

Mental Health Services for Caregivers

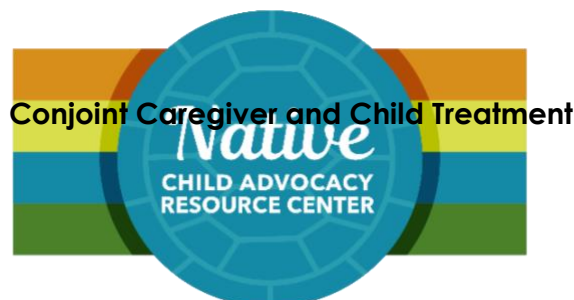
NCA Accreditation Standard this brief addresses:
Standard 6: Mental Health

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National Children's Alliance (NCA) Accreditation Standard 6 requires that Children's Advocacy Centers (CACs) offer services not only to child clients but also to their non-offending caregivers. Essential Component H notes that these services must address the following aspects of care:

1. Safety and well-being of the child
2. Caregiver involvement in their child's treatment when appropriate
3. Emotional impact of abuse allegations
4. Risk of future abuse
5. Issues or distress that the allegations may trigger, including the caregiver's own history of trauma and/or current experience of abuse, violence, and/or other trauma

As with mental health services to children, services to caregivers may be met directly by a CAC's onsite clinician or through a linkage agreement with another provider. Whether mental health assessment and treatment are provided onsite or through partner providers, victim advocates and other CAC staff may be able to provide additional supports in collaboration with clinicians. CACs should consider providing assessment, support, and treatment for other family members, as well.



Healing from childhood trauma often occurs within the context of supportive relationships. Accordingly, conjoint treatment (treatment in which a clinician meets with two or more individuals simultaneously) involving the child and a non-offending caregiver is a common feature of many evidence-supported trauma interventions. Conjoint treatment allows clinicians to address the safety and well-being of the child as well as the risk of future abuse. Clinicians can use conjoint sessions to support the caregiver in developing parenting skills, to support the caregiver and child in enhancing their relationship, and to support the caregiver in meeting the child's specific needs. While the child's needs are the focus of conjoint sessions, the clinician can also promote the caregiver's and family's overall well-being.

Meta-analysis of evidence-supported interventions for sexual abuse has shown that non-offending caregivers who participate in such treatments with their children report increases in understanding and knowledge of child sexual abuse, increases in emotional support, improvements in mood, and increases in sense of support for the parenting role. In addition, caregivers who participate in treatment generally report improved parenting practices and improved communication with their children.ⁱ

The following evidence-supported treatments include caregiver and child conjoint sessions as well as components intended for the caregiver:

- **Child and Family Traumatic Stress Intervention (CFTSI)**: CFTSI aims to increase caregiver and child communication related to traumatic stress symptoms.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**: In TF-CBT sessions, the caregiver learns the same coping skills as the child and is therefore positioned to improve their own coping and to reinforce the child's skills. Guided by the therapist, the caregiver also has the opportunity to participate in the processing of the trauma narrative, increasing their ability to support and understand the child's perspective.
 - **Honoring Children, Mending the Circle (HC-MC)**: HC-MC is a cultural adaptation of TF-CBT for Indigenous children, blending cognitive-behavioral methods with traditional cultural teachings including the concept of utilizing the family and caregiver relationship for healing.
- **Parent-Child Interaction Therapy (PCIT)**: PCIT directly involves the caregiver, who is coached by the therapist on specific interactions with their young child (0-5) to improve the child/caregiver relationship and overall family dynamic.

- **Honoring Children, Making Relatives (HC-MR):** HC-MR is a cultural adaptation of PCIT for Indigenous families that incorporates parenting practices from traditional Tribal cultures.
- **Alternative for Families: a Cognitive Behavioral Therapy (AF-CBT):** AF-CBT includes multiple components for the caregiver and child. These components are designed to decrease coercive parenting and provide training in self-regulation and behavior management principles and practices.
- **Problematic Sexual Behavior Cognitive Behavioral Therapy for School Age Children:** This treatment modality based on Cognitive Behavioral Therapy includes a caregiver therapy group to run concurrently with the child therapy group. Caregiver group sessions focus on parent training aimed at preventing and responding to problematic behavior; general child development and communicating with children about sexual behavior; and supporting children's use of coping and decision-making skills.

Effective delivery of conjoint treatment involves a strength-based approach in which the clinician understands the family's concept of wellness within their culture and supports parenting practices rooted in that culture. Cultural connectedness—including connection to

Tribal traditions, ceremonies, and languages—has been shown to promote mental health and increase resiliency among Indigenous people.ⁱⁱ As such, promoting cultural connectedness should be considered a central element of evidence-based mental health practice with Indigenous children and families.

Caregiver Needs Addressed Individually

The mental health of caregivers is crucial to children's resilience and recovery from abuse, and the needs of caregivers whose children have disclosed exposure to abuse are likely to be complex. Thus, in addition to participating in conjoint treatment sessions with their child, caregivers may require their own mental health services.

Caregivers may experience emotional distress such as shock, guilt, fear, shame, and sadness. Caregivers who have their own histories of exposure to childhood trauma may find that memories of those experiences are activated by a child's disclosure. Caregivers affected by more recent traumas such as domestic violence may also have complex mental health needs related to the child's disclosure. Caregivers of child victims of interfamily abuse may feel particularly isolated and cut off from the support of other family and community members. Caregivers of children who exhibit problem sexual behavior may need additional support, especially when siblings are present in the household. In Indigenous communities, all the above needs may occur within a context characterized by historical and intergenerational traumas related to parenting practices, mental health

inequities, substance misuse, and other systemic crises.

Mental health providers should utilize their relationship with the caregiver to learn about areas where extra support may be beneficial. As applicable within the context of effective therapeutic relationships, clinicians may also utilize tools to identify mental health concerns and aid in providing referrals to external providers. For example, the **Patient Health Questionnaire (PHQ)** screens for disorders of depression, anxiety, somatoform, alcohol, and eating; and the **Trauma History Questionnaire (THQ)** screens for traumatic experiences potentially requiring individual trauma-informed treatment. Clinicians might also be able to gain insight into the needs of family systems by using a tool such as the **Family Advocacy and Support Tool (FAST)**, which measures family strengths, needs, resources, natural supports, cultural identity, and practice.

All CAC staff and MDT members should approach their work with caregivers in a trauma-informed manner. This might include building awareness of the impacts of trauma on the caregiver, treating the caregiver with empathy and unconditional positive regard, conveying hope, recognizing the cultural values of the family, and facilitating caregiver collaboration in addressing the child's

needs. CAC staff such as the victim advocate should also collaborate with mental health clinicians to identify additional practical needs that must be met to promote the best outcomes for the child and family. This might involve referrals for such services as domestic violence response, housing assistance, food insecurity assistance, peer support groups, and socio-judicial support.

CACs working with Indigenous families should be prepared to support caregivers' connections to Tribal culture, language, and traditional ways of being. This might involve facilitating consultations with a spiritual leader or traditional healer to help return the family to a state of balance or wellness.ⁱⁱⁱ The processes for accessing traditional healing or spiritual care differ from community to community. CACs should build relationships within Tribal communities necessary to understand and facilitate these processes.

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ⁱ St-Amand, A., Servot, S., Pearson, J., & Bussi eres,  .-L. (2022). Effectiveness of interventions offered to non-offending caregivers of sexually abused children: A meta-analysis. *Canadian Psychology*, 63(3), 339–356. <https://doi.org/10.1037/cap0000296>

ⁱⁱ Masotti, P., Dennem, J., Ba uelos, K. *et al.* The Culture is Prevention Project: Measuring cultural

connectedness and providing evidence that culture is a social determinant of health for Native Americans. *BMC Public Health* **23**, 741 (2023). <https://doi.org/10.1186/s12889-023-15587-x>

ⁱⁱⁱ CAC staff should ensure that referrals to traditional healers and spiritual leaders are accompanied by appropriate release-of-information forms.