

The Family Check-Up and Health Promotion in Early Adolescence

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Introduction

The Family Check-Up (FCU) is an empirically validated clinical intervention designed to effectively reduce problem behaviors in children and adolescents. This preventive intervention is a model-driven, assessment-based treatment approach that has been applied successfully with toddlers, school-age children and adolescents with problem behaviors. The current manual represents an adaptation of the Family Check-Up for early adolescents to include health-related behaviors: sleep, physical activity, and emotion regulation. The Family Check-Up for Health Promotion (FCU-HP) is described below.

The Family Check-Up-HP is a three-step process for motivating and supporting change in early adolescents and parents.

1. The first step of the FCU-HP is a comprehensive assessment of child and family functioning across many domains, including: socio-emotional, behavioral, academic, cultural, community/contextual, and parenting. The Health Promotion adaptation of the FCU includes assessment in the domains of the child's sleep, physical activity, and emotion regulation skills.
2. The second step of the FCU-HP is an introductory meeting between the intervention staff and the caregiver(s) and child. At this meeting, the interventionist (referred to as the "coach" for the Health Promotion adaptation) introduces the project, explores any concerns and questions that the child and caregivers may have, and builds rapport.
3. The third step of the FCU is the feedback session, which is designed to provide the child and caregivers with accurate information about their functioning in the assessed domains. The interventionist (coach) provides strengths-based feedback that acknowledges what the family is doing well and also addresses problem areas and generates motivation for changing unhealthy behaviors.

This manual is designed to provide a detailed guide through the steps of the FCU-HP for the interventionist/coach. The first contact by the interventionist happens after the assessment team has completed the assessment visit.

I. Initial Contact

Telephone Call. The first interaction the coach has with the family is typically a telephone call. Once a family has completed the assessment and has been assigned to the treatment group, a telephone contact is made to the parents or primary caregiver. The telephone contact should occur within two weeks of the assessment, and should be relatively short (less than one-half hour in duration), as all treatment families are likely to participate in the somewhat longer Get-to-Know-You visit with the coach within a couple of weeks.

The telephone call is the first step in the change process. Telephone interactions can be important, so it is necessary that the coach is undistracted, calling from a place where the conversation can be private, and ready to be clinically involved with the family. To prepare for the telephone contact, the coach should review the family demographics form and questionnaires on sleep, physical activity, and self regulation that the parents and child have completed from the

assessment. The coach should work to understand the family situation and context. It is helpful for the coach to know the names of family members because this promotes rapport and the family's perception of coach as someone who is knowledgeable about the family. The following is a script coaches can follow.

Hello, my name is _____, I'm a coach on the Health Promotion Project. As you know, your family was selected to participate in a feedback session and other support services that might be of interest to you. I'm the person who will be sharing information and brainstorming with you if you decide to participate. The first step is for us to schedule a time when I can come out and meet you and (target child) to explain this service to you, and to talk with you and (name of target child). When would be a good time for us to get together? The meeting will be pretty short, no more than 45 minutes (suggest half an hour to 45 minutes but no longer), and I can bring along a babysitter if you have other younger children who will be home.

It's important to assume that the parent will be interested in hearing the feedback, and not to ask "Would you like to participate?" over the telephone. The difference is subtle, but most research on family engagement suggests that higher levels of engagement result from a proactive, home visiting approach (Capaldi et al, 1987; Capaldi et al, 1997). If the parents have questions about the intervention, the coach may defer a detailed discussion to the home visit. Inform the parent that the purpose of the home visit is to describe the intervention service in more detail so that they can make an informed decision regarding their participation.

II. Get to Know You Visit

The goals of the "Get to Know You" home visit are to: A) Develop rapport and trust with caregivers and target child; B) Better understand the caregiver's interest and concerns as they apply to the target child; C) Better understand the child's interests and concerns as they relate to physical activity, sleep, and self regulation; and, D) Motivate interest in engaging in the feedback portion of the Family Check Up-HP. The key function of this home visit with a family is to help build a foundation for change. During the "Get to Know You" visit the caregiver(s), child, and coach collaborate to establish a shared perspective on the child's behavior and needs as well as the family situation as it applies to the child. To accomplish these goals we discuss the caregiver's and child's concerns and perceptions as they relate to parenting and the target child.

It is important to begin by providing the caregiver and target child with an overview and rationale for the Family Check Up-HP, as most will not have had previous experience with an intervention such as this, and may have general misconceptions and misgivings about mental health or social services.

As I mentioned on the telephone, in the Health Promotion project some families are selected by a flip of the coin to be offered a feedback session and follow-up services. The feedback session is completely voluntary, so let me explain it to you so you can make a decision about whether to take part in it. The feedback session is designed to help parents think about ways to support their child in developing a healthy lifestyle. It is designed to help children think about their own goals and how to make healthy choices about their activity, sleep, and managing their emotions. It's based on information that you and your child give us as well as the areas of strength that we see

in your child and family. We are hoping that by helping your child develop healthy lifestyle habits now, your child will keep these healthy habits during the upcoming challenges of adolescence.

The feedback session is actually just the last part of a process that you have already completed. First, I'll talk with you and your child so I can understand more about your family and your child – areas you're concerned about and areas that are going well. Then I'll go back and study the information we gathered from you at the home visit and see how (name of target child) responded to the tasks, and how you feel s/he is doing. Then, we'll meet together and go over all this information.

One of our goals for the feedback session is to identify strengths in your child and family that are important to keep doing. We will support activities that either you or your child are doing that research shows are beneficial, as well as give you and your child suggestions about different strategies for increasing healthy behavior. Some parents and children are interested in follow-up sessions beyond the feedback, and we will be glad to meet with you or your child if you decide that's what you want. There are some services we can provide that address your child's sleep, physical activity, and emotion management skills, as well as larger family issues (e.g., parenting your child, neighborhood resources, parental well being). We can also try to connect you with services in the community that might be helpful.

The good news is that you have already done a lot of the work by completing the assessment. If you decide to finish up with the feedback session, we will talk some more today so I can get to know you and (target child) a little better. Then we will meet one more time for about an hour and a half in a feedback session. We can meet either in your home or at our office, whichever is more convenient for you. You will receive a gift certificate for \$25.00 to Giant Eagle following the feedback session because this is additional help for our study. Do you have any questions? Does this sound like a service that might be helpful for you and (target child)?”

It's important to give the parent(s) and child an overview and rationale for the Family Check Up, which includes the assessment and the feedback session. Research on the effectiveness of interventions suggests that clients benefit from clear rationales for an intervention service and are more likely to actively use an intervention when they understand the underlying rationale (Kazdin & Krouse, 1983). Therefore, this step should not be short-circuited. It is especially important to convey that the focus of the approach is on preventive health maintenance and not necessarily treatment. Engagement in the assessment and feedback sessions can help prevent problems and promote healthy development and functioning in the early adolescent and in the family.

If the caregiver and child agree to participate in the feedback session, then a discussion ensues that facilitates the development of rapport with the caregiver and child. This discussion provides a non-threatening interpersonal context that supports their contemplation of their child's health-related behavior and family management practices. Skills necessary to create this atmosphere include interviewing skills such as active listening and the use of open-ended questions.

It is at this stage that we also begin to use the following skills articulated in motivational interviewing (Miller & Rollnick, 2002):

- 1) Express empathy: Use good listening skills and communicate to caregivers and child that you understand and have compassion for their perspective.
- 2) Articulate discrepancy: Careful listening often reveals complex and sometimes competing motivations. Reflecting these discrepancies back to the caregiver and child in a non-confrontational fashion will often clarify their own motivational and experiential stance (e.g., on the one hand, yet on the other).
- 3) Avoid arguments: Although the coach may see the child and family situation differently from the way they view themselves or their circumstances, it is inappropriate as well as unhelpful to assert your perspective in an argumentative fashion.
- 4) Roll with resistance: When there is overt resistance to the intervention, assessment or the research project, try to understand the experiences that might underlie the resistance, and accept the caregiver's/child's resistance without confrontation.
- 5) Support self-efficacy: Communicate both verbally and nonverbally respect for the caregiver's ability to address his/her own concerns and to make decisions about the child and/or family. Avoid presumptions about the caregiver's or child's engagement or lack of engagement in specific services or interventions. To participate in the feedback session may have been a first "big deal" for this family.

Examples of open-ended questions might include the following:

- Can you tell me about a typical day in the life of you and (target child)?
- What part of the day do you most enjoy? (to parent and target child separately)
- What part of the day do you find difficult? (to parent and target child separately)
- What about that bothers you?
- That sounds pretty tough. How do you wish it could happen?

You might want to initiate the discussion by saying the following:

To Parents:

Okay, I've looked at one of the questionnaires you completed on (target child). I see you had some concerns about . . . But before we get into details, would you tell me about (target child) in general and any concerns you might have about his/her health or behavior?

Engagement. As the parent discusses in her/his own words perceptions of the child and family, motivational interviewing strategies are helpful for both coach and caregiver to assess his/her stage of change. Given that Family Check Up-HP is a prevention study, many caregivers and children simply won't have serious concerns at this time. If the caregiver and child do not have serious concerns, don't over-analyze the interaction, looking for potential problems. It is enough to paraphrase these perceptions:

It seems to me that at this point, things are going pretty well with (target child), and that you're pleased with how s/he's doing. Well then, our work together may be to

focus on the strengths you bring to parenting, and the strengths that you and [child] already have that contribute to this situation. We can also talk about some potential issues that many parents and children find challenging in this age group.

Other caregivers may have more serious problems and experience confusion about the source of their concerns. For example, a depressed single mom with a daughter who is beginning to enter puberty and three younger siblings may focus more on her own depression rather than on the conflicts and concerns with her 11 year old.

Sounds like you've been depressed for a while, which seems like it has a lot to do with feeling like there isn't enough of you to go around. That makes a lot of sense to me. How do you think this is affecting (target child)?

Engaging with family members to find central paraphrases such as these is the primary work of the "Get to Know You" visit. The secondary task is to translate these statements into the services of the Health Promotion Program. The coach collaborates to assure that the shared understanding is accurate and fits the family's situation. In the "Get to Know You" visit the coach's work is to translate individual family perspectives into a ***family relationship perspective***; one that optimizes motivation for family change. In this sense, intervention starts with the first contact. The past, present and future are linked by a very pragmatic goal: *How does all of this affect the target child and where do we go from here?*

If families are in crisis, they may well be in the action stage, but only "situationally," that is, only relative to handling the crisis. They may not see how the patterns of family mismanagement and disruption have contributed to their state of crisis. It is often important to handle the crisis first if we wish to then work with them later on the understanding of how family dynamics can lead to crises.

When families are in crisis, support is needed to manage the crisis before long term support for change can be provided. Empirically successful approaches to working with families of adolescents demonstrate that in working with highly disorganized and chaotic families, home visits and crisis management are the best venues for improving family functioning and reducing child problem behavior (Henggeler et al., 1998).

It is recommended that whenever possible the coach conduct the assessment, "Get to Know You Visit," and the feedback session with all relevant caregivers and the target child. Realistically, however, initial contacts may be limited to only one caregiver. Differences in level of concern, availability, trust in mental health services, and initial motivation may limit some family members' involvement in family intervention services. However, it is important that the coach not collude with the present caregiver by prematurely censoring the point of view of an absent or marginalized caregiver.

Okay, so from your point of view, Jim hasn't been helping with the parenting. Sounds like he's not real hot on talking to me. For now we'll focus on you and (target child). Maybe later we will find out if there is a way Jim can be more involved.

The statistically more prevalent clinical scenario is that at least one parent is in the contemplation place in the behavior change cycle.

In addition to motivational interviewing strategies, working with caregivers on parenting practices demands additional intervention skills and sensitivity. During the home visit, it will most likely be necessary to use the following strategies:

1) Support effort: Parents need to know that the coach understands that they have been trying. It is rare that any parent has not spent hours worrying and supporting his/her child, regardless of their effectiveness. It is absolutely essential that the coach acknowledge and support parenting efforts. At the very minimum, participating in an assessment and “Get to Know You” visit requires effort and courage:

It's clear to me you are getting upset with (target child) because you are terrified about her getting into trouble with alcohol and boys.

2) Paraphrase and clarify concerns: As we said, this is the basic work of the intake interview, understanding the parent(s) primary concerns. Parents will respond to a coach who works to understand; this process can go a long ways towards repairing any mistakes or breeches to the emerging therapeutic relationship.

Oh, I'm sorry; I see what you are saying. It's not that you want to change (target child)'s personality -- you would just like her to come home on time so you don't stay up worrying.

3) Link concerns to assessment. It is critical that by the end of the “Get to Know You” visit there is a clear sense of how the FCU-HP genuinely addresses the parent(s) concerns (both those which come out of the discussion as well as the screening questions). Thus, at the end of the “Get to Know You” visit, the coach should clarify for the parent how the information from the assessment will be used to address their concerns.

Given what we said, I will review the videotape and information you provided and think about some ideas that will help you (mom) communicate better with (target child) and that will help you (target child) feel more awake in the morning.

A common strategy for supporting clients of all ages is to normalize their struggles and concerns. This is an excellent way of providing support, as it can be reassuring to know others in the world share the same issues and struggles. However, normalizing does not always build engagement and motivation to change, and therefore, should be used selectively and in the context of possible change.

To parent:

You know feeling irritable and depressed when you are caring for four kids is pretty common. It's a hard job. There are so many things we can talk about that might help it go a little smoother.

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To child:

It's hard when you don't feel like you fit in with other kids in school, and there are actually a lot of kids who feel the same way. Together, we can talk about some ways to help you with making friends.

In this way, the coach cultivates interest in the feedback session, and sees clearly how participation in the assessment process serves the interest of the family.

III. Family Check-Up-HP– Feedback Session

Overview

It is important that the environment for a feedback session be controlled enough that the caregiver, target child, and coach are not interrupted. When doing home visit feedbacks, the coach should be accompanied by childcare staff when there are younger children in the home to reduce interruptions. In highly busy or chaotic families, it is often best to have the feedback session in the office of the coach, with childcare provided.

Feedback Preparation

To prepare for the feedback session, the coach goes through the assessment battery and scores all relevant information. For a list of the feedback content areas and associated assessment measures, see Appendix A. Feedback to the child and family is provided on a “Child and Family Profile” which can also be found in Appendix A. The “Child and Family Profile” form provides a framework for delivering feedback. Videotapes of parent-child interaction should be carefully reviewed to complete global ratings for feedback, as videotaped interactions are a rich source of information that enhances the coach’s case conceptualization. Essentially, the work between the “Get to Know You” visit and the feedback session involves deriving a preliminary case conceptualization that guides and structures the feedback session.

Case Conceptualization

Four principles provide the foundation for the feedback session:

1. the important relationship between parenting/parental involvement and the child's success and well-being
2. harm reduction
3. tailoring feedback, and
4. supporting motivation to change.

The focus on parenting/parental involvement and its relationship to child success is important because intervention research (Dishion & Kavanagh, 2003; Shaw et al., 2006) has demonstrated that across domains of child socioemotional adjustment and developmental stages, a key predictor of improvement in child behavior is parental involvement. Parents may have a myriad of potential concerns and the coach focuses on relating those concerns to parenting and the target child’s well-being. It is extremely important to frame assessment results in terms of implications for parenting or potential support services (e.g., individualized sessions to address physical activity, parent groups, or family therapy). Marital problems, family transitions, health issues, and other concerns are typically discussed in terms of their impact on parenting practices and the target child.

The second principle guiding the feedback process is harm reduction. When families are distressed and their assessment data indicate several areas of difficulty, it is important to adopt a harm reduction perspective. This means that some time is required to consider the optimal “next step.” This advice to parents is intended to control damage that is secondary to disruptive or pathological processes such as divorce-related conflict, parental drug abuse, a death in the family, a runaway child, or physical or sexual abuse. When there are serious problems such as these, the feedback process then changes to a focus on the “next step” to reduce future harm to

the child, parent, or other family members. Improvements in the child's behavior, parenting practices, or other goals are put aside in favor of creating a safe, stable family environment. In fact, harm reduction is a principle that should be “ruled out” before you proceed.

Tailoring the feedback to the individual family is the third element of case conceptualization. We have already discussed the importance of identifying larger contextual family issues that counter-indicate the parent's ability to respond to specific and detailed feedback. Likewise, a family could have many more risk factors than protective factors and thus it would be discouraging to simply review these negative results without some preparation for a discussion of the family's strengths. As mentioned previously, a critical strength is the ability of the caregiver and child to participate in the assessment process and receive feedback. Videotapes can also be reviewed and positive examples selected that illustrate parenting strengths. In this respect, the coach is sensitive to the feedback process and attentive to child and family strengths; not just to areas of concern.

The fourth principle of feedback is supporting motivation. Both parent(s) and child should walk away from the feedback session feeling motivated to continue with their strengths and empowered to address their challenges. Again, during the case conceptualization process, an important goal is identifying current strengths in both the parenting system and in the child/child's behavior. Even in the most difficult family circumstances, following through with the feedback process can be emphasized as a positive parental indication of concern for their child and commitment to change as well as the child's willingness to change.

The Feedback Session

The feedback session can be divided into four phases. The first phase is an opportunity for parent(s) and child to discuss their own self-assessments, based on their experiences in the assessment process. The second phase is clarification and support. When family members discuss their self-assessment, this is an opportunity to: (a) appreciate their approach to behavior change, (b) assess their level of insight, (c) learn more about the dynamics of the family, and (d) discover issues not covered in the assessment. The third phase focuses on summarizing feedback to families, based on the information they have provided. This phase is separated into a parent-only portion and a parent-and-child portion. Finally, the coach and the family work collaboratively to develop a menu of options for improving family life and promoting the child's success and well-being. The entire feedback session is best considered as the beginning of a work-in-progress. The final outcome will reflect a parent and child guided process of interaction with the coach. We will now discuss each phase of the feedback session in more detail.

- 1) Self-assessment. The feedback process begins with a few sentences designed to encourage the parent to reflect on their child and their experience of the child during the assessment:

To parent:

Many parents feel like they learned something about their child or themselves after going through the assessment. Did you learn anything new? Did you think of things that might be related to some of the concerns you have for (target child)?

To Target Child:

Sometimes kids discover something new about themselves when they go through the process of answering all of those questions and interacting with your (mom/dad/grandmother) on tape. What did you notice about yourself (or caregiver) that day?

We have found that the majority of families bring up at least one key issue for which the coach intended to provide feedback. Sometimes this question is perceived as a request to self-disclose deficits. When this is the case, your response can help reframe this perception of a deficit into a goal. Moreover, how parent and child respond can allow you to appreciate their approach to behavior change. For example, a parent might say:

I learned that I'm easily distracted from being with (target child) by my other kids all the stuff I have to get done. Maybe (target child) still needs some undivided attention from me even though he's older now.

This comment is enough to go on and is the parent's first step toward making family changes. If a parent notices being distracted and not giving their child enough attention, chances are you were already planning to give them feedback on that issue. From the statement above, it seems likely that this caregiver feels overwhelmed by the demands of her children and house, and may be easily overwhelmed by suggestions to make changes or to do things differently. In addition, this mom is now considering the possibility that her eldest child may still need special time with her.

2) Support and Clarification. The coach then begins the support and clarification process. Assuming this is a one-parent family, one might proceed as follows:

Right, I noticed how self-reliant (target child) is too when I watched the visit. It seems that (target child) is really good at taking care of herself, which allows you to focus more on your other children. What I hear you saying, though, is that you're feeling that (target child) may really need some extra time with you right now. Moving into adolescence is a challenging time for children and their families.

The support and clarification phase can be a brief transition into feedback. It accomplishes two goals, supporting the parent's activity in the meeting and her self-assessment efforts.

3) Summarizing Feedback. The feedback process begins by engaging both caregiver(s) and child with feedback about child items and appropriate parent items (parenting, limit setting, praise and encouragement, family support). There are some items related to parent functioning that are recorded separately for discussion with the parents only – for example, marital satisfaction, level of depression, and financial concerns. The coach structures the feedback to include all relevant family members at the beginning, then progresses through a few minutes with the parent(s) only, and then calls the child back into the room to complete the sessions and set goals. An appropriate sequence would be:

Thank you (target child), for doing such a good job of talking here with us today, and sharing such valuable ideas. I want to hear more from you about how you're doing and some goals you might like to set, but right now, I want to talk with your parents privately about some normal adult concerns and give you a short break. I'd like you to go and hang out in (another room) for a few minutes while I talk with your (caregivers). I'll come and get you when we're ready to move on.

With information from the support and clarification phase, the coach can clarify misconceptions about the feedback process or the goals of the meeting. A possible transition would be:

The sleep problem is solvable. It's great that you see how you might be able to change that. Let's see how the other information from the assessment helps.

We will talk about how you see Jaime's behavior and your family situation. Then, we'll look at what the videotaped family assessment tells us. I've also selected a couple of parts of the videotape for us to look at together.

[Showing them the feedback form]

We use this form to summarize what we found. When there is an "X" in the green, that means it is an area of strength for your family. When the "X" is in the red, this means that this may be an area that needs attention. Do you have any questions at this point? Please feel free to interrupt me at any time when you do have questions.

Giving feedback on parenting and health-related behaviors is sensitive. It is best to keep a future focus, so the discussion is motivational. Using the feedback forms, present one area at a time, and encourage individuals to move closer and to share perspectives on the family. For example, when summarizing the child's behavior as revealed in the assessment:

(Coach pointing to father and mother's completion of the Child Behavior Checklist.) As you can see, there is generally good agreement between you two on (target child)'s behavior and you are both seeing his sleeping in and school tardiness as important issues. This tells me that the major source of your disagreements is how to handle (target child)'s behavior (not that he has these particular behavior problems).

The coach should draw the parent's attention to the larger issue of parenting, as opposed to going over each individual scale, which can feel punishing when they are all in the risk or needs-improvement range. Remember that many parents will be overwhelmed by the mere process of receiving feedback on issues as personal as being a parent. The same is true for the child, particularly if there are multiple domains of concern (e.g., sleep, physical activity, and self regulation). It is necessary to show respect for the parent's perspective and to explain that the assessment results should be considered in the context of the family's cultural and environmental situation. To communicate this, the counselor can stop strategically, and simply ask:

Does this information fit with how you're seeing the problem?

Do not assume an understanding. Show respect and select questions that will reveal information for designing a menu of change options helpful to the family. Be sure to continually monitor both the parent's and child's affect and reaction to information and take time to support, validate, and put them at ease.

I've just given you a lot of information about Jamal's health-related behaviors. Are you or Jamal having any thoughts or reactions you want to bring up?

A contextual issue that often arises in two-parent families is marital problems. This issue is also fairly typical in single-parent families when the mother has mixed experiences and feelings about the involvement of the child's biological father (or her own mother) in the family. In particular, we have found that relatively young mothers often have unrealistic expectations about the continued involvement of the child's father in the family despite strong evidence indicating otherwise. When marital dissatisfaction is evident or the status of the couple is unclear, there are often divergent viewpoints. In married couples, it is not uncommon for there to be disagreement about the quality of the marriage. Yet, some couples may not have discussed their marriage in some time. In single-parent families, all information may initially be filtered through the single-parent, which may lead to requesting the involvement of the child's father. This is obviously a very sensitive situation that requires attention. As this issue may surface before the child has been excused from the room, it is important that the coach be able to "table" the issue until it is time to discuss adult-only concerns during the feedback session.

Donna, issues you are having with Dwayne are really important, and I'm wondering if we can wait to discuss these until later on in the visit when we ask Julia to take a break from our meeting.

Ignoring the marital problem and the status of the parent's relationship may be tantamount to overlooking the source of family difficulty and may have long-term negative effects on the child's positive adjustment. Research on parental conflict has postulated that adverse effects on child adjustment appear to be generated (a) directly through exposure to parent's fighting (e.g., causing anxiety in the child that is then channeled into externalizing or internalizing symptoms), or modeling of aggressive conflict resolution strategies, or (b) indirectly by compromising the quality of caregiving and contributing to an atmosphere of poor communication (Emery, 1988; Shaw et al., 1993). Therefore, it is absolutely necessary to be direct, but sensitive:

I want to draw your attention to how each of you report your satisfaction with your marriage, because there was some disagreement there. Maria, you report that at this time you are satisfied with how things are going and Luis reports being pretty unhappy with things. Is this new information, or have you talked about this before?

It is difficult to know how this will go beforehand. It is extremely rare that serious dissatisfaction by one member of a couple has gone completely unnoticed. In that case, the information could be upsetting and emotional. It is important to acknowledge and support the couple concerning this issue, but not turn the feedback meeting into a marital session, as your goal is to build momentum toward a menu of change options for the well-being of the child. Obviously, for this couple, marital therapy would be one such option in the menu.

A similar dynamic can also occur when young mothers are co-parenting with their own mothers. There is often an underlying tension about who the child's 'real' mother is, and the amount of authority the young mother has in decision-making with the child. Again, it is unlikely that serious dissatisfaction has gone unnoticed by either member of the parenting dyad. The same principles hold in supporting the dyad regarding this issue, not turning the feedback session into a couple's session, and building momentum toward a menu of change for the well being of the child.

When giving feedback on parenting practices, videotaped feedback can be very powerful for motivating change and providing support. It is important that the coach select an example of the parenting or communication problem, and a section of videotape that shows the parent engaged in a positive behavior. For example, during the "Hot Topics" discussion, the coach may have noticed that the parent repeatedly minimized and denied the child's emotional states and his appropriate bids for autonomy. Yet at the end of the "Hot Topics" discussion, the child and parent found a really nice way of telling each other they care about one another even when things are tough. The coach might then say to the family:

To get a better idea about how you might improve your communication with (target child), I'm going to show you some of your videotape. In this first scene, you two aren't communicating very well. In the second clip, you are. Notice the difference in (target child)'s reaction.

Showing both a negative and positive example is an excellent strategy to encourage discrimination learning and to provide a sense of self-efficacy and confidence that the recommendations are indeed within the caregiver's and child's repertoire.

As illustrated by the aforementioned examples, the coach guides the family through the entire feedback process and reflects back the reactions, ideas, and perceptions to both child and caregiver. Communicate the importance of collaboration and that you are there to share your expertise on children and family influences. This process establishes the foundation for the next step, which is developing a menu of intervention activities.

- 4) Menu of Change Options. Consistent with the motivational interviewing, participants are more likely to consider change when there is a choice of intervention options. The choices on the FCU-HP menu are derived, in part, through collaboration with the parent and child and are offered at the conclusion of the feedback session (see Appendix A for form).

When identifying intervention choices, it is helpful to have a summary form delineating the FCU-HP intervention options. This form includes blank lines for listing existing or current services with which the family is engaged, or new intervention options suggested by either the family or the coach during the feedback process. When a full list of menu options is generated, you might ask the parent to select one or more for consideration.

That's a good list we came up with. More ideas may come to you in the next week. If so, give me a call if there is a way I can help. Do you have an idea right now of what you'd like to try?

At times, when the parent's concerns are rather serious and/or when there are two parents in the family, they may wish to consider the options privately and decide later. This is a process to be encouraged; however, it is important to set a time when the coach can call and check back in with the parents to see what they've decided. It may also be possible to schedule another meeting to proceed with the next step.

It is also very important to make a special effort to allow the target child to think independently about what, if anything, he/she would like to work on or change. The coach can assist the child by asking caregivers to give their child a few minutes to think without being interrupted and by encouraging the child to think about his or her own goals, likes and dislikes, and so on. The coach can then help children put their goals into words that are both meaningful and age-appropriate.

Kendra, I hear that you really want to stop fighting so much with your mom and dad in the morning, and based on what you said, it sounds like you'd like to be able to get out of bed on your own in the morning. How would it be to make your goal something like, 'I (Kendra) will learn strategies to get a better night's rest and get up for school on my own.' How does that sound?

When caregivers and children are interested in selecting goals, provide information and answer questions relevant to their choices. Remember at each step that parents may wish to consider their choices privately. In this case, it is again important to set a time when the coach can call and find out what the parents have decided, or schedule another meeting to proceed with the next step.

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Appendix A: Content area for feedback and associated assessment measures

Feedback Content Area	Assessment Measures
Child Well-Being	
Sleep Habits	Sleep diaries SenseWear Child phone interviews Child sleep habits – parent and child report
Physical Activity	Daily Physical Activity Questionnaires (DPA) - parent and child SenseWear Child phone interviews
Managing Emotions/Coping	Responses to Stress Questionnaire (RSQ) Balloon Task
Behavior and Emotional Problems	Child Behavior Checklist - Teacher/Parent Report Forms (CBCL) Child Depression Inventory (CDI) March Anxiety Scale for Children (MASC) Self Report of Delinquency (SRD)
Academic Skills	School Records Walker-McConnell Scale of Social Competence and School Adjustment
Attention	Child Behavior Checklist - Teacher/Parent Report Forms (CBCL)
Relationships with Peers	Social Skills Rating Scale Walker-McConnell Scale of Social Competence and School Adjustment Sociometric Rating Scale Parent and Teacher Rating of Peers and Social Skills (TPRSK and PPRSK)
Parent and Family Well-Being	
Social Support	General Life Satisfaction (GLS)
Emotional Well-being	Centers for Epidemiological Studies Depression Scale (CESD)
Significant Other Relationship	Dyadic Adjustment Scale

Neighborhood	Me and My Neighborhood
Parent-Child Relationship	
Consistency in Discipline	Parental Monitoring Interview (PMI) Hot Topics Observational Task Monitoring Observational Task
Parental Involvement	Parental Monitoring Interview (PMI) Parent Involvement Scale Hot Topics Observational Task Monitoring Observational Task
Parent Child Relationship Quality	Hot Topics Observational Task Adult Child Relationship Scale (ACRS) Emotions as a Child Questionnaire Monitoring Observational Task

Appendix A: Family Check-Up – Health Promotion Menu

Goals:

- 1. _____
- 2. _____
- 3. _____

Youth interests:

SLEEP

- Tips for getting to bed on time
- Coping with nighttime worries
- Strategies for getting up on time
- Feeling rested after sleep

PHYSICAL ACTIVITY

- Tips for how to be more active
- Improving physical fitness
- Feeling better about myself through activity
- Reducing sedentary/inactive behavior
- Problem-solve barriers to exercise

DEALING WITH EMOTIONS

- Tips for managing stress
- Healthy ways to deal with difficult emotions:
 - Anger
 - Sadness
 - Fears / anxiety
 - Other _____
- Increasing positive emotions

Parent interests:

- Becoming more involved with my child’s health
- Taking care of my own health (physical, mental)
- Improving my relationship with my child
- Co-parenting
- Dealing w/unsolicited advice (grandparents and others)
- Family goals (e.g., marital, career)
- Handling changes in household
- Help w/applications, community referrals
- Transportation

School and Neighborhood Concerns

- School attendance
- Child’s friendships at school and in neighborhood

Type of Contact/Service

- Check-in calls
- Information sheets, brochures
- Visits with Coach
- Referral to services in community

Frequency of Contact

- Weekly
- Every other week
- Monthly
- As needed


Local Service Provider Information: _____

Profile for: _____ Child's Age: _____ Date: _____

Child and Family Profile

Child Well-Being

Sleep Habits	
Physical Activity	
Managing Emotions	
Behavioral and Emotional Problems	
Academic Skills	
Attention	
Relationships with Peers	



Strength Needs Attention

Parent and Family Well-Being

Social Support	
Emotional Well-Being	
Significant Other Relationship	
Neighborhood Resources	



Strength Needs Attention

Parent-Child Relationship

Consistency in Discipline	
Parental Involvement	
Parent-Child Relationship Quality	
Other	



Strength Needs Attention