Transforming Behavior: Training Parents and Kids Together
By Mary N. Cook, MD

Demonstration Workshop of an Evidence Based, Manualized, Group Intervention of Parent and Psychosocial Skills Training for School Aged Children.

Two Day Workshop Abstract:

OBJECTIVE: It is has been well documented that our nation has been experiencing several years of an ever growing chiasm between the demand for child mental health services and the availability of specialized, pediatric, mental health providers and programs. There is a burgeoning need for creative, cost effective and readily deployable, evidence-based protocols for treating youth with mental illness, and their families. This workshop will demonstrate parent and psychosocial skills training techniques deployed within an evidence-based, manualized, group therapy service delivery model, which is sustainable in a managed care environment, applicable across a broad patient population, as well as effective in several key, outcome domains. The parent and psychosocial skills training modules will be presented in an interactive and experiential format, following a method of Socratic teaching and structured exercises. The training will be supplemented by a book, which describes the treatment protocols.

BACKGROUND: Disruptive behavior, including maladaptive aggression, in children and adolescents, is a significant, public health concern (Connor et al, 2006). Disruptive behavior in youth, including aggression, accounts for up to 60% of psychiatric clinic referrals (Connor et al, 2006), and about 32% of child and 62% of adolescent emergency room visits (Weisbrot et al, 2004). Disruptive behavior may manifest in the form of tantrums, hyperactivity, impulsivity, irritability, mood dysregulation, defiance, argumentativeness, vindictiveness, sibling rivalry, stealing, lying, as well as physical and verbal aggression.

The majority of available, manualized, evidence-based programs targeting youth with disruptive behavior, intervene either predominately with parents or with youth, but not both. Most treatments are designed for delivery of sessions in a certain sequence, thus requiring groups to enroll in a “close-ended” fashion. Patients who present after the “close-ended,” sequential group treatment has begun, often must be “waitlisted” for several weeks, before they can access the next cycle of sequential and “close-ended,” group treatment. In addition, many such programs have been designed for patients who have been cohorted and enrolled, based on a history of meeting threshold criteria for a Diagnostic Statistical Manual IV (DSM-IV) (APA, 2002), diagnosis of ADHD, ODD or Conduct Disorder. Outcome or efficacy trials for such programs, are likewise typically anchored in establishing diagnoses using stringent criteria, while excluding patients who fail to meet those criteria or who are highly comorbid, i.e., meeting criteria for multiple psychiatric diagnoses, at once. However, many youth in real world settings are diagnostically diffuse, displaying symptoms and behaviors that might be explained and understood based on multiple and complex interactions between a variety of intrinsic genetic, biological, social and environmental factors. In addition, many youth with significant emotional, social, developmental and behavioral impairments may or may not meet threshold criteria for specific DSM-IV diagnoses.
State of the art, specialized, psychiatric treatments for children are difficult to sustain, in a managed care environment and grant funding sources, especially government derived, are increasingly scarce. Academic programs, in particular, are generally imbedded within tertiary care centers, or large hospitals and reimbursements for behavioral health services, generally fall short of covering the costs of providing care in those settings. Finally, the demand for pediatric mental health services vastly exceeds the availability of specialized treatment programs and appropriately trained providers. The field of child psychiatry is faced with the burden of leading the charge, to evolve creative systems of service delivery, which hold the most promise for the greatest impact, across the broadest and most treatable, patient population.

There is a need for standardized, cost effective, manualized treatments, which optimize access to care, and simultaneously intervene with youth, and their parents or families, to an equivalent degree. Such programs additionally need to be equipped to treat a patient population that is diagnostically diffuse and who have failed routine outpatient treatment, or who are stepping down from higher levels of care, such as inpatient, residential or day treatment.

RESULTS: The proposed workshop demonstrates a novel, cost effective, evidence-based, Intensive Outpatient Psychiatry (IOP) Program, which was evolved at The Children’s Hospital in Denver, Colorado, in January 2006, in response to a need for a program for youth “stepping down” from higher levels of care or who had failed to respond adequately to routine outpatient care. There was a need for a program that could simultaneously increase parental effectiveness, and bolster psychosocial skills in youth, thereby reducing symptoms and improving functioning. The target population presented with a broad array of primary psychiatric diagnoses, but nearly all of the youth aged 8-12 years old, were manifesting primarily with some constellation of disruptive behaviors, along with comorbid mood and anxiety symptoms, in the majority of cases. Outcome data demonstrated that IOP was associated with a significant reduction in problems (p<.001), and improvement in functioning and hopefullness (p<.001), in the parent-rated Ohio Youth Scales, in baseline to endpoint comparisons (Ogles et al, 2004).

WORKSHOP FORMAT AND CONTENT:

Target Audience: The workshop would be indicated for any healthcare providers, social service workers or educational staff, who intervenes with families, whose children are experiencing emotional or behavioral problems.

Duration: The workshop would span over two, 8 hour days
Two trainers would simultaneously run 2 parallel trainings that are repeated, over 2 consecutive days. One training track would focus on the parent training modular curricula, while the other would teach the psychosocial skills training modular curricula for children. The workshop participants would be divided into 2, equal groups of up to 40 individuals each, or 80 total attendees. The two groups would both train on both tracks, but the order would be reversed between the groups. A sample schedule appears as follows:
### Teaching Methods:

**Written Materials:** A book is available with explicit, detailed written guidance for implementation of the program, including the parent and psychosocial skills training portions. The book is titled: *Transforming Behavior: Training Parents and Kids Together*. The book can be purchased from BICA Bookstore ([www.behavioralinstitute.org](http://www.behavioralinstitute.org), 651-484-5510) at a discount rate.

**Trainers:** The trainers would include the author and a doctorate level colleague. The trainers would use the following method for teaching:

1. Presentation of background information and case examples
2. Demonstration of methods of service delivery
3. Coached rehearsal of service delivery
4. Provision of written guidance

### Module Schedule

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<thead>
<tr>
<th>Days/Dates:</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td>Times</td>
<td>Module Number</td>
<td>PACK Modules 1-10 Topics/Skills</td>
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<tr>
<td>8-9:15</td>
<td>Module One</td>
<td>Parenting Goals, Resiliency, Parenting Styles</td>
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<tr>
<td>9:15-10:30</td>
<td>Module Two</td>
<td>Factors Underlying Misbehavior</td>
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<tr>
<td>9:30-10:15</td>
<td>Module Three</td>
<td>Aversive Behavior Cycles, The 7 P’s of Promoting Positive Behavior</td>
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<td>10:15-10:30</td>
<td>BREAK</td>
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<tr>
<td>10:30-11:15</td>
<td>Module Four</td>
<td>Lowering Arousal Parental Empathy Part I</td>
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<tr>
<td>11:15-12:00</td>
<td>Module Five</td>
<td>Parental Empathy Part II</td>
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<td>12:00-1:00</td>
<td>BREAK</td>
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<tr>
<td>1:00-1:45</td>
<td>Module Six</td>
<td>Problem-Solving Together (PST)</td>
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<td>1:45-2:00</td>
<td>Module Seven</td>
<td>Behavior Contracts</td>
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<td>2:00-2:45</td>
<td>Module Eight</td>
<td>Cooperation Building Part I</td>
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<td>2:45-3:00</td>
<td>BREAK</td>
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<tr>
<td>3:00-3:45</td>
<td>Module Nine</td>
<td>Cooperation Building Part II</td>
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<td>3:45-4:00</td>
<td>Module Ten</td>
<td>Making Children Feel Special Review Graduation</td>
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<td>4:00-4:30</td>
<td>Format, Operations</td>
<td>Overview of Service Delivery Model Outcome Data</td>
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<tr>
<td>4:30-5:00</td>
<td>Questions</td>
<td>Opportunity for Questions, Discussion</td>
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Experiential: Participants would be coached in service delivery rehearsal exercises, from both the parent and child, as well as therapist perspectives.

Audiovisual: Power point slides and video clips are used as teaching tools.

CONCLUSION: This workshop will provide “hands on,” instruction on group format, parent and psychosocial skills training techniques, for families with children, who have disruptive behavior disorders. Additionally, participants will become familiar with a service delivery model that was designed to optimize access to care, cost effectiveness, standardization and skills training for families. The program’s overarching goal was to develop a sustainable, state-of-the-art, evidence-based program that could serve as a model for mental health treatment delivery at this level of care. Initial outcome data from the program demonstrated significant symptom reduction and associated improvements in psychosocial functioning among school aged children, with histories of disruptive behavior disorders, along with co-morbid mood and anxiety symptoms. The program was sustainable, through third party collections and effective in serving a broad, diagnostically diffuse, patient population, which had demonstrated prior, refractoriness to routine outpatient interventions.

SELECTED BIBLIOGRAPHY:


**WORKSHOP CONTACT:**
Please contact us for more information or to discuss customizing this workshop to meet your training needs.

Behavioral Institute for Children and Adolescents
[www.behavioralinstitute.org](http://www.behavioralinstitute.org)
651-484-5510