BEHAVORIAL HEALTH DEPARTMENT – PRIMARY CARE CENTER AND FIREWEED TREATMENT GUIDELINES FOR PARENTING INTERVENTIONS

EXECUTIVE SUMMARY 2

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Executive Summary

Statement of Intent:
This series of treatment guidelines was created to assist SCF behavioral health clinicians and administrators in program development, treatment planning and service delivery. They were created by examining the most common and most severe problems and diagnoses seen in our clinics and by looking at the treatment modalities most often used to address these problems. Treatment guidelines are not intended to cover every aspect of clinical practice, but to focus specifically on the treatment models and modalities that clinicians in our outpatient mental health treatment setting could provide. These guidelines were developed through a process of literature review and discussion among clinical staff regarding how to provide services that meet "best practices" guidelines within our setting, considering our program goals and available resources with the explicit intent of outlining treatment for our client population that is: effective, efficient, culturally relevant and acceptable to clients, clinicians, and program managers

What is parenting?
Parenting can be broadly defined as a collection of interventions used by parents or caregivers when working with children for the purpose of:

1) Strengthening a healthy and developmentally appropriate parent/child relationship
2) Stimulating positive growth or maturation
3) Encouraging or mentoring good behavior
4) Controlling and reducing problematic behavior

Parenting is a process that helps children and adolescents shape their predispositions and talents into the adult personality or character that will define who they are. The kinds of parenting interventions or techniques used will depend on the child's developmental age, natural abilities and innate temperament as well as the personality, temperament and skill of the parent or caregiver. Effective parenting will enhance family relationships, foster healthy interdependence, provide the child with the needed skills to develop and maintain positive friendships with peers and others in the larger community, and generally increase the likelihood of a positive mental health outlook as an adult.

Expected General Outcome:
Developmentally appropriate and effective parenting techniques will respect cultural and family differences while decreasing disruptive behavior from children and increasing pro-social development. When parenting techniques are used productively, even parents of strong-willed or challenging children can feel more confident in their role and empowered to intervene with their children. Parents will have realistic expectations of their children's behavior based on each child's stage of development. They will be comfortable setting clear limits that will permit the child to take responsibility for personal actions and grow from sometimes painful experiences. Confident parents will also be able to manage their own impulses and will recognize how their own parenting skills could be impacted by personal stress involving marital discord, job-related issues, finances, social support outside the home or personal mental health problems such as depression, anxiety or substance use.

Common Indicators:
From our clinical experience and from the review of the literature, we have identified a list of some of the common indicators that would suggest parenting techniques should be an area of clinical attention.

1) Disruptive Behavior – whining, tantrums, tattling, interruptions, hyperactivity, sibling challenges, defiance, sleep problems
2) Aggressive Behavior – hurting peers or adults, hurting animals, bullying or threatening, throwing or breaking things, use of foul or belittling language
3) Inappropriate Sexual Behavior – violation of family's standards for sexual behavior, precocious sexuality, inappropriate touching, public masturbation
4) Maladaptive or Antisocial Behavior – vandalism, stealing, destroying other's property, drug or alcohol use, running away
5) Disengaged or Exhibiting an Emerging Mental Health Concern – withdrawn, extremely anxious, depressed, somatization, unable to adjust to a loss or change, etc.

6) School Maladjustment – misbehavior at school, underachievement, truancy, lack of focus or direction, minimization of school-related problems
7) Lack of Appropriate Developmental Progress – dependent or immature, unable to take responsibility for self or actions, fear of independence
8) Developmentally Delayed or Challenged – autism, FASD, cognitive deficits, TBI, significant memory or language processing problems
9) Parent/Family Issues – parent overwhelmed, home disorganized or chaotic, blended family challenges, parents unable to agree on discipline, transition problems, abuse or violence history, adult substance abuse history, involvement with Office of Children's Services

Treatment Barriers:
The following factors might limit SCF's ability to deliver parenting skills training, the customers' ability to access the training or the effectiveness of the program to actually benefit the client.

Program Barriers
1) A shortage of clinical staff with a specialization in leading parenting groups that are clinically and developmentally appropriate and effective for our client population.
2) Personal issues that could interfere with the clinician's ability to effectively lead a parenting group (these might include unresolved abuse issues from clinician's childhood, current unaddressed home challenges due to a child's disability, grief issues, or personal problems with limit setting).
3) Lack of an outcome evaluation process for refinement of parenting programs.
4) Shortage of space designed for groups.
5) Lack of either childcare or a parallel social skills development group for children.

Caregiver/Parent Barriers
1) Disagreement between parent/caregivers regarding the nature of the problem and whether or not a parenting class would be beneficial for the family.
2) Personal difficulty with classes / programs that are prevented ina predominantly verbal format.
3) A perception the training might not mesh with personal, cultural or community values.
4) Challenge fitting another appointment into a busy schedule.
5) If involved with OCS, fear that active participation in a parenting class could negatively impact possible reunification with children
6) Lack of childcare
7) Transportation issues
8) Co-occurring parent/caregiver mental health or substance abuse issues that might limit or prevent active participation in a parenting class.

Child Barriers
1) Frequent changes in placement
2) Unidentified neurological deficits or medical issues that negatively impact the child's response to the new behavioral techniques the parent / caregiver is using.
3) Placement in residential treatment

Contraindications:
While parenting techniques can be learned during individual therapy with an adult, during family therapy or as a participant in a parenting techniques group, care should be used in selecting the setting and timing for addressing this issue. Sometimes personal problems of the parent need to be addressed before she or he is able to benefit from parenting skills training. It should be noted, however, that parents with low IQs, personal mental health issues, and poor organization skills can all learn parenting techniques or ways to better interact with their children in a developmentally appropriate and supportive way. If the following concerns arise, please carefully consider whether the parent should participate in a parenting group and what, if any limits, need to be set.

1) Child custody and parenting issues are a major focus of an on-going, hostile divorce process.
2) Parent is significantly depressed or lacks the ego strength to make any changes at this time.
3) Parent has anger management and control issues that are not being concurrently addressed.
4) Child is in residential treatment and that program offers a parenting component.
5) Child is a danger to self or others and needs hospitalization or residential treatment.

6) When a parent is a known sex offender, careful consideration must be given regarding types of parenting interventions taught. A parenting class can never take the place of appropriate sex offender treatment and monitoring.

Treatment Models:
While there are hundreds, maybe thousands, of parenting programs, the Behavioral Health Services Division has identified five for use with our clients. These were selected for the following reasons:

1) They have a research-based track record of effectiveness.
2) They compliment other family-oriented programs within our organization.
3) The programs were either developed for our client population or can be easily modified to be culturally appropriate.
4) The programs use an easy-to-learn and easy-to-implement format.
5) Our out-patient pediatricians support and recommend these programs (which reduces confusion for our clients and permits all of us at SCF to deliver a consistent message).

Table of Treatment Models

Model Name	**1-2-3 Magic**
Brief Description	A behavioral approach that emphasizes simple and clear discipline for childhood behavioral problems. Parents learn to reduce unwanted behaviors and increase positive behaviors. This program is also available in Spanish
Resources Needed	• Group leader could be a case manager or Master's level clinician who is trained in positive intervention techniques and is familiar with the 1-2-3 Magic Approach. • Book for parents (available in paperback form) • Two videos (1-2-3 Magic and More 1-2-3 Magic). The first video focuses on stopping unwanted behaviors and the second video teaches skills for increasing positive behavior.
Target Group	Parents or caregivers or 2-12 year olds. These techniques will also work well for teachers, babysitters, grandparents and others involved with the child
Structure	10 parents for 8 weekly sessions, each two hours in length. Group time would include check-in, presentation of topic, skills training and practice - Closed group
Concurrent Treatment(s)	None needed but concurrent therapy may be indicated on a case-by-case basis. In some cases, family therapy to help parents agree on discipline techniques is needed. In other instances, an individual parent may need personal issues addressed. Note: The techniques in this program are very similar to those presented in the television shows SuperNanny or Nanny 911.
References	Text 1-2-3 Magic: Effective Discipline for Children 2-12 years of Age by Thomas W. Phelan PhD DVD 1-2-3 Magic: Managing difficult Behavior in Children 2-12 More 1-2-3 Magic: Encouraging Good Behavior, Independence and Self-Esteem (800) 442-4453 or <www.ThomasPhelan.com>

Model Name	**Surviving Your Adolescents: How to Manage – and Let Go of – Your 13-18 Year Olds**
Brief Description	Developed by ParentMagic, Inc. (the developers of 1-2-3 Magic). This series focuses on teaching parents skills for reducing problem teen behaviors and also increasing the positive, pro-social behaviors teens need. The series includes an emphasis on helping parents learn when to intervene and when to let things go.
Resources Needed	• Group leader could be a case manager or a Master's level clinician who is familiar with the 1-2-3 Magic approach for younger children and is trained in positive intervention techniques for use with adolescents. • Book for parents (available in paperback form) • Video and/or audio tape
Target Group	Parents or caregivers of 13-18 year olds
Structure	10 parents for 8 weekly sessions, each two hours in length. Group time would include check-in, presentation of topic, skills training and practice - Closed group
Concurrent Treatment(s)	None necessary but this program can supplement family, teen group, or individual (teen or adult) therapy.
References	(800) 442-4453 or <www.ThomasPhelan.com>

Model Name	**Parenting with Love and Limits**
Brief Description	An evidence-based program developed by Scott Sells, Ph.D., the executive director of the Savannah Family Institute. The program teaches parents to: • learn the real reasons for teen misbehavior • Make an ironclad contract to stop that behavior • Troubleshoot future problems • End button-pushing • Stop the "seven aces" • Mobilize outside help • Reclaim lost love within the family
Resources Needed	• Master's level clinician with training in this model (training available in Seattle or Portland, for dates www.difficult.net and check calendar) • Parenting Your Out-of-Control Teenager video • *Parenting Your Out-of-Control Teenager: 7 Steps to Reestablish Authority and Reclaim Love* book • Study Guide with Workbook exercises
Target Group	Parents of teenagers who are struggling with behavioral issues. This program is also effective in assisting with skill development for parents whose teens are out of state in residential treatment programs.
Structure	10 parents for 8 weekly sessions, each two hours in length. Group time would include check-in, presentation of topic, skills training and practice - Closed group
Concurrent Treatment(s)	None necessary but this program can supplement family, teen group, or individual (teen or adult) therapy.
References	www.difficult.net

Model Name	**Positive Indian Parenting**
Brief Description	A curriculum designed to provide a brief, culturally-specific training program for Alaska Native/American Indian parents to help these parents explore the values and attitudes expressed in traditional Native American child-rearing practices and then to apply those values to modern skills in parenting.
Resources Needed	BHS Clinical Staff – Clinicians, Clinical Associates and/or any other individual interested in implementing this program.
Target Group	Birth to 18 years. Broad based parenting issues, i.e.: single, teen, step parents; parents of Special Needs Children, Adult Children of Alcoholics, Parents Abused as Children, etc.
Structure	8-12 weekly, 90 minute training sessions of 8 – 12 parents (may be defined by available meeting space) preferably closed.
Concurrent Treatment(s)	None required but concurrent may be helpful/indicated on a case by case basis.
References	Positive Indian Parenting training manual (two copies available from BHS trained clinicians) or the National Indian Child Welfare Association (NICWA) website www.nicwa.org

Model Name	**Parenting for Prevention**
Brief Description	This six-part video series teaches parents how to use six powerful parenting skills to help keep kids safe from alcohol, other drugs and violence. It also emphasizes the importance of children becoming secure enough to make sensible decisions about everything they do. The videos were developed by the Hazelden Foundation, which is a leader in substance abuse treatment. Examples are given in each video of how the target skill would look when used with pre-school children, elementary aged children and adolescents.
Resources Needed	• It is preferable to have two group leaders but this group can also be led by one trained leader and a support person. • There are six videos that run approximately 20 minutes each. A Parenting Information Series booklet accompanies each video to provide parents with a written version of the key points of each video.
Target Group	• Parents and Teachers who work with children. This program is especially helpful for children who are at risk of using alcohol or drugs.
Structure	Six sessions: • How to Stop Enabling and Start Empowering Kids • How to Set Limits for Kids • How to Enforce Consequences when Kids Violate Limits • Communicating: How to Confront Kids when they're Doing Wrong AND How to Encourage Kids when they're Doing Right • How to Teach Kids to Handle Anger without Violence • How to Teach Kids to Resolve Conflicts without Violence
Concurrent Treatment(s)	None required, but concurrent mental health therapy may be helpful/indicated on a case-by-case basis.
References	• One copy of this program available from the case managers in BHS-PCC. • Hazelden Foundation. (800) 328-9000 or <www.hazelden.org>

Appendix A: Glossary

Term or Acronym	Term Definition
Acute Intoxication	A reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Clinically significant maladaptive behavior or psychological changes that are due to the effect of the substance on the central nervous system and develop during or shortly after use of the substance. (Adapted from DSM-IV)
Acute Withdrawal	A substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged. (Adapted from DSM-IV)
CBT	Cognitive Behavioral Therapy
Closed Group	Customers may enter only at initial formation of group.
Closed Group with Windows	Customer enrollment available intermittently
Eclipse	Overshadow, for example, when the symptoms and dysfunction related to one disorder overshadow another making treatment of one more pressing.
Exposure Therapy	Exposure therapy (Haug et al, 2003) with or without response inhibition is most cited as effective for specific phobia, obsessive compulsive disorder and PTSD. Generally, these run 10 -12 sessions with each session targeting a specific skill, exposure level and cognitive reframing. Manuals are available to guide clinical work.
Intervention	Any thoughtful action taken by a clinician or customer with the purpose of addressing a perceived problem or therapeutic goal
IPT	Interpersonal Therapy
NOS	Not Otherwise Specified
Open Group	Participants can enter at any time.
PDD	Pervasive Developmental Disorder
Play Therapy	Play therapy is a form of psychotherapy for children who have been traumatized. It encourages children to explore their emotions and conflicts through play, rather than verbal expression.
Psychiatric Assessment	Formal assessment by a psychiatrist or ANP
Psychoeducation	teaching and training about the disease or problem for which the customer or family member is seeking treatment. Psycho-education is frequently presumed to be part of all forms of assessment and treatment, yet additional interventions that emphasize education about an illness are often shown to improve outcomes over treatment as usual. Psycho education can be incorporated into many treatments, but can be viewed as an intervention in its own right and can be delivered by non-professional staff such as case managers or health educators.
Psychological Testing	Formal psychological assessment which includes clinical interview and appropriate tests conducted by a psychologist and/or psychometrician. This testing is standardized and normed.
Screening/Scales	Brief, easily administered screening and scales which do not require advance training to interpret.
Social Rhythm Therapy	A structured psychotherapy combining elements of behavioral therapy and psycho-education and shown to reduce rates of relapse and rehospitalization in bipolar disorder

Term or Acronym	**Term Definition**
Structural Family Therapy (SFT)	Structural Family Therapy is model of treatment in which a family is viewed as a system with interdependent parts. In this treatment model, the family system is understood in terms of the repetitive patterns of interaction between the parts. From such a perspective, the goal of structural family therapy is to identify maladaptive or ineffective patterns of interactions, then alter them to improve functioning of the subparts and the whole.
TBI	Traumatic Brain Injury
Treatment Modality	For purposes of this guideline, we have defined "modality" as the structure in which the customer receives treatment, for example, individual psychotherapy, group psychotherapy, or psychoeducation.
Treatment Model	For purposes of this guideline, we have defined the "model" of care as the underlying theoretical approach to clinical intervention, for example, Cognitive Behavioral Therapy, Insight Oriented Therapy, Interpersonal Therapy.
Untreated Psychosis	For the purposes of this treatment guideline, we define untreated psychosis as psychotic symptoms that are prominent, disruptive in some way, and for which the customer is not accepting or engaging in care that would mitigate such symptoms. The diagnosis of a psychotic disorder or the presence of psychotic symptoms at some point in the course of illness or treatment should not be a barrier to participation in treatment that might be helpful. However, nor should a customer with a significant psychotic disorder be treated with some forms of psychotherapy from which they are not likely to benefit. Clinical judgment will be needed in selecting appropriate treatment for each customer.
Untreated Substance Dependence	Because "dual diagnosis" is the norm, rather than the exception in behavioral health settings, customers with substance abuse problems should not be excluded, a priori, from participation in treatment for other mental health conditions. However, the impact of their substance use on their capacity to participate in treatment must be assessed on an ongoing basis. Customers with current substance dependence may not be appropriate candidates for some forms of treatment.

Appendix B: Literature Summary

Evidence Based Clinical Guideline
Southcentral Foundation Research Project
Summary Sheet
Parenting

Diagnosis: This category is not a diagnosis or set of symptoms or a syndrome. It represents a modality of intervention. Having stated this, there is a strong association with the evidence based literature an a category of DSM IV syndromes: Conduct Disorder, Oppositional Defiant, Antisocial Personality Disorders as well as other disruptive disorders like Attention Deficit/Hyperactivity Disorder, Autism and violence. It is in the context of these diagnoses that the interventions of parenting will be discussed.

General Information: Parenting courses, marital and family improvement trainings and parent-child enrichment program are numerous. Internet searches and research literature search produce numerous, even overwhelming references to parenting, family and like topics. Nevertheless, most of these programs lack either a specific set of behaviors or problems to be ameliorated, have not been subjected to empirical testing, and lack comprehensive theoretical or therapeutic frameworks (outside generalized concepts like: better communications, boundaries, etc).

Parenting is a subtype or intervention of traditional family therapy. Parenting interventions focus on work with primary adult caregivers, sometimes without the client and other times with the client present as the parent learns to implement the technique. The main goal is to help parents decrease their children's unwanted behaviors (such as defiance, aggression, inattention, failure to complete work, etc.) and increase their positive behaviors (adaptive social interaction, age-appropriate independence skills and task completion, empathy and altruism, school success, etc.). Depending on the model, parent training focuses on behavioral management using strategies such as strengthening relationships; metered attention; behavioral recognition, recording, and analysis; use of reinforcements, rewards and privileges; and the reasoned use of punishment and restriction.

The parenting programs recommended here are based on cognitive behavioral theory, learning theory and social learning theory. They utilize sound interpersonal dynamic theories (needs for affiliation, reward, productivity) and fundamental operant conditional paradigms. The training groups utilize or demonstrate all of the same procedures, theories and skill sets required of the participants. Consequently, clinical skills, sensitivity and patience in the implementation of the program components are required. Parents need consistent reinforcement, the opportunity to process successes and challenges, and social support from peers. Most parenting programs fail or participants drop out because programs are offered at inconvenient times, the parent dyad does not agree on the importance of parenting interventions, there is no available childcare, the programs is not seen as culturally relevant, the program costs too much.

Finally, parenting programs are most effective when interventions are implemented just as the children are beginning to demonstrate signs and symptoms of disruptive or externalizing disorders (Magnuson & Duncan, 2002; Patterson, et al. 2002). Issues such as poverty, minority status, divorce, domestic violence, and familial alcoholism can also reduce the effectiveness of parenting intervention programs (Southam-Gerow & Kendall, 1997).

Therapeutic Considerations: When developing a parenting program, there are several consistent themes regarding the delivery of effective intervention training. The following list is not comprehensive but offers a summary of key issues or considerations.

1) Parenting training can be delivered in any setting. Individual parent dyads, small groups, larger multi-family formats, community forums, video presentations or self guided groups are all approved methodologies.

2) Parenting skills need to be adapted for the age, developmental stage and maturity of the identified client. These techniques can be used with gifted children, those with developmental disabilities or anywhere in

between. The key to targeted parenting skills, however, is to recognize the child's individual strengths and challenges.

3) All parenting programs are step-wise and skill based. This necessitates practice, homework, follow up and feedback. Most parents of challenging children also need support from a professional clinician or trained lay person as they make these changes.

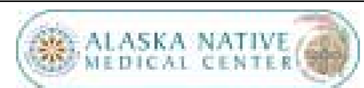
4) Professional qualifications include a basic understanding of family, individual and psychopathological dynamics. Child development training is also critical. Mentoring, manuals and participation seem to be standards in helping the "trainer" become trained.

5) Generally, multi-problem families pose a greater challenge and have a less successful outcome. Nevertheless, parenting training can yield positive outcomes for parents with externalizing or disruptive disordered children.

6) Most parenting programs fit within the brief therapy model of less than 20 sessions.

7) Effective programs take a multi-systems approach including the application of the skills across domains and situations.

Cultural Considerations: While most parenting programs have not been studied on Native Alaskan families, many do have Hispanic, African-American and other minority group validation. The general caveat though, is that families with less financial resource and multi-problem families tend to be less successful in implementation of parenting techniques without simultaneous treatment of the parent for his or her personal mental health issues.



Appendix C: References/Resources for Clinicians and Parents

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Appendix D: Sample Treatment Plans

Behavioral Definitions:

- ☐ Abusive parenting
  - fail to provide minimum care required for normal childhood development
  - report generational cycle of abuse and neglect in parent's childhood
  - tolerate, condone or ignore abuse, neglect or maltreatment
  - demands and expectations exceed child's maturity and ability level
- ☐ Family structure issues
  - divorce, separation
  - blended families, step-families
  - parents/caregivers unable to agree on parenting approach
  - grand-parenting issues
  - sibling relationship issues
  - poverty-related issues
  - in foster care or relative placement
  - guardianship/emancipation
- ☐ Behavioral Dysregulation
  - attention-deficit/hyperactivity
  - tantrums or acting out
  - non-compliance with parental or teacher requests (oppositional)
  - aggression (verbal or physical, bullying)
  - unable to take responsibility for behavior (always blames others)
  - perseverative, obsessive or compulsive behavior
  - sleep and eating problems
  - toileting problems
- ☐ Relationship issues
  - sibling relationship issues
  - peer relationship problems
  - bullying (victim)
  - parent/child relationship problems (attachment and bonding)
  - family stress
  - poor interpersonal communication skills
- ☐ Maturation issues
  - immature
  - "little adult"
  - Sexually precocious
  - Developmentally delayed
  - Dependent child/overprotective parent
  - Independence (driving, job, financial support, etc.)
- ☐ Emotional issues
  - depressed/withdrawn
  - self-injurious behavior
  - anxious
  - suicidal
  - history of abuse and neglect
  - substance use/abuse
- ☐ School adjustment issues
  - school refusal, avoidance or somatizing
  - truancy or dropping out
  - underachievement
  - peer relationship problems
  - school failure or retention
  - special education issues
- ☐ Medical issues
  - child has chronic medical condition (diabetes, cancer, asthma, etc.)

- medication management difficulties
- parent has chronic medical condition

PROBLEM #1:

Abusive Parenting (including neglect, OCS involvement, developmentally inappropriate parenting, inability to consistently protect child from an abuser)

GOALS:

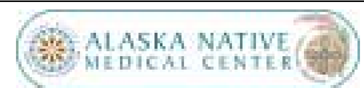
1. Develop plan to assist parent/caregiver in complying with OCS-mandated parent education.
2. Assist parent in adopting reasonable expectations for the child's behavior, abilities and level of maturity.
3. Establish a compassionate, loving relationship between parent and child that also contains appropriate parent/child boundaries.
4. Reduce personal and family isolation and increase family, cultural, faith-based and community support systems.
5. Eliminate abusive parenting approach.

Objectives:

1. Client/parent will increase recognition of historical family patterns or personal coping strategies that may have contributed to or permitted the abuse/neglect.
2. Parent will gain an understanding of the developmental level of child and appropriate parental expectations in regard to the child's need for supervision, structure and support.
3. Build parenting skills in identified areas of weakness (focusing on child's developmental level).
4. The parent will develop an awareness of the problems created for the child by overly punitive, abusive, inappropriate, neglectful or inconsistent parenting.
5. Increase the family's social interaction with friends, family, community members, and/or church members.

Therapeutic Interventions:

1. Obtain a written copy of the mandated steps the parent must complete to comply with family re-unification plan.
2. Explore the parent's perceptions and concerns about improper treatment of the child. Clarify the nature and extent of the abuse and the parent's current legal status.
3. Explore the family history with the parent(s) to determine if chronic abuse or maltreatment is present or if the mistreatment of the child is an isolated incident. Assist parent in sharing feelings about the dysfunctional family relationships.
4. Assist parents in differentiating parental and adult problems from those problems that belong to and should be solved by the child.
5. Work with parent(s) to develop and implement a plan to increase social interaction and social support.
6. Refer parent(s) to a parenting group appropriate for the child's developmental level.
7. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.
8. Case management will make referrals to appropriate community-based services that offer intensive case management or in-home support if appropriate.



PROBLEM #2:
Family Structure Issues (including divorce, blended families, disagreement on parenting approach, guardianship or emancipation)

GOALS:
1. Assist parents in forming a united front and working together to develop effective parenting skills and discipline in the family.
2. Clearly define family roles, rules and responsibilities.
3. Focus on the best interests of the children while working to resolve emotional, financial and legal issues.
4. Discuss changes in family structure and the expected effects upon the family unit with the children in a calm, realistic and truthful manner.
5. Assist grandparents in maintaining appropriate boundaries regarding discipline issues and in resisting the impulse to overindulge the children.
6. Maintain a strong legal foundation for the family.

Objectives:
1. Parents will establish consistent, positive child-management techniques and discipline that is developmentally appropriate. This may include negotiating and/or reaching consensus on the discipline approach.
2. Share the responsibility and workload required for managing family duties and child rearing.
3. Reassure the child about personal security while expressing an awareness of and empathy for the child's fears and feelings.
4. Build parent skills in identified areas of weakness (focusing on child's developmental level).
5. Access family friends and community resources that will assist with the numerous challenges of single parenting.
6. On issues involving guardianship, parent(s) will address this issue early and set up a flexible yet supportive plan for the individual in need of guardianship.
7. Parents will recognize the impact natural transitions (including positive changes) have on themselves and on the family and prepare emotionally and/or financially for these (emancipation, leaving for college or job, loss of a family member, etc.).

Therapeutic Interventions:
1. Help parents to define the family roles by listing each family member and describing their unique role and responsibilities in the family (may use worksheet from *Parenting Skills Homework Planner* by Knapp).
2. Assist parent(s) in establishing basic procedures that are essential for efficient family functioning (e.g., morning routine, family meals, laundry); encourage the family to spend time practicing these procedures until they become routine.
3. Assist parent(s) in formulating household rules (e.g. curfew, table manners, homework, dress code). Brainstorm ideas and consolidate them into a few general limits, stating each rule in positive form.
4. Encourage parent(s) to prioritize the discipline issues of concern and to address them one by one rather than trying to resolve all behavior problems at once.
5. Encourage parent(s) and stepparent(s) to work together to establish custody and visitation arrangements that are conducive to the emotional stability of the children involved.
6. Teach parents to recognize manipulation and triangulation involving the child and the separated parent or caregiver. Assist in developing a plan to neutralize or counter the manipulation and triangulation.
7. Advise parent(s) to set up appropriate sleeping and activity centers so all children have a place for their personal belongings, a place to sleep and the opportunity for privacy.
8. Assist parents in recognizing parental roles so that all of the child's physical, financial and emotional needs are covered and the child is not expected to assume a parental role in these issues.
9. Provide parent education on the developmental level of child and appropriate parental expectations in regard to the child's need for supervision, structure and support. Also assist the parent in developing discipline interventions that are age-appropriate.
10. Refer parent(s) to a parenting group appropriate for the child's developmental level.
11. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.

12. Case management will make referrals to appropriate community-based services that offer intensive case management or in-home support if appropriate.

PROBLEM #3:
Behavioral Dysregulation (including ADHD, tantrums, non-compliance, aggression, inappropriate language, irresponsibility, perseveration, etc.)

GOALS:
1. Increase parental awareness of the negative impact behavioral dysregulation can have on a child's academic success, peer relationships, future job and family success, etc. Help the parent form a clear understanding of current societal norms for the behavior of children and adolescents living in Anchorage. (Discuss differences between local expectations and rural expectations or possible variations in cultural norms that might be contributing to this problem).
2. Assist parents in forming a united front and working together to develop effective parenting skills and discipline in the family. This includes a clear definition of family rules, schedules and expectations.
3. Develop a highly structured and intensified level of discipline for the child/adolescent with aggressive and antisocial behavior. Make sure the plan is appropriate for the client's developmental level.
4. Build positive assets such as responsibility, empathy, altruism, resiliency, appropriate persistence, flexibility, delay of gratification, etc. in the child.
5. Increase positive interaction and support among all members of the family. Extend that to the larger community.
6. Enlist the assistance and understanding of friends and extended family members in offering respite and support for managing the behavioral dysregulation of the child. If needed, set up a crisis respite plan.
7. Help all family members understand and accept that recognition and affection are family resources that are given in response to appropriate, respectful behavior.

Objectives:
1. Parents will recognize the emotionally draining nature of parenting a child with behavioral dysregulation and will develop a safety plan for the family if indicated.
2. Recognize and articulate the crucial difference between firmness (holding to a disciplinary intervention and focusing on the child's inappropriate behavior) and harshness (attacking the child's personality and demeaning the child).
3. Consider the option of a psychopharmacological intervention if indicated and discuss this with the child's or adolescent's primary care provider.
4. Utilize techniques of positive discipline to facilitate responsible behavior and independent thinking. Allow the child to learn from mistakes and experience the consequences of choices. Offer empathy but do not rescue the child.
5. Increase the quality time activities in which the family engages.
6. Eliminate activities that model inappropriate behavior or reduce the child's need to regulate attention and interact positively with others.

Therapeutic Interventions:
1. Gather developmental history information and review parental concerns about maladaptive behavior and social-emotional problems presented by child. When possible, obtain school-based information.
2. Determine the level of behavioral dysregulation – including frequency, severity, duration, venue, etc. Rule Out medical factors that may be contributing to the dysregulation.
3. Screen for possible co-morbid condition (sensory integration problems, auditory information processing deficits, R/O FASD, etc.)
4. Identify secondary gains for both child and parent that may be continuing the behavioral problems.
5. Assist parent(s) in formulating household rules and expectations (e.g. chores, language, television and telephone use, curfew, table manners, homework, dress code, interactions with friends, etc.). Brainstorm ideas and consolidate them into a few general limits, stating each rule in positive form.
6. Encourage parent(s) to prioritize the discipline issues of concern and to address them one by one rather than trying to resolve all behavior problems at once.
7. Provide parent education on the developmental level of child and appropriate parental expectations in regard to the child's need for supervision, structure and support. Also assist the parent in developing discipline interventions that are age-appropriate.

8. Teach specific parenting skills (such as time out, behavior tracking, positive reinforcement, limit setting, etc.) Refer parent(s) to a parenting group appropriate for the child's developmental level.
9. Increase the quality time activities in which the family engages. This intervention will need to be tailored to the family's resources, interests and developmental level. It might include such things as participation in a native dance and drumming group; involvement in a sports program; regularly scheduled time spent working together on a craft or hobby; consistent participation in a social outreach activity; attending the story time at the library; etc.
10. Mentor parents as they limit and monitor the child's exposure to television, movies, computer and video games. Encourage them to eliminate all entertainment choices where the main characters engage in violent, aggressive or disrespectful behavior.
11. Refer parent(s) to a developmentally-appropriate parenting group.
12. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.
13. Case management will make referrals to appropriate community-based services that offer intensive case management or in-home support if appropriate.

PROBLEM #4:
Relationship Issues (including sibling relationship problems, peer relationship problems, parent/child relationship problems, interpersonal communication skill deficits).

GOALS:
1. Increase positive parent/child interactions while reducing family stress.
2. Assist the child in social skill building that will enhance sibling and peer relationships.
3. Facilitate the development of positive and effective interpersonal communication skills within the family and in the larger community.

Objectives:
1. Parents will learn conflict management techniques and ways to settle disputes among the siblings using peace-making strategies. Parents will also gain an understanding of when to permit the children to resolve their own issues.
2. View each child as unique and valuable, focusing on the individual strengths and abilities of each child.
3. Model positive, appropriate social interactions at home and in the community.
4. Create numerous opportunities for positive parent/child interaction at home and in the community.
5. Offer guidance, support and encouragement for the child to become actively engaged in positive social activities.
6. The child will demonstrate appropriate social skills, empathy, assertiveness, self-confidence and responsibility in peer group and home relationships.
7. Demonstrate consistent respect through polite and tolerant actions and deeds and expect that respect to be reciprocated.
8. Gain confidence, expertise and effectiveness in ability to manage discipline and emotional issues resulting from the child's early lack of attachment and bonding.
9. Parents choose to invest personal time, energy and commitment in creating a loving and supportive family unit.
10. Reduce personal and family isolation and increase family, cultural, faith-based and community support systems as appropriate.
11. Learn techniques of effective communication that involve empathetic listening, clearly stated points of view, and recognition of the importance of concrete and brief communication when faced with discipline issues.
12. Parents recognize and appreciate their own family and cultural values and communicate these to their children in a positive way.
13. Build positive assets such as responsibility, empathy, altruism, resiliency, appropriate persistence, flexibility, delay of gratification, etc. in the child.
14. Increase positive interaction and support among all members of the family. Extend that to the larger community.

Therapeutic Interventions:

1. Assist parent(s) in recognizing the behavioral patterns that their children (or they, themselves) engage in which are negatively impacting their relationships. Explore possible multi-generational family patterns that could be contributing to these poor relationships.
2. Provide parent education on the developmental level of child and appropriate parental expectations in regard to the child's need for relationships and the challenges faced at each developmental stage.
3. Mentor parents who are inclined to overprotect their child. Help them support the child through the difficult work of developing peer relationships without interfering and attempting to protect the child from relationship bumps.
4. Brainstorm with parents ways to increase the quality time activities in which the family engages. This intervention will need to be tailored to the family's resources, interests and developmental level. It might include such things as participation in a native dance and drumming group; involvement in a sports program; regularly scheduled time spent working together on a craft or hobby; consistent participation in a social outreach activity; attending the story time at the library; etc.
5. Assist parents in recognizing their pattern of over-indulgence. Help them learn to set appropriate limits and develop a positive parent-child relationship that is not based on buying love or affection.
6. Encourage parents to help the child master strategies for resolving peer problems using a mutual storytelling process with the child. This would describe the problem, develop several options for response and then select the one that is best. For children with cognitive challenges, it may be helpful to teach a scripted response to some challenging situations.
7. If the parent(s) are in new adult relationships, discuss with them the possible reactions the children may have (either positive or negative). Help parents develop good personal boundaries in this area so the children do see warm, positive interactions between adults. At the same time assist the parents in recognizing what types of adult sexual behavior should not occur in the children's presence. These could create jealousy, embarrassment, loyalty conflicts, etc. Encourage the adults to respect the children's sensitivity to adult behavior.
8. Teach communication skills. This can be done in an individual, family or group therapy setting.
9. Help the parents build positive personal and family assets. Resources for this include *Helping <u>Little</u> Kids Succeed – Alaskan Style* and *Helping Kids Succeed – Alaskan Style.* (See resource list).
10. Refer parent(s) to a developmentally-appropriate parenting group.
11. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.

PROBLEM #5:
Maturation Issues (including immaturity, parentified behavior, overprotective parent, independence skills).

GOALS:

1. Assist the child in developing age-appropriate adaptive behavior skills (these skills include self-care, social skills, and the ability to function independently at home and in the community).
2. Allow the child to participate independently in age-appropriate activities, to learn from mistakes and handle the consequences of choices, and to develop internal motivation skills.
3. Encourage the child to plan for the future by setting long- and short-term personal goals.

Objectives:

1. Identify inappropriate or excessive fears and anxieties held regarding the child's welfare and develop more positive and realistic expectations.
2. Initiate interactions with the child that encourage more self-reliant, organized and self-confident behavior.
3. List and discuss the benefits of allowing the child to gain wisdom from the experience of making mistakes. Outline the circumstances in which the child can safely learn from the consequences of a mistake or poor decision.
4. Verbalize the special considerations required by a child with special needs and plan for any necessary accommodations while encouraging the child to become as independent as possible.
5. Facilitate the child's age-appropriate conscience development by discussing behavior in terms of right and wrong or ethical and unethical. Regularly cite examples of behaviors that demonstrate integrity, trustworthiness, and moral courage in everyday life. This can be done while riding in the care, talking at family dinner, or other times parents and children interact informally.

6. Demonstrate consistent respect through polite and tolerant actions and deeds and expect that respect to be reciprocated.
7. Parents will recognize and appreciate their own family and cultural values and communicate these to their children in a positive way. Families will identify culturally appropriate role models.
8. Discuss personal and family sexual ethics and values with the child openly, non-judgmentally and clearly. Tie these values to the family's core belief system.
9. Build positive assets such as responsibility, empathy, altruism, resiliency, appropriate persistence, flexibility, delay of gratification, etc. in the child.
10. Assign chores and responsibilities to each family member.
11. Parent will gain an understanding of the difference between parenting and "buddying" with their children and will re-balance these roles so they are able to appropriately handle the adult issues and inappropriate expectations regarding the child's role are eliminated. (This would include expecting the child to listen to parental concerns regarding finances or adult relationship issues, involving the child in the divorce negotiations, implicitly expecting the child cover up parental substance abuse or mental health issues, etc.).
12. Regularly affirm each child for his/her special interests and abilities. Talk frequently in the family about how these will contribute to the child's personal future success.
13. Encourage each child to identify what his/her personal definition of success will be in five years, ten years and longer. Help them maintain that future focus.

Therapeutic Interventions:

1. Provide parent education on the developmental level of child and appropriate parental expectations in regard to the child's level of personal independence and need for structure and support. Also provide the parent with information regarding normal maturation and the challenges faced by children and teens today.
2. Request a screening assessment for adaptive behavior delays. Develop the intervention plan based on the results of the assessment.
3. Mentor parents who are inclined to overprotect their child. Help them promote independence by allowing children to make decisions and live with the consequences.
4. Assist parents in recognizing their pattern of over-indulgence and over-protection. Help them develop a positive parent-child relationship that is not based on buying love or affection and does not smother the child and send a message that the parent believes the child is incapable of functioning independently.
5. Assist parents in developing age-appropriate expectations for a child and in providing the structure, support and guidance a child or adolescent requires. This includes setting bedtimes, monitoring homework, expecting completion of chores and screening of friends.
6. Instruct parents in how to teach the child the skill of completing a large task by subdividing it into smaller, more manageable tasks. If needed, the parent can take pictures of the child doing each step of the task and post them in the area where the task is to be completed.
7. Coach parents and teens in developing a plan to handle such issues as curfew, driving, spending money, getting a part-time job, etc.
8. Teach the parents that close parental supervision of their child decreases sexual activity in younger adolescents and is a major deterrent to teen pregnancies.
9. Teach parents how to help their child differentiate between love (e.g. caring, empathy, respect) and sexual desire by listing examples and the long-term effects of each.
10. Verbalize the connection between the child's self-respect, defined goals for the future, and the ability to refuse or delay sexual activity.
11. Verbalize the connection between regular attendance, academic progress, social skill development and excellent work habits in school and/or extra-curricular activities and the child's future success in the workplace and in adult relationships.
12. Refer parent(s) to a developmentally-appropriate parenting group.
13. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.

PROBLEM #6:
Emotional Issues (including depression, anxiety, suicidality, self-injurious behavior, etc.)

GOALS:

1. Clarify the role that parenting can play in reducing or creating a child or adolescent's mental health issues.
2. Develop an appropriate family safety or intervention plan.
3. Establish mental health and emotional stability of all family members.
4. Implement positive, effective and consistent disciplinary strategies.

Objectives:
1. Establish mental health and emotional stability of all family members.
2. Parents will increase their awareness of the child/adolescent's mental health issues and the factors contributing to it.
3. Parents and children will develop effective ways of communicating feelings, concerns and messages of support.
4. Parents will model appropriate management of emotions (anger, frustration, sadness, etc.) and will guide their children in healthy emotional expression.
5. Implement positive, effective and consistent disciplinary strategies that assist in the development of positive mental health.
6. Seek medical and/or psychological treatment of the child or adolescent's mental health issue(s).
7. Stabilize the family environment and offer physical and emotional protection, comfort, support and nurturing to the child.
8. Learn strategies to help family members cope with and adjust to a traumatizing experience.

Therapeutic Interventions:
1. Arrange for the child/adolescent to obtain a complete physical and psychological evaluation of the depth and causes for the mental health issue.
2. Provide parent and family education regarding the mental health diagnosis.
3. Address issues that may relate to the use of psychotropic medication.
4. Refer to family therapy to address family dynamic issues that may be contributing to the child's mental health presentation.
5. Teach the parent to initiate interactions with the child that encourage more self-reliant, organized and self-confident behavior.
6. Assist the parent in developing discipline techniques that foster positive mental health rather than emphasizing illness or dependence.
7. Teach parents to focus on helping the child/adolescent become involved in challenging activities that require the exercise of their personal areas of strength. This often involves physical activity, a focus on the needs of others, a delay in short-term indulgences and a creative mindset.
8. Regularly affirm each child for his/her special interests and abilities. Make these affirmations concrete and immediate.
9. Assist parents in developing a "What-Will-I-Do-If" plan. Examples of this type of approach can be found in *Parenting Your Out-of-Control Teenager* (see resource list).
10. For perseverative and self-injurious behavior in individuals with impairments, teach parents, caregivers or teachers behavioral management techniques such as those found in *Working With People With Challenging Behavior* (see resource list).
11. Refer parent(s) to a parenting group appropriate for the child's developmental level.
12. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the child/adolescent's presentation.

PROBLEM #7:
School Adjustment Issues (including school refusal, truancy, underachievement, failure, and special education challenges).

GOALS:
1. Implement strategies that promote feelings of capability, adequacy and academic confidence in the child.
2. Verbalize and model personal and family values that prioritize effort, academic achievement and lifelong learning.
3. Assist the child in successfully completing his/her education (high school, college or other educational option).

4. Increase the child's ability to engage in independent school behaviors (work on school assignments alone, turn in homework, work well with peers).
5. Increase the parent's ability to work effectively with school personnel.
6. Attend school on a consistent, full-time basis. Make adequate yearly progress.

Objectives:

1. Parent will schedule time to prepare self and child for transition to school.
2. Arrange for the child to obtain a complete physical (including vision and hearing screening) to eliminate any medical reasons for school difficulty.
3. Increase home activities that emphasize learning and education.
4. Child will decrease or eliminate the somatic complaints associated with attending school.
5. Child will cease the temper outbursts, regressive behaviors, complaints and pleading associated with attending school.
6. Set a time for the family to read together. This might initially involve the parent reading to the child, but should transition to having the child read aloud for at least 15 minutes per day to the parent.
7. Limit the child's exposure to television and computer or video games.
8. Establish a morning routine designed to help organize and prepare for the school day.
9. The parent will assist the child in developing the readiness skills necessary for success at each academic level.
10. Work with the teacher to develop a homework tracking system. Utilize a behavioral reinforcement approach to increase compliance with the system.
11. Gain the skill to refocus the child's discussion from physical complaints to emotional conflicts and the expression of feelings.
12. Regularly affirm each child for his/her special interests and abilities. Make these affirmations concrete and immediate.

Therapeutic Interventions:

1. If clinically indicated, arrange for psycho-educational testing of the child to rule out the presence of learning and memory problems or sensory integration issues. (This should initially be requested from the neighborhood school).
2. Assist the parent in developing a schedule that includes an appropriate bedtime, mealtimes, opportunity for exercise and household chores, homework time, etc. A family schedule will help the child be ready for each school day.
3. Assist parents in addressing their own separation anxiety issues that could be negatively impacting the child.
4. Teach the parent to initiate interactions with the child that encourage more self-reliant, organized and self-confident behavior.
5. Work with the school and parents to design and implement a systematic desensitization program to help the client manage his/her anxiety and attend school for increasingly longer periods of time.
6. Work with the school to develop and implement a contingency plan to deal with temper tantrums, crying spells or excessive clinging after arriving at school.
7. Help parents set firm, consistent limits regarding temper outbursts, manipulative behaviors or excessive clinging.
8. Explore alternative school settings or placements for middle and high school students who are struggling with a general high school setting.
9. Teach parents to focus on helping the child/adolescent become involved in challenging activities that require the exercise of their personal areas of strength. This often involves physical activity, a focus on the needs of others, a delay in short-term indulgences and a creative mindset.
10. Assist parents in developing a "What-Will-I-Do-If" plan for adolescent truancy. Examples of this type of approach can be found in *Parenting Your Out-of-Control Teenager* (see resource list).
11. Coach parent in working with special education programs and regulations if the school's intervention program is not working for the child/adolescent.
12. Refer parent(s) to a parenting group appropriate for the child's developmental level.
13. If clinically indicated, refer parent for individual mental health treatment to address his/her own mental health issues that are contributing to the abusive parenting practices.

PROBLEM #8:
Medical Issues (including chronic health conditions in the child, medication management difficulties and chronic health conditions in the parent)

GOALS:
1. Become fully informed about the child's medical condition or disability and advocate for services at school and in the community.
2. Create a realistic plan to deal with the challenges or parenting a child with special health needs.
3. Parent the child with physical challenges to facilitate the achievement of a personal best level of independence, responsibility, social skills and character.
4. Recognize and attend to the needs of the other relationships in the family.
5. Increase compliance with medication administration schedule.
6. Help the parents recognize their own grief issues that could impact their ability to parent a child with special needs.

Objectives:
1. Describe the facts and feelings associated with parenting a child with special needs.
2. Implement strategies of positive discipline to help the child with special needs develop self-confidence and responsibility.
3. Help siblings of the child with special needs resolve feelings of resentment, guilt and embarrassment regarding their sibling.
4. Recognize the difference between what a child/adolescent with special needs "won't" do and what they "can't" do and adjust expectations accordingly.
5. Parents will gain the awareness to watch for reactions of anger, resentment, jealousy and depression in the identified client's siblings. They will schedule regular time with the "healthy" children.
6. Medication taken on appropriate schedule. Diet restrictions followed. Activity level monitored.
7. The parent with a chronic health condition will learn to recognize the impact this medical issue has on the family and create a realistic plan to deal with potential challenges.

Therapeutic Interventions:
1. Work with the case manager to gather information regarding services available from the school, government, and community.
2. Invite parents to fully disclose and explore their feelings are reactions to parenting a child with special needs. Explain that denial, minimization, anger and fear and common reactions for parents with a child who has a chronic illness or disability.
3. Assist parent in developing discipline techniques that foster positive interpersonal behavior, responsibility and age-appropriate recognition of boundaries.
4. Coach parents in the development of environmental modifications that provide an "external brain" for the child/adolescent and thereby increase their ability to function independently.
5. Develop contingency plans for possible problems (medical emergencies, lost medication, parental incapacitation).
6. Work with parent and adolescent to address issues of medication management and the need to follow guidelines for diet or exercise. This may include developing strategies to minimize the impact of the health condition on the teen's interaction with peers.
7. Address family and individual grief and loss issues (this relates to hopes and dreams lost and not just an impending death).
8. Encourage the parent(s) to develop guardianship plans where appropriate.
9. Assist the parent in developing a personal care plan to address caregiver burnout and family stress.
10. Assist parent in addressing his/her medical condition and developing an appropriate plan for the child/children.
11. Refer the siblings for participation in a support group or for individual mental health therapy as appropriate.
12. Monitor the parent's own mental health and refer for individual therapy as needed.
13. Refer parents to parenting and support groups as appropriate.
14. Assist parents in accessing appropriate community agencies and support services including respite providers.