Positive Parenting: Development of Facilitator and Participant Manuals

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The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

To my beautiful family, without whom this would not have been possible. Your unconditional love, support, and generosity has allowed me to accomplish what I thought was impossible.
Abstract
Attention Deficit Hyperactivity Disorder (ADHD) and other disruptive behaviour disorders are one of the most prevalent referrals to child and adolescent mental health services. Due to the detrimental long-term effects of untreated ADHD, it is vital that an effective and holistic treatment approach is available. Positive effects have been found in individualized treatments and in a pharmacological approach; however, often parent involvement is crucial. Often parent groups can require a large time commitment from parents and caregivers leading to high attrition rates. Brief and condensed groups have demonstrated a lower participant dropout resulting in higher retention rates. The aim of the current study is to develop a 5-week facilitator and participant manual for a parent treatment group, called Positive Parenting, to be implemented with parents who have a child with behavioural issues. The manuals were developed with the goal of decreasing attrition rates and increasing the fidelity of the psychoeducational treatment group. The manuals were created through expert consultation, research analysis, and derived from the Incredible Year Parenting Program. The manuals focus on concepts such as how to help children learn to regulate emotions, strategies for increasing positive behaviour, strategies for managing problem behaviours, and strategies to promote the child’s social and emotional competence. The facilitator and participant manual correspond and are designed to be implemented in unison with each other. Future research should examine the efficacy of the manuals, parent knowledge acquisition, frequency of the children’s problem behaviors, and facilitator feedback.
Acknowledgements

I would like to acknowledge and thank the staff at Hotel Dieu Hospital for allowing me to complete my thesis there. Specifically, I am so grateful for the unwavering support and encouragement that Andrea Roblin-Hanson was to me throughout this process. I am so grateful to Rachel Williamson for her continuous guidance, which has made me a better writer. Finally, I would like to acknowledge the loyalty and compassion shown to me by my dear friends. Katie, Alison, Jacqueline, and Megan you always pushed me to be and do my best.
Table of Contents

Dedication ......................................................................................................................... ii
Abstract ............................................................................................................................... iii
Acknowledgements .......................................................................................................... iv
Chapter I: Introduction ...................................................................................................... 1
Chapter II: Literature Review ............................................................................................. 2
  Attention Deficit Hyperactivity Disorder and Oppositional Defiance Disorder .......... 2
  Common Treatments ....................................................................................................... 2
  Role of Parents .............................................................................................................. 3
  Parent Training Methods ............................................................................................... 3
  Treatment Manuals ........................................................................................................ 4
  Parent Training Benefits .............................................................................................. 5
  The Impact of Attrition ................................................................................................. 5
Chapter III: Methodology .................................................................................................. 6
  Participants ..................................................................................................................... 6
  Design ............................................................................................................................. 6
  Setting ............................................................................................................................. 6
  The Manuals .................................................................................................................. 6
Chapter IV: Results ............................................................................................................ 7
  Product ............................................................................................................................. 7
Chapter V: Discussion ....................................................................................................... 8
  Summary ......................................................................................................................... 8
  Strengths and Limitations ............................................................................................. 8
  Multilevel Challenges .................................................................................................... 8
  Recommendations for Future Research ....................................................................... 9
  Contributions to the Field of Behavioural Psychology .................................................. 10

References .......................................................................................................................... 11
Appendix A ........................................................................................................................ 14
Appendix B ........................................................................................................................ 33
Chapter I: Introduction

In childhood persistent forms of maladjustment are most commonly a result of externalized disorders such as attention deficit hyperactivity disorder (ADHD) or Oppositional Defiance Disorder (ODD; Battagliese et al. 2011). The literature demonstrates a need for intervention with children who have received a diagnosis of ADHD and/or ODD due to the chronic and harmful effects that these diagnoses can have on an individual throughout their lifespan, such as in maladaptive relationships or delinquency (Barkley, 2006). Considerable variation has been found in children’s success with behavioural intervention, despite their demonstrated effectiveness at increasing positive behaviours (Strauss, Vicari, Valeri, D’Elia, Arima, & Fava, 2012). Strauss et al. (2012) attribute some of the variation in treatment outcomes to parental factors, particularly parent stress. Parents'/guardians’ involvement is vital to their children’s success in any form of therapy; specifically, increased parental involvement in treatment is linked to an increase in treatment fidelity and a reduction in children’s challenging behaviours (Strauss et al., 2012). Therefore, it is essential for parents to be equipped with the correct knowledge and the abilities to appropriately and effectively manage their children’s problem behaviours and encourage the use of therapeutic strategies (Skotarczak & Lee, 2015). The research supports the implementation of parent training groups provided the groups are evidence based and theoretically sound. However, many psychoeducation groups can run for 20 to 50 weeks, which can lead to non-committal participants and high attrition rates (Barth, & Liggett-Creel, 2014). According to a meta-analysis conducted by Öst and Ollendick (2017), brief, condensed, or intensive groups have been noted to have lower attrition (2.3%) compared to typical 9 to 18-week groups’ attrition rates (6.5%). Additionally, the literature supports the use of manualized treatments to enhance the integrity of the treatment and allow for efficiency in staff trainings and evaluations. The use of treatment manuals provides structured training materials to the facilitator and the participants of the parent training sessions (Matson et al., 2009).

The aim of the current research is to create facilitator and parent manuals for a 5-week psychoeducation parent treatment group, called Positive Parenting, for parents of children with behavioural issues. The goal of the manual’s development is to decrease attrition rates and increase the fidelity of the psychoeducational group. These manuals will incorporate topics such as: how to help children regulate emotions, strategies to promote positive behaviours and decrease problem behaviours, and strategies to increase children’s emotional and social competence. The purpose of the Positive Parenting group is to equip parents, whose children engage in disruptive behaviours, with tools and knowledge to manage their children’s behaviours. This thesis entails a comprehensive review of the literature and describes how the manuals will be developed and the intended end results. Through the creation of the manual, other mental health professionals will be able to implement the Positive Parenting treatment group with their clientele and ultimately provide the psychoeducational parent treatment group to an increased number of families.
Chapter II: Literature Review

Attention Deficit Hyperactivity Disorder and Oppositional Defiance Disorder

The diagnoses of ADHD and/or ODD are prevalent and can cause adverse outcomes throughout the individuals’ life (Fabiano et al., 2009). This could result in severe maladaptive relationships, academic problems, or potential substance abuse or delinquency (Barkley, 2006). ADHD is characterized by impulsivity-hyperactivity and/or inattention that disrupts the development or functioning of an individual (Piotrowski, 2013). ODD is defined by argumentative/defiant behavior, vindictiveness, or angry/irritable mood that lasts a minimum of 6 months (Piotrowski, 2013). ADHD is known to be chronic and is linked with academic underachievement, inability to sustain a job, and social problems (Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993). Children with ADHD often experience trouble maintaining attention, controlling motor activity, sustaining effort, and finishing tasks (American Psychiatric Association, 2001). Children diagnosed with ODD often have significant issues with authority figures and will display argumentative, resentful, hostile, and defiant behaviours (Kutcher et al., 2004). As a result of these symptoms, such as inattention and problems with authority, children often struggle in the school environment and encounter many disciplinary problems (DuPaul & Stoner, 2003).

Common Treatments

Clinicians have attempted to treat ADHD and ODD disorders through homeopathic and herbal remedies, psychological and pharmacological interventions, or dietary management (Catalá-López et al., 2017). However, behavioural treatments and pharmacological intervention are evidence based and have been extensively researched and are, therefore, more widely used (Catalá-López et al., 2017). A meta-analysis conducted by Fabiano et al. (2009) found that individual behavioural interventions utilizing behavioural modification to manage ADHD symptoms were significantly more effective than the control conditions, evidenced by a substantial effect size (Cohen's d=0.83). Behavioural treatments consist of classical conditioning principles, cognitive-behavioural theory, and operant conditioning, which stem from learning theory (Fabiano et al., 2009). The basic principles of behavioural modification treatments consist of the manipulation of antecedents and consequences to increase or decrease a behaviour (Fabiano et al., 2009). These principles are often used through teaching of self-regulation skills to children (Reid, Trout, & Schartz, 2005). Self-regulation teaches individuals how to monitor, manage, and assess their behaviour (Reid et al., 2005). Through teaching self-regulation strategies to children, it can improve their on-task behaviour and academic performance while decreasing disruptive behaviours (Reid et al., 2005). Cognitive-behavioural therapy (CBT) is found to be effective when working with children diagnosed with ODD (Kutcher et al., 2004). CBT aims at treating maladaptive and negative thoughts and improve problem solving skills (Kutcher et al., 2004). Studies have demonstrated CBT interventions to be more beneficial if a parent was involved in the treatment process with the child (Perrin, Sheldrick, McMenamy, Henson, & Carter, 2014).

Catalá-López et al. (2017) conducted a meta-analysis that found a combination of both pharmacological and individual behavioural interventions showed the best results in the children and adolescents’ disruptive behaviours. However, individual treatment and medication do not impact all aspects ADHD/ODD (Maughan, Christiansen, Jenson, Olympia, & Clark, 2005). Maughan et al. (2005) state that individual behavioural therapies do not take into consideration the ability of the parents to manage their child’s problem behaviours at home. Maughan et al. (2005) note that children with disruptive behaviours often come from families that are under
considerable stress, are experiencing changes in the family structure, or are characterized by being inconsistent and practice punitive disciplinary measures, emphasizing the importance of a family intervention. This can lead to additional stress on the parents and diminish their confidence in their parenting skills (Maughan et al., 2005). Although pharmacological treatments may decrease some challenging behaviours, it may not suppress all of them (Maughan, et al. 2005). For example, some medication may not address behaviours such as defiance or coercion (Maughan et al., 2005). Behavioural problems are commonly developed in the child’s natural environment; therefore, parent involvement will enhance the possibility of behaviour change (Maughan et al., 2005). Chamberlin and Patterson (1995) highlight the importance of parent training because poor parenting is a predictor to life long maladaptive behaviours. Poor parenting can be a result of a chaotic home environment, lack of social support, lack of involvement from parents or overreactive (coercive, harsh discipline) and/or careless punishment (permissive, inconsistent parenting; Arnold, O’Leary, Wolff, & Acker, 1993; Tichovolsky, Arnold, & Baker, 2013).

Role of Parents

Parenting styles and dynamics play an important role in the manifestation and maintenance of problem behaviors in children (Aunola & Nurmi, 2005). Parents often develop counterproductive and maladaptive parenting strategies (e.g., extreme discipline, or inconsistence) over time to manage their children’s problem behaviours (Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004). The higher the disagreement regarding child-rearing between parents, the higher the rate of problem behaviours the child will engage in (Jouriles et al., 1991). Therefore, teaching parents proper communication skills is essential and has been shown to be effective (McCleary & Ridley, 1999). McCleary and Ridley also state by strengthening parenting skills such as problem solving and conflict resolution, in addition to providing parents with basic information about ADHD/ODD, can improve parents’ abilities to appropriately manage their child’s problem behaviours. It is also highly supported in the literature to teach parents evidence based practical tools utilizing applied behavioural analysis (ABA) techniques, such as prompting/fading, reinforcement, or extinction (ignoring inappropriate behaviours), to strengthen positive behaviours (Johnson et al., 2007). Through the teaching of these skills, parents can have an improved relationship with their partner as well as their child (McCleary & Ridley, 1999). The research indicates the severe impact that parents can have on their children’s behaviours and the advantages that parent training can have (McCart, Priester, Davies, & Azen, 2006).

Parent Training Methods

Historically, pharmacological interventions and individual therapy sessions were relied on to address disruptive behaviors associated with ADHD or ODD; however, parent training methods have become increasingly popular (Lundahl, Risser, & Lovejoy, 2006). Parent training is a diverse mode of treatment, which can differ in length of intervention, in theoretical orientation, in necessary qualifications for facilitator, in the mode of delivery, in therapeutic components, or in targeted recipients (Lundahl, Risser, & Lovejoy, 2006). However, the primary consideration must be that the parent training treatment groups are evidence based and theoretically sound (Matthews & Hudson, 2004).

One of the most widely used intervention for parents who have a child with a disruptive disorder is Behavioural Parent Training (BPT; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005). BPT teaches and develops behavioural skills such as how to, more accurately, define a behaviour problem (aggression, antisocial behaviours, etc.) or provide education on
what behavioural treatments are best suited for their child (Maughan, 2005). Operant conditioning is another method of parent training that has been used (Matson, Mahan, & LoVullo, 2009). Parent training involving operant conditioning teaches parents principles such as prompts (reminder to do something that can be verbal, or gestural), reinforcement (giving a preferred item/thing or taking away a negative item/thing to increase behaviour), and task analysis (the break down of a complex task to smaller steps; Matson et al., 2009). Many different curriculums have also been developed to aid in the success of parent training treatments (Maughan et al., 2005). Maughan et al. (2005) note that one of the more popular parent training curriculums is the Incredible Years Parenting Program (Reid, Webster-Stratton, & Hammond, 2007). The Incredible Years program focuses on increasing positive parent child interactions and teaching effective methods to deliver praise, reinforcement and limit setting (Reid, Webster-Stratton, & Hammond, 2007). These skills can be taught through verbal instructions, behavioural principals training, role-playing, and modeling (Matson et al., 2009). Though there is a variety of parent training formats, including group, individual, manuals, and curriculums, all variation, theoretically provided they are evidence based, can be effective (Maughan et al., 2005).

**Treatment Manuals**

Matson et al., (2009) highlighted the effective use of manuals in parent training groups. Manuals consist of a general framework that summarizes the treatment goals and outlines the sessions (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). Manuals provide structured training materials to the facilitator and the participants of the parent training sessions (Matson et al., 2009). Manuals also provide strategies that help the facilitators to achieve the treatment goals and guide them through any challenges that may arise throughout the treatment sessions (Kendall et al., 1998). There is a growing amount of evidence demonstrating the effectiveness and benefits of manualized treatments (Lambert & Bergin, 1994). Manuals are used with the intent of enhancing the validity of treatments and reducing difference in the implementation of treatment (Drozd & Goldfried, 1996). Manuals also are aimed to provide a more accurate description of specific treatments, to help train therapists, and to standardize treatment approaches (Strupp, & Anderson, 1997). Due to the clarity the manuals provide for specific treatments, it allows the training of the staff to be precise and efficient (Wilson, 1996). The use of manualized treatments has been found to enhance adherence to the therapeutic approach and improve treatment outcomes (Strupp & Anderson, 1997). Manuals allow treatments to be implemented in a manner that is consistent across time, therapist, and participants, which in turn enhances the treatment integrity (Wilson, 1996). Lambert and Bergin (1994) found that using a manual allows the detection of therapist differences, which identifies where additional training is needed, as well as strengthening the therapy’s effectiveness. Through the manualizing of treatments, standardized techniques can be provided, clear descriptions of therapeutic skills can be set, and it can allow for treatment adherence evaluations (Addis, 1997). An additional benefit includes clarity of staff training requirements through the use of treatment manuals (Dobson & Shaw, 1988). It is easier for clinicians to acquire specific treatment skills and to learn new treatment strategies through the utilization of treatment manuals (Wilson, 1996). Wilson (1996) also highlights the additional benefits of utilizing a manual geared toward the participants. Participant manuals provide the individuals with the opportunity to review the concepts and materials in the manual between sessions or after treatment has ended (Wilson, 1996). The manual also allows for family members and friends to read the manual and provide support to initiate and sustain change for the clients and their parents (Wilson, 1996).
However, some weaknesses of manualized treatments have been identified. Norcross (1999) highlighted the multifaceted nature and complexity of the therapeutic relationship that manuals cannot account for. Additionally, all groups will have a different dynamic and each group should have the activities tailored to their specific needs and interests of its members (Carroll & Nuro 2002).

**Parent Training Benefits**

The research demonstrates that parent psychoeducational groups are effective in reducing children’s problem behaviours (Skotarczak & Lee, 2015). Additionally, parent psychoeducation has been found to increase children’s adherence to treatment and have many positive effects on families (Montoya, Colom, & Ferrin, 2011). The positive effects include: improved medication adherence, positive parent-child relationships, and reduced demonstration of their child’s externalized behaviors and mental health symptoms (Montoya, Colom, & Ferrin, 2011). Parent training interventions have also shown reductions in externalized, internalized and ADHD symptoms as well as increased compliance rates (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993; Pelham & Fabiano, 2008). In addition to these benefits, studies have also examined the benefits of parent psychoeducation groups and found that, regardless of whether their child had a disability, the parent psychoeducation group was effective at minimizing parent stress (Singer, Etheridge, & Aldana, 2007). Parent training groups have also been shown to be beneficial with parents who have children with anxiety, developmental disabilities, or Autism Spectrum Disorder (Lebowitz, Omer, Hermes, & Schaill, 2014; McIntyre, 2008; McConachie, Randle, Hammad, & Le Couteur, 2005).

**The Impact of Attrition**

Although parent training has been demonstrated to have a multitude of benefits for the family and the children, the attrition rates have been problematic in outpatient settings (Fernandez, Salem, Swift, & Ramtahal, 2015). Studies have shown the attrition rates within family-based interventions are at a particularly high rate, ranging from 40%-60% (Friars & Mellor, 2007). Drop out has severe negative effects on treatment outcomes and can be demonstrated in different ways (Friars & Mellor, 2007). When a family or individual withdraws from treatment, they do not obtain all the essential elements of the treatment, which can result in symptoms worsening over time and lead to crisis situations (Weisz, Weiss, & Langmeyer, 1987; Friars & Mellor, 2007). There are many factors that have been attributed to the high rate of dropout (Schneider, Gerdes, Haack, & Lawton, 2013). Some researchers theorize that dropout is due to parent stress and the diminished efficacy in parenting (Kazdin, Mazurick, & Bass, 1993). Others attribute the dropout rates to family factors such as parents with antisocial behaviours or psychopathology, the number of parents living in the house, or socioeconomic status (Kazdin et al., 1993; Pellerin, Costa, Weems, & Dalton, 2010; Schneider, Gerdes, Haack, & Lawton, 2013). The research suggests that groups that have markedly smaller amounts of sessions compared to standard treatment groups have lower attrition (Ost & Ollendick, 2017). Additionally, parent psychoeducation has been found to increase adolescent treatment adherence, which supports the use of parent training to increase their child’s retention (Montoya, Colom, & Ferrin, 2011).
Chapter III: Methodology

Participants
The Positive Parenting treatment group manuals were made for two intended participant populations. The facilitator manual was made for the group leader(s) or administrator(s) to use. The facilitator is required to be a trained mental health professional and have experience in implementing ABA practices and have the necessary qualification to facilitate parent training treatment groups. The parent manual was created for the group members. The group members must have a child with disruptive behaviours from ages 6-12 years old to be eligible to participate in the group. A diagnosis of ADHD or ODD is not essential for them to be included in the group. All participants of the parent group will be referred to the group by a psychiatrist or other mental health professional.

Design
Due to their demonstrated effectiveness, both participant and facilitator manuals were developed. The manuals were created through consultation and collaboration with professionals in the field, specifically, with the guidance of a behavioural therapist. Additionally, The Incredible Years Parenting Program curriculum was consulted and select worksheets and handouts were used. The material used from the Incredible Years Parenting Program were selected through expert consultation and consulting the research. The facilitator and participant manuals are designed to be implemented in conjunction with one another, and each session of one manual will coincide with the corresponding session in the other manual. These manuals focus on parental skill building and psychoeducation. Parents are taught behavioural techniques, such as, how to help children learn to regulate emotions, strategies for increasing positive behaviour, strategies for managing problem behaviours, and strategies to promote the child’s social and emotional competence. The facilitator manual is intended to be used by the mental health professional who is facilitating the group. The facilitator manual includes a detailed description of how to conduct each session, the handouts from each session, and a description of any needed materials. The participant manual is comprised of summary sheets of each session, any handout for each session, and any homework. Both manuals are written with simplified terminology and concepts to ensure that they are understandable to both participants and facilitators. The five sessions are formatted for the group to meet once a week for 2 hours. The group is required to have a minimum of 2 families for the group to run. This format was chosen to ensure that the Positive Parenting group manuals could be easily followed and implemented.

Setting
The manuals are designed to be implemented in an outpatient setting. The group room should have tables and chairs set up around the table as well as a projector or a television. Each group member should have a writing utensil and the participant manual.

The Manuals
Facilitator manual. The Facilitator manual consists of an introductory letter explaining how to use the manual and the contents of the manual. The manual then goes on to provide a detailed outline of how each session is to be conducted including a recommended timeline.

Participant manual. The participant manual begins with an introductory letter explaining the purpose of the manual and the learning objectives of the Positive Parenting Group. The manual is comprised of content summaries from each session, any in session handouts, and the homework for each week.
Chapter IV: Results

Product

The Positive Parenting Participant and Facilitator Manual can be found in Appendix A and B. The purpose of this manual is to allow multiple different clinicians to facilitate the Positive Parenting Program over a 5-week period to increase the fidelity of the group and to decrease participant attrition rates. Each manual contains an introductory letter detailing the purpose of the manual, a breakdown of each session, an explanation of each activity, and any additional comments or notes for the facilitator. The final copy of the manuals was review by a behavioural therapist with positive and constructive feedback. This group was not implemented due to time constraints.
Chapter V: Discussion

Summary

The current research focused on the development of effective treatment for children with behavioural difficulties. Parents play a vital role in their child’s lives and are of particular importance to their child’s emotional development, and in the shaping and managing of behaviours; therefore, parents should be central in any planned intervention for the child. Research demonstrates that attrition rates decrease when the therapy sessions are brief. Additionally, manualized treatments increase treatment fidelity. To address these factors, this study involved the development of facilitator and parent manuals for a 5-week psychoeducation parent treatment group for parents of children with behavioural issues. The aim of the manuals is to decrease attrition rates and increase the fidelity of the psychoeducational group. Manuals were designed, through consultation with content experts and existing literature, to be implemented by mental health professionals with parents of children with disruptive behaviours. These manuals contain session outlines and information regarding emotional regulation, increasing positive behaviour, decreasing negative behaviours, and promoting social and emotional competence.

Strengths and Limitations

Although the manuals have many strengths, there are also limitations. One limitation involves the multifaceted nature and complexity of the therapeutic relationship that manuals cannot account for (Norcross, 1999). Additionally, all groups will have a different dynamic and each group should have the activities tailored to their specific needs and interests of its members. As outlined by Carroll and Nuro (2002), one size does not fit all, and manuals do not always allow treatment to be tailored to the needs and strengths of the clients. However, this manual is not made to be the only form of treatment for the family, but rather act as a supplement to additional forms of treatment. This group can be administered in conjunction with other forms of treatment, such as individual therapy. Another limitation is the original material that the manuals are derived from is copyrighted, therefore, the manuals are only available for use to agencies that have purchased the Incredible Years parenting curriculum.

One of the many strengths of these manuals is its readability and the overall design. The manuals are designed to be clear and easy to follow to allow for the clinicians to implement the program with ease. This allows a brief, accessible manual option for parents and service providers. Another strength is that the manualized group enhances treatment fidelity. Each session provides a breakdown of the topics to be covered and details the activities in an orderly manner. The Incredible Years parenting program, which the manuals are based off, strengthens the manuals as it has demonstrated effectiveness and empirically-based principles/intervention strategies. The manual also allows a varied number of professionals within the agency to facilitate and administer the group thus strengthening the manuals. Additionally, although the manuals provide structure, the manuals allow for flexibility and individualization in implementation. Facilitators can take the liberty to change the sessions in any which way that they feel would enhance the group for their clients. For example, they can rearrange the session to allow for more time for a specific discussion that may be of interest to the group.

Multilevel Challenges

Programming is a complex concept and can be susceptible to various issues and challenges, specifically, in four unique areas, client, program, organization, and society. Although all four areas have different problems, they all still have a significant impact on the successful implementation of services within the community.
At the client level, the abilities of the client and their families can impact their ability in receiving services. Some families might not have the transportation means to go to their treatment sessions or their own mental health challenges to make it to the clinic. The manual’s goal is to provide psychoeducational treatment sessions to families who have a child with behavioural difficulties. The nature of these issues can result in the families not attending their appointments. For example, a client with anxiety may feel too anxious to come into the agency or a child with disruptive behaviours may exhibit these behaviours and then the family might not be able to leave the child and attend the positive parenting group. As a result, inhibiting opportunities to participate in the treatment groups. Finally, parents may be resistant to learn about new parenting strategies and refuse to implement the group materials in the home. Parents may refuse to implement strategies in the home as they may not want to provide others, who have told them to seek help in the past, with the satisfaction that they have accessed services. For example, a client with anxiety may feel too anxious to come into the agency or a child with disruptive behaviours may exhibit these behaviours and then the family might not be able to leave the child and attend the positive parenting group. As a result, inhibiting opportunities to participate in the treatment groups. Finally, parents may be resistant to learn about new parenting strategies and refuse to implement the group materials in the home. Parents may refuse to implement strategies in the home as they may not want to provide others, who have told them to seek help in the past, with the satisfaction that they have accessed services.

At the program level, the method of service delivery requires parents to invest time and work into addressing their children’s disruptive behaviours and/or emotional difficulties. The method of treatment used often has a delayed effectiveness and children’s behaviour can sometimes get worse before improvements are seen. This can discourage parents and lead them to believe that the strategies taught in group are ineffective. As a result, they may not continue to attend sessions and disengage from treatment service for their family. Additionally, this specific manual’s effectiveness has yet to be tested and, therefore, should not be utilized until a trial implementation has demonstrated its effectiveness.

At an organizational level, the location of the agency in which the manuals are to be implemented may be a challenge to the implementation of the positive parenting group. If the agency is in a location that requires participants to pay for parking, such as a down town location, it may deter some participants from attending groups and can present as a challenge for lower income families. Additionally, if the groups are offered during working hours the parents may not be able to take the time off. Another potential barrier could be child care. If the agency offering the group does not offer child care, it could hinder parents from attending the group as they do not have any one to look after their children. Additionally, funding is a contributor to challenges in service implementation. The lack of funding does not allow for many positions within agencies and therefore, limits the mental health professionals able to implement the group. This then can create lengthy waitlist and inhibits the agencies ability to implement services.

Finally, at the societal level, stigma placed on the clients by society can hinder them from attending groups sessions. The purpose of the positive parenting group is to help families with their child’s behavioural issues. The community may view these parents as inadequate and therefore place a stigma on the parents of these children. Society places a variety of stigmas on parents of children with problem behaviours (e.g., parents are ‘push overs’, parents cannot control their children, or it is the parents’ fault that their child is engaging in problem behaviours). Those who are aware of this opinion or hold this opinion themselves will be inhibited from receiving the help that they need as they think that society will think poorly of them or may fear being reported to Family and Children Services.

**Recommendations for Future Research**

Although the Positive Parenting group manuals are derived from the evidence based Incredible Years Parenting Program, the efficacy of the manuals created in the current study has not yet been tested. One of the main purposes is to enhance parent knowledge regarding behavioural principles. This may be assessed through knowledge questionnaires assessing the
participants knowledge regarding the skills taught in group before the group starts and after the group has finished. The group also aims to reduce children’s problem behaviours. The reduction of problem behaviours can be measured through parents completing a pre and post parent questionnaire regarding their children’s behaviours and comparing the results. Finally, the manuals are designed to be implemented over a 5-week period that attempts to reduce attrition rates in comparison to longer treatment groups. Historical data from previous longer parenting groups can be compared to the attrition rates of this group. Lastly, the facilitator’s experiences with the manual can be evaluated. This evaluation could include factors such as readability, ease of implementation, or general flow of sessions.

**Contributions to the Field of Behavioural Psychology**

The 5-week psychoeducation parent treatment group facilitator and parent manuals contribute to the field of behavioural psychology by attempting to solve an identified issue with parenting services. It has been identified that many parent psychoeducational groups can run for a multitude of weeks, which contributes to high participant dropout. The 5-week manuals provide a shortened time commitment for parents while still giving them an in-depth knowledge regarding behavioural parenting strategies. This program has been manualized and can, therefore, be implemented by a variety of different mental health professionals once its efficacy has been tested.
References


Appendix A
Facilitator Manual
Introduction

Dear Facilitator,

The purpose of the manual is to provide you with the materials and activities needed to successfully run the Positive Parenting Group. The Positive Parenting group is designed to support parents of children who have difficulties with impulsivity, hyperactivity, inattentiveness or have some social delays. This group will teach parents how they can help their children learn to regulate emotions, strategies for increasing positive behaviours, prevention strategies for problem behaviours, and ways to promote social and emotional competence.

This manual will enable each group and session to cover all the curriculum and allow for consistency. The Positive Parenting Facilitator Manual will consist of a breakdown of each session, exercises, worksheets, and any necessary materials/tools. It is important to remember that this manual is to be a guide and sessions should be tailored and individualized to the specific needs of each group.

Enjoy!

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** This manual was made for specific use at Hotel Dieu Hospital. For permission to use this manual please contact heidi.boulard@gmail.com
Session One

Introduction (~5 minutes- depends on the size of the group)

Introduce yourself as the facilitator and any other facilitators present. Have each parent introduce themselves and tell the group a little bit about their child/family.

Group Rules (~5 minutes)

Explain group rules and ask group if they feel there is anything important they feel needs to be added. Example of group rules: everyone’s ideas are respected, anyone has a right to pass, one person talks at a time, no “put downs” allowed, respect confidentiality.

Summary (5 minutes)

Provide the group with a summary of the topics that are going to be covered over the next 5 weeks. Example: How to help your child learn to regulate emotions, strategies for increasing positive behaviour, strategies for managing problem behaviours, strategies to promote your child’s social and emotional competence.

The Parking Lot (~5-10 minutes)

This activity requires a piece of chart paper titled The Parking Lot. Ask the parents what they are hoping to learn from this group and what specific topics/questions they would like addressed. Write down their answers in the parking lot to use as a reference through out the group.

Pyramid (5 minutes)

Explain how parents often start at the top of the pyramid, which does not create a solid foundation for child-parent relationships. Explain the importance of starting at the bottom of the pyramid and building a relationship on positive interactions. Explain the progression of the pyramid and the importance of starting at the bottom.

Spending quality time with your child (20 minutes)

Discuss what the parameters of quality time with your child are. Quality time is about:

1) Showing interest and spending time with children will help to increase positive relationships
2) Respecting children’s ideas
3) Modelling compliance and following the child’s lead
4) Balancing power between parents and children
5) Appreciating children’s perspective and developmental abilities
6) Attending to positive behaviours
7) Modelling using polite language and respectful behaviours
Ask parents questions to apply the information to themselves. Have them write down the answers in the participant manual and then share. Questions: what special time activities you can do with your child, how do you decide what special time activity your child will enjoy, or what special time activities can you plan for the whole family.

Remind the parents that calling it “special time” doesn't mean “rare”, as a parent, they can observe their child making decisions, but support them when they need help, and they can model accepting responsibility (e.g. if you are at fault for something, take ownership).

**Being an “emotional coach” and praising your child (20 minutes)**

Discuss with the participants:

**Persistence coaching**- builds their child’s ability to persist with difficult tasks by commenting on the child’s focus, concentration, or patience and commenting on the child’s effort to keep trying.

**Emotional Coaching**- builds the children’s emotional vocabulary and encourage expression of their feelings by: commenting on the feelings you see your child displaying, such as being curious, calm, proud, or patient, as well as times when they are sad, frustrated, lonely, etc.

**Social Coaching**- builds your child’s social skills (being polite, sharing, taking turns, waiting, asking questions etc.). This can be done by giving attention to and spending time coaching your children when they play with other children.

Have parents Complete the emotional coaches work sheet provided in the participant manual.

**Using Effective praise** (10 minutes)

Provide parents with tips on how to provide praise to their children in an effective manner. Inform parents the importance of catching their child being good, not saving praise for perfect behaviour, not worrying about “spoiling” their children with praise, increasing praise for difficult children, modeling self-praise, giving labelled and specific praise, making praise contingent on behaviour, and using eye contact, smiles, and enthusiasm.

Explain to the parents the benefits of using praise immediately, giving pats or physical contact, using praise consistently, praising in front of other people and including them, praising the process and not just the finished product, promoting their child’s recognition of change and progress, and labeling children’s feelings about personal accomplishments.
**Home Practice** (5 minutes)

Ask parent to engage in regular special time activities and use lots and lots of praise (catch their children being good).
Parents as Emotional Coaches

What kind of play/activities can you engage in with your child to promote self-confidence?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How would you encourage your child to start an activity? How would you then support their ideas?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

When would you help your child? When would you encourage them to keep going? When would it better to let them figure it out?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why is it important to praise and give attention to simple things like waiting patiently? Or asking nicely?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Session Two

**Check in** (~15 minutes - depends on the size of the group)

Ask parents about how their week went with their children. Ask if they engaged in special time activities. Discuss with parents their use of praise, persistence coaching, emotion coaching, and social coaching throughout the week.

**Effective Limit Setting** (1 hour)

Facilitate an open discussion with parents surrounding the following questions:

1) What are the benefits of having clearly established limits in the home?
2) What are the barriers to establishing limits?
3) How long should a child be given to comply?
4) Why is it essential to be consistent and follow through?

Discuss with parents the parameters around limit setting such as:

1) Only give necessary commands
2) Make one request at a time (Go clean your room vs. go pick up 5 toys)
3) Be realistic in your expectations
4) Use “do” requests (instead of “don’t”)
5) Make requests positive and polite
6) Don’t use “stop” commands
7) Give children ample time to comply (Give them time to process the request)
8) Give warnings and helpful reminders
9) Don’t threaten, use “when… then” (When you pick up your toys then you can have the iPad)
10) Give children options whenever possible (Do you want to do this chore first or that one?)
11) Make requests short and to the point
12) Support your co-parent’s request
13) Praise compliance (Doesn’t matter if they complained the whole time!
14) Strike a balance between parent and child control

Discuss these concepts with the group and give the participants practical examples of how these can be used.

Remind the parents:

1) To establish predictable routines & rules. (children thrive on routine)
2) All children test the rules (don’t take it personally!)
3) Not to get sucked into an argument (Ignore the talking back)
   a. E.g. “Please put your toys away.” “Why?”
4) Keep rules consistent for whole house when possible (adults & kids)
5) Rules can be posted for visibility (keep list short)
6) Giving warnings isn’t always possible
Have parent complete the Effective Limit Setting Work Sheet provided in the facilitator manual and then go over the possible answers with the group.

**Home Practice** (10 minutes)

Have parents decrease the number of requests/commands, give positive, specific requests when necessary, and give praise for compliance.
Effective Limit Setting Work Sheet

How can you change the following phrases to follow the guidelines of effective limit setting?

1) “Quit shouting.”

2) “Shut up.”

3) “Stop running.”

4) “Watch it.”

5) “Why don’t we go to bed?”

6) “Let’s clean up the living room.”

7) “Cut it out.”

8) “What is your coat doing there?”

9) “Don’t eat like a pig.”

10) “Why is your bike still in the driveway?”

11) “Stop bugging your sister.”

12) “You are never ready in the morning.”

13) “Why do you leave homework until the last minute?”

14) “Your clothes are filthy.”
Session Three

Check in (~15 minutes- depends on the size of the group)

Ask parents about how their week went with their children. Check in on the home practice. Were the parents successful in decreasing the number of requests/commands? Did they give positive and specific requests when necessary? Were they able to praise for compliance?

Ignoring Misbehaviour (30 minutes)

Explain to the group that attention is equal to reinforcement (Attention = reinforcement). Some children react the same when to negative attention and positive attention. Whenever possible, focus on, pay attention to, and praise positive behaviour. When necessary, ignore misbehaviour. Discuss with the group what types of behaviours can be ignored and what might be challenging about ignoring these behaviours.

How to ignore miss behaviours:

1) Avoid eye contact and discussion
2) Physically move away (but stay in room if possible)
3) Be subtle
4) Be prepared for testing
5) Be consistent
6) Be aware of non-verbal’s

Guidelines to ignoring behaviours:

1) Choose specific behaviours to ignore
2) Use selective attention
3) Combine distractions with ignoring
4) Limit the # of behaviours to ignore
5) Return attention as soon as misbehaviour stops (If they reengage in problem behaviour go back to ignoring)
6) Give attention to positive behaviours!

How to stay calm while you are ignoring:

1) Take deep breaths
2) Count to 10
3) Track/time the behaviour
4) Use coping self-talk
5) Distract yourself (listen to music, wash the dishes, etc.)
6) Visualize yourself somewhere calming

Facilitate a group discussion around ignoring behaviours. Have them write down the answers in the participant manual and then share. Questions:

1) When do you stop ignoring and start giving attention?
2) Why is it effective to use distraction/redirection after the behaviour has stopped?
3) Why is it important to include other family members in the plan to ignore specific behaviours?
4) Why is it important for your child to be “right” from time to time?

Remind parent that it is okay to give a brief reason to your choice to ignore their behaviour, but it is not okay to argue or negotiate with them.

**Effective Time-out Procedures** (40 minutes)

Effective time out should be used for the behaviours that can not be ignored, such as destructive/harmful behaviours. Inform parents that is important for time out to be focused on one behaviour at a time. Briefly explain time-out to your children as something to help them calm down. Make sure the rules are clear (“When/if you ________ , you will go to time-out”). Teach them what they can do during time-out (E.g. calm breathing, Squeeze Breathe Rub Think)

**Guidelines for effective time-out**

- Decide on a time-out spot (Chair)
- Time-out room must be:
  - Safe
  - Boring
- Set a time limit (5 minutes or less)
- Must be combined with ignoring
- If children refuse to go:
  - You can add one more minute (up to 9)
  - Past that, you can use removal of privileges (e.g. you can go to time-out, or you can lose iPad privileges)
- Expect them to test the rules
- What should you do when time-out is over?

Go through scenarios with the parents. Such as,

1) The anger trap
   a. Parent request: “Turn the TV off now, it’s time for bed.”
   b. Child: “No. I’m in the middle of a show.”
   c. Parent (angry): “Don’t you ever talk to me like that!”
   d. Child: “You butt-head!” (grudgingly turns off TV)
   e. Parent threat: “If you don’t go to bed right now, I’ll give you a time-out!”

2) Avoidance Trap
   a. Parent request: “Turn the TV off now, it’s time for bed.”
   b. Child: “No. I’m in the middle of a show.”
   c. Child continues to watch TV.
   d. Parent withdraws:
   e. I don’t want to cause a scene. “Well okay, leave him there, I don’t care.”

3) Justification Trap
a. Parent request: “Turn the TV off now, it’s time for bed.”
b. Child: “No, I’m in the middle of a show.”
c. Parent explains: “Come on now, if you don’t go to bed, you’ll be tired in the morning. You will have trouble getting up and will be grumpy.”
d. Child: “I’ll be fine, I won’t be tired.”
e. Parent: “Yes, you will be tired, and you won’t get up when I call you, and will miss breakfast and not concentrate in school.”

4) Giving in Trap
   a. Parent request: “Come to dinner, please.”
   b. Child: “What’s for dinner?”
   c. Parent: “Meatloaf.”
   e. Parent: “Want some cereal?”

Home Practice (10 minutes)

   Have parents choose specific behaviours to actively ignore through out the week and choose specific behaviours that will result in time-out. Have parents practice ignoring and implementing time-out.
Session Four

**Check in** (~15 minutes- depends on the size of the group)

Ask parents about how their week went with their children. Ask how it went practicing ignoring and implementing time-out strategies.

**Logical Consequences** (1 hour)

Facilitate a discussion with the parents about logical consequences. Have them write down the answers in the participant manual and then share. Discuss questions:

1) What kinds of misbehaviours would you use a natural or logical consequence for (vs. ignoring or time-out)?
2) What kinds of consequences are developmentally appropriate for children?
3) At what age would you use work/chores as a consequence?
4) How would you warn your children about consequences?
5) Why would grounding a child for 2 weeks not be effective?
6) Do you think it would be effective to give your child the choice whether to do 30 minutes of homework right away or finish later?
7) Would you provide a consequence for each action if your child had stolen something and then lied about it?

Explain to parents the parameters around logical consequences:

1) Make consequences age appropriate and fair
2) Be sure you can live with the consequence you set up
3) Make consequences immediate
4) Give children a choice of consequence ahead of time
5) Make consequences natural and non-punitive
6) Involve children whenever possible
7) Be friendly and positive
8) Use consequences that are short and to the point
9) Quickly offer new learning opportunities for success
10) Remember once the consequence is over, start fresh with a clean slate

Things for the parents to consider:

- What’s the logical consequence of failing to put away a bike?
- Only by experiencing the consequences of their decisions can children learn to make better choices
- It is important that privilege removal is **brief**, so the child has another opportunity to behave appropriately
- A 5-minute work chore (e.g. sweeping the floor) is one of the most effective discipline strategies for older children

**Home Practice**

Have parents practice using natural and logical consequences throughout the week.
Session Five

Check in (~15 minutes- depends on the size of the group)
Ask parents about how their week went with their children. Ask how it went practice using natural and logical consequences throughout the week.

Review (1 hour)
- Spending quality time:
  - C=Child-directed activities
  - Modelling compliance and following child’s lead
  - Showing interest and spending time helps to increase positive relationship

Being an emotional coach:
- Persistence coaching: Commenting on child’s focus, patience, effort, etc.
- Emotion coaching: Commenting on feelings you see your child displaying
- Social coaching: Giving attention to and spending time coaching your child when they play with others and commenting on positive social skills (e.g. sharing)

Using Effective Praise:
- Catch your child being good
- Increase praise for difficult children
- Give labelled and specific praise
- Use eye contact, physical contact, enthusiasm

Effective limit setting
- Decrease number of commands (only when necessary)
- Make one request at a time
- Use “do” requests (instead of “don’t”)
- Give time to comply
- Use “when... then”
- Give options when possible
- Praise compliance

Ignoring misbehaviour
- Focus on, pay attention to, and praise positive behaviour
- When necessary, ignore misbehaviour
- Avoid eye contact & discussion
- Be prepared for testing
- Be consistent
- Use selective attention
- Choose specific behaviours to ignore
- Use strategies to keep yourself calm

Effective time-out procedures
- For destructive/harmful behaviours you cannot ignore
- Briefly explain time out
- Teach your children tools to calm down
- Decide on a time-out spot
- Set a short time limit (5 minutes)
- If children refuse to go, add one more minute (up to 9), past that you can use loss of privileges
- Expect them to test the rules

**Natural and logical consequences**
- For recurring problems
- Make consequences age appropriate and fair
- Be sure you can live with the consequence you set up
- Make consequences immediate
- Give children a choice of consequence ahead of time
- Make consequences natural and non-punitive
- Use consequences that are short and to the point
- Quickly offer new learning opportunities for success

**Parking Lot** (15 minutes)
   Go through the parking lot from the first session. Cover any parenting issues that have not yet been covered.

**Home Practice** (10 minutes)
- Engage in regular special time activities
- Use lots and lots of praise
- Choose specific behaviours to actively ignore
- Choose specific behaviours that will result in time-out
- Practice ignoring and implementing time-out
- Decrease # of requests/commands
- Give positive, specific requests when necessary
- Give praise for compliance
- Use natural and logical consequences
References


Center for the Study and Prevention of Violence, Institute of Behavioral Science,

University of Colorado at Boulder.
Appendix B
Participant Manual
Table of Contents

Introduction .......................................................................................................................... 3
Session One .......................................................................................................................... 4
Session Two .......................................................................................................................... 8
Session Three ...................................................................................................................... 11
Session Four ....................................................................................................................... 13
Session Five ....................................................................................................................... 15
References .......................................................................................................................... 17
Introduction

Dear Parent/Guardian,

The purpose of the manual is to provide you with the materials and activities used in the Positive Parenting Group. The Positive Parenting group is designed to support parents of children who have difficulties with impulsivity, hyperactivity, inattentiveness or have some social delays. This group will teach you as parents how you can help your children learn to regulate emotions, strategies for increasing positive behaviours, prevention strategies for problem behaviours, and ways to promote social and emotional competence.

This manual will enable each participant with the opportunity to review the concepts and materials in the manual between sessions or after the group has ended. The manual also allows for family members and friends to read the manual and provide support for parents and to initiate and sustain change for your children.

Enjoy!

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** This manual was made for specific use at Hotel Dieu Hospital. For permission to use this manual please contact heidi.boulard@gmail.com
Quality time

Quality time with your child is about:

1) Showing interest and spending time with children will help to increase positive relationships
2) Respecting children’s ideas (Give them some control)
3) Modelling compliance and following the child’s lead
4) Balancing power between parents and children
5) Appreciating children’s perspective and developmental abilities
6) Attending to positive behaviours
7) Modelling using polite language and respectful behaviours

What special time activities can you do with your child?

________________________________________________________________________________

How do you decide what special time activity your child will enjoy?

_________________________________________________________________________________

What special time activities can you plan for the whole family?

_________________________________________________________________________________

Calling it “special time” doesn’t mean “_________”!

As a parent, you can observe your child making decisions, but support them when they need help.
You can model accepting responsibility (e.g. if you are at fault for something, take ownership).

Being an “emotional coach” and praising your child

Persistence coaching: builds your child’s ability to persist with difficult tasks by commenting on your child’s focus, concentration, or patience and commenting on your child’s effort to keep trying.

Notes:_________________________________________________________________________________

_________________________________________________________________________________

Emotional Coaching: builds your child’s emotional vocabulary and encourage expression of their feelings by commenting on the feelings you see your child displaying, such as being curious, calm, proud, or patient, as well as times when they are sad, frustrated, lonely, etc.

Notes:_________________________________________________________________________________

_________________________________________________________________________________

Social Coaching: builds your child’s social skills (being polite, sharing, taking turns, waiting, asking questions etc.) by giving attention to and spending time guiding
coaching your children when they play with other children (gently prompt your child to take turns and using manners).

Notes:_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Parents as Emotional Coaches**

What kind of play/activities can you engage in with your child to promote self-confidence?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How would you encourage your child to start an activity? How would you then support their ideas?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

When would you assist your child to complete a task? When would it better to let them figure it out on their own?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why is it important to praise and give attention to simple things like waiting patiently or asking nicely?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


Using Effective praise

1) Catch your child being good
2) Do not save praise for perfect behaviour
3) Do not worry about “spoiling” children with praise
4) Increase praise for difficult children
5) Model self-praise
6) Give labelled and specific praise
7) Make praise contingent on behaviour
8) Use eye contact, smiles, and enthusiasm
9) Praise immediately
10) Give pats or physical contact,
11) Use praise consistently,
12) Praise in front of other people and include them (this can be powerful)
13) Praise the process and not just the finished product,
14) Promote your child’s recognition of change and progress
15) Label your child’s feelings about personal accomplishments (“You must feel really proud”)

Home Practice

Engage in regular special time activities and use lots and lots of praise (catch your children being good).
Session Two

Effective Limit Setting

What are the benefits of having clearly established limits in the home?

Notes:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are the barriers to establishing limits?

Notes:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How long should a child be given to comply?

Notes:______________________________________________________________________________
_____________________________________________________________________________________

Why is it essential to be consistent and follow through?

Notes:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Effective Limit Setting Guidelines:

15) Only give necessary commands
16) Make one request at a time (Go clean your room vs. go pick up 5 toys)
17) Be realistic in your expectations
18) Use "do" requests (instead of "don't")
19) Make requests positive and polite (Children mimic the parent’s reaction)
20) Don't use "stop" commands
21) Give children ample time to comply (Give them time to process the request)
22) Give warnings and helpful reminders (5 minutes left)
23) Don’t threaten, use "when... then" (When you pick up your toys then you can have the iPad)
24) Give children options whenever possible (Do you want to do this chore first or that one?)
25) Make requests short and to the point
26) Support your co-parent’s request
27) Praise compliance (doesn’t matter if they complained the whole time!)
28) Strike a balance between parent and child control (special time is time for the child to control)
Remember:

7) Establish predictable routines & rules (children thrive on routine).
8) All children test the rules-- don’t take it personally!
9) Not to get sucked into an argument (ignore the talking back).
   a. e.g. “Please put your toys away.” “Why?”
10) Keep rules consistent for whole house when possible (adults & kids).
11) Rules can be posted for visibility (keep list short).
12) Giving warnings isn’t always possible.

Effective Limit Setting Work Sheet

How can you change the following phrases to follow the guidelines of effective limit setting?

3) “Quit shouting.”

______________________________________________________________________________

4) “Shut up.”

______________________________________________________________________________

3) “Stop running.”

______________________________________________________________________________

4) “Watch it.”

______________________________________________________________________________

5) “Why don’t we go to bed?”

______________________________________________________________________________

6) “Let’s clean up the living room.”

______________________________________________________________________________

7) “Cut it out.”

______________________________________________________________________________

8) “What is your coat doing there?”

______________________________________________________________________________

9) “Don’t eat like a pig.”

______________________________________________________________________________

10) “Why is your bike still in the driveway?”

______________________________________________________________________________
11) “Stop bugging your sister.”

12) “You are never ready in the morning.”

13) “Why do you leave homework until the last minute?”

14) “Your clothes are filthy.”

Home Practice

Decrease the number of requests/commands, give positive, specific requests when necessary, and give praise for compliance.
Session Three

Ignoring Misbehaviour

Attention = Reinforcement! Even if it is negative attention it can still be reinforcing.

Pay attention to and praise positive behaviour and when possible, ignore misbehaviour.

How to ignore misbehaviour:

7) Avoid eye contact and discussion
8) Physically move away (but stay in room if possible)
9) Be subtle
10) Be prepared for testing
11) Be consistent
12) Be aware of non-verbal’s

Guidelines to ignoring behaviours:

7) Choose specific behaviours to ignore
8) Use selective attention
9) Combine distractions with ignoring
10) Limit the # of behaviours to ignore
11) Return attention as soon as misbehaviour stops
12) Give attention to positive behaviours!

It may be hard to stay calm when you are trying to ignore misbehaviour. Try to:

7) Take deep breaths
8) Count to 10
9) Track/time the behaviour
10) Use coping self-talk
11) Distract yourself (listen to music, wash the dishes, etc.)
12) Visualize yourself somewhere calming

Discussion

(1) When do you stop ignoring and start giving attention?

Notes:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(2) Why is it effective to use distraction/redirection after the behaviour has stopped?

Notes:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
(3) Why is it important to include other family members in the plan to ignore specific behaviours?

Notes:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(4) Why is it important for your child to be “right” from time to time?

Notes:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

When you are ignoring it is okay to give your child the reason you are not responding to them. DO NOT negotiate with them.

**Effective Time-out Procedures**

Use a time-out when the behaviours cannot be ignored (destructive/harmful behaviours). Time outs should be focussed on one behaviour at a time.

Briefly explain time-out to your children as something to help them calm down. Make sure the rules are clear (“When/if you ________, you will go to time-out”). Teach them what they can do during time-out (e.g., calm breathing, Squeeze Breathe Rub Think).

**Guidelines for effective time-out**

- Decide on a time-out spot (e.g., on the stairs, chair)
- Time-out room must be:
  - Safe
  - Boring
- Set a time limit (5 minutes or less)
- Must be combined with ignoring
- If children refuse to go:
  - You can add one more minute (up to 9)
  - Past that, you can use removal of privileges (e.g., you can go to time-out, or you can lose iPad privileges)
- Expect them to test the rules
- What should you do when time-out is over?

**Home Practice**

Choose specific behaviours to actively ignore throughout the week and choose specific behaviours that will result in time-out. Practice ignoring and implementing time-out.
Logical Consequences - Discussion

(1) What kinds of misbehaviours would you use a natural or logical consequence for (vs. ignoring or time-out)?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(2) What kinds of consequences are developmentally appropriate for your child?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(3) At what age would you use work/chores as a consequence?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(4) How would you warn your children about consequences?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(5) Why would grounding a child for 2 weeks not be effective?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(6) Do you think it would be effective to give your child the choice of whether to do 30 minutes of homework right away or finish later?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(7) Would you provide a consequence for each action if your child had stolen something and then lied about it?

Notes:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Logical Consequences Guidelines:

11) Make consequences age appropriate and fair
12) Be sure you can live with the consequence you set up
13) Make consequences immediate
14) Give children a choice of consequence ahead of time
15) Make consequences natural and non-punitive
16) Involve children whenever possible
17) Be friendly and positive
18) Use consequences that are short and to the point
19) Quickly offer new learning opportunities for success
20) Remember once the consequence is over, start fresh with a clean slate

Tips:
- Only by experiencing the consequences of their decisions can children learn to make better choices
- It is important that privilege removal is brief, so the child has another opportunity to behave appropriately
- A 5-minute work chore (e.g., sweeping the floor) is one of the most effective discipline strategies for older children

Home Practice

Practice using natural and logical consequences throughout the week.
Session Five

Review

Spending quality time:
- Child-directed activities
- Model compliance and follow child’s lead
- Show interest and spend time helps to increase positive relationship

Being an emotional coach:
- Persistence coaching: Comment on child’s focus, patience, effort, etc.
- Emotion coaching: Comment on feelings you see your child displaying
- Social coaching: Give attention to and spend time coaching your child when they play with others and comment on positive social skills (e.g. sharing)

Using Effective Praise:
- Catch your child being good
- Increase praise for difficult children
- Give labelled and specific praise
- Use eye contact, physical contact, enthusiasm

Effective limit setting
- Decrease number of commands (only when necessary)
- Make one request at a time
- Use “do” requests (instead of “don’t”)
- Give time to comply
- Use “when... then”
- Give options when possible
- Praise compliance

Ignoring misbehaviour
- Focus on, pay attention to, and praise positive behaviour
- When necessary, ignore misbehaviour
- Avoid eye contact & discussion
- Be prepared for testing
- Be consistent
- Use selective attention
- Choose specific behaviours to ignore
- Use strategies to keep yourself calm

Effective time-out procedures
- For destructive/harmful behaviours you cannot ignore
- Briefly explain time out
- Teach your children tools to calm down
- Decide on a time-out spot
- Set a short time limit (5 minutes)
- If children refuse to go, add one more minute (up to 9), past that you can use loss of privileges
- Expect them to test the rules
Natural and logical consequences

For recurring problems:
- Make consequences age appropriate and fair
- Be sure you can live with the consequence you set up
- Make consequences immediate
- Give children a choice of consequence ahead of time
- Make consequences natural and non-punitive
- Use consequences that are short and to the point
- Quickly offer new learning opportunities for success

Home Practice
- Engage in regular special time activities
- Use lots and lots of praise
- Choose specific behaviours to actively ignore
- Choose specific behaviours that will result in time-out
- Practice ignoring and implementing time-out
- Decrease # of requests/commands
- Give positive, specific requests when necessary
- Give praise for compliance
- Use natural and logical consequences
References


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University of Colorado at Boulder.