Chapter 14
How to Provide a Parent Education Workshop

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OVERVIEW: *This chapter describes the process in developing and implementing parent education for school-based family counselors to provide family-preventive services through psycho-educational trainings and workshops. Examples from parent education workshops within the school-based family counseling model framework are included in PowerPoint slide format from actual presentations based on best practices from a positive parenting perspective.*

BACKGROUND

Parents play a critical role in the development of their children, and therefore, can provide key components to effective intervention and prevention programs in the schools. Consequently, SBFC professionals working collaboratively with parents in targeting emotional, behavioral, and academic concerns is a vital partnership to ensuring their children's home/school success. SBFC professionals are in an optimal position to form an alliance with families and help them access and develop interventions that will remediate problems. Furthermore, it is in the best interest of the child to collaborate with the whole family, which includes extended family members and key adults in the child's life (Thompson, 2002). Nevertheless, common barriers that prevent parent involvement and therapeutic alliance must be identified and eradicated (Gimpel-Peacock & Collet, 2010).

Although parent training can be a very effective intervention, it not uncommon for SBFC professionals to encounter certain obstacles in implementing parent involvement intervention. One of the first obstacles involves parent expectations: if a child is having problems at school, then many parents believe it is not their problem, but the responsibility of the school to "fix it;" or parents who are receiving constant contact from the school about negative behaviors their child is exhibiting may feel overwhelmed and blamed, and therefore, inadequate as parents. Other reasons for the lack of parent involvement include: time conflicts between work and school schedules, cultural and language barriers, feeling uncomfortable or unwelcome in their child's school, lack of community support and transportation, and lack of understanding and support in the workplace (Thompson, 2002).

Emphasizing that SBFC professionals need parents' help in creating change by becoming collaborative partners can be an effective way of overcoming these obstacles. Let parents know that we may be the experts on behavioral change, but they have the expertise on their children and home situations. In additions, SBFC professionals need to focus on how much more important parents can be in having a greater impact in children's lives than the clinicians. Troubleshooting to overcome obstacles by teaching parents problem-solving skills may then be generalized to specific areas of concern and intervening effectively with children. Problem solving steps from Webster-Stratton's program (1998) can be taught as follows:

> *Identifying the problem*
> *Identifying alternative solutions to the problem*
> *Evaluating the outcomes of the different solutions*
> *Choosing a solution to implement*
> *Evaluating the success of the chosen solution*

Motivational Interviewing based on the stages of change model can also be useful in helping parents engage in the parent training process (Prochaska and Diclemente, 2005):

Precontemplation: Parent is not yet ready to consider change or may be unaware that a problem exists. Provide evaluative feedback, validate parent's lack of readiness to change, but emphasize the decision to change is their decision to make. SBFC may need to proceed with the child and school staff alone.

Contemplation: Awareness that change is imminent. The SBFC professional validates parent's ambivalence, has discussion about realistic pros and cons and outcome expectations.

Preparation or action: Parents have realized that there is a problem and have either made changes recently or plan to do so soon. Interventions may focus on removing barriers and encouraging parents to think about small changes to which they can commit.

Maintenance or relapse: Parents have implemented a few changes and need assistance to continue with these behaviors. Other parents are eagerly participating and actively seeking help but need assistance in identifying concrete next steps and encouragement to maintain the changes they have already made. Others need help in anticipating possibility of relapse, triggers, and coping (what went wrong?)

RELATIONSHIP TO THE SBFC MODEL

Although schools cannot usurp the parenting process, they can provide parent effectiveness training and schools must partner with parents for the benefit of children (Gehrke, 1998). There are some basic principles SBFC professionals can institute to create effective school/home partnerships, however. SBFC professionals can acknowledge parents' right to teach their children values and beliefs that may be different from the mainstream. Parents need to be informed of the services SBFC professionals can and cannot offer. Parents need to be included to the maximum degree possible in the intervention process when children are having trouble. Parents should be regularly consulted and their responses seriously considered and implemented in the collaborative process. Finally, as mentioned previously, many homes have other adults besides parents who are involved in parenting children.

Offering some type of programming for parents to learn effective parenting skills is paramount to the SBFC Model in helping parents and families to develop skills that prevent future problems. Parent training is a preventive-family focus where SBFC professionals work with parents to reduce problematic behaviors that youth are exhibiting and to increase positive, pro-social behaviors both in home and school. Parents are instructed in a workshop format in the use and application of behavioral principles and methods (positive parenting principles) that have been found to be effective in reducing problematic child behaviors, such as positive reinforcement of appropriate behaviors and mild discipline (response cost) for inappropriate behaviors. Parent empowerment is emphasized as parents are viewed as key players in this process. In other words, change in child behavior comes through changes parents make in their responses to the child's behaviors.

Parents are first taught to attend to and praise and encourage positive behaviors that the child exhibits. Secondly, parents are taught to effectively use discipline skills, such as time-out and removal of privileges (Eisenstadt, Eyberg, McNeil, Newcomb, & Funderbun, 1993; Hanf, 1969). Furthermore, a social learning approach and active methods of training are implemented through the following steps:

Didactic instruction/description of the use of the skill.
Modeling of the skill.
Parental practice of the skill, with feedback provided by the SBFC professional.
Parental practice of the skill at home.

EVIDENCE-BASED SUPPORT

In a meta-analysis of studies examining the effects of behavioral parent training, Maughan, Christiansen, Jenson, Olympia, and Clark (2005) concluded that behavioral training was effective in reducing behavior problems in children. In an earlier meta-analysis, Serketich and Dumas (1996) also found support for the effectiveness of parent training in reducing problematic child behaviors, although unlike the former authors, Serketich and Dumas found that parent training was more effective with older children.

Parent Management Training-Oregon Model (PMTO) was designed to use family interventions to treat and prevent antisocial behavior problems in children and adolescents (Patterson et al., 1975; 1985; 1992). Both the shape and the contexts in which the model has been applied evolved since the early work of Patterson and his associates in the 1960s and 1970s. A summary of salient PMTO characteristics involve parenting comprised of coercive and positive parenting practices. Coercion occurs when one person uses aversive behavior to control the behavior of another. Examples of coercion are temper tantrums and threats by children and harsh punishment, both physical and psychological, as parental forms. This "dance" includes negative reciprocity and reinforcement.

Positive parenting practices involve a step-by-step procedure, with parents mastering one skill before adding new strategies to the parenting toolbox. The intervention is comprised of five dimensions demonstrated to serve as mediators of effects on child outcomes:

Scaffolding & positive reinforcement – breaking complex behaviors into achievable steps and encouraging approximation toward the goal and positive reinforcement to teach prosocial behaviors.

Limit setting – another teaching tool to discourage deviant behaviors with contingent small negative sanctions.

Monitoring – involves parental tracking of children's whereabouts, activities, peers, and behaviors while at home and away with appropriate adult supervision.

Problem solving – involves setting goals, developing strategies to achieve goals, committing to decision, action, and making relevant adjustments.

Positive involvement – includes the many ways that parents show their children love and interest.

Several studies using the PMTO model have shown that intervention benefits to parenting and reductions in deviant peer association have led to immediate and long-term reductions in negative youth outcomes. Furthermore, reciprocity in outcome effects help parents improve depression, financial stress, and police arrests (DeGarmo, Patterson, & Forgatch, 2004; Forgatch & DeGarmo, 2007).

Webster-Stratton's multicomponent program, Incredible Years, includes group parent training, individual child-focused, and teacher consultation components. In the parent training component, parents are taught to increase positive attention to their children through child-directed play, praise statements, and incentive programs. Parents also learn discipline techniques such as, ignoring, time-out, and logical and natural consequences. Finally, parent-specific skills are addressed including personal self-control, communication and problem-solving skills, strengthening social support, and self-care (Webster-Stratton & Reid, 2003). Analyses of treatment moderators (parents, teachers, and children) showed that intervention combinations that included parent training were generally more effective than those that did not; however, the addition of teacher training seemed to be significant for impulsive children (Beauchine, Webster-Stratton, & Reid, 2005). Results of Webster-Stratton's program indicate that reducing behavior problems in children and increasing use of effective discipline skills in parents were effective both immediately after and post treatment for up to a year (Webster-Stratton, 1998; Webster-Stratton et al., 2004). The best treatment responses were observed among children of parents who scored relatively low on verbal criticism and harsh parenting (Webster-Stratton, 2006).

Parent-Child Interaction Therapy (PCIT), a program based on parent training is aimed at parents of young children. In this program, parents are taught to use child-directed interaction, in which parents use play skills to implement positive attending and communication skills, including praise, reflection,

imitation, description, and enthusiasm. Parents are then instructed on implementation of parent-directed interaction skills, including clear, effective command and time-out procedure (Brinkmeyer & Eyberg, 2003). In studies of the effectiveness of PCIT, parents reported a decrease in child behavior problems and parenting stress, more internal locus of control, and an increase in positive interactions with their children, i.e., praises, reflections, behavior descriptions, and decreases in negative parenting behavior during child-led play, i.e., questions, commands, criticisms (Bagner & Eyberg, 2007; Schuhmann, Foote, Eybert, Boggs, & Algina, 1998). Outcomes have been noted by researchers to have positive long-term effects even with an abbreviated form of PCIT (Hood & Eyberg, 2003; Nixon, Sweeney, Erickson, & Touyz, 2003).

The Triple P-Positive Parenting Program is a comprehensive parenting program that prevents behavior problems (Saunders, 1999) as follows: Treatment is geared toward information regarding parenting, shared through media outlets, tips sheets, etc. Parents participate in "anticipatory developmental guidance" with children who are considered to be at risk for behavior problems. Parents, whose children have mild behavior problems, are provided with information and specific intervention strategies to address the concerned problem. Parents who are considered to have children with specific behavior problems, but do not meet diagnostic criteria for a behavior disorder, learn specific parenting skills such as attending to positive behaviors and use of time-out to decrease inappropriate behaviors. Parents, who are experiencing additional difficulties such as, marital problems, depression, etc., are offered support.

An evaluation of PCIT revealed results that efficacy and effectiveness of the program, particularly with parents whose children manifested with mild behavior problems, demonstrated positive effects immediately post intervention and at 6-month follow up. Furthermore, the intervention produced reliable and significant reductions in oppositional, aggressive, and antisocial behavior and increases in prosocial behavior among children. The effects of treatment extend beyond multiple outcomes of the child where parent dysfunction and stress declined and family relations improved (Kazdin, Esveldt-Dawson, French, & Unis, 1987; Kazdin, Bass, Siegel, & Thomas, 1989; Kazdin, Siegel, & Bass, 1992).

Greene and Ablon's (2006) Collaborative Problem-Solving (CPS) intervention process has empirical support, yet contrasts with the above behavioral interventions in that CPS focuses on helping parents and children solve problems rather than applying behavioral contingencies to manage a child's behavior. Although results from a study by Greene et al.(2004) support CPS' effectiveness in decreasing oppositional behavior in children, more data are needed in order to address the validity for implementation by SBFC professionals.

Multisystemic therapy (MST) developed by Henggeler & Lee in 2003, is another evidence-based intervention geared toward children who engage in severe misconduct such as in juvenile offenders and those with serious mental health issues. MST is a family system's approach to treatment, involving the home, school, and community. Any combination of services, including family, peer, school, and individual interventions, medications, and family social support, may be delivered as needed. Studies have demonstrated many favorable effects for MST with juvenile offenders and their families (Borduin et al., 1995; Borduin, Henggeler, Blaske, & Stein, 1990; Brunk, Henggeler & Whelan, 1987; Hennggeler et al., 1986). Although the results of using MST are promising as demonstrated in decreases in substance use, rearrest, externalizing problems, and improvement in family functioning, however, because MST is so time-intensive, it is not feasible for SBFC professionals to implement other than to serve on the team and provide school-based interventions. Additional Evidence-Based Parenting Programs are briefly reviewed in Box 14.1.

Box 14.1 Additional Evidence-Based Parenting Programs

MEGASKILLS (Rich, 1992) focused on 10 values/traits presented to help parents with children ages 5-12 develop skills associated with school success:

Confidence	*Perseverance*
Motivation	*Caring*
Effort	*Teamwork*

THE NEXT STEP (SYSTEMIC TRAINING FOR EFFECTIVE PARENTING THROUGH PROBLEM SOLVING) (Dinkmeyer & McKay, 1997) is designed for parents who have participated in the previous mentioned program and want to gain additional practice in basic principles through a problem solving group:

Taking a fresh look at your parenting
Building self-esteem
How lifestyle beliefs affect parenting
Stress: Coping with changes and challenges

MULTICULTURAL COUNSELING CONSIDERATIONS

One of the most critical challenges facing school-based professionals is gaining competency in addressing the needs of an increasingly diverse student population (Coleman, 1995; House & Martin, 1998; Lee, 1995; Lewis & Hayes, 1991). In fact, it is projected that by 2020, most school-aged children attending public schools will come from diverse cultural and ethnic backgrounds (Campbell, 1994). Multicultural counseling competence refers to the SBFC professionals attitudes, beliefs, knowledge, and skills in working with people from different cultural groups including racial, ethnic, gender, social class, and sexual orientation (Arrendono et al., 1996. Accordingly, due to the increasing ethnic, social, and racial diversity of the U.S. school system, SBFC professionals need to possess appropriate levels of knowledge and skills to work with diverse students and their families (Durodoye, 1998; Hobson & Kanitz, 1996; Johnson, 1995).

These issues must be integrated within a context of family involvement where the SBFC professionals is accountable for understanding and generating awareness of specific cultural factors relevant to particular cultural groups. This includes knowledge to assess specific factors such as acculturation, language proficiency, and sociocultural history that are critical concerns for children's development in the schools (Paniagua, 1994; Vasquez-Nuthall, DeLeon, & Valle, 1990). Strategies that support multicultural competence within the context of family involvement consist of three components; parent education and support, school-family curriculum activities, and school staff-parent partnership efforts (Banks, 1993).

Parent Education and Support includes offering a lending library, parenting programs, and newsletters. Direct work, especially with immigrant parents, where the SBFC professional acts in the role of school-home-community liaison in support of navigating unfamiliar school systems (Atkinson & Juntunen, 1994). Casa and Furlong (1994) emphasize the advocacy role SBFC professionals play to increase parent participation and facilitate increased empowerment of parents and community.

School-Family Curriculum Activities includes discussion groups on racial or cultural issues, events where the entire school community celebrate their cultural diversity, parent participation in specific classroom curriculum activities (Ramsey & Derman-Sparks, 1992), and field trips and classroom presentations with discussion to explore concerns and ideas (Neugebauer, 1992). Furthermore, displays, performances, and literature throughout schools need to include representatives of people from diverse racial, ethnic, and cultural backgrounds engaged in meaningful activities.

Parent-Teacher Partnerships includes study teams, school advisory groups, and multicultural planning sessions for input on school policies and procedures (Ramsey & Derman-Sparks, 1992). As human development specialists, SBFC professionals make contributions that are proactive, collaborative, and integrative by providing services to students and their families. They need to become equipped with strategies that are responsive and proactive approaches to meet the needs of an increasingly diverse students population, which could mean providing human relations training, recognition and acknowledgment of divergent cultures, orientation and transition services, peer helper programs, conflict resolution and peer mediation programs, small group counseling, bilbliotherapy, and classroom guidance and teacher advisory programs.

Finally, systematic work on ethnicity and culture as moderators of treatment is needed. Professionals cannot assume that treatment developed primarily with a couple of cultural or ethnic groups will be applicable to other groups without modification. Many parent-child interactions and child-rearing practices are deeply woven into religious teachings and cultural beliefs and customs, for example, type of punishment, how and what demands are made on children, etc. It is reasonable, therefore, to expect ethnicity and culture to moderate intervention effects (Weisz & Kazdin, 2010).

CHALLENGES AND SOLUTIONS

As mentioned in the previous section, a fundamental challenge for SBFC professionals is involving and engaging challenging parents as key players and partners in their children's education. Therefore, SBFC professionals may need to be oriented to a positive psychology perspective and belief system (Wilde, 2005):

Belief #1: Parents love their kids in the best way they know how. Most people raise their children how their parents raised them, and most challenging parents did not have good role models as children.

Belief #2: Parents inability to believe negative behaviors attributed to their children is biologically/evolutionary rooted. That's how parents protect their progeny and keep their line of DNA moving forward in the next generation.

Belief #3: Carefully consider the requests made of parents as they have the skills, understanding, self-discipline, and organization to be successful in the implementation of plans.

Belief #4: With the exception of parents who have mental health issues, most of their behaviors would be predictable if professionals had access to the complex patterns that have been ingrained in their life histories. By keeping this in mind while unraveling these complex patterns will most likely engender successful engagement of challenging parents.

Belief #5: Imagining sitting in the parent's chair as if a SBFC professional were talking about your child, will dramatically increase your empathic understanding of parents.

Although behavioral parent training has shown empirical support in effectiveness, it does not work for all families and can end up alienating parents who interpret this approach as authoritarian, imposition of the parent's will, and conducted through a rigid process. Researchers have evaluated other interventions that involve working with parents as partners on the school team. In particular, Greene and Ablon (2006) provide a collaborative problem-solving (CPS) model which initially focuses on the antecedents of the child's problem behaviors. By learning what predicts the targeted behavior, parents, children, and school staff can engage in a CPS process to resolve the problem.

The first step in the CPS process is to identify skill deficits that are leading to misbehaviors as well as triggers associated with these behaviors. To identify pathways and triggers, the SBFC professional conducts a situational analysis in which the parent is asked to describe instances of child misbehavior. The SBFC professional's goal is to develop specific hypotheses about the child's behaviors based on the information the parent is describing. The SBFC professional determines if the behavior is a result of cognitive deficits or executive, language-processing, emotion regulation, cognitive flexibility, and/or social skills.

Once pathways and triggers have been determined, parents learn to predict misconduct episodes and use CPS skills of empathy, defining the problem, and invitation to proactively decrease them (Greene & Ablon, 2006). Parents use empathy to help acknowledge the child's concern and help define the problem from the child's perspective. As part of empathizing, parents attempt to clarify why the child is having problems simply by asking, "What's up?" Once the child's concerns are clear, parents continue to provide empathetic statements in validation of the child.

In the next step of defining the problem, parents raise their concerns. At this step, the SBFC professional may need to assist parents in defining their concerns so that there is something on which the parent and child will work collaboratively. The SBFC professional further clarifies by asking, "What specific concerns do you have about your child's behavior?"

Once concerns have been identified, the family is invited to brainstorm ideas for how to solve the problems in a way that is agreeable to both the child and parent. The word, "Let's" is emphasized in the invitation, by saying, for example, "Let's think of some ideas for how we can solve the problem." Although multiple solutions are generated, Greene and Ablon recommend that the final solution must be feasible, doable, and mutually satisfactory (2006). The use of CPS in the schools is the same intervention used by the SBFC professionals for parents as well as school personnel. Engaging the parents and school staff together in CPS appears to be a viable solution in obtaining a complete, integrated picture of the child's problem behavior and promotes effective home/school partnerships.

Finally, in keeping with best practices supported by efficacious effects of evidence-based programs, PowerPoint slides are included in this chapter as examples of simple strategies that can be implemented by parents to improve students' performance (See Appendix A).

PROCEDURE

In this section, parent training will be outlined that may be implemented in either a group workshop or individual format. Common elements of effective principles when designing and presenting parent training will be highlighted here. The presentation will focus on demonstrating the effectiveness of an aspect of SBFC professionals modeling services through a parent training workshop.

THEORY AND RESEARCH: SETTING THE FOUNDATION

Read the research on prevention programs. Identify existing prevention programs and resources for parent effectiveness training. Conduct a literature review and find significant professional/evidence-based research articles/resources that address prevention or intervention programs in SBFC regarding the topic.

Although parent training can be a very effective intervention, it is not uncommon to encounter certain obstacles in implementing this intervention. One of the first obstacles frequently observed involves parent expectations or an unawareness of what to expect when they seek assistance for their children. Frequently, parents view the problem as the child's and do not understand the need for their involvement. Therefore, it is important to get parent buy-in as the most effective method in modifying child's behaviors. The best recommendation for SBFCs is to adopt a collaborative approach by emphasizing a need to solicit parents' help in creating behavior change, i.e.; "co-counselors" in the process. In other words, SBFC professionals have the expertise in behavioral interventions and parents have the expertise on their children and their home situation with a focus on parents having a greater impact in their children's lives than clinicians.

Another obstacle encountered with parent training involves parents who view the training program as possibly negative and believe that the use of regular discipline may negatively impact their relationship with their child. The SBFC professional emphasizes the importance and appreciation children actually have for consistency and structure. The positive part of the parent training program is designed so that parents lay a positive foundation of interacting with their child before beginning the discipline component.

It is important for the SBFC counselor to understand and appreciate real obstacles a parent may face before implementing the training program. As skills are being introduced, it is important to anticipate prepare, and problem solve with parents as much as possible. For example, when discussing "special time," parents should think about when they can commit to this quality time, what they will do with their other children, and what problems they may encounter. There are typically multiple solutions to any given situation, so it is important that SBFC couselors be flexible in finding solutions that best fit for the family while still ensuring effective behavioral methods.

ASSESS NEED

Assess the needs in view of the factors creating risk, problematic behaviors, and/or skill deficits. "Prevention programming should always be designed to address needs and concerns identified by recipients of future services" (Capuzzi & Gross, 2008, p. 34). What does the research say what parents need as positive parenting principles? What are the salient needs of the school site population? How do SBFC professionals know?

Providing culturally appropriate services by assessing the resiliency, strengths, and protective factors of families is critical. Useful formal tools such as, standardized tests, well-researched measurement instruments, transcripts, attendance records, discipline/behavior files and informal assessments such as, observations/interviews with student, family, staff, and community members are all important data-gathering tools. (Center for Excellence in School Counseling and Leadership [CESCaL]). Interviews are frequently conducted as the first step in the assessment process. As discussed by Merrell (2008), interviews should generally cover the following areas:

Intrapersonal functioning: including information on feelings, eating/sleeping habits, understanding of reason for referral/interview.

Family relationships: including information regarding relationships with siblings and extended family, perceived family conflict/support, family routines.

Peer relationships: including report of friendships, activities enjoyed with friends, problems experienced in social situations.

School adjustment: including information on academic achievement, favored/less favored teachers and academic subjects, involvement in extracurricular activities.

Community involvement: including information in community-based activities (sports, clubs, religious organizations) and relationships with others in these contexts.

Observations are commonly used in school settings to obtain a direct picture of the behaviors in question. The SBFC professional can conduct observations in the classroom setting. Gathering observational data from both home and school can provide useful information and a picture of the problem across settings, but it is important to keep in mind that parents and teachers cannot always devote their full attention to the observational process and may need to be trained by the SBFC professional on remaining objective through functional behavioral analysis techniques. Comprehensive assessments can include self-report measures and rating scales in which the SBFC professional has achieved competency. By obtaining a data of the problem behaviors and the function that these behaviors serve, the SBFC professional will be in a better position to develop the most effective parent training intervention that is most likely to lead in a reduction of problematic behaviors children are exhibiting. Target the population, factors, and/or at-risk behaviors by using the results of the needs assessment. Research conducted of best and successful practices relative to similar populations, risk factors, or problems should be utilized.

PLANNING AND IMPLEMENTATION

Meet with appropriate staff and personnel to obtain input in planning for program support. The best prevention efforts have been based on collaborative, interdisciplinary teaming of members of the population to be served. A description of the program should be presented to the administration and staff for further review, revision, and refinement. Plan for staff development to provide for opportunities for questions and concerns to be addressed. Stakeholder collaboration is essential for strengths-based, culturally sensitive action plans to be effective in promoting student developmental outcomes. Identify appropriate school and community resources-adjunct services and referral options. Illustrate your

partnerships with students' families and community. Provide evidence of your development as a learner and leader/collaborator with other professionals. Finally, plan variations for diversity in prevention programming that shows sensitivity and respect. Use knowledge of counseling diverse populations to apply counseling skills, techniques, and interventions within the context of the parent training program.

EVALUATE PROGRAM

Plan evaluation procedures prior to program implementation. Examine how your prevention planning and intervention services measure accountability and efficacy of the parent training program. Make appropriate recommendations for improvement of the family-preventive program based on the data (Center for School Counseling Outcome Research at University of Massachusetts at Amherst).

WORKSHOP MODEL

SBFC professionals may want to use a packaged program or create their own workshop for parents based on the needs assessment. The following training program format offers a diverse approach, yet provides for personalizing the material presented and for transfer of learning (Brigman, Mullis, Webb, & White, 2005):

Warm-up: Begin the training session with an activity or brief sharing of something positive tied to the theme of the session. Involve parents by having them think, write, and share in dyads their ideas, which is a safe way to get them into the topic. Ask for two or three volunteers to share their ideas with the larger group. This provides an opportunity for the SBFC professional to tie experiences back into the theme of the session, creating a rationale for parent involvement.

Ask before telling: Before offering information at any stage of the training, ask for parents' ideas first. The more SBFC professionals use parents' input, the more it becomes their program.

Introduction of information and skills: It is best to use the "Model, Rehearse, and Practice" method when providing information or introducing new ideas or skills. This approach keeps parents involved and leads to application of workshop skills and information.

Personalize and practice: After information is presented, allow time for personalizing and practice by asking parents to think, write, share, and practice in small groups. This kind of learning is essential for understanding to occur. Small groups then report their experience to the large group.

Process and summarize: Help parents summarize the workshop by providing time at the end to reflect on process questions:
> How involved was I in the activities and discussions?
> How did I feel during the activities and discussions?
> What did I learn or relearn?
> How can I use what I learned?
It is important to ask each parent to share with a partner or small group what s/he learned (goal). Allow volunteers to share ideas for application with the large group. This provides the SBFC professional an opportunity for encouragement, coaching, and reinforcement of key concepts.

Evaluate: Have simple written evaluations at the end of the workshop/training session (See Appendix B and C). Use the results to improve your next parent training and/or for positive public relations.

SUMMARY

In summary, parent training interventions for eliminating or reducing problematic behaviors in children have garnered significant empirical support in the research literature. Effective parent training components share a variety of common elements, including: a social learning orientation/format, including modeling skills in session, role plays or practice with feedback, and practice skills outside of sessions; a focus on changing existing environmental contingencies, frequently through a focus on creating changes in parents' behaviors; a dual focus on increasing adaptive behaviors and decreasing maladaptive/inappropriate behaviors; and the intervention techniques can be implemented by SBFC professionals in collaboration with school personnel and parents.

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Appendix A: Sample Slides for a Parent Education Workshop

Slide 1

Prevention Strategy #1:

- Daily Goal :
1. 4-5 Compliments
2. Show positive gestures
3. Limit complaints to 1/day

Parents need to create positive and upbeat home environments that are inviting and nurturing and kids know that you are available for emotional connection and support when needed by them. Research show that a 5:1 ratio of compliments to complaints keeps parent-child relationships intact.

Slide 2

Prevention Strategy #2:

- Respond to responsible behaviors with:
1. Praise
2. Pride & Joy in Accomplishments
3. Celebrate important gains

- Active Constructive Responding-Leave notes or cards
- Positive Constructive Responding-hugs, kisses, or high 5s

Set in motion purposeful positive relationships patterns that can strengthen and sustain connections.

Slide 3

Prevention Strategy #3:

- Set Limits consistently
- Enforce consequences when rules are violated
- Positive consequences-doing good deeds

Experiment with positive consequences (time-limited) altruistic acts which tend to raise SE rather than always imposing taking away privileges or grounding.

Slide 4

Prevention Strategy #4:

- Model responsible use of substances
- Show ways to manage stress and emotional distress: exercising, meditating, yoga, engaging in meaningful activities and hobbies.
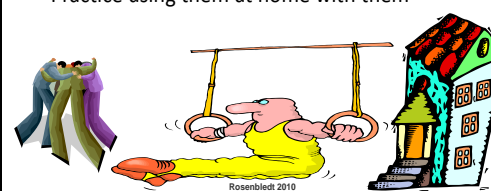
What do you do to manage your stress?

Slide 5

Prevention Strategy #5:

- Learn your kids' triggers for misbehavior
- Help them to learn distress management tools and strategies
- Practice using them at home with them
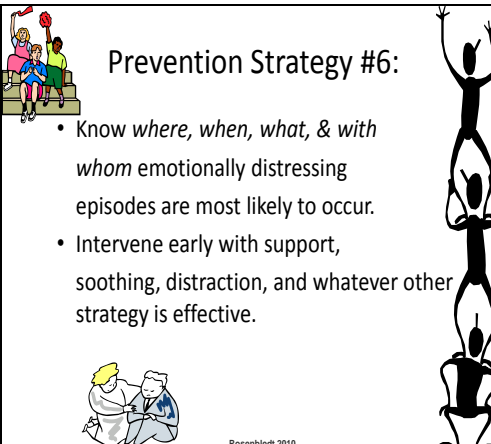
Rosenbledt 2010

Monitor kids practicing using their coping strategies and tools at home. e.g. If your daughter is experiencing emotional stress, you can ask her: "Which tool do you think can be most helpful to you right now?"

Slide 6

Prevention Strategy #6:

- Know *where, when, what, & with whom* emotionally distressing episodes are most likely to occur.
- Intervene early with support, soothing, distraction, and whatever other strategy is effective.

Rosenbledt 2010

Slide 7

Prevention Strategy #7:

- Avoid over scheduling with too many extra-curricular activities
- Avoid putting too much pressure regarding academic achievement
- Avoid imposing unrealistic performance expectations

Rosenbledt 2010

Slide 8

Prevention Strategy #8:

- Reward with special privileges for staying on track, making better choices, and responsible behavior
- Spend time together as a family and engage in fun and meaningful activities

Rosenbledt 2010

Research indicates that the 2nd one is an important characteristic of strong families. The more parents and kids accrue positive experiences together, the more the relationship bonds will strengthen, which provides emotional insulation to better cope with their emotional distress and life stressors.

Slide 9

Prevention Strategy #9:

- Solicit feedback from your kids on how well you are doing in the parenting department.
- Welcome advice or suggestions they may have for improving the relationship.

Rosenbledt 2010

This shows kids how much you love and care about them and your willingness to go through great lengths to make the relationship better.
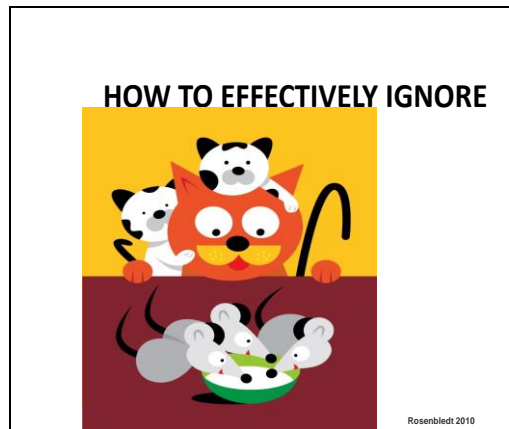
Slide 10

Prevention Strategy #10:
- Practice nonattachment-not clinging to negative thoughts.
- Practice using loving-kindness and compassion with yourselves and your kids.

Rosenbledt 2010

This will prevent parental burnout and you will be better able to be more present with your kids. This will help strengthen your relationships.
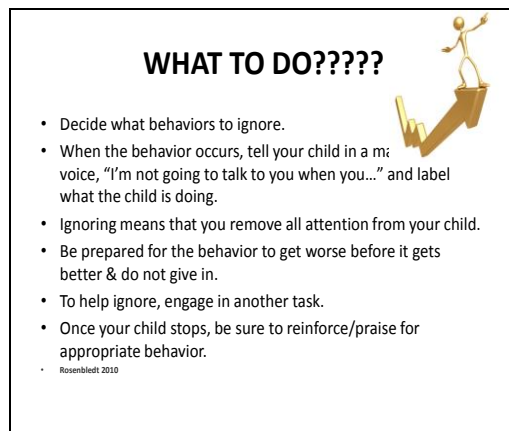
Slide 11

HOW TO EFFECTIVELY IGNORE

Rosenbledt 2010

Here are the steps….

Slide 12

WHAT TO DO?????
- Decide what behaviors to ignore.
- When the behavior occurs, tell your child in a ma[...] voice, "I'm not going to talk to you when you…" and label what the child is doing.
- Ignoring means that you remove all attention from your child.
- Be prepared for the behavior to get worse before it gets better & do not give in.
- To help ignore, engage in another task.
- Once your child stops, be sure to reinforce/praise for appropriate behavior.
- Rosenbledt 2010

Aggressive behaviors should not be ignored, but you will need to apply consequences. Ignoring is best used for minor misbehaviors especially involving crying, yelling, whining, pestering, etc. Tell the child only once. Avoid lecturing b/c this typically reinforces the child's negative behavior. You should not communicate or talk with your child in any way. This means avoiding eye contact as well as not talking to your child at all. This sounds simple, but is very hard to do. If you need to (and your child will be safe), you can leave the immediate area.If your child stops crying and begins doing a puzzle, you can say, "Great job putting that puzzle together. That looks like a lot of fun." Be sure to be genuine in your praise.

Slide 13

JOB CARD GROUNDING

- Alternative to time-out for older children:
1. Create 5-10 household jobs that your child can safely do.
2. Write a detailed description of each job on a separate card.
3. When breaks a rule, give 1-3 jobs to complete.

Rosenbledt 2010

4. Grounded until jobs are completed.
5. Grounding ends when jobs are completed as determined by you.
6. Grounding period lasts as long as it takes to correctly complete jobs.

Approximately 15-30 minutes. Jobs should not be have to be completed immediately. Steps should be specific enough that your child knows what to do without asking you for additional guidance.

Draws card randomly from a container.

If jobs are not completed correctly, you should review the steps with your child and have them redo the job. This should not be viewed as negotiation. Important to stick to grounding until job cards have been completed.

If does job card immediately, grounding time will be very short or if s/he stalls, then grounding time may be quite long. Do not nag or remind your child about the jobs.

Slide 14

USING PRIVILEGES

- Positive Behaviors
- Daily Chores
- House Rules
- Rewards
- Automatic Privileges

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Providing Privileges for Positive Behaviors: Generate a list of positive behaviors or extra chores your child can do to earn reinforcers/rewards. These should be rewards your child does not normally have access to or additional time in an activity your child has access to. Make sure to praise child w/reinforcer. Automatic Privileges: Expected daily chores are tied to privileges children automatically have access to. Give 1 warning and time frame by which the chore should be started. If fails to begin by specified time, take away 1 or more privilege. Generally best not to take away privileges for more than day. This way your child starts over w/a "clean slate" each morning, and you don't have to worry about running out of privileges to take away. House Rules: Whenever your child breaks one of the house rules, s/he should immediately lose 1 or more of the automatic privileges.

Slide 15

IMPLEMENTING PROBLEM-SOLVING STEPS:

- Think ahead.
- Take a breath & make a plan.
- Think about solutions.

- Evaluate your solutions.
- Pick the best option & give it a try.
- How did it work?
- Decide what went wrong and what else you could try.

Rosenbledt 2010

Sometimes you can guess when a problem might be coming and prevent it. You don't have to come up with a solution right away. Give yourself a chance to relax and think. We usually make better decisions when we're not mad, scared, or embarrassed. You have to get to the real problem before you can solve it. Think about all the possibilities, even ones that don't seem practical. Go through each solution you came up with and think about what would happen (good & bad) if you used that solution. There will likely be one or two that seem best. Pick the very best and give it a try. If you're satisfied, congratulate yourself. Maybe another option would work better and could be used.

Slide 16

SANITY SAVER-5 RULES FOR HW COMPLIANCE

1. HW done in 1 place.
2. Workspace equipped w/appropriate materials.
3. Limiting access to study area during HW

4. Keeping noise to a minimum.
5. Starting HW at same time everyday.

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Sanity savers home program is a HW compliance and behavioral program for reinforcement implemented in the home setting. Students and parents together determine most appropriate HW time and place.

Parents check planner/assignment sheet for assignments and confirm that students has begun working on each. Praise if child is already working.

After 10 minutes of work time, check for on-task behavior. Assist w/HW tasks if needed and appropriate. HW probably should not be done in the bedroom. Background music may be soothing and a focusing tool for some children. Prompt student to organize HW materials to bring to school the next day.

Slide 17

WHAT TO SAY AND DO

- Check w/teacher about what will be expected & ask to be informed of assignments.
- HW time is for learning, even if no HW is due.
- Avoid power struggles.
- Give limited choices.

- Encourage daily!
- Show interest in child's work & help work through a problem.
- Participate in classroom & school functions.
- Consequences for not doing HW should be b/w your child and teacher and handled at school.

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e.g.: Every Fri. is spelling test & every month a book is to be read, you can reinforce it at home.

"Kelly, as soon as you finish 30 minutes of reading you may watch a ½ hour of TV. If you argue there will be no TV this eve."

"Megan, I know you are upset about having to do HW. Let's see what you need to do before TV time."

"Maria, your HW is to read for 30 minutes tonight. Do you want to read to me or read by yourself."

"Jose, this has been a week of great effort on your part! You have done a lot of work! Let's spend time together building with the Lego set that you got for your birthday over the weekend."

Do not do the work for child.

"Marnie, I love you and I will be happy to help you. I know you will feel good when you accomplish this. I don't want to do the work for you and rob you of the opportunity to learn how to do it yourself."

Research shows children do better in school when parents take an interest and participate.

Slide 18

STEADY WARMTH

- Availability
- Comfort & Reassurance
- Set Warm Emotional Tone

Rosenbledt 2010

Availability - Parents who are there when child wants to talk. Comfort & Reassurance – Keep up family traditions and identities. Parents who set the emotional tone make a conscious decision on how they treat and react to children. Parents can decide how to act to have the kind of home they desire when they set a warm emotional tone that feels safe, steady, and welcoming.

APPENDIX B

Workshop Evaluation

Today's workshop was:
Check one: ___ Very helpful   ___ Helpful   ___ Not at all helpful

---

Some of my ideas that were validated were:

_____

_____

_____

Some new ideas that I can use are:

_____

_____

_____

I liked:

_____

_____

_____

To make this workshop even better, I would:

_____

_____

_____

Additional comments:

_____

_____

_____

_____

THANK YOU!

APPENDIX C

Feedback to Workshop Facilitators

Title of workshop: _____

Name of workshop facilitator: _____

Please provide the following information with regard to your experience.

Warm-up: How did the "warm-up" help you get into the topic and ready to get involved?
Example/Comments:

Ask before Telling: What of your own ideas were you asked to share before information was presented?
Example/Comments:

Personalize and Practice: As information was shared, what were you asked to think about, write, or share of your own experiences as related to the topic at hand? How were you given an opportunity to practice what you were learning?
Example/Comments:

Process and Summarize: At the end of the session, what were you asked to reflect on regarding your involvement in the workshop and how will you use what you have learned or relearned?
Example/Comments:

Evaluate: Please give feedback about the effectiveness of the workshop in reaching targeted outcomes.
Example/Comments:

The most effective workshop strategy I experienced today was:

Something I might suggest for next time:

THANK YOU!