Brief Parent Enhancement Strategies

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Brief Parent Enhancement Strategies (BPES) Model

Goal:
- To develop a toolbox of methods to help parents feel more in control of their lives.

Objectives:
- Build skills to reduce stress
- Learn to understand their child's needs
- Get children to improve their behavior
- Parents learn to get help for themselves and their children
“Now calm down, Walt. He’s just acting out to get attention.”
Background of Developer

- 40 years in mental health, including over 30 years as a Licensed Marriage and Family Therapist
- 25 years as director of outpatient and inpatient mental health and substance abuse programs
- Parent of three adoptive children with mental health problems
Background of BPES

Problem

• Parents have problems with children - normal
• Parents with “special needs children” have more stressors and not necessarily the skills.
• Parents with lower socioeconomic means have less resources for their children.
Parenting Programs

- Groups made it difficult to open up
- Programs “scold” parents for being bad parents
- No credit for what they do right
- Transportation or child care
Parenting Programs

- Focus more on parenting skills or mental health education

- Lack of attention to:
  - Parent’s wellbeing
  - Family needs
  - Life in general
Theory

- Expectations: If parent can change views of self and child, stress levels go down

- Empowerment of parent: stop victimization and martyrdom

- Behavior and intention: cause and effect of actions
Theory

- Behavioral parenting strategies - be your own behavioral specialist
- Structuring interventions - fitting within the daily routines of the family
- Social supports - use of others to ease the burden of parenting
BPES Model

- **BPES Curriculum**
  - 12 Lesson Modules Organized by Three Core Principles
    - Can be done in field or clinic
    - Each lasts until all information in lesson is covered or all lesson materials are completed
  - **Lesson Content**
    - Recap of last week (use of homework, problems, etc.)
    - Discussion of lesson information
    - Interactive or role-play format on lesson topics
    - Homework (done with parent or assigned)
Core Principles

- Parent Self-Care - how I view myself and my needs
  - Stress
  - Grief and Loss
  - Assertive Communication
  - Supports
Core Principles

- Parent Awareness - how I view my child and his/her needs
  - Child Development
  - Mental Health Education
  - Parent Advocacy
Core Principles

- Parent Ability-how I learn to manage my child’s behavior
  - Promoting Positive Behavior
  - Clear Expectations
  - Setting Limits
Criteria for BPES Parent

- Poor view of self as parent
- Stress
- Poor view of child
- Behavior problems
- Unrealistic expectations of child
Evaluation and Engagement

- Model explained

- Evaluation questions about parenting: past (family of origin), present (current behaviors), and future (goals)

- Administer, score, and interpret evaluation measures

- Agreement between practitioner and parent
Parenting Stress Index – Short Form (PSI-SF)

- 36-item measure of parent-child characteristics and situational factors that contribute to overall parental stress
- 20 minutes to administer, score and present
- English and Spanish
  - Total Stress Score
  - Three Scale Scores:
    - Parental Distress—self as parent
    - Parent-Child Dysfunctional Interaction—difficulties with child
    - Difficult Child—child’s behavior
Eyberg Child Behavior Inventory (ECBI)

- 36-item measure of intensity of child behavior and parent’s perception
- 20 minutes to administer, score and present
- English and Spanish
  - Two Scale Scores:
    - Intensity-severity of child problems
    - Problem- significance of issue to parent
Fidelity Measures

- Fidelity Checklist
  - Has Practitioner provided required items in lesson plan?

- Quality Assurance Checklist
  - Has parent demonstrated knowledge through questions during lesson?
“It is easier to build strong children than to repair broken men.”

Frederick Douglass
Stress

- Life Events affect stress
- Learn stress triggers
- Relaxation exercises
- Stress Plan - alternative behaviors
Grief and Loss

- How children’s illness is loss from norm
- Stages of loss
- What I want vs. What my child is vs. What can I live with
- The Grief and Loss Road
Assertive Communication

- Aggressive vs. passive vs. assertive styles
- Taking criticism
- Assertive techniques
- Rules for discussion
- Communication Hot Buttons
Supports

- Assertive Bill of Rights - I can ask for help
- Social Capital
- Circle of supports
- Who can be helpful?
Child Development

- Use CDC development information

- Developmental markers for
  - Chronological age
  - Biological age
  - Psychological age
  - Social age
Mental Health Education

- Mental illness as internal or external problem
- Discussion of illnesses from anxiety to trauma
- Letter from parent
- How do I tell people about my child?
Parent Advocacy

- Turn assertion into advocacy for child and self
- IEP’s, SST’s, and school system
- What to accept and what to push back from physicians, schools, child welfare, etc.
Promoting Positive Behaviors

- Consequences work for children and parents
- Praise increases behavior
- Worksheets on problems and solutions
- Ways to praise child
Clear Expectations

- Rules are for parents and children, too
- What are behaviors and how did they happen?
- Behavior contract (for older children)
- Things I can do (for younger children)
Solving Problems

- Same as Assertive Communication lesson, but targeted at child’s communication
- Children push more buttons, learn how to cope with them
- How communication styles with children differ from parents
- Hot buttons, rules for discussion
Final Session

- Review successes, accomplishments
- Referrals to community
- Take post PSI and ECBI, compare scores
- Graduation certificate
Research:
Initial Effectiveness Study

- Goal: To demonstrate that BPES is an effective adjunct curriculum for parents of children receiving mental health services

- Study Design: Single group, Pre/Post
  - Limits the ability to rule out plausible alternative interpretations
  - Limits tests of causal inference
  - Is most appropriate when a comparison group is not available
  - Is one of the more frequently used designs in the social sciences

- Approved through the Human Research Subjects Committee of the Los Angeles County Department of Mental Health and through the Institutional Review Board of SHIELDS for Families
Average Pre and Post Parenting Stress Index, Short Form (PSI-SF) Scores for Valid Study Participants Who Completed BPES

PSI-SF Scale and Total Scores

Solid lines indicate clinical cutpoints

n=15
Average Pre and Post Eyberg Child Behavior Inventory (ECBI) Scores for Valid Study Participants Who Completed BPES

ECBI Intensity and ECBI Problem Raw Scale Scores

Solid lines indicate clinical cutpoints
n=13
Pre-BPES data suggest that parent participants were experiencing clinically significant problems with their role as parents, their perception of their parenting interactions, difficult and disruptive behavior on the part of their children, and feelings of overall parental stress prior to participating in the adjunct curriculum.

After completing BPES, parents reported statistically significant improvement in all areas.
Practice Experience at CSC

- 25 staff trained

- Average of 24 cases seen per week

- Average improvement
  - Stress reduction = 50%
  - Behavior intensity = 35%
  - Problem reduction = 35%
Current Projects

- Research paper publication in progress
- Second research proposal under review by LACDMH
- Beta Phase to start July 2015 at Didi Hirsch in Culver City
- CIBHS representation for Community Development Team
What Makes BPES Unique?

- Grassroots based - developed in community mental health setting, not in university
- Conducted in English and Spanish
- Practitioners - paraprofessionals, bachelor’s, and master’s level
- Can also be used in TBS setting
CIBHS Partnership

- California Institute for Behavioral Health Solution (CIBHS) is purveyor of BPES in California
- Community Development Team-technical assistance
- Organization supports
- Peer-to-peer assistance
- Track results and model adherence
BPES Training Protocol

- 1-day Initial Training (practitioners and supervisors)
- ½-day Training (supervisors)
- Monthly Consultation Calls (12 calls)
- ½-day Booster Training (Practitioners and Supervisors)
- Use of fidelity checklist after each session
“At the end of the day, the most overwhelming key to a child’s success is the positive involvement of parents.”

Jane D. Hull
Questions?

Thank you

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