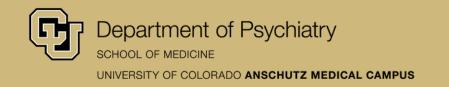
BRIEF BEHAVIORAL PARENTING GROUP: CLINICIAN MANUAL

Developed by:
Jacob Holzman, PhD
Alyson Hatten, MS, LPC
Jessica Hawks, PhD
January, 2024



This protocol may not be reproduced in whole or in part or distributed without written permission by the manual authors.

Holzman, Hatten, & Hawks (2024). Unpublished Manuscript.





Caregivers receive 6 weeks and start in either: Time-In or Time-Out modules

POSITIVE PARENTING

SESSION 1: USING PRAISE

New caregivers may join

SESSION 2: CHILD-LED PLAY

SESSION 3: REWARD PLANS

Caregivers may leave if 6th week

CONSEQUENCES

SESSION 1: ACTIVE IGNORE

New caregivers may join

SESSION 2: EFFECTIVE COMMANDS

SESSION 3: EFFECTIVE CONSEQUENCES

Caregivers may leave if 6th week

This protocol may not be reproduced in whole or in part or distributed without written permission by the manual authors.

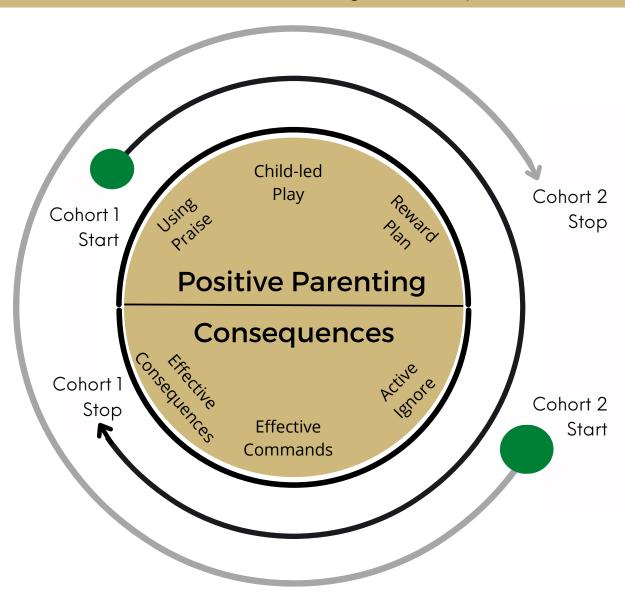
Holzman, Hatten, & Hawks (2024). Unpublished Manuscript.





BRIEF BEHAVIORAL PARENTING GROUP: SEMI-ROLLING ENROLLMENT

Caregivers receive 6 weeks and start in whichever module is first available: either Positive Parenting or Consequences

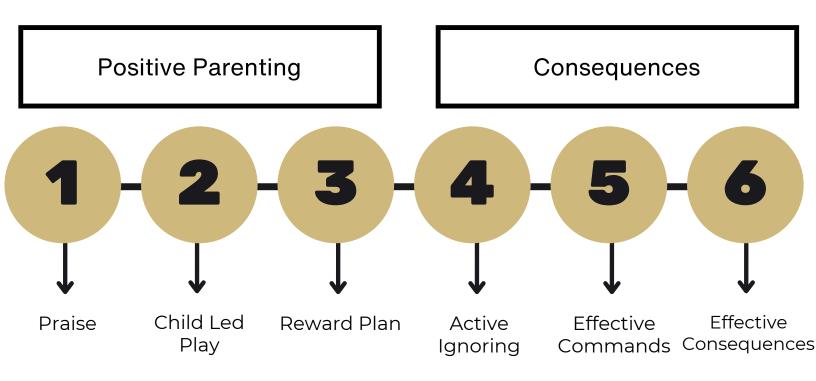






BRIEF BEHAVIORAL PARENTING GROUP: CLOSED ENROLLMENT

Caregivers receive 6 weeks and start in whichever module is first available: either Positive Parenting or Consequences







BRIEF BEHAVIORAL PARENTING GROUP: THEMES

Below are 3 themes we encourage you to remember while providing this intervention.

Themes were drawn from review studies that identified the most effective components of parenting programs (Kaminski et al., 2008; Leitjen et al., 2018; Dekkers et al., 2019).

It can help to refer to these themes when answering tough questions from caregivers

Our group's purpose is to help caregivers:

- 1 Create more positive moments with their child.
- Stay consistent with noticing their child's prosocial behavior and using nonviolent discipline.
- (3) Practice and find what works with their child.

NOTE: Please practice humility while discussing strategies for raising children. Each strategy was chosen based on research identifying effective elements broadly across people participating in parenting programs. We still do not know what exactly works for each individual person, family, or cultural group. We ask that caregivers practice while we create a welcoming space to discuss strategies that might or might not work.





Module: Positive Parenting Strategy:

Session: 1 Praise & Positive Attention

Goals

- Facilitate social support among group members.
- Education on strategy: using praise and positive attention effectively.
- Model and practice using praise with caregivers.

Session Activity Outline

- 1) Introduce clinicians, group structure, and telehealth requirements.
- 2) Facilitate introductions and support among caregivers.
- 3) Discuss strategy: praise & positive attention to increase positive behaviors.
- 4) Model using praise and ask caregiver(s) to practice "on the spot".
- 5) Encourage practice using praise on a daily basis this next week.

Materials Needed

- Praise Parent Workbook Handouts
- Toys (e.g., blocks, crayons) for modeling/role-play





Module: Positive Parenting Strategy:

Session: 1 Praise & Positive Attention Introduction and Support-Building

(20-25 Minutes)

1) Introduce clinicians, group structure, and telehealth requirements.

"Welcome to our group for caregivers of children with behavioral challenges. We meet online each week for 6 weeks. I am [introduce self]. Some families are joining us for their first night; other families have been with us for 3 weeks. Each week we come together to connect and support each other as parenting children showing difficult behaviors can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. We encourage you to turn on your camera to connect with others. We understand if that is not possible, and want you to still be able to join in the way you can. Last, we think families connect best when they use the gallery mode in Zoom to see everyone in the group. You can change your view by swiping up on a smartphone or clicking view gallery on a computer or tablet. Before we start, there are a few ground rules: 1) our conversations remain confidential, 2) we are in private location, 3) no driving during the group, and 4) we are in the state of [enter your state] during this appointment. Please give us a thumbs up to confirm you are in the state of [enter your state]."

2) Facilitate introductions and support.

"We would like everyone to introduce themselves. Please let us know:

a) your name(s), b) your child's name and age, c) for those joining, what brought you to the group, d) for those returning, how practicing effective consequences went last week, e) a positive experience shared with your child this past week, and f) your child's most challenging behavior this past week."
-----it can help to copy this into the chat.

Support Building Tips:

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregivers' stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.





Module: Positive Parenting Strategy:

Session: 1 Praise & Positive Attention

Strategy Education and Discussion

(15 Minutes)

- 1) Describe strategy.
 - a) <u>Time-in</u>: "Children and caregivers can get stuck in a cycle where we have more negative than positive interactions. This cycle can be difficult to break, especially if kids find negative interactions reinforcing. This means that any attention (negative or positive) may be reinforcing. Time-in focuses on building 5 positive interactions to 1 negative interaction to break this cycle."
 - b) <u>Catch your Child Being Good</u>: "Caregivers often feel less stress when kids are behaving well and may miss opportunities to increase this behavior. For example, when kids play quietly with toys by themselves. Often, we may be missing this time to notice good behavior because it is calm and relaxing. By using the catch your child being good strategy, you are being <u>intentional</u> about noticing positive behaviors immediately. Providing immediate attention to positive behaviors will increase them!"
 - c) <u>Using Praise</u>: "Praise works best when it is: immediate, positively stated, and specific. It helps to think of the opposite of difficult behaviors. For example, instead of being loud, we can praise playing quietly by saying "thank you for playing by yourself so quietly!"
- 2) Ask caregivers to share their experiences with praise and positive attention.





Module: Positive Parenting Strategy:

Session: 1 Praise & Positive Attention Modeling and Practicing

(15-20 Minutes)

- 1) Model using praise using examples from the parent workbook.
 - a) Use the screen share function to show page 5 of the parent workbook.
 - b) Ask parents to find the missing ingredients and model changing language.
 - c) Examples: "Thank you for being nice right now" AND "I love how you are using a quiet voice"
- 2) Exercise 1 Role-play: Role-play within a "playing quietly" scenario.
 - a) <u>Stop screen share and set up scenario</u>: "Let's pretend my child is playing quietly with some toys. I'm going to use a praise, but have pieces missing. Please jump in and say the pieces missing. Bonus points to those who jump in and add how to include those missing pieces."
 - b) "Good Job" --> aims: add immediate and specific words.
 - c) "Thank you for playing quietly earlier this morning." --> aim: add immediate words.
 - d) "Thank you for not screaming right now". --> aim: change words to be positive.
- 3) Exercise 2 Rehearsal: Caregivers practice finding positive behavior and using praise. Ask caregivers to volunteer practicing by identifying: (1) a good behavior they might miss and (2) what words could they use to make their praise the most effective.
 - -Often, it can help to set the expectation is for everyone to join when they are ready.
 - -Praise parents when using effective parts of praise. Politely identify missing parts and ask how they can add those parts. Empathize praise is hard when they're "on the spot."
 - -If no one volunteers, ask them to practice while you pretend to be a child coloring.
- 4) Remind about next session and encourage to practice using praise at home.





Module: Positive Parenting Strategy: Session: 1 **Praise & Positive Attention Praise Session Fidelity Checklist** Facilitated introductions - asked about practice. **Engaged in support building.** Described "time-in/5:1" and "catch your child being good." Reviewed praise parts: immediate, positive, and specific. Modeled use of praise. Role-played using praise with caregiver(s). **Encouraged practicing praise at home.** Group Leader: _____



Date:



Module: Positive Parenting

Strategy: Child-Led Play

Session: 2

Goals

- Facilitate social support among group members.
- Education on strategy: using child-led play.
- Model and practice using child-led play with caregivers.

Session Activity Outline

- 1) Review group structure and telehealth requirements.
- 2) Facilitate weekly check-in and support among caregivers.
- 3) Discuss strategy: child-led play.
- 4) Model child-led play and ask caregiver(s) to practice "on the spot".
- 5) Encourage practice using child-led play on a daily basis this next week.

Materials Needed

- Child-Led Play Parent Workbook Handouts
- Toys (e.g., blocks, crayons) for modeling/role-play





Module: Positive Parenting Strategy:

Session: 2 Child-Led Play

Introduction and Support-Building

(20-25 Minutes)

1) Review group structure and telehealth requirements.

"It is nice to see everyone return tonight for our parenting group. As a reminder, we meet online each week. I am [introduce self]. Each week we come together to connect and support each other as parenting difficult children can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. Please give us a thumbs up to confirm you are in the state of [enter your state]?"

2) Facilitate introductions and support.

"We would like everyone to check-in about their weeks. Please let us know:

- a) your name(s), b) your child's name and age, c) a positive experience shared with your child this past week, d) your child's most challenging behavior this past week, and e) how practicing praise and positive attention went last week."
- ----it can help to copy this into the chat.

<u>Support Building Tips:</u>

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregivers' stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.





Module: Positive Parenting Strategy:

Session: 2 Child-Led Play

Strategy Education and Discussion

(15 Minutes)

- 1) Describe strategy.
 - a) <u>Child-Led Play</u>: "Child-led play is a daily time you and your child have labeled to spend together. Examples could include "Special Play Time" or "Mommy Daughter Time". Often, kids act out to fill one of two buckets: to feel in control or get social needs met. Child-led play is like a vitamin to give our kids a daily dose of feeling in control. The main ingredient is for them to lead playtime. It can help to find a place at home and 2-3 toys that won't lead to needing limits placed. We suggest toys that are open-ended and encourage creativity, such as arts and crafts, blocks, coloring, etc. Keep this time to 5-10 minutes a day. If your child becomes physically aggressive, you can end play. Always return to child-led play the next day. Child-led play should never be earned or removed as punishment. Stay consistent with ending playtime each day by telling your child a few things you loved about your time together and that you are going to do something else."
 - b) <u>Describe the "To-Dos"</u>: Share your screen with page 8 of the parent workbook (child-led play handout). Review the "To-Dos": Praise, Repeat, Imitate, and Describe. See the model portion in the next page for ways to give examples of each.
 - c) <u>Describe the "Avoids":</u> Continue sharing your screen and review the "Avoids": Commands, Questions, or Corrections/Criticisms. The main reasons for avoiding these is they can get in the way of the main ingredient: their child leading play.
- 2) Ask caregivers if they have questions or to share experiences with child-led play.





Module: Positive Parenting <u>Strategy:</u>
Session: 2 <u>Child-Led Play</u>
<u>Modeling and Practicing</u>

(15-20 Minutes)

- 1) Model using the "To-Dos" while describing examples from the parent workbook.
 - a) During the strategy description, you can review the examples from the workbook.
- 2) Exercise 1 Model: Model child-led play with a co-clinician or (if needed) a caregiver.
 - a) <u>Stop screen share and set up scenario</u>: "We're going to model child-led play. I am going to be a parent and [co-clinician] is going to pretend to be a child who is playing with [chosen toys]. [Co-clinician], we are going to start our special play time together. I'll play with you how you want to play."
 - b) <u>As the Parent</u>: Cue the group that you will demonstrate each "To-Do". Start with praise, then repeat, then imitate, and then describe. For imitation, it can help to say "You are making a castle I will do that too." Model active ignoring when your co-clinician shows some irritable behaviors. Model ending child-led play with a time warning (e.g., "we have 30 seconds left"). Then, model ending and transitioning (e.g., "our time is over now. I had so much fun building together. I am going to start making dinner and you can continue playing if you want."
 - b) <u>As the Child:</u> Have fun pretending and talk in short sentences. After a minute, pretend something went bad. Act slightly upset (e.g., raise voice, throw toy), but keep playing. Respond well to your co-clinician's ignoring and noticing your positive behavior.
 - c) <u>Single Clinician Note</u>: If you do not have a co-clinician, ask one caregiver to grab toys from home or crayons/paper and continue modeling each statement. It may help to ask for a volunteer in the beginning of the group to plan for who has toys and can act as a child.
- 3) Exercise 2 Rehearsal: Caregivers jump in and practice giving "To-Dos".
 - Ask caregivers to share what "To-Dos" they saw before. The clinician continues acting as a child who is enjoying child-led play. You may choose to practice one strategy or structure the rehearsal for the group to focus on specific "To-Dos". Remember to praise caregivers when they use each specific skill. If families are substantially quiet or not sure how to use the "To-Dos", you can repeat exercise 1 with a clinician demonstrating several "Avoids" and then ask caregivers what can be improved.
- 4) Remind about next session and encourage practicing child-led play at home.





Module: Positive Parenting <u>Strategy:</u>
Session: 2 Child-Led Play

Child-Led Play Session Fidelity Checklist

Facilitated introductions - asked about practice.
Engaged in support building.
Described child-led play giving children more control.
Reviewed each "To-Do" and "Avoid" statement.
Modeled child-led play with co-clinician or caregiver.
Asked caregivers to join in practicing "To-Dos" together.
Encouraged practicing child-led play at home.
Group Leader:
Date:





Module: Positive Parenting

Strategy: Reward Plan

Session: 3

Goals

- Facilitate social support among group members.
- Educate on strategy: using visual schedules and reward plans.
- Model and practice creating reward plans with caregivers.

Session Activity Outline

- 1) Review group structure and telehealth requirements.
- 2) Facilitate weekly check-in and build support among caregivers.
- 3) Discuss strategy: using visual schedules and reward plans.
- 4) Model starting a reward plan and practice with a caregiver "on the spot".
- 5) Encourage practice using reward plan on a daily basis this next week.
- 6) Ask caregivers leaving group to reflect on what the group meant to them.

Materials Needed

Visual Schedule and Reward Plan Parent Workbook Handouts





Module: Positive Parenting <u>Strategy:</u>
Session: 3 Reward Plan <u>Introduction and Support-Building</u>

(20 Minutes)

1) Review group structure and telehealth requirements.

"It is nice to see everyone return tonight for our parenting group. As a reminder, we meet online each week. I am [introduce self]. Each week we come together to connect and support each other as parenting difficult children can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. Please give us a thumbs up to confirm you are in the state of [enter your state]."

- 2) Facilitate introductions and support.
- "We would like everyone to check-in about their weeks. Please let us know:
 - a) your name(s), b) your child's name and age, c) a positive experience shared with your child this past week, d) your child's most challenging behavior this past week, and e) how practicing child-led play went last week."
 - ----it can help to copy this into the chat.

Support Building Tips:

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregiver's stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.

NOTE: Plan to shorten the support-building part of this session. The strategy education and discussion tends to take longer. We also ask caregivers exiting the group to share what the group meant to them at the end.





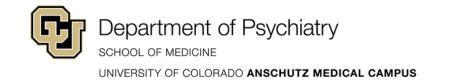
Module: Positive Parenting Strategy:

Session: 3 Reward Plan

Strategy Education and Discussion

(10 Minutes)

- 1) Describe strategies: Share screen to show Parent Workbook Handouts for these tools.
 - a) <u>Visual Schedule</u>: "A visual schedule is helpful to break down steps of your daily routine. The first step is to make bigger expectations, such as getting ready, into smaller ones, such as get your shoes on. Make a chart of these smaller expectations that has the words and pictures side-by-side. It can help to include your child in making this chart. For example, have them pick out the pictures for the steps. Then, put your chart in the place or places that are the closest to where you want your child to do those actions. Create more positive interactions by noticing when they complete each step. We are going to show you the example we created."
 - -The clinician then screen shares to show the example provided in the parent workbook.
 - b) Reward Plan: The clinician scrolls down to the reward plan section.
 - "A reward plan is another way to build positive habits. Many families may have tried a reward plan already. We provided 10 specific tips that are the most effective ways to use a reward plan with a young child showing challenging behaviors. When reviewing these tips, we want you to remember that consistency is key. Keep your reward plan simple. It is best to only reward 3 to 5 behaviors at a time. By keeping the plan simple, it will be easier for you to be consistent and immediate with rewards."





Module: Positive Parenting Strategy:

Session: 3 Reward Plan Modeling and Practicing

(20 Minutes)

1) Exercise 1 - Model: Starting a reward plan with a co-clinician or (if needed) a caregiver.

- a) <u>Set up scenario</u>: "Now, we're going to give an example of starting to create a reward plan. I am going to be a parent and my colleague is going to pretend to be a child. We are aiming to introduce a reward plan positively, find a concrete token, work together on finding a range of rewards, and find 3 to 5 behaviors we want our child to do in order to earn rewards."
- b) <u>As the Parent</u>: Cue the group that you will go through Step 1 5. Start with describing the plan as a way to earn things for actions that are hard to do. Throughout, ignore protests, roll with any interest expressed, give examples of rewards, ask if "To-Dos" are "easy, kind of hard, or really hard", and encourage child when participating.
- b) <u>As the Child:</u> Express a bit of disinterest at first. After 30-60 seconds, show more interest as the "parent" offers ideas or writes down your large ideas. Intermittently protest or grumble about the "To-Dos." Respond well to your co-clinician's ignoring and praise.
- c) <u>Single Clinician Note</u>: If you do not have a co-clinician, ask one caregiver to jump in and act like their child. Caregivers will often act like a child who is cranky or not motivated. Remember to do the same things as the parent in the section above.
- 2) Exercise 2 (optional) Rehearsal: Caregiver(s) start a reward plan with a clinician.

 Use the steps from the single clinician note above. If you have the time and co-clinician(s), you may use break-out rooms to offer more practice opportunities. Alternatively, you could ask caregivers to identify one behavior that a reward plan might help them with at home.





Module: Positive Parenting <u>Strategy:</u>
Session: 3 Reward Plan

Ending Reward Plan and Reflecting on Group

(15 Minutes)

1) Ask caregivers to ask questions or share experiences using reward plans.

a) Tips:

- Remember the group themes when answering tough questions.
- Consistency and immediacy are key for positive reinforcement.
- Emphasize using rewards that are no-cost to support sustaining a reward plan.
- This strategy might or might not be the perfect solution.
- Encourage focusing on creating more positive interactions if arguments about reward plans happen.

2) Ask caregivers to reflect on what the group has meant to them.

- Aim to make this transition 5 to 10 minutes before the end of group.
- Example transition: "Thank you so much for having an important conversation on using reward plans and what positive behaviors are important for your families. Since some families joined 6 weeks ago, we want to transition and talk about the group broadly. [Say leaving caregivers' names] are leaving tonight and we want to give them space to talk about what the group has meant to them. Please share what the group has meant to you."

3) Remind all caregivers about completing the after group measures.

• Inform exiting families they will receive an assessment to complete if they completed one in the beginning. It will help us understand if their child's mental health concerns are elevated after the group. The survey also helps us know follow-up services they prefer to access.





Module: Positive Parenting Strategy: Session: 3 **Reward Plan** Reward Plan Session Fidelity Checklist Facilitated introductions - asked about practice. **Engaged in support building.** Described purpose of visual schedule. Reviewed 10 tips for creating a reward plan. Modeled starting a reward plan with clinician or caregiver. **Encouraged using a reward plan at home.** Asked caregivers leaving to reflect on the group. Reminded caregivers leaving to complete post measures. **Group Leader:** Date:





Module: Consequences <u>Strategy:</u>
Session: 1 Active Ignoring

Goals

- Facilitate social support among group members.
- Educate on strategy: using active ignoring effectively.
- Model and practice using active ignoring with caregivers.

Session Activity Outline

- 1) Introduce clinicians, group structure, and telehealth requirements.
- 2) Facilitate weekly check-in and support among caregivers.
- 3) Discuss strategy: using active ignoring.
- 4) Model active ignoring and practice with a caregiver "on the spot".
- 5) Encourage practice using active ignoring on a daily basis this next week.

Materials Needed

- Active Ignoring Parent Handout
- Toys (e.g., blocks, crayons) for modeling/role-play





Module: Consequences <u>Strategy:</u>
Session: 1 Active Ignoring

Introduction and Support-Building

(20-25 Minutes)

1) Introduce clinicians, group structure, and telehealth requirements.

"Welcome to our group for caregivers of children with behavioral challenges. We meet online each week for 6 weeks. I am [introduce self]. Some families are joining us for their first night; other families have been with us for 3 weeks. Each week we come together to connect and support each other as parenting children showing difficult behaviors can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. We encourage you to turn on your camera to connect with others. We understand if that is not possible, and want you to still be able to join in the way you can. Last, we think families connect best when they use the gallery mode in Zoom to see everyone in the group. You can change your view by swiping up on a smartphone or clicking view gallery on a computer or tablet. Before we start, there are a few ground rules: 1) our conversations remain confidential, 2) we are in a private location, 3) no driving during the group, and 4) we are in the state of [enter your state] during this group. Please give us a thumbs up to confirm you are in the state of [enter your state]."

2) Facilitate introductions and support.

"We would like everyone to introduce themselves. Please let us know:

a) your name(s), b) your child's name and age, c) for those joining, what brought you to the group, d) for those returning, how practice using visual schedules and reward plans went last week, e) a positive experience shared with your child this past week, and f) your child's most challenging behavior this past week." -----it can help to copy this into the chat.

Support Building Tips:

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregivers' stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.





Module: Consequences

Strategy: Active Ignoring

Session: 1

Strategy Education and Discussion

(15 Minutes)

- 1) <u>Describe strategy</u>: Share screen with Active Ignoring Parent Workbook Handouts.
- a) <u>Identifying Behaviors to Ignore</u>: "Our strategy tonight focuses on ways we may accidentally fill our child's needs to get attention or feel in control. Often, acting out behaviors are followed by caregivers letting their child know they do not approve. Many kids find this attention reinforcing. Active ignoring involves removing attention from behaviors that tend to be obnoxious, annoying, or rude whereas unsafe or aggressive are not to be ignored."
- b) <u>The Active Part</u>: "The active part involves remaining in the same place as your child, but removing any reaction to their annoying or rude behavior. It is important to maintain a neutral facial expression and a calm voice. Avoid eye contact or gesturing back. Then, immediately start to find that Positive Opposite Behavior and give very specific, positive attention to it."
- c) Extinction Bursts: "For some caregivers, ignoring can feel like we are not doing anything -- not discipling or teaching our child. For other caregivers, they notice their child's behaviors increase or get worse which makes us worried ignoring is not working. When behaviors get worse follwoing a change like ignoring, is called an extinction burst. Extinction bursts are very common when kids are learning to change their behavior. Staying consistent with ignoring is key to decreasing attention-seeking misbehaviors."
- ----End screen share and give vending machine metaphor. "This can be similar to putting money in a vending machine, but the treat is stuck. How do we respond to this?" Affirm tendency to respond with escalated behavior. Ask "What happens next if we don't get the treat?" Affirm tendency to problemsolve or walk away. Validate feeling helpless, angry, or worried during extinction bursts as parents are often the target and encourage consistency.
- 2) Ask caregivers to share their experiences with active ignoring.





Module: Consequences Session: 1 Strategy: Active Ignoring

Modeling and Practicing

(20 Minutes)

- 1) Exercise 1- Model: Active ignoring with a co-clinician or (if needed) a caregiver.
 - a) <u>Set up scenario</u>: "Now, we're going to give an example of active ignoring. I am going to be a parent finishing emails and my colleague is going to be a child interested in getting attention. Please notice the subtle ways I look or don't look at the camera and practice the active part."
 - b) <u>As the Parent</u>: Cue the child that you are almost finished with emails in a few minutes. Ignore the attention-seeking behaviors by looking at the screen and then looking away or down. Use praise or reflective statements when you see positive behaviors. For example, "I know it is hard to wait thank you for telling me" when there are calm, quiet words.
 - c) <u>As the Child:</u> Repeatedly ask to play games. Gradually escalate your tone and behavior. At the peak, scream, tell them they are the worst, make threats, etc. Argue back to praise statements (e.g., "you are not helping me wait"). Gradually calm and become quiet as the parent is consistent with removing attention.
 - d) <u>Single Clinician Note</u>: If you do not have a co-clinician, ask one caregiver to jump in and act like their child. Caregivers will often act like a child who is cranky or not motivated. Remember to do the same things as the parent in the section above.
- ----Once the scenario is over, ask caregivers to share what they observed.
- 2) Exercise 2 Role Play: Clinician acts as a child and encourages one caregiver to be on the spot.

 Ask one caregiver to volunteer and either use the same scenario or choose their own. One clinician uses the "As a Child" steps from above, except slightly lessens the peak intensity of an outburst.

 Encourage the caregiver when they use using active ignoring appropriately, including the ignoring or the active part. If you have time, you may offer other caregivers to practice.
- 3) Remind about next session and encourage to use active ignoring at home.





Active Ignoring Session Fidelity Checklist

Module: Consequences <u>Strategy:</u>
Session: 1 Active Ignoring

Facilitated introductions - asked about practice.
Engaged in support building.
Described active ignoring as a discipline strategy.
Reviewed active part, extinction bursts, and consistency.
Modeled use of active ignoring.
Role-played using active ignoring with caregiver(s).
Encouraged practicing active ignoring at home.



Date:

Group Leader: _____



Module: Consequences <u>Strategy:</u>

Session: 2 Effective Commands

Goals

- Facilitate social support among group members.
- Educate on strategy: using commands effectively.
- Model and practice using effective commands with caregivers.

Session Activity Outline

- 1) Review group structure and telehealth requirements.
- 2) Facilitate weekly check-in and support among caregivers.
- 3) Discuss strategy: using effective commands.
- 4) Model effective commands and practice with a caregiver "on the spot".
- 5) Encourage practice using effective commands each day this next week.

Materials Needed

- Effective Commands Parent Handout
- Toys (e.g., blocks, crayons) for modeling/role-play





Module: Consequences Session: 2 Effective

Strategy: Effective Commands

Introduction and Support-Building

(20-25 Minutes)

1) Review group structure and telehealth requirements.

"It is nice to see everyone return tonight for our parenting group. As a reminder, we meet online each week. I am [introduce self]. Each week we come together to connect and support each other as parenting difficult children can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. Can everyone give me a thumbs up to confirm you are in the state of [enter state]?"

2) Facilitate introductions and support.

"We would like everyone to check-in about their weeks. Please let us know:

- a) your name(s), b) your child's name and age, c) a positive experience shared with your child this week, d) your child's most challenging behavior this past week, and e) how practicing active ignoring went last week."
- ----it can help to copy this into the chat.

<u>Support Building Tips:</u>

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregiver's stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.





Module: Consequences <u>Strategy:</u>

Session: 2 Effective Commands

Strategy Education and Discussion

(15 Minutes)

- 1) Describe strategy: Share screen to show Parent Workbook Handouts for this strategy.
 - a) <u>Using Effective Commands Consistently</u>: "Our strategy is focused on how caregivers communicate directions or commands to their children. We can use effective commands to help children listen more by giving directions using specific language. This will allow us to use discipline less often and decide if or when discipline is needed. A big theme of this lesson (and our group) is consistency. We encourage you to practice being consistent with the language you use to give directions. Consistency is key."
- 2) Exercise 1 Model: Review the 8 ingredients and give examples of changing words throughout. Continue sharing screen on the 8 ingredients page. Validate it can be hard to give effective instructions. Encourage caregivers to think about which ingredients are their strengths and which they can improve. Use a running scenario while describing each ingredient. The scenario involves getting ready for dinner time and examples are listed below.
- 1) Picking battles: Ask yourself "Do I need my child to sit at the table or can they eat where they are?"
- 2) Getting attention: "Move to where your child is or turn off TV before telling them to sit for dinner."
- 3) 5-10 seconds: Instead of "clean up all of your toys", start with "please start putting your blocks away."
- 4) Direct and simple: Instead of "can you come downstairs?", say "please go downstairs now."
- 5) One at a time: Instead of "come downstairs, sit at the table, and eat", say "come downstairs now."
- 6) To-Do instead of Don't: Instead of "stop not listening to me", say "sit quietly at the table."
- 7) Explanation before or after listening: Instead of You: "Come downstairs", Child: "Why", You: "Because",
- Child: "Why", You: "Because I said so", start with ""it is time to start our dinner, come downstairs now."
- 8) Forced choice: Instead of Say "You can only sit here", say: "Sit next to me or your sister."
- 2) Ask caregivers to share questions or their experiences with effective commands.





Module: Consequences <u>Strategy:</u>
Session: 2 Effective Commands

Modeling and Practicing

(15-20 Minutes)

- 1) Exercise 2 Model: Review effective command examples from the parent workbook.
 - a) Use the screen share function to show page 30-32 of the parent workbook.
 - b) Ask caregivers to find missing ingredients and model changing language. Examples:
 - "Sit on your bottom on the couch" instead of "Behave"
 - "Give me the toy" instead of "Stop throwing those toys"
 - c) Ask caregivers to make the remaining commands effective.
- 2) Exercise 3 Role-play: Role-play a "coming home from the day" scenario.

Stop screen share and set up scenario: "Let's pretend you and your child are transitioning to coming home. What are some less effective words you may get stuck using during this part of your routine? How may you change the words?

- 3) Exercise 4 (optional) Rehearsal: Caregivers practice changing instructions to be more effective. Ask caregivers to volunteer practicing by: (1) identifying a challenging behavior they want to see less often, and (2) what words could they use to make commands the most effective.
 - -It can help to set the expectation is for everyone to join when they are ready.
 - -Praise parents when they use effective ingredients in their commands. Politely identify missing parts and ask how they can change their words. Empathize with language being hard to change, especially when they're "on the spot" practicing with other caregivers.
 - -If no one volunteers, give another scenario to practice using effective commands, such as making transitions during morning routines or going to bed.
- 4) Remind about next session and encourage to practice using effective commands.





Module: Consequences <u>Strategy:</u>

Session: 2 Effective Commands

Effective Commands Session Fidelity Checklist

Facilitated introductions - asked about practice.
Engaged in support building
Described effective command ingredients
Identified missing parts of effective commands
Modeled changing command language
Role-played using effective commands with caregivers
Encouraged practice using effective commands at home
Group Leader:
Date:





Module: Consequences Strategy:

Session: 3 Effective Consequences

Goals

- Facilitate social support among group members.
- Educate on strategy: using consequences effectively with the 3 Cs.
- Model and practice using the 3 Cs when giving logical or natural consequences.

Session Activity Outline

- 1) Review group structure and telehealth requirements.
- 2) Facilitate weekly check-in and build support among caregivers.
- 3) Discuss strategy: using the 3 Cs for logical and natural consequences.
- 4) Model deciding between logical and natural consequences.
- 5) Encourage practice using the 3 Cs when necessary.
- 6) Ask caregivers leaving group to reflect on what the group meant to them.

Materials Needed

- Toys (e.g., blocks, crayons) for role-play
- Using Effective Consequences Parent Workbook Handouts





Module: Consequences <u>Strategy:</u>

Session: 3 Effective Consequences Introduction and Support-Building

(15 Minutes)

1) Review group structure and telehealth requirements.

"It is nice to see everyone return tonight for our parenting group. As a reminder, we meet online each week. I am [introduce self]. Each week we come together to connect and support each other as parenting difficult children can be stressful. We discuss one strategy each week to practice with your child. Last, we set aside time to model and practice each strategy. Can everyone give me a thumbs up to confirm you are in the state of [enter state]?"

- 2) Facilitate introductions and support.
- "We would like everyone to check-in about their weeks. Please let us know:
 - a) your name(s), b) your child's name and age, c) a positive experience shared with your child this week, d) your child's most challenging behavior this past week, and e) how practicing using effective commands went last week."
 - ----it can help to copy this into the chat.

Support Building Tips:

- -Ask caregivers how they "connect", "relate", or "feel similarly" to other caregiver's stories.
- -Allow silence for 30-60 seconds. Silence can still work in telehealth.
- -Identify common themes: feeling helpless, embarrassed, or isolated; being frustrated with child or systems; doubting parenting, blaming yourself, and not knowing what to do next.

NOTE: Plan to shorten the support-building part of this session. The strategy education and discussion tends to take longer. We also ask caregivers exiting the group to share what the group meant to them at the end.





Module: Consequences <u>Strategy:</u>

Session: 3 Effective Consequences Strategy Education and Discussion

(15 Minutes)

- 1) Describe strategy: Share screen to show Parent Workbook Handouts for these tools.
 - a) <u>Purpose of Effective Consequences:</u> State what is written in the Definitions & Purpose section of the Parent Handbook starting with "Families often use consequences to"
 - b) <u>Transition to the 3 C's and logical/natural consequences:</u> "Today, we will discuss ways to make consequences effective and avoid accidentally creating more challenging behaviors. There are 3 principles -- the 3 Cs -- that make consequences work in the long-term. We will discuss logical vs natural consequences and describe how to decide between them while keeping in mind the 3 Cs."
 - c) <u>The 3 Cs:</u> Scroll down while sharing your Parent Workbook screen. Use the handouts to describe the 3 Cs that make consequences effective in the long-term. The first page is an overview. The next page expands on why to use the 3 C's. We encourage that caregivers (a) confirm rules and consequences with kids when everyone is calm, (b) stay calm while giving consequences immediately following misbehavior, and (c) <u>only actively</u> work on 3 misbehaviors at a time in order to be consistent.
 - d) Natural & Logical Consequences: Review the next page in the Parent Workbook. It gives definitions, examples, and guidance on choosing between them.
- 2) Ask caregivers if they have questions or can share experiences with using consequences. Tips: Remember the group themes: Caregivers are working hard and these are stressful moments. Encourage consistency and using non-physical forms of discipline. Encourage creating positive interactions after consequences to repair any relationship concerns.





Module: Consequences Strategy:

Session: 3 Effective Consequences

Modeling and Practicing

(20 Minutes)

- 1) Exercise 1 Modeling: Deciding between logical and natural consequences using the 3 Cs.
- a) <u>Set up Scenario</u>: Share screen to show page 37 in the Parent Workbook. Tell families: "Here is an example for deciding between natural or logical consequences while considering the 3 Cs. You first decide if a consequence is needed based on our family values or if the behavior is a problem. Then, we think about if the consequences -- whatever happens after the behavior, naturally or logically-imposed -- are clear, calmly delivered, and consistent." Go to next page. Highlight "Throwing Toys, Riding Bike in Road, and Hitting Brother" were the 3 misbehaviors the example parent chose guided by the 3 Cs. Review the bottom table based on each misbehavior. Speak as if you were talking to yourself when deciding and planning how to use a logical or natural consequence. Transition to live example for when child throws toys. "Now, we will model using a logical consequence using the 3 Cs when our child throws a toy."
- b) As the Parent: Start talking about house rules and not throwing toys at people. Make it clear that everyone is calm and praise child for participating. Emphasize it is ok to feel mad. We want to learn ways to stay calm instead of throwing toys. Cue families that you are switching to the moment when your child breaks the rule. Wait for the child to start getting mad. Model using active ignoring and give effective directions (e.g., please walk away from your toys). Once a child throws a block at the screen, say "Throwing toys can hurt me. I don't want you to do that. We agreed that if you throw your blocks at me, they will go away for the day. Your blocks are going away for the day." Tell families this is the moment the child will likely erupt and your focus is on staying calm and following through.
- c) <u>As the Child:</u> Participate in the rule creating conversation and be understanding of why it is important not to throw things at people. Start to play with toys and have them not go the way you want (e.g., blocks don't fit). Escalate and get frustrated at your co-clinician for telling you what to do. Throw block at screen.
- d) <u>Single Clinician Note:</u> If you do not have a co-clinician, ask one caregiver to act like their child. Be clear: you want to have a conversation about rules first at a neutral time. Then, we want the caregiver to pretend to break that rule at home. Stay consistent and calm.





Module: Consequences Strategy:

Session: 3 Effective Consequences

Modeling and Practicing

(20 Minutes)

- 2) Exercise 2 Rehearsal (optional): Caregivers practice identifying effective consequences.
 - a) Ask caregivers to volunteer practicing by: (1) identifying a challenging behavior they want to see their child do less often, and then either (2a) describing a consequence that has been effective or (2b) deciding an effective consequence while thinking of the 3 Cs.
 - -It can help to set the expectation for everyone to join when they are ready.
 - -Families choose their rules based on their values and backgrounds. Different behaviors are considered "misbehavior" by different families. The goals are ultimately to help caregivers get along better with their kid, feel less stressed, and feel more confident.
 - -Praise parents for describing ways they focus on being clear, calm, and/or consistent.
 - -Remember the group themes: build positive connections, consistently encourage non-violent discipline, and try it out!
- 3) Ask caregivers to reflect on what the group has meant to them.
 - -Example: "Thank you for having an important conversation on consequences and rules that are important among our families. Since some families joined 6 weeks ago, we will now transition to talking more broadly about the group. [Say leaving caregivers' names] are leaving tonight and we want to give them space to talk more about what the group has meant to them. Please share what the group has meant to you."
 - -Aim to make this transition 5 to 10 minutes before the end of group.
- 4) Remind caregivers about completing after group measures.
 - -Inform exiting families they will receive an assessment to complete if they completed one in the beginning. It helps us understand if their child's mental health concerns are elevated after the group. It also helps us know follow-up services they prefer to access.





BRIEF BEHAVIORAL PARENTING GROUP: SESSION PLAN

Module: Consequences <u>Strategy:</u>

Session: 3 Effective Consequences

Effective Consequences Session Fidelity Checklist

Facilitated introductions - asked about practice.
Engaged in support building.
Described the 3 Cs for effective consequences.
Differentiated between natural & logical consequences.
Modeled using the 3 Cs to decide and give consequence.
Asked caregivers leaving to reflect on the group.
Reminded caregivers leaving to complete post measures.
Group Leader:
Date:





BRIEF BEHAVIORAL PARENTING GROUP: APPENDICES

- 1 Telehealth Tips
- 2 Additional Parenting Strategy Metaphors
- (3) Longer Scripts for Detailing Psychoeducation and Strategies
- 4 Longer Scripts for Setting Up Modeling, Role-Play, or Rehearsal Exercises.
- 5 Enrollment and Engagement Support Examples



BRIEF BEHAVIORAL PARENTING GROUP: TELEHEALTH TIPS

PROBLEM

CAREGIVERS ARRIVE IN THEIR CAR

CAREGIVERS ARE IN A
PUBLIC PLACE
(E.G., PUBLIC BUS)

THERE IS TOO MUCH BACKGROUND NOISE

POSSIBLE SOLUTIONS

- 1. Send welcome letter prior to 1st session specifying group expectations.
- 2. Remind expectations at beginning of group.
- 3. Be the host of the meeting who can put specific individual in waiting room.
- 1. Send welcome letter and remind of group expectations.
- 2. Direct caregiver to leave and rejoin when in private location.
- 3. Remove caregiver from group. Contact after group to specify expectations and rationale.
- 1. Set teleconferencing meeting to mute upon entry.
- 2. Mute individuals as the host; privately chat the reason for muting.
- 3. Request caregivers to be in a private space.





BRIEF BEHAVIORAL PARENTING GROUP: TELEHEALTH TIPS

PROBLEM

IT IS AWKWARD

POSSIBLE SOLUTIONS

- 1. Notice subtle nonverbal cues, such as caregivers reaching forward or turning off mute.
- 2. Describe those cues when they happen. Examples:
 - a. "Spencer, I saw you went off mute."
 - b. "Veronica, you moved toward the camera. I was not sure if you wanted to jump in."
- 3. Allow silence for 30-60 seconds. Silence can still be an effective therapeutic tool in telehealth.
- 4. Write down themes you hear during the introductions. Offer themes as opportunities to connect among caregivers. Examples:
 - a. "I heard some themes in our intros. One is how parenting can make you feel weak or helpless. Spencer, the way you described Nathan's yelling made me think that."
- 5. Create a culture of respect and humility. Share that strategies may work or may not in certain moments. Encourage caregivers to learn which ones seem to work in certain moments through practice.
- 6. Find ways to add humor or a smile in each session.





BRIEF BEHAVIORAL PARENTING GROUP: TRIBLEH BALTH TIPS

PROBLEM

SHARING THE SCREEN ADDS MORE COMPLICATION

FAMILIES ARE NOT COMING TO THE APPOINTMENTS

POSSIBLE SOLUTIONS

- 1. Remove all screens except zoom and then open the manual/workbook.
- 2. Toggle between screens using Alt+Tab.
- 3. Set up meetings to practice screen sharing parts while mock leading the education/modeling.
- 1. Send a simple and brief email including quick links to access the screening and group. Our examples are included in the Appendices below.
- 2. Clinicians call all families before joining the group to introduce themselves and trouble-shoot technology. Nine times out of ten, families had not read the email yet or it went to their spam folder.
- 3. When two clinicians are available, a second clinician can be watching the online waiting room or where they receive messages from families.
- 4. Provide families with a phone number to speak with administrative staff. Educate administrative staff on how families can access the group so they can quickly direct families toward accessing the group.





BRIEF BEHAVIORAL PARENTING GROUP: STRATEGY METAPHORS

1. Praise and Time-In

 Catch your child being good: Attending to car – only going when something breaks vs preventative maintenance?

2. Child-Led Play

0

- Child-led Play works like a vitamin for your child. Vitamins work best when small amounts are taken each day to help our bodies develop and function normally. Vitamins help us balance any nutrients we are missing. Child-led Play also works best when done in small chunks on a daily basis. Also, children might act out because they have higher needs for feeling in control or having social interactions. Child-led play just like vitamins can help balance out those needs that might be missing and protect against children acting out to get those needs met.
- The description "to-do" in child-led play is like narrating on a sports game or cooking show. In both, you can walk away from the TV and still know what is happening right now without seeing. Broadcasts might say: "Jokic is dribbling the ball down court" or cooks might say: "I am cutting the asparagus in 2 inch pieces". We want to make kids the star of their show during child-led play and we do not always have to use praise to do it. Simply saying what you see your child is doing when they are behaving well can be reinforcing enough to get more good behaviors to happen.

3. Reward Plan

С





BRIEF BEHAVIORAL PARENTING GROUP: STRATEGY METAPHORS

4. Active Ignore

• Extinction bursts happen when people no longer get something they used to get that either helped them feel good or relieved. We keep trying to do what used to work, but faster or more intensely. For example, if our piece of candy is stuck in a vending machine, it is very common that we respond by yelling, pushing buttons quicker, cursing at the machine, or even physically hitting the machine. But, when the machine does not give our candy after those actions, we typically end up walking away, getting creative, or asking for help. Similarly, if we push an elevator button and the door doesn't open, it is very common that we hit the button harder and faster. But, if the elevator still doesn't come, we typically end up using the stairs, going to another elevator, or decide ask for directions. These metaphors are like what happens when active ignoring is starting to work. Kids often feel like acting out behaviors give them a sense of control or attention, and will typically show acting out behavior more quickly and intensely when those reinforcers are removed. Eventually, we want them to also listen, problem-solve, or ask for help – being consistent with ignoring during the extinction burst is very important.

5. Effective Commands

• The ingredients for giving commands effectively are like using a cookbook as a guide for making a meal. We might already have some of the ingredients ready and do not need to buy it or prepare it. But, some ingredients, we need to focus on preparing or buying when at the store. Similarly, we might already have some ingredients of effective commands that are well-prepared and we need to focus on other ingredients. Another reason effective command ingredients are like what you do when cooking is you can still get success when focusing on just a few ingredients. It is NOT like baking where you need all ingredients perfectly measured out for success. Sometimes, you just need to tweak a few things and kids respond well.

6. The 3 Cs and Natural / Logical Consequences

0





BRIEF BEHAVIORAL PARENTING GROUP: PSYCHOEDUCATION SCRIPTS

1. Praise and Time-In

0

2. Child-Led Play

0

3. Reward Plan

0

4. Active Ignore

0

5. Effective Commands

0

6. The 3 Cs and Natural / Logical Consequences

0





BRIEF BEHAVIORAL PARENTING GROUP:

MODEL, ROLE-PLAY, AND REHEARSAL SCRIPTS

1. Praise and Time-In

0

2. Child-Led Play

0

3. Reward Plan

0

4. Active Ignore

0

5. Effective Commands

0

6. The 3 Cs and Natural / Logical Consequences

0





The following pages include the welcome letter and access tip sheets we used to support access and participation in our group.

The files were embedded as images in the email to caregivers when they enrolled.

This email also included the parenting group workbook.

Caregivers were provided the workbook before their first session.

The Pediatric Symptom Checklist and Preschool Version were used for screening and outcome monitoring.





WELCOME!

We are glad you decided to join our Parenting Group for Children with Behavioral Challenges.



Our group is designed to support caregivers of young children with challenging behaviors.

GROUP STRUCTURE

6 week program

Connect with other caregivers

Discuss parenting strategies

Online to reduce barriers

YOUR GROUP DETAILS

Thursdays from 5-6pm

Access through Zoom

Meeting ID: 947 3282 0607

Passcode: BPG





GUIDELINES

- You need to participate from a private setting in the state of Colorado
- 2 You cannot be driving during the group
- (3) Group discussion is confidential
- Sessions will be cancelled if a caregiver does not join the 1st and 2nd session
- Anyone who is a caregiver can attend if your child's legal guardian consents
- 6 If possible, we encourage you to access the group without your child present
- 7) Tell us if you did not get our workbook!



STEPS



Complete screening before your first appointment.

- If your child has not received a mental health diagnosis, it helps us better understand your child's presenting concerns.
- You will be asked to answer this measure again after group ends to track outcomes and identify follow-up recommendations.

Or scan here



Click here to complete screening



Only complete this screening one time.



You do not need to complete if you already did in our research study. The follow-up measure will be sent when group ends.





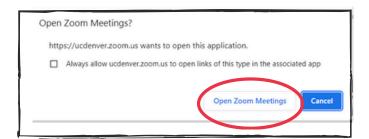
ACCESSING GROUP



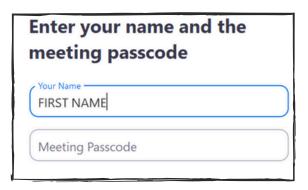
Click here to access group via Zoom on the day and time of your group











You are in!

Please wait, the clinician for this group will let you in soon.

Jacob Holzman (he/him)'s Zoom Meeting



Group Access Issues: Call 720-777-0988





WHEN GROUP ENDS

AFTER 6 WEEKS



Complete the screening measure again.

- You will automatically receive an email to the email address you provided in the screening. This will come 6 weeks from the day you started the group.
- This will help providers in our clinic track presenting concerns and coordinate care.

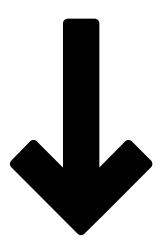


We will send you a list of potential follow-up services and how to contact clinics that provide these services.





IF YOU DO NOT ALREADY HAVE ZOOM ON YOUR DEVICE



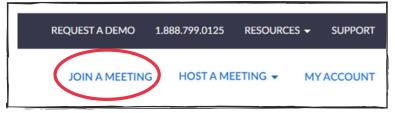
ACCESSING ZOOM

FROM TABLET OR COMPUTER



Go to zoom.com and click "Join a Meeting"

zoom

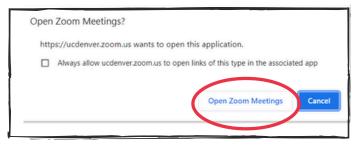




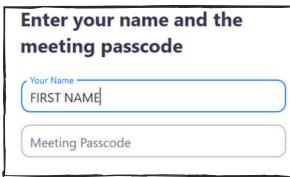
Meeting ID or Personal Link Name

Enter Meeting ID or Personal Link Name

Click "Open Zoom Meetings"



Enter First Name and Passcode: BPG



5 You are in!

Please wait, the clinician for this group will let you in soon.

Jacob Holzman (he/him)'s Zoom Meeting





ACCESSING ZOOM

FROM SMART PHONE



Download Zoom Cloud Meetings app





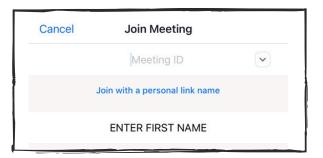


Click "Join Meeting"



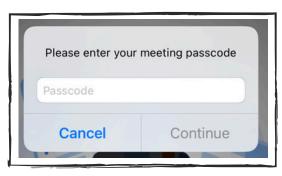
3

Enter Your Name & Meeting ID: 947 3282 0607



4

Enter Passcode: BPG



5

You are in!

Please wait, the clinician for this group will let you in soon.

Parenting Group for Children with Behavioral Challenges - Children's Hospital Colorado



