

The background features a light gray grid pattern. Various hand-drawn, colorful shapes are scattered around the edges: a pink cloud-like shape in the top left, a yellow starburst in the top left, a blue cloud-like shape in the top center, a pink cloud-like shape in the top right, a green cloud-like shape in the top right, a blue spiral in the top right, a yellow starburst in the middle right, a pink cloud-like shape in the bottom right, a pink cloud-like shape in the bottom right, a green cloud-like shape in the bottom left, a yellow starburst in the bottom center, and a blue cloud-like shape in the bottom left.

CARE FOR CAREGIVERS

HOW TO NAVIGATE CAREGIVER DYNAMICS

OVERVIEW

- Expectations and Realities
- General Interventions
- Situation Specific Recommendations
- Case Considerations





SO MANY DIFFERENT PATHS

VARIOUS CAREGIVER EXPECTATIONS & REALITIES

Whether you want to work with youth or a child/adolescent client just happens to come your way, working with caregivers can be a source of excitement and joy... and overwhelming anxiety

Parents and caregivers of youth clients may feel something similar when bringing their kid to your care.

CAREGIVER STRESS AND STRAIN

Caregivers of youth with mental health concerns face various barriers, from stigma to lack of knowledge to family relationship strain and difficulties accessing services.

Caregivers themselves may experience caregiving strain and stress, and they may struggle to cope.

(Fawley-King et al., 2020; Graaf et al., 2022; Lee & Shivers, 2019; Martin et al., 2023)

WHEN THEY MEET YOU...

ALL THIS MAY COME OUT

You may be the first provider or one of many they have encountered. The support you provide can have an impact because the support they provide does.

(Davis et al., Mayberry et al., 2021).



ESTABLISH RAPPORT

**ESTABLISH AND
RESPECT BOUNDARIES
OF CARE**

**GET TO KNOW THE
CONCERNS**

COLLATERAL SESSIONS

**SUPPORTING CLIENT BY
SUPPORTING CAREGIVER**

ADDRESS CONCERNS

COLLABORATE

PROVIDE FEEDBACK



GENERAL INTERVENTIONS

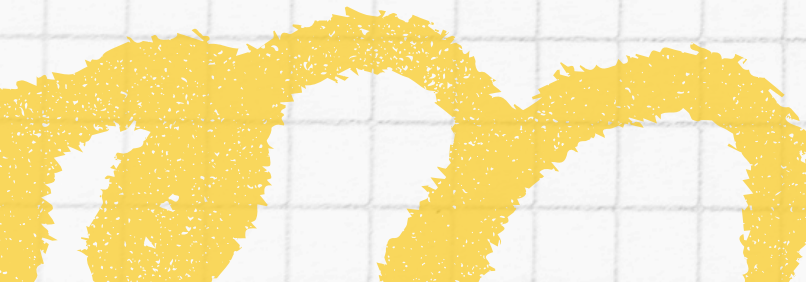
FOR ANYONE WHO PROVIDES CARE

The following can apply to a wide variety of presentations and realities

01. Psychoeducation about
condition and treatment

02. Skills training in
awareness and
affirmation

03. Additional resources
(beyond the therapy
room)





SITUATION SPECIFIC SUGGESTIONS

Beyond general recommendations, some mental health
needs could benefit from different support



ADHD

MINDFUL PARENTING AND STRUCTURE

Mindful parenting:

- Focuses on non-judgmental, non-reactive responses
- Emphasizes acknowledgment and awareness
- Encourages gratitude and affirming effort, not outcome

(Leitch et al., 2021; Sibelink et al., 2018)

Structure:

- Providing routine
- Clearly communicating boundaries and expectations
- Includes providing flexibility and understanding- structure is not rigidity

(Wilens & Spencer, 2010).

BEHAVIORAL CONCERNS

PARENT TRAINING/PARENT EDUCATION

Modeling:

- Involves practicing calm reactions
- Invites parents to consider coping strategies for their child and themselves during strong behaviors

Emotional regulation:

- Invites parents to reinforce skills learned regarding emotional awareness and modulating
- Parents may also benefit from psychoeducation regarding emotional regulation

(Duncombe et al., 2012)





ANXIETY AND DEPRESSION

COPING SKILLS AND MINDFULNESS

Coping skills:

- Encourage strategies that affirm firms and empower growth
- Offers ways to build distress tolerance

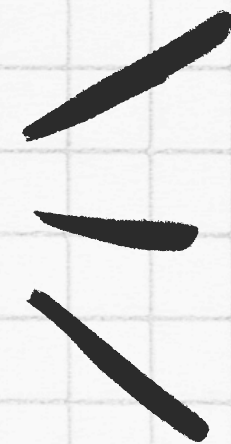
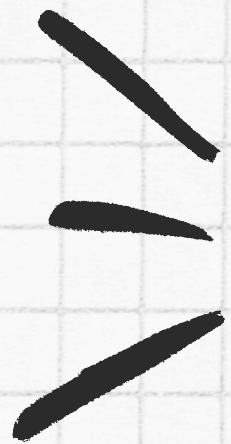
Mindfulness Practices:

- Encourages calming strategies during and outside of distressing experiences

(Leitch et al., 2021; Sibelink et al., 2018; Yap et al., 2014)

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CASES



CASE #1

Client is an adolescent female who has attended therapy for approximately 3 months. She discloses symptoms of low mood, numbness, loss of interest, and difficulties with sleep and concentration. In previous sessions, she has disclosed that her adopted family consistently disregards her emotions. She also reports that she finds it difficult to talk to them and has started staying in her room as much as possible. During collateral sessions, her mother mentions how the client is “just being dramatic” and “moody.”

CASE #2

Client is an adolescent female attending tele-health session. During risk assessment, she discloses recent suicidal behavior. Her mother bursts through the door and demands to know what is happening. Mother discloses she has been listening on the other side of the door and discourages the client from continuing the session.

CASE #3

Client is an adolescent male who presented with persistent depressed mood and severe anxiety in social situations. He discloses feeling like he cannot trust anyone, and he reports his only two friends have begun excluding him. During collateral sessions, his mother expresses concern and wants to know how to support him best

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**THANK YOU
VERY MUCH**

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