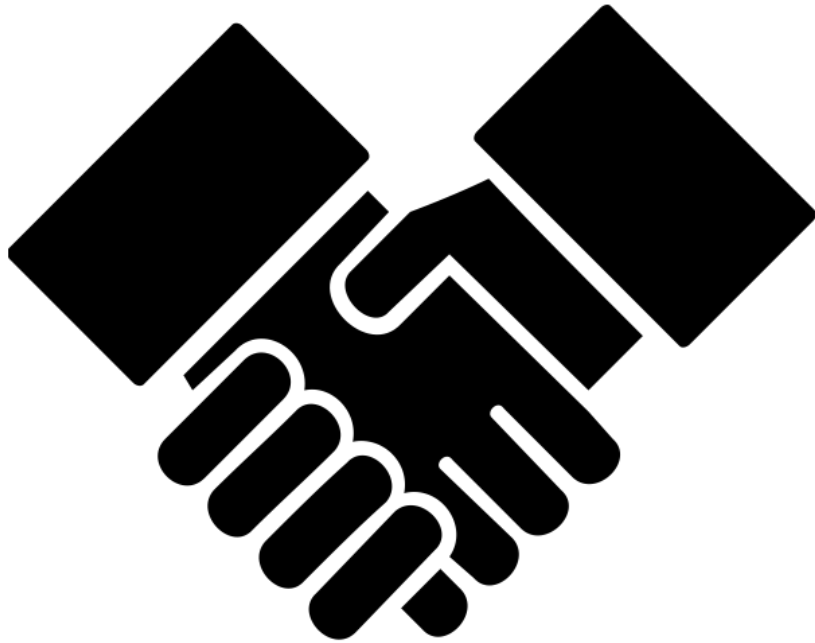
- Makes sense...Think about how weird PCIT seems to a non-therapist!
- PCIT therapists, as a group, are zealous and enthusiastic about how life-changing these techniques are...
- Parents have “tried everything” and we are telling them the solution is to play with their child a little differently??
- Then, on top of that nonsense, we want them to IGNORE these terrible tantrums and swearing?
- Even the most high-functioning parent is susceptible to eye-rolling
- So what can we do to get their buy-in?

First, Identify Buy-in Barriers

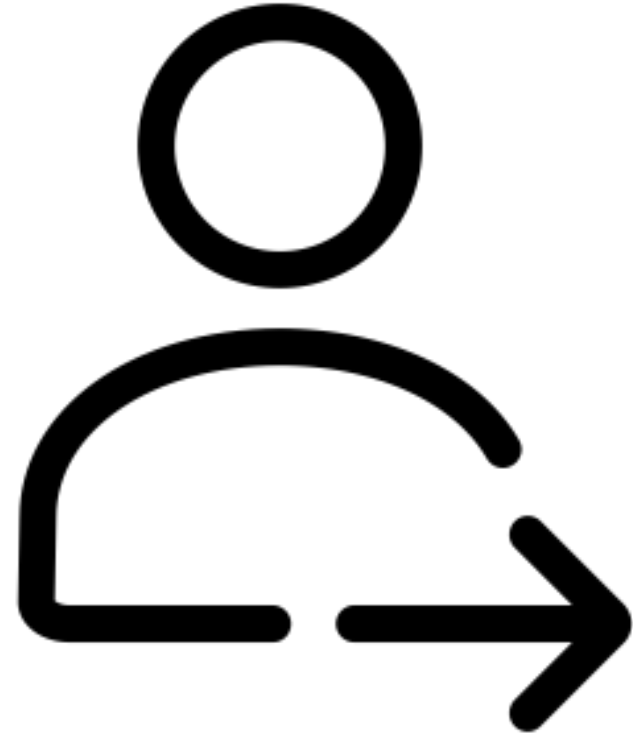
- Caregivers come in wary for all different reasons:
 - Defensive against changing their style
 - Skeptical that a play-based therapy could work
 - Worried that their kid is too far gone to benefit
 - *ATG: Other reasons you have encountered?*
 - *TTYN: What specific comments or behaviors have you encountered that indicate caregiver wariness?*

Applying Social Psych Theory....

- Today we will apply our two components of social psychology
 - **CONNECT**- Form a meaningful bond as the foundation of therapeutic relationship
 - **PERSUADE**- Change attitudes and behaviors of caregivers in order to benefit the parent-child relationship



Connect



Persuade



Connect

Connect



- Why is it important?
- ATG Reflection Exercise:
 - Think of a supervisor, teacher, or mentor who helped you make substantive changes to your beliefs or behaviors.
 - *ATG: What was that relationship like?*
 - Now think of a person in a position of power who did not inspire you to change.
 - *ATG: What are the key differences between your relationship with the effective teacher and the ineffective?*
 - When we feel liked, understood, and appreciated, we are more open to feedback.

Theory of Reciprocal Liking (Kenny, 1994)



- We like people who like us!
- We desire to be special and have a unique bond with our friends and associates: feeling special and personally liked actually enhances the liking we feel toward the other person.
- If person A really likes person B (more than A tends to like the average person) person B will feel that and will tend to like A in return..
- Not the same if A likes everyone... needs to be special
- Example: Your favorite friend at work probably likes you best, too.
- You might like the person in the office who is super friendly to everyone, but you don't feel particularly well-liked by them.



Helping Caregivers Feel Liked



Focus on the Likable

- We coach parents to focus on the child's positive features, even if the child terrorizes the neighborhood and has an ECBI of solid 7s
- *ATG: Why?*
- Identify caregiver strengths
- Identify caregiver successes/efforts
- Reframe resistance: What values underly the resistance?
 - e.g. Cg who refuses to use praise because they don't want to spoil...
 - Cg who refuses to ignore disruptive bx because they value respect
- *TTYN: Identify a strength, success, or underlying value that you respect in your challenging caregiver. How might you communicate this to them?*

Similarity Attraction Theory (Berscheid & Walster, 1969)



- We like people who are similar to us. The theory is mostly about shared attitudes and values, but works for shared interests or common history as well.
- Identify/Highlight similarities between cg and you
- Can start very simple – “I have that same sweater!”
- *TTYN: What shared attributes, interests, or values do you have with your challenging caregiver? How can you use that to strengthen your bond?*

Familiarity Effect

(Fechner, 1876; Titchener, 1910; Zajonc, 1968)



- Sometimes called the “mere exposure effect” - The more familiar we are with something or someone, the greater our affinity for it
- “Glow of warmth” we feel in the presence of the familiar (Titchener)
- In a modality as relational as PCIT, the bond between therapist-caregiver is hugely important
- We want caregivers (and clients) to feel the “glow of warmth” from us
- *ATG: How can we help caregivers feel known by us, and feel that they know us?*

Facilitate Emotional Connection



Facilitate connection with Caregiver's own experience (Thanks, Ana Ramirez!)

- Reflect on caregiver's own childhood:
 - o "When you were little, was there a grown-up who made you feel treasured? What did they do? How did that impact your behavior?"
 - o (If not) "That sounds so tough. I wonder what you needed as a kid? Who did you need? What might have been different if a grown-up had really seen what a good kid you were?"

Connect Over Parenting Stress



- PSI as interview
- Reflecting/exploring Hearing that they are disappointed with their child or view themselves as an inadequate parent gives the therapist a powerful opportunity to extend empathy and positive regard.
- *ATG: How else do you form emotional connections with caregiver experiences?*

PRIDE!



Enthusiasm: Authenticity can cover many ruptures or gaps in knowledge. Be yourself! Be fun, silly, honest, genuine.

- If something funny happens during coaching, laugh! “Wowww that just happened. Great job ignoring that curse word.”
- “Seeing how you and Celina love being together just makes my day every Tuesday.”
- Mention how fun or cute or clever their child is “You’ve got a pretty great kid there. I can’t believe how quickly he is learning about the active ignore.”
- *ATG: How else have you seen Enthusiasm work to strengthen caregiver connections?*

PRIDE!



Praise: Identify any and all strengths that we can in order to enhance their pro-treatment behaviors and attitudes

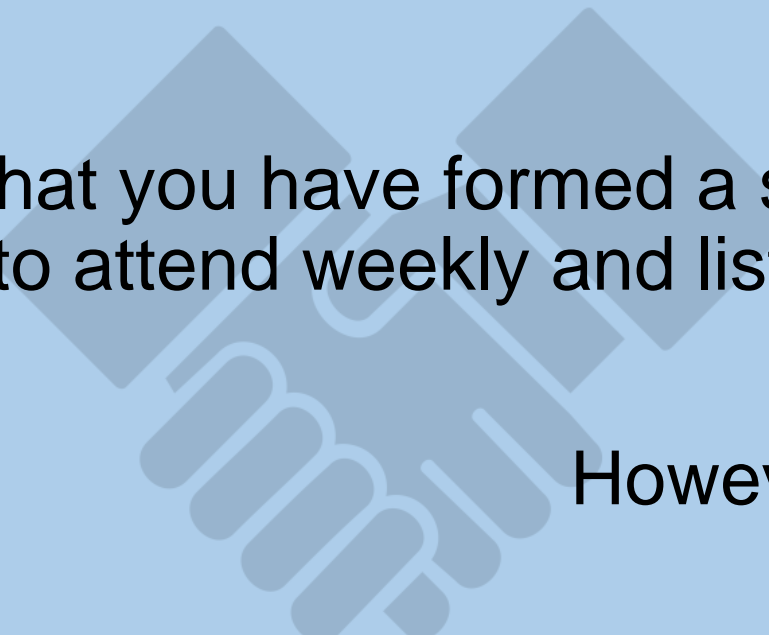
- “Thank you so much for getting here on time; I know that’s no small feat with three small kids at home!”
- “I love how honest you are being about your concerns”
- “You’re clearly an incredibly strong person, having gone through all of that.”
- “I’m so impressed by how quickly you are picking up on these new skills!”

PRIDE!



Reflect: PCIT caregivers are very often stressed, overwhelmed, and sometimes dealing with their own mental health issues. Reflecting back their worries, concerns, or struggles can go a long way toward building trust and buy-in.

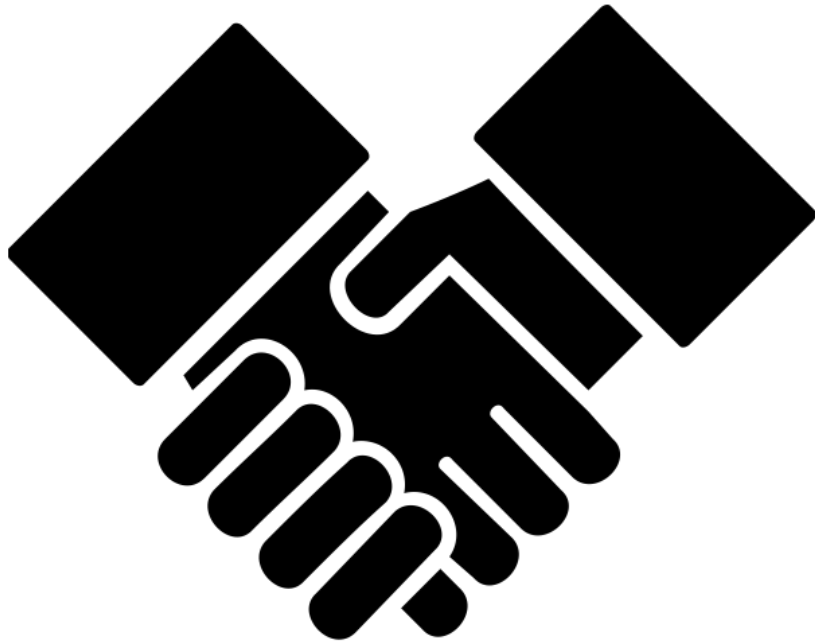
- Cg: It seems like you are missing the point because you don't want to focus on any of his problem behaviors
- Th: You're concerned that by focusing on these PRIDE skills, we might not adequately deal with Sean's tantrums and whining



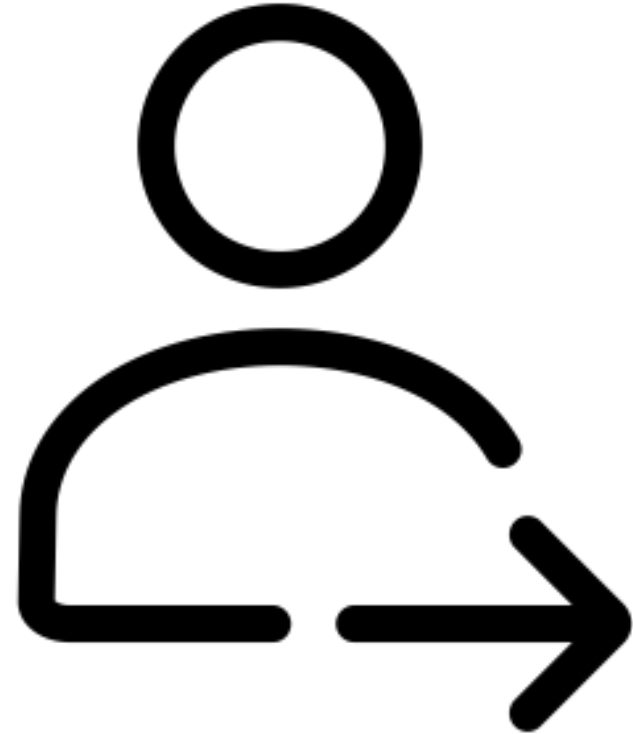
Now that you have formed a strong bond, caregivers will be more likely to attend weekly and listen to your weird hippy ideas.

However...

There are always going to be times when we need to further *persuade* caregivers to give our techniques a chance!



Connect

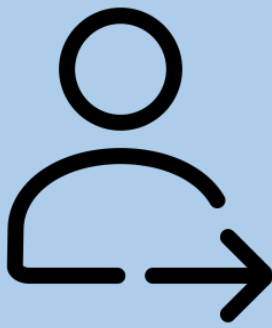


Persuade



Persuade

Double-Sided Reflections



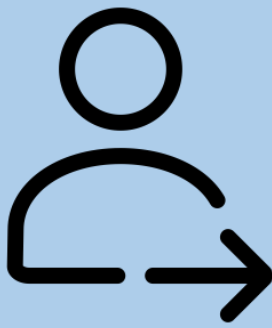
(Borrowing from Motivational Interviewing)

- When a caregiver is talking about their barriers and showing their ambivalence, reflect both the change talk and barrier talk but make sure you end with the part you want to emphasize!

Formula: “On the one hand (barrier talk), but at the same time, (change talk)”

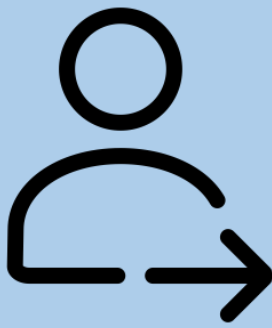
- Th: “On the one hand, you’re really skeptical that these strategies can help change Manny’s behavior, but at the same time, you have tried everything else and it might be worth a shot.”
- Th: “Even though you feel too busy, you are still managing to find 5 minutes per day for your special time with Cara.”

Barnum Effect (Forer, 1948)



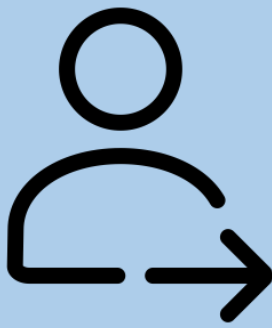
- What it is: Use of general statements that apply to most people in order to enhance the listener's personal connection to the information
- Classic examples: horoscopes, fortune cookies, certain personality tests
- Examples:
 - “A lot of parents tell me that no matter how hard they try, their kid’s behavior still doesn’t get better.”
 - “Let me guess, taking Robert to Target is your favorite way to just relax and have an easy afternoon?”
 - *ATG: What other examples have you tried?*

Foot in the Door (Freedman & Fraser, 1966)



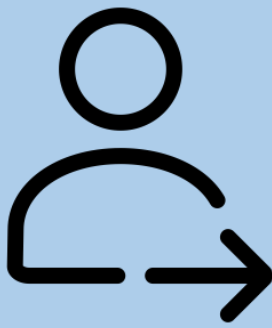
- What it is: This theory suggests that if a person agrees to a small task, they are much more willing to later agree to a larger task.
- Classic Example: 1960s housewives participate in surveys
- This theory suggests you will be more successful if you get the caregiver to first agree to a smaller task.
 - o “Would you be willing to play with Jose for 5 minutes this weekend?”
 - o *ATG: What are some small tasks you get caregivers to agree to before working up to 100% consistent active ignores and 7x/week homework?*

Inoculation (McGuire, 1961)



- What it is: In order to reduce the persuasiveness of arguments against a position, you give a weakened form of the argument in advance.
- Provide weak counter-points and then state your position firmly
- Example: Mention that some people feel uncomfortable
 - *ATG: What are some details about PCIT that you get pushback on?*
 - *TTYN: Come up with an inoculation statement you can use with a skeptical parent.*

Cognitive Dissonance (Festinger, 1957)

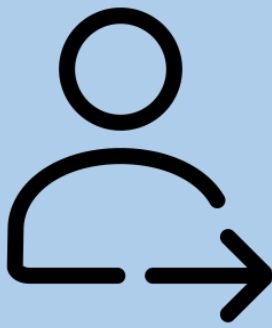


- Inconsistencies in thoughts/actions produce discomfort (dissonance), which motivates the individual to either alter the thought OR alter the actions
- Classic examples: Lie about boring task for \$1 or \$20
- Identify constructive attitudes of the caregiver and highlight these.
- *ATG: What are some healthy attributes or attitudes you can identify in a parent in order to introduce gentle cognitive dissonance?*

Cognitive Dissonance (continued)

- Examples: If a parent comes to think of themselves as fun, they'll be less likely to shut down client's silliness. If caregiver thinks of themselves as positive, they'll be less likely to criticize
- Disclaimer: In PCIT, we never recommend pointing out a caregiver's failures or weak spots! We are not going to say "Well, if you're a responsible parent, why aren't you attending treatment regularly?" Rather, point out the positive attitude and allow the caregiver to strive toward that.

Congruity Theory (Osgood & Tannenbaum, 1955)



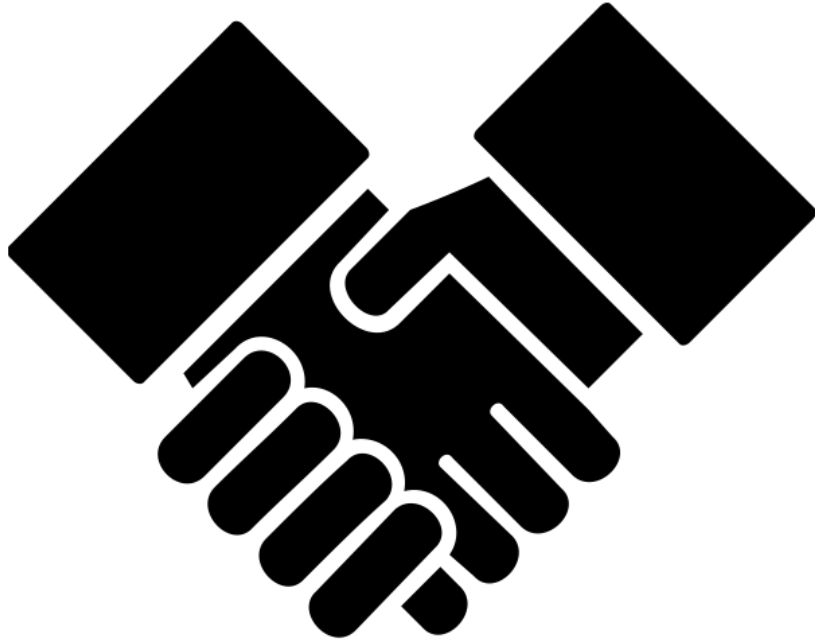
- Start with Balance Theory: When a discrepancy exists between a strongly-held belief and an important relationship, one must change
- E.g. Your supervisor is psychoanalytic and you have strong feelings against that orientation.
 - You must either reduce your affinity/respect for the supervisor (“I don’t really trust her judgment on this”) or alter your view on psychoanalytic theory (“Maybe Freud had some good ideas...”)
- Congruity theory suggests that the more strongly held component will be retained, and the weaker component will be adjusted

Congruity Theory (Continued)

- If the relationship is strong, the attitude/behavior we disagree over is more likely to change.
- “This therapist is judgmental and does not really understand me, so why would I listen to her ideas?”

VS

- “I really like this therapist, and I feel understood. I’m willing to try out these new ideas because I trust her.”



Full circle,
back to
Connect!

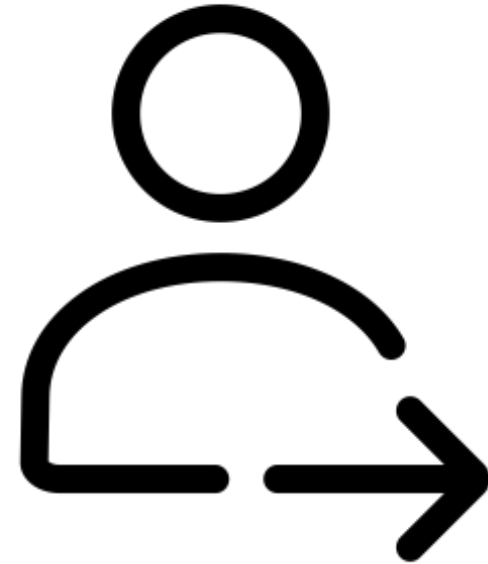
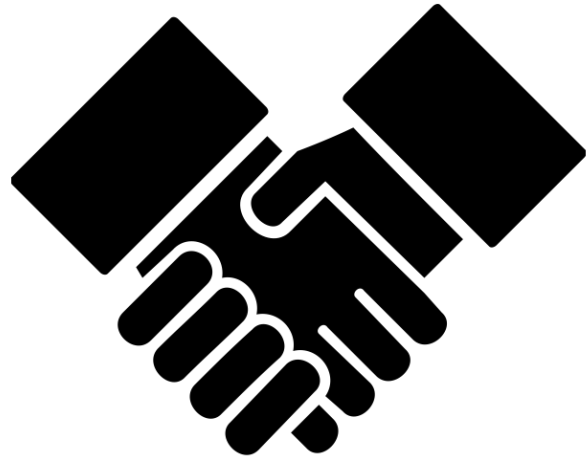
- At the end of the day, the most powerful technique you have is to make a hurting parent feel understood, contained, and liked.
- If our parents believe that we really like them, they will be willing to try out our hippy nonsense PRIDE skills, ignore tantrums, and maybe even bring back homework papers.
- We can use strategies to persuade them when needed, but the best persuasion is an authentic rapport.

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4. Plan specific strategies to try out this with your current caseload

Questions/Comments

Thank You!



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