

Services for Kids in Primary-care (SKIP)

DOCTOR OFFICE COLLABORATIVE CARE

Parent Education Guide



Addressing Problem Behaviors

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INTRODUCTION

The Doctor Office Collaborative Care (DOCC), Parent Education Guide is designed to help parents and caregivers of school-aged children who are experiencing behavior problems.

This guide has **suggestions, worksheets** and **handouts**. These are all tools that give **practical exercises** you can use to help your child's behavior. We ask you to try some new or different exercises and assignments. These activities are **helpful suggestions** and are not required. The materials are based on our treatment experiences and study findings from working with many families like yours.

Some suggestions and activities may fit your family dynamic better than others. **The best thing you can do is try to find which work best for you and your family and which ones do not.**

This guide can be **personalized** to meet your family's needs. You can spend as much or as little time on sections that you want. **If any of this information is confusing, please reach out to your provider** (if you have one) **for help.**

Meeting Your Family's Goals

The **main goal** of this guide is to help you reach your family's goals.

You can work with your care manager to adjust the guide to fit your specific needs.

- You might complete some phases in a different order or spend more time on certain parts than others.
- If you have a clinician, he/she may offer some suggestions about which topics you could focus on.



Treatment Phases

We have divided this guide into 3 phases:

1. **Engagement:**

- Will help you identify the strengths and problem areas in your family.
- Will give resources to help you and your family find effective and long-term solutions.

2. **Self-Management:**

- Will help you understand and manage stress.
- Practice healthier, balanced, and better ways of handling stressful thoughts and situations.

3. **Behavior Change & Maintenance:**

- Will help you practice the best ways to manage problem behavior.
- Will help you encourage positive behavior.

Each phase has detailed instructions, created by our team of experts, and is based on years of work with families like yours.

Overview of PHASE I – Engagement

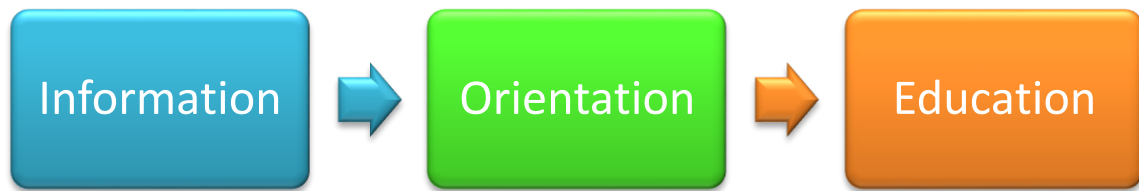
We designed *Engagement* to **help you identify strengths and problem areas in your family**. It also helps give you the resources that are available to help you and your family.

Sometimes, finding solutions to personal or family problems is very challenging. **This Guide asks you to think about strengths and problems that you would like to change.**

- If you have **already met with a provider** to help with these problems, you may have already completed some forms and an interview. These will help the provider learn about you and your family.
- If you have **not yet met with a provider**, then your treatment plan and use of this manual will most likely be self-directed.

Either way, **this manual may help you reach your goals and learn some skills in the process.**

Engagement consists of **3 sections**:



INFORMATION:

This section provides necessary information for the formation of a treatment plan. If you are working with a provider, take a minute to think of any questions you might want to ask before moving on.

ORIENTATION:

This section will give you some information to help you in times of crisis. This section will also help you come up with key goals in addressing your child's behavior problems. You might also discover other types of familial problems you'd like to address.

EDUCATION:

Education provides information about children's misbehavior, parenting styles, and life stress. This information may help you figure out new ways to interact with your child.

PHASE I - *Engagement*

INFORMATION

STEP 1: Assessments

- At the beginning of the visit, you will tell your provider information about your family. These are **assessments**.
- Assessments will help you understand what you and your family will be doing in this program. They will also help develop the best treatment plan for you and your family.
- When talking to your provider about your treatment plan, be sure, to ask any questions you might have. Asking questions will also help you determine what you want from the program and how it will help you.

STEP 2: Interview about your child

- Next, you will be asked to complete some forms and an interview. This information will help us learn about your child. You will tell us your child's background, development, and current behavior to best help you and your family.

STEP 3: Form about caregiver functioning

- Research shows that when parents get help for their own diagnoses, children do better in their own treatment.
- For this reason, you may also be asked to complete a brief form about your own health and functioning. This form will figure out any concerns you have about your own anxiety, sadness, or activity level.
- This form helps your provider understand your personality and parenting style.

- If you have a diagnosis or problem, your provider will talk to you about it. They will explain the problem, effects of this problem on your family and personal life, and discuss treatment.

STEP 4: Confidentiality

- Confidentiality means that the what we discuss during treatment is private and stays between us.
 - But, there are 2 exceptions to this rule:
 - 1) If we learn that you or your children are not safe, we are required to report any concerns to the child welfare system to help keep them safe.
 - 2) If you or one of your children have a plan to hurt yourself or someone else, we also must help work out a plan to keep them and anyone else involved safe.
 - I hope that makes sense to you. Do you have any questions about this?
- With those 2 situations as exceptions, all providers in the program will maintain confidentiality.
- If there are ever any concerns about confidentiality, please talk to your provider.

STEP 5: Future Goals

- After assessments, you and your provider will talk about your treatment goals.
- You should talk about why you want help for you and your family and this treatment program is the best way to get help.
- Your provider will tell you the steps of treatment and what to expect during each phase of the program.
- Your provider will contact you after the first visit about the results from that visit.
- If phone is not the best way to contact you, please speak to your provider about how to best get in touch.

PHASE I - *Engagement*

ORIENTATION

After your initial assessments, your provider will share the results of with you. This can be during an in-person session with your provider or over-the-phone.

How to best deal with assessment results:

- ❖ If your child has a possible diagnosis, your provider will explain the diagnosis in detail.
- ❖ We want you to understand all the assessment results before coming up with your family's treatment plan.
- ❖ After talking with you, your provider will share your results with your child's pediatrician. This will help them have a more personalized treatment plan for your family.
- ❖ **We expect that you 1) go to your scheduled sessions, 2) follow the cancellation policy, 3) take part in the sessions, and 4) know your responsibilities.**

If you are in a crisis:

Your provider will also give you contact information for crisis hotlines or services, in case of an emergency. Here are a few crisis services you may contact at any time in case of an emergency.

Contact	Contact Number
RESOLVE Crisis Network-UPMC (if you have a crisis and need immediate help)	(888)-796-8226
Allegheny County Department of Human Services (if you need to find a service provider)	(888) 427-2287
Allegheny Crisis Emergency Services (if you need help now)	(888) 424-2287
Berks Women in Crisis	(610) 371-9540

ChildLine (reporting suspected abuse or neglect)	(800) 932-0313
United Way (if you want to learn about services for families)	(412) 255- 1155

The IGAR: Individualized Goal Achievement Ratings

- A tool to help track your progress.
- Your provider will review the IGAR to help you track any progress made on the problems you have chosen to address. The IGAR works by having you and your family answer questions using a number rating scale.
- During your first time using the IGAR, you figure out behaviors you want to focus on in treatment.
- You are asked how often the behaviors occur, when they occur, and what goes on before the behavior happens.
- Every week you should try to rate the same behaviors to measure their improvement over time.

How to best succeed during this program:

- ❖ The success of this program depends on the effort put forth by you and your family. Sessions are very helpful and you and your family should attend them.
- ❖ Use this manual when you are not in session. It will help review what you and your family have learned to ensure successful treatment.
- ❖ We provide several handouts in this manual. Some may also be given to you by your provider.
- ❖ Handouts are a fun way to learn, summarize, and work with material discussed in treatment sessions.

PHASE I - *Engagement*



EDUCATION

Approach to Treatment:

While reading, think about what treatment would work best for you and your family. We include a worksheet where you may list pros and cons of each treatment for you and your family. Prepare to discuss these treatment approaches with your provider.

Overview of Treatment Approaches and Options

Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) is a type of therapy about finding and changing a person's thinking and behaviors. CBT assumes that negative thought and wrong beliefs lead to unhealthy feelings. These feelings can only be corrected by changing thoughts and behaviors that first lead to those feelings.

It is normal for many people to use negative 'self-talk.' 'Self-talk' is a word that means 'what we say to ourselves in our own mind,' in response to any situation. Our 'self-talk' can influence our behavior and mood.

CBT teaches a person to identify their 'self-talk.' CBT also helps change their reactions to the situations. The therapist may also find ways to reduce negative or destructive behaviors and emotions. They will do this by using helpful tools, such as breathing exercises or techniques to refocus attention.



Behavioral Therapy

Behavioral therapy is when the therapist helps a person focus on changing their behaviors or actions. The therapist uses many methods

to lessen or stop unwanted behavior. Parents are also taught to recognize their own behaviors that may be reinforcing their child's behaviors and emotions. Specific social skills are learned and self-reward is encouraged after positive behavior.

Medications

Medications can be very effective in relieving certain emotional or behavioral symptoms. Currently, there are many medications found to reduce symptoms. If one medication does not work for the individual, there are others to try. In our services with you, we will discuss medication options in more detail.



How to decide which treatment approach would be best for you and your family: *this table lists some of the Pros and Cons of each approach discussed above.*

Treatment Approach	Pros	Cons
Cognitive- Behavioral Therapy	<p>Example: Teaches coping strategies I have always wanted to learn, like deep breathing.</p> <ol style="list-style-type: none"> 1. 2. 	<p>Example: It is hard to change thoughts I have had my entire life.</p> <ol style="list-style-type: none"> 1. 2.
Behavioral Therapy	<p>Example: Maybe it will help my son, Tommy, stop throwing temper tantrums in Wal-Mart.</p> <ol style="list-style-type: none"> 1. 2. 	<p>Example: Seems like a lot of work.</p> <ol style="list-style-type: none"> 1. 2.
Medications	<p>Example: Could help to alleviate some of the problems immediately, while I engage in other forms of treatment.</p> <ol style="list-style-type: none"> 1. 2. 	<p>Example: I don't want to put my young child on medications for the rest of his life.</p> <ol style="list-style-type: none"> 1. 2.



*This is your first worksheet. Read through the **Distinguishing Defiance & ADHD** material and think about how it applies to you and your family. Once you have read the material, read the **Room Test** question and briefly respond. You will notice that some of the behaviors are similar. You do not need to write a response, but writing may be helpful to remember what you were thinking. Prepare a response to share with your provider during your next session.*

Is your Child's Behavior Defiant or a symptom of their ADHD?

Distinguishing Defiance vs. ADHD

Oppositional Defiant Behaviors

- often loses temper
- often argues with adults
- often ignores or refuses to obey adults' requests or rules
- often purposely annoys people
- often blames others for mistakes
- is often touchy or easily annoyed by others
- is often angry, resentful, spiteful, and/or cruel



ADHD Behaviors

Inattention

- has a hard time sustaining attention
- does not seem to listen when spoken to directly
- has a hard time organizing tasks and activities
- easily distracted
- forgetful in daily activities

Hyperactivity

- fidgets with hands or feet or squirms in seat
- is often "on the go" or acts as if "driven by a motor"
- talks excessively

Impulsivity

- blurts out answers before questions are completed
- has a hard time awaiting turn
- often interrupts or intrudes on others
- often blames others for his/her mistakes or misbehavior
- is often touchy or easily annoyed by others
- is often angry and resentful
- is spiteful or cruel

The 'Room' Test

What would your child be doing if they were alone in a room?

Brainstorm with your partner the types of behaviors your child would have if they were alone in a room. Then write them down in the space provided to you below. Afterwards, circle the behaviors that seem most problematic. Make sure to discuss with your clinician any concerns you may have.

Example: Arguing — No — Oppositional/Defiant Behavior
 Fidgeting — Yes — ADHD



Frequently Asked Questions about ADHD

*If your child has met the criteria for ADHD; please use the **Frequently Asked Questions about ADHD** handout to answer some of your questions. Read through the following information and take note of how it applies to you and your family. Please be prepared to talk about what you read with your clinician. Discuss any questions and concerns with your clinician during your next session.*

How common is ADHD in children?

ADHD is one of the most common chronic health conditions for school-aged children. It is the most common behavioral disorder of childhood. 4 to 12% of children in the U.S. community have ADHD and 3 to 5 % of school-aged children have ADHD. Boys are about three times more likely to have ADHD than girls.

Is it just a made-up condition to label bad children?

ADHD is a real condition and associated with real problems and impairments. Children with ADHD are more likely to have academic problems, relationship problems, and accidents than children without ADHD.

Is it just a temporary condition?

People usually don't "grow out of it." About 60% of children with ADHD continue to have symptoms into adulthood.

How will it affect my child's future?

Childhood ADHD predicts future problems. Children with ADHD are at greater risk for substance abuse, cigarette smoking, unwanted pregnancy, traffic violations and car accidents, and performance problems both now and later in life.

What causes ADHD?

ADHD is a biological disorder that runs in families. ADHD is very heritable. Children with ADHD show differences from unaffected children in brain imaging studies. The cause of ADHD is unknown. Brain imaging is usually not a useful diagnostic tool.

Can ADHD be treated?

ADHD is treatable. Research has shown behavioral treatments and medications can be helpful.

Will my child have to take medication?

Medication is better than behavioral treatment alone for most children with ADHD. Medication alone may work as well as the combination of medication and behavioral treatments.

How well does the medication work?

ADHD medications are called stimulants. Stimulants are the backbone of treatment and will help most children with ADHD.

-In the classroom. Stimulants have been shown to decrease interrupting, fidgetiness and finger tapping, improve attention, and increase on-task behavior.

-At home. Stimulants can improve interactions between parents and children. They can also improve listening and on task behavior.

-With peers. Stimulants can decrease aggressive behaviors, increase attention during sports, and improve peer rankings of treated children.

What happens if my child does not receive treatment for ADHD?

Many children with ADHD go untreated or are inadequately treated.

Many parents are understandably concerned that stimulants are being overprescribed and that ADHD is being over diagnosed in children.

Research suggests that many affected children are unrecognized and untreated.

Parenting Styles

There are three parenting styles:

1. Authoritarian
2. Permissive
3. Authoritative

Each style is described below.

Two other types of parenting styles are also included here – democratic parenting and nurturing parenting.



Primary Parenting Styles

Authoritarian Parenting

- Highly demanding and highly unresponsive
- "my way or the highway"
- Unwilling to see child's point of view
- Children are expected to accept parents decisions without question
- Children tend to be more anxious and distant
- Child receives little practice making good decisions

Permissive Parenting

- Very low demands on children
- "hands off" approach
- Believe that children with freedom to choose will make the right decision
- Child receives a lot of practice in decision making
- Parents may be disengaged from parenting, neglectful
- Effects child's development in attachment, social and emotional skills, and self-esteem
- Children often crave rules for the security that structure provides that their home lacks

Authoritative Parenting

- In-between authoritarian and permissive parenting
- Reasonable demands on children
- Express love and acceptance openly
- Do what they feel is in the best interest of the child
- RESPECT between the parent and child
- Children show independence and cooperative behavior

Secondary Parenting Styles

Democratic Parenting	Nurturing Parenting
<ul style="list-style-type: none">• Honest communication between parent and child• Parent and child have equal say in decision making• Parent provides reasons for discipline• Tend to be more rebellious but also curious and creative	<ul style="list-style-type: none">• Neither parent or child have a say in decision making• Give-and-take evaluation process• Child has fewer rules to follow• Set limits indirectly• Encourages creativity, responsibility and social skills

Why does authoritative parenting succeed where authoritarian and permissive styles fail?

- **Authoritative parents** enforce rules that are not random or unreasonable. Rules are consistent, reasonable, and realistic. They may not know for sure that their choices are perfect. But they are confident that their kids can make smart decisions.
- Every family is different. Effective parenting in one home may not be as effective in another household.
- You are the experts who know the best fit between your parenting style and your child's personality.



Source: Dacey, J.S., & Fiore, L.B. (2000). *Your Anxious Child*. San Francisco, CA: Jossey Bass.



What type of Parent am I?

What are some of the most common methods of discipline in my home?

What are some of the most common methods of praising my child at home?

What types of parenting style(s) best describe me?

When do you most often utilize this type of parenting style(s)?

What type of parenting style(s) best describes my child's other caregiver(s)?

When does your partner most often utilize this type of parenting style(s)?

What things would my partner and I be willing/want to change about our parenting?

What things do my partner and I value and/or think would be difficult to change about our parenting?

What interventions (discipline and rewards) have I used or am I using currently?

What could I do to improve my parenting style?

THE LIFE EVENTS CHECKLIST

“Life events” are common occurrences that can happen to any family. Good or bad, they can create stressors that impact your parenting abilities. The ***Life Events Checklist*** will help you identify and rate these experiences.

Directions: Below is a list of common life events. Circle the best answer that applies to each life event your child has experienced in the last **12 months**. Skip any life event that doesn't apply. Feel free to bring this to the next meeting with your provider.

If you will not be meeting with a provider, reference the “working without a provider instructions.”

DID THIS HAPPEN? (BELOW)	YES OR NO? (IF NO, MOVE TO NEXT ITEM)		WAS THE EXPERIENCE GOOD OR BAD?		HOW MUCH OF AN EFFECT DID THIS HAVE ON YOUR CHILD'S LIFE?			
	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Move into a new home?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>New brother or sister?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Changing to new school?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Serious illness or injury of family member?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Parents divorce?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Increased number of arguments between parents?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Mother or father lost job?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Death of a family member?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Parents separated?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Death of close friend?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Increased absence of parent from home?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Brother or sister leaving home</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Serious illness or injury of close friend?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT

DID THIS HAPPEN? (BELOW)	YES OR NO? (IF NO, MOVE TO NEXT ITEM)		WAS THE EXPERIENCE GOOD OR BAD?		HOW MUCH OF AN EFFECT DID THIS HAVE ON YOUR CHILD'S LIFE?			
	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Increased absence of parent from the home?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Brother or sister leaving home?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Serious illness or injury of close friend?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Parent getting into trouble with the law?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Parent getting a new job?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>New stepmother or stepfather?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Parent going to jail?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Change in parents' financial situation?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Trouble with brother or sister?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Special recognition for good grades?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Joining a new club?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Losing a close friend?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Decrease in number of arguments with parents?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Saw crime or accident?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Victim of crime, accident, or assault?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Family member had drug/alcohol problem?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT

DID THIS HAPPEN? (BELOW)	YES OR NO? (IF NO, MOVE TO NEXT ITEM)		WAS THE EXPERIENCE GOOD OR BAD?		HOW MUCH OF AN EFFECT DID THIS HAVE ON YOUR CHILD'S LIFE?			
	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>New boyfriend/ girlfriend?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Failing a grade?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Increase in number of arguments with parents?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Getting a job of your own?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Getting into trouble with the police?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Major personal illness or injury?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Someone in the family was arrested?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Trouble with teacher?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Failing to make an athletic team?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Being suspended from school?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Making failing grades on report card?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Making an athletic team?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Trouble with classmates?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT
<i>Special recognition for athletic performance?</i>	YES	NO	GOOD	BAD	NO EFFECT	SOMEWHAT	MODERATE	GREAT EFFECT

Congratulations! You have completed Phase I of this manual, Great work!

Try to list 3 things that you learned and plan to use to help you and your family function better.

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