

CHAPTER 14

Helping the Caregiver When There Is a Relationship Problem with the Child

The Reciprocal Nature of the Caregiving Relationship

Interactions between the caregiver and child change both members of the dyad. Who the child is will impact the nature of the parenting, as it is an inherently reciprocal relationship, as described by Sameroff's (2009) transactional model. A parent may intend to have many rules, but find that their child is cautious and needs little imposed structure. Another caregiver may be more laid-back, but then have a child who benefits from more structure. These examples describe situations in which a parent makes a decision to adjust their style to meet the needs of their child. Perhaps more often, the transactions between the parent and child modify the style of the parent without that caregiver making a conscious decision.

Parent–Child Relationship Problem

The most important relationship here, the relationship that needs to develop and remain strong, is the one between the caregiver and the child (Scheeringa & Zeanah, 2001; Lieberman & Van Horn, 2011). Some problems in the relationship manifest as mismatches, lack of trust for one another, consistent unpleasant interactions, lack of collaboration, lack of joy in general, and not finding ways to spend pleasurable time together. These areas are where the real work lies. Regardless of other identified emotional and behavioral goals, improvement in all goal areas is more likely when there is a strong foundational caregiving relationship. When there is a parent–child relationship problem, the caregiver needs help in evolving from being part of the problem to becoming a catalyst for positive change. The relationship will need repair or improvement before other interventions will be effective.

Step back and think about the work we are doing to develop the relationship between the parent and child. Interventions that are not directly focused on the

relationship may still lead to improvement in that area. We may be using behavioral interventions but when those behavioral interventions improve the situation, the parent and child enjoy spending more time together. This has a beneficial synergistic effect. Caregivers will have more positive moments with their child and will feel more confident in setting limits and addressing behavioral concerns. Children will enjoy their parents more and, because of the enhanced relationship, will be more interested in pleasing their parents.

STRATEGY: *Consider the Match between the Child's Needs and the Parent's Style*

A child may have a difficult temperament (Gartstein et al., 2012). Or the child may have attentional concerns or another concern that makes them more challenging to raise than another child. Now imagine that the child's parents struggle with their own executive functioning or other parenting skills. This constitutes a mismatch between the child's needs and the parents' abilities. Another child may have a calm demeanor and an easy temperament. That child will not likely have significant troubles, regardless of the parents' skill level in managing challenging behavior. The child with the difficult temperament may do better behaviorally if they have a parent with better skills.

When talking about the work with parents, referencing this idea of the match between the child's needs and the caregiver's parenting style is helpful because there is no blame involved. Help the parents understand what you mean using examples, for example, a parent may be artistic but have a child who has no interest in art. This parent would benefit from finding and supporting their child's strengths, rather than by pushing the child to be more like them. Increase the caregiver's motivation to change by recognizing the impact of the mismatch on the child. Progress can occur when the parent recognizes where the mismatch is and makes an active plan to diminish its impact.

Expectations and Attributions

"My daughter walked out of class. She just loves causing trouble." In sessions with caregivers you may find yourself thinking, "That explanation of their child's behavior does not really make sense." Some parents have explanations for their child's behavior that are unrealistic, upset the parent, and set them up for negative interactions because they are assuming the worst, rather than the best, intentions from their child.

Unrealistic Expectations

Sometimes parents wish that their children would behave differently even when the child's behavior is developmentally typical. That said, many typical behaviors can be annoying and are especially noticeable during the preschool and teen years, when normative behavior can be very challenging, such as the risk taking that teens sometimes

engage in. Unrealistic expectations can also occur when the parent wishes for their child to excel in ways that are not possible for the child nor of interest to them.

STRATEGY: *Identify the Unrealistic Expectations and Bring Them into More Realistic Ranges*

When you assess that the parent has unrealistic expectations for the child, either because of a lack of understanding of typical development or because of their own dreams for the child, follow these approaches:

- Identify the expectation and its likelihood of being met. If the caregiver wishes for their child to be toilet trained at 5 months of age, that expectation is not realistic. Some expectations are unrealistic for any child of a given age. You can also assess whether the expectation is reasonable for this particular child. If a child does not yet put on their own pants, it is unlikely that they will be able to fully dress themselves tomorrow, even when other same age children already do so.
- Provide the caregiver with education about child development and how it progresses. Discuss developmental patterns. If you talk about how a child may stand before they walk, the caregiver may then understand that their child has to develop words for their feelings before they can express them, which is a completely different behavior but one that analogously develops in steps.
- Get the backstory about the unrealistic expectation. If the parent expects the child to have perfect table manners at age 5, why is this important? Does the parent wish to be able to go out to fancier restaurants where good table manners would be required? Was the parent themselves raised with very strict expectations around table manners? If the wish is for the child to be the quarterback, did the parent play football? How did their love for football come about?
- Find out about the child's expectations. Does the child share the caregiver's expectation and join in the mission to make it happen? Or does the child push back? Does it hurt the child's self-esteem to be encouraged and expected to do something out of their reach?
- Consider asking these three questions when it is helpful.
 1. *Is the expectation reasonable?* Will the child be toilet trained at 5 months? Will they take some risks as a teenager? Can they be the high school quarterback? The answer will depend on the child, their interests, and their abilities.
 2. *How serious would it be if the child does not meet the expectation?* Here again the caregiver has to answer this question for themselves. You can help them process their response and address both their helpful and unhelpful cognitions.
 3. *What coping skills does the caregiver have?* What can they do if the child does not yet, or will not ever, meet the goal? If the goal is for their child to have good table manners because the parent would like to go to fancy restaurants, can

the caregiver's need be met another way, such as by hiring a babysitter so the parent can have an evening on their own?

- If the expectation is about a skill the child does not yet have, help the caregiver find incremental ways to teach the skill. Identify smaller steps to take along the way and how the parent can help the child move through those steps successfully.

Parental Attributions about Their Children

Parents' attributions may contribute to the overall dynamic, maintaining a child's challenging behavior. Attributions, in this case, have to do with what someone thinks is the cause of a behavior or characteristic. Behavior does not occur in isolation. It usually follows feelings and attributions. In their landmark study of resiliency, Werner and Smith (1992) report that the most predictive variable for a child's positive outcome was the mother's rating, when the child was 2 years old, of "lovability." This rating may say more regarding the mother's attributions about the child than about the child's actual traits.

Explore, with caregivers, whether they are making automatic attributions about their child's behavior that may upset them and lead to less helpful responses. Help parents recognize that how they think and feel about and view their child's behavior has an impact on the child. Determine whether a caregiver's attribution about their child's behavior is realistic, developmentally appropriate, and helpful. Some parents will say that their toddler is "manipulative" or is "trying to upset" them. We have heard parents imply that their infant is deliberately making them angry. Even older children are unlikely to be trying to make their parents angry. Consider this example:

PARENT: Kevin has left his book at school twice this week. He knows what a pain it is for me to have to drive him back there and get it when I am trying to make dinner. He just doesn't care about me. It really pisses me off. I do so much for him, and he doesn't even think about me.

THERAPIST: So some of what is bugging you about this is that you think he doesn't care about you?

PARENT: Well . . . he cares about me, but it sure feels like he doesn't when he does things like this.

THERAPIST: One explanation of this behavior is that he just doesn't care. I wonder if, given his age, and his diagnosis of ADHD, it is really hard for him to remember to go over to the bin where they keep the reading books and get his book at the end of the day.

PARENT: Maybe.

THERAPIST: Maybe we need to help figure out a system to make it more likely that the book will wind up in his backpack. Perhaps his teacher can help. Maybe his inattention is the culprit rather than his not caring about you.

PARENT: That's true. Some other system would probably work better because this one is not working for either of us!

The parent is not likely aware that they are making assumptions when they verbalize attributions about their child's behavior, nor do they realize how their attributions impact their feelings and interactions. Adjust attributions by bringing them to awareness, examining the likelihood that they are accurate or the only possibility, and offering alternative explanations. Help parents discern what the attribution is doing. Is it helpful in the situation or inflaming it?

STRATEGY: *Explain Attributions and Work to Change Them*

Once parents are aware of their attributions, help them to develop more understanding ones as possibilities and see if this shift changes the caregivers' affect and behavior toward their child. The parent is not likely aware that they are making assumptions when they verbalize attributions about their child's behavior, nor do they realize how their attributions impact their feelings and interactions. Provide education about attributions.

Help caregivers brainstorm other potential attributions about their child's behavior. Offer examples of situations in which a person could make different attributions about the reasons for a behavior and then what the ensuing feelings and interactions would be like. You might start with examples applicable to the parent. Ask them to imagine that they are walking down the hall at work and they pass a friend. The friend does not say hello. Have the parent talk about what they assume the reason is, talk through or offer alternative explanations, and identify how each explanation would lead the caregiver to feel and behave.

Do the same exercise with the child's behavior. Have the parent identify a scenario and walk through different possible attributions. Perhaps the child takes 30 minutes to do a 5-minute chore. The parent gets angry, thinking that the child is thoughtless and does not care what the rest of the family needs to do. Brainstorm other possibilities: Attentional difficulties, poor fine motor skills, and underdeveloped executive functions would all explain the behavior without suggesting that the child is thoughtless about the rest of the family. How many explanations can they derive for what their child is doing? Worksheet 14.1, "Attributions," offers a framework to help caregivers think through the possibilities.

Teaching Relationship Skills, Including Validation and Attunement

There are many strategies that strengthen the parent-child relationship in addition to managing attributions. Multiple therapeutic approaches focus on validation, at least as one important tool. For example, we see this in collaborative and proactive solutions (CPS; Greene, 1998) and in parent-child interaction therapy (PCIT; McNeil & Hembree-Kigin, 2010). Validation means communicating that the caregiver hears and accepts what their child is feeling. Another tool, attunement, involves the parent understanding what the child is communicating, even when the child is not saying in words what they

are feeling, and then responding to the needs of the child. One mother overheard her preadoptive daughter talking to friends and being mean. It was the end of the school year, and the teen would not be returning to this school in the fall. This intuitive parent thought to herself, “She’s ‘breaking up’ with them so that the separation is easier for her.” This was a child with significant loss and separation in her history. With that understanding, the mother was able to resist talking about it on the ride home, giving the teen some space. At a later time, she brought up with the girl that it was probably really hard for her to leave the school. She did not say, “You were really mean to your friends. What’s up with that?” Instead, she understood what was motivating the behavior and approached it in an empathic way, leading to a productive conversation.

For parent–child relationship concerns, try these interventions:

- Identify ways the relationship problem manifests itself. Do problems occur all of the time? Is there a focus for the difficulties?
- Find times when the relationship works better. Help the caregiver move beyond all-or-nothing thinking. There have probably been some times in the child’s life when, at least momentarily, the relationship went better. What did those times have in common? Find the links and opportunities for caregivers to recreate times when the relationship worked more smoothly.
- Help the caregiver find ways to relate to the child at the child’s level. Improve the relationship through child-led play and teen-led interaction, which are important and sometimes sufficient to shift a negative dynamic. These interventions are often used to improve relationships in general and can be a good boost to any intervention, as described in depth in Part II, Chapter 5. In fact, a number of evidence-based models, such as PCIT, use this technique.
- Help the parent identify enjoyable activities that they can do with their child. Perhaps there are shows or movies that they both would like. Would the child like to be read to by the parent? Are there places they both like to go? Come up with a list and help them plan when to engage in some of these pursuits.
- Help the caregiver find ways to be more positive. Relationship problems are rare for people who are complimentary about themselves and others, have bright affect, and find positive things in the world. It would be especially beneficial if the caregiver was, at times, positive with their child.
- Help the caregiver reframe their narrative. Describe the problem as separate from the child, for example, a child who is angry as opposed to an angry child.
- There are interventions that are geared toward improving attachment, such as the Circle of Security, which was developed by Powell et al. (2016). This intervention focuses on building a secure attachment with the parent. Through an assessment process of figuring out the dyadic pattern, the therapist can create an individualized approach to fostering empathy between the parent and child. Parents are taught to read child cues and develop appropriate responses. In parent guidance, the caregiver can learn concepts from attachment theory, such as the importance of reading cues, developing a secure base from which a child can explore, and providing comfort to a distressed child.

Interventions Designed to Build Validation Skills

Validation involves nonjudgmentally communicating that the caregiver understands what the child is saying. It can deescalate situations because the child feels heard and therefore does not have to work harder to communicate. To improve parental validation skills, try the following interventions:

- Teach the parent the importance of validation. Ask them to come up with examples of when they did not feel validated, such as with their own parents, a romantic partner, or in a conversation with a professional such as a physician. Have them reflect on how not being validated made them feel and what they wanted to do in response.
- Teach the parent how to validate their child's feelings. If the caregiver has a sense of what their child is feeling, they can reflect it back and let their child know that they understand that the child is feeling that way. Role play examples of the child's statements and validating responses with parents who struggle to find the words.
- Give the caregiver examples and scripts that they can adapt to their circumstances.
- Remind the caregiver that they may need to validate more than they feel is necessary in order for the child to feel heard, especially before they move into problem solving.

Worksheet 14.2, "Understanding Validation," can help caregivers learn about this skill.

Improving Attunement Skills

Attunement is about "reading" the child's behaviors, even when they are not stating their feelings explicitly. For example, if the child comes home from school, goes into their room, and slams the door, the attuned parent might think "something happened at school or on the bus." Knowing their child well, they would then choose to either approach the child and ask them if they want to talk or give them some time by themselves if that is what works well for that particular child. A parent who is not attuned might think that the child's behavior is really rude, yell at the child for slamming the door, and tell them to come out of their room.

Blaustein and Kinniburgh (2010) discuss attunement as being able to "accurately read each other's cues and respond appropriately" (p. 65). These cues may be revealed in the form of behaviors, communication, or needs. Many children do not communicate what is going on for them in a well-reasoned and clear way. Instead, they may communicate it with difficult behaviors or challenging interactions. The caregivers' capacity to read what is prompting such behaviors allows for a more helpful and proactive response. To build attunement skills, we suggest the following approaches:

- The parent can work specifically on reading their child's cues. During your sessions ask the parent for examples of the child's behavior and talk them through how to do this. Help the caregiver be a detective looking for an understanding of why their child does what they do. With perspective taking, they can respond in more helpful ways.
- Brainstorm, with the caregiver, developmental and affective factors that could contribute to the child's behavior. For example, if a child has experienced trauma, they may startle at seemingly innocuous stimuli, such as a door slamming. Talking through triggers may help the caregiver more accurately identify the reasons for a child's behavior.
- Help the caregiver identify regularly occurring vulnerability factors for their child, such as hunger, inadequate sleep, situational anxiety, and emotionally charged events. Once they are identified, coach caregivers to take these factors into account when considering the reasons for their child's behavior.
- Use Worksheet 14.3, "Reading My Child's Behavior," helps develop this skill.

In summary, when working on developing attunement skills, caregivers can try to ask themselves the following questions when interpreting their child's behavior:

"What is my child doing?"

"What might be prompting that behavior?"

"How can I respond given what might be prompting the behavior?"

When the Parent Has Significant Negative Feelings about Their Child

The last parent-child relationship problem we cover in this chapter is the fact that parents do not always like their children. Negative feelings about a child can be uncomfortable to observe, especially for a therapist. The first step here may be acceptance that these feelings can occur. The next step is to be committed to changing this situation.

STRATEGY: *Accept That Parents Can Have These Feelings and That They Can Change over Time*

Clinicians need to be both supportive and bold in conversations about difficult thoughts and feelings caregivers have. It can be a relief to parents when they know that they are not alone in feeling that they do not enjoy, love, or want their child.

When caregivers express a dislike for their child, broach this topic carefully and with empathy. It demonstrates that you are willing to talk about topics that feel taboo. It also does lead to potential changes in goals. For example, the focus can quickly pivot to developing the relationship and the desire to be with this other person. Or the focus can become pragmatically thinking about what the next steps will be. Overall, though,

communication needs to be both compassionate and fearless. In order to address the more serious negative feelings that a parent has for their child, we offer the following suggestions:

- Approach these conversations rather than shying away from them. Let parents know it is important to figure out how to tackle these feelings and do so in a nonjudgmental way. Recognize that shame is a significant part of these dialogues.

- Plan to spend ongoing sessions with the caregiver dealing with this concern. It is not a quickly and easily resolved topic.

- Recognize the feeling. Sometimes allowing parents to confess that they feel this way is, perhaps, counterintuitively, a great relief to them and provides a forum to begin addressing it. When parents hear that they are not alone in feeling unhappy with their child, they can often then gain the energy to take an active approach to modifying their feelings. It can also be helpful when you explain that although they feel this way now, they may not feel this way forever.

Do not move away from this feeling too quickly; it can be invalidating to swiftly shift to a new topic. The bravery involves hearing the sentiment, in full, including potential ramifications. For some families the experience of having children was not what they expected; the child had significant behavioral and emotional challenges, or parenting just was not as rewarding as anticipated. We have seen families fall apart or formally disrupt, as in foster and adoptive situations. In those situations, once you have tried, for example, intensive therapies and respite services, you will need to help the caregiver through this process in a way that is as gentle as possible.

- Identify times with the parent when they find something endearing or engaging about the child. If the feeling is entrenched, it may help them to see the child through someone else's eyes, if that does not make the parent feel guilt or shame.

- Help the parent identify appropriate ways to behave regardless of their feelings. Caregivers may wish to avoid time with the child and, indeed, time away that is fulfilling to them may be an important component for doing better. That said, the parent may have to "fake it" until their feelings for the child become more positive.

- Script ways to talk and behave. Given that the parent's impulses and feelings are not positive toward the child, they may need to think in advance about healthier ways to react, interact, and speak with them. The parent may appreciate a script with ways to say something neutral or positive to use when their feelings about their child are mostly negative.

- The parent may dislike the child because they believe that the child does not like them, particularly if the child behaves in angry or sarcastic ways. Script responses for the parent that will, at least, not make the situation worse and, over time, may improve the relationship. One possibility is "I know we don't always get along perfectly, but I am always on your side."

- The parent may express resentment at being the one to have to make this change, especially when their child is behaving in seemingly unreasonable ways. Help them understand that, while that is a natural thought, they are more likely to bring about change if they initiate the effort.

Many problems seem to be solved when there are improvements in the relationship between the caregiver and the child. Think of these tools for understanding and intervening as first-line approaches when the relationship is a primary concern. The next chapter more explicitly addresses the caregiver who makes the problem worse.