

SUPPLEMENT



FOR STRENGTHENING FAMILIES

FACILITATOR GUIDE

NOTES:

This pocket-guide is designed to give facilitators of *The 4 Rs and 2 Ss for Strengthening Families: Multiple Family Groups to Manage Child Behavioral Difficulties Manual* a brief overview of the program, including the basic principles of the 4 Rs and 2 Ss, as well as strategies for keeping families engaged, managing difficult behaviors during group sessions, and conducting a healthy and successful termination of the group process.

This multiple family group (MFG) model can also be adapted for use with individual families by clinicians or trained parent advocates (see Individual Family Manual). Recommendations for using this model with individual families are at the end of this guide as are recommendations from former facilitators for both groups and individual sessions.

Why MFGs to treat child disruptive behavior disorders?

The MFG intervention has been designed specifically for school-aged children (7 to 11 years old) who have been diagnosed with Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD).

Group sessions provide time for families to practice togetherness and communication. They also reduce the stigma associated with raising a child with mental health issues by normalizing each family's experience, therefore increasing receptivity to participation.

Family involvement is a key aspect of MFG. Family members (parents, siblings, primary caretakers, etc.) are encouraged to attend all sessions together.

The 4 Rs and 2 Ss program has shown:

- Increased family cohesion
- Increased within family support
- Increased family communication
- Decreased reports of oppositional defiant behaviors
- Decreased child inattention
- Decreased parenting stress
- Decreased problematic parent-child interactions
- Families stay longer in treatment

What are some recommendations from former facilitators?

- Take a family photo in session 1 or encourage families to bring one in so they can decorate their workbooks.
- Provide incentive or rewards system to families, such as handing out stickers for Roadwork completion.
- Participate in all activities with the families to model new behaviors and encourage participation.
- Use mid-week phone calls to check in with families and address their concerns. Calls are not just good reminders about the next session, but also conveys a sense of anticipation about seeing the family again.
- Facilitate Session 16 like a graduation with facilitators making speeches about each family's accomplishments/strengths.

Which communication skills have other facilitators used?

- Summarizing/paraphrasing/clarifying:
 - ◊ "It seems like..."
 - ◊ "So you're saying What did I leave out?"
- Reflecting what group members are saying (content and feelings):
 - ◊ "So you are feeling mostly angry about what happened at your child's school."
- Making connections between experiences of group members:
 - ◊ "Seems like everyone agrees that parenting is hard work."
- Drawing out diverse experiences and viewpoints:
 - ◊ "What do other people think?"
 - ◊ "What are some other ways to look at/think about this?"
- Facilitators can volunteer a different point of view, if needed:
 - ◊ "I can see that, but what about this (offer alternative)?"
 - ◊ "How do you think (name) would feel about this?"
- Allowing silent periods when group is resting, reflecting, and processing.
- Active listening can encourage members to talk, reduce your instinct to talk, communicate your interest in what is being said, helps establish relationships with members, and models behaviors for parents.
- Remember that not listening is a good way to discourage people from talking. In these examples, you can re-direct:
 - ◊ If someone is talking inappropriately
 - ◊ If someone is speaking too much or over others
 - ◊ If someone only wants to talk about negative things
 - ◊ If someone is not listening to others

The 4 Rs and 2 Ss

The 4 Rs and 2 Ss are the building blocks of the MFG intervention. It is important that facilitators convey the following information about the 4 Rs and 2 Ss to the families throughout the 16-week program. Conveying this information will require flexibility and creativity from facilitators to ensure these concepts are woven in to meet the needs of the families.

The 4 Rs:

RULES

Rules organize the family. They also organize a child's life in other areas like school, in the neighborhood, etc. Parents have to set up systems for knowing when rules are being followed and when they are not. They also have to decide how they are going to tell their kids when they are doing a good job following the rules, and what to do if kids are not. Every rule should have a consequence if broken and a reward if followed. Consequences and rewards must be applied consistently and in a timely manner.

Rules are only as good as what consistently comes after them!

RESPONSIBILITY

Both kids and parents have responsibilities within their families. Everyone has some say in how a family runs. Parents and kids have different responsibilities within the family, but each contributes to the things that are going well, and each member has the responsibility to help fix those things that are not going as well.

RELATIONSHIPS

Relationships are the cement of the family. Relationships represent how much each member cares about the other. By building more positive relationship with each other, children are more likely to behave well.

RESPECTFUL COMMUNICATION

Good communication is the foundation for spending positive time together. By communicating, parents are able to know what their kids are doing and feeling. Kids can feel better supported by their parents. We emphasize respectful communication to show that there are certain physical expressions and ways of speaking to a person that can also show they are listening (e.g., not interrupting, eye contact, not rolling eyes, etc.).

The 2 Ss:

STRESS

Stress is something that happens to everyone—adults and children – and can get in the way of families doing well. It can come from sources within the home and outside of it. Stress can get in the way of seeing strengths in each other and ourselves. A child’s behavior can look exaggerated when seen by a parent who is under a lot of stress, and a parent’s stress can negatively impact the child.

SOCIAL SUPPORT

When we experience stress, sometimes we need additional supports to help us cope. Both parents and children need positive, responsible sources of support. Sources of support may include family members, friends, church, school, mental health professionals, and community centers. It’s important to know how to advocate for oneself and one’s family to get the support that’s needed.

What should facilitators know?

<i>YOU...</i>	<i>FAMILIES...</i>
<i>are the expert on how to run a group</i>	<i>are experts on their family life</i>
<i>have a lot of knowledge about child behavior problems</i>	<i>are experts on their children; how they have coped with these problems; and what will be most helpful</i>
<i>are the expert on how to work creatively <u>with</u> families about how and where to best meet their needs</i>	<i>are experts on how they will be most comfortable being helped in difficult situations</i>

MFGs are best facilitated by a diverse team of clinicians and parent advocates (at least one clinician and one parent advocate). As facilitators, we all have special strengths, talents, and professional and life experiences to draw upon as we go through the sessions. The end result is that families have a positive experience in the group because of the strengths, talents, and experience that each team of facilitators has to offer.

Families are also encouraged to keep in touch with each other so that they can rely on each other for support and friendship when the group has ended.

Are there other variations of this model?

The 16 week group manual is also available in Spanish and has been successfully used in both Spanish language and bilingual groups. We have made additional adaptations of the 16 week model by creating a 16 week individual family manual and 8 week condensed versions of both group and individual formats in both languages.

Use with Individual Families

This model is easily adapted for use in individual family sessions with a trained clinician or parent advocate. The basic core concepts of the 4 Rs and 2 Ss, engagement principles, behavior management, and termination discussed earlier continue to apply when using with individual families. As with the group sessions, parents and children attend each session together, share a manual, and practice togetherness, communication, and responsibilities.

The Individual Manual has minor changes in session layout. Each session begins with a Family Check-In instead of a Family Social to allow for discussion of issues that may have arisen for the families during the week. If there are no issues to discuss, the clinician or advocate can begin with the program content. Additionally, activities from the Group Manual have been adapted for use within the individual family session. Without other families present, the discussion around the topics and activities can delve much deeper and allows for additional problem-solving and processing.

When conducting these family sessions, one runs the risk of easily getting sidetracked with other crises or issues that arise for families. It is important to address any urgent concerns or issues. However, it’s also important to progressively continue with the session content week by week. Although you have greater flexibility in management of your program sessions with one family, it is also much easier to get off-topic and lose momentum.

Discussing how to address issues that come up in Session 1 when discussing rules can keep the family on track (e.g., making an agreement with family to decide at the beginning of each session whether to cover session content or issue at hand). Using your best clinical judgment and continued assessment of family progression in reaching treatment goals is always essential. Of note, many of the issues or concerns that your families may have can often be addressed with one of the 4 Rs or 2 Ss and can be weaved into the content for that day.

Time Management

Most of the sessions have a lot of content to cover and this can be challenging especially if you have a large group. Being prepared ahead of time can address most time management issues. However, it's also important to:

- Enforce group rules – you can post the rules up on the wall at every session
- Start on time
- Use the Family Social Time in a more structured way (i.e., use it to check in with each family; check for homework; or do simple activities, like ice-breakers)
- Remember to briefly summarize what happened during the session at the end of group and get feedback from families. Encourage completion of the Roadwork.

Group Termination

It is important to begin a conversation with families in the last few sessions about termination. You can gently remind families about how many sessions are left starting in session 12. Families should be encouraged to talk about their thoughts and feelings about termination. Remember that termination can bring up previous losses and unresolved grief so it is important to have healthy discussions around saying ‘Good -Bye’ to help families process this ending.

It is important for facilitators to summarize each family's growth and strengths throughout the duration of the group.

Praising families on their accomplishments and impending “graduation” from the group is particularly important.

During the last couple of sessions, it is helpful for families to talk about potential barriers that may prevent them from continuing to implement the strategies they have learned in group.

Helping families problem solve future barriers now can help families stay on track.

This is also a time to assess whether families will need additional treatment. For some families, the group is sufficient to meet their mental health needs but for others, additional ongoing services may be needed. Any necessary referrals should be made in advance of the final group session so families can transition smoothly into those services. By Session 16, a plan will be made with each family/identified child to continue services or terminate services.

As co-facilitators of a group, you are responsible for:

- Meeting with each other in advance to prepare for the sessions together
- Equally sharing responsibilities for facilitating the group
- Coming to an agreement together about how to facilitate the group, especially if you have different communication/facilitation styles

Remember: The families can be negatively affected when you haven't properly prepared for the session together. You are constantly and consistently acting as healthy models for families!

How do we engage families in this program?

Continually engaging families is potentially the most difficult and important aspect of facilitating an MFG group. A key to engagement is treating families with respect and appreciation throughout the intervention process.

Facilitators should identify and address attitudes about previous mental health services and concrete obstacles to care as these may interfere with engagement. It is important for facilitators to be aware of these various barriers to treatment and help problem solve with families.

The following are guiding principles for facilitators in engaging families to attend group sessions. Implementing these principles from the very beginning is important:

- Families are the experts on their own family.
- Facilitators are experts in the curriculum.
- Focus on family-strengths.
- Meet families where they are.
- Every family member is important.
- Weekly telephone calls are an integral part of the program and the engagement process.

Research has shown that reminder/check-in phone calls lead to increased attendance. These calls present an additional opportunity for facilitators to engage families in discussions around the 4 Rs and 2 Ss, and to remind families to complete the Roadwork for the next session.

If families are experiencing chronic tardiness or missed sessions, facilitators will need to help problem-solve these issues with the families, either during or after group sessions.

Remember, families often experience a number of concrete (e.g., competing appts., transportation issues, etc.) and perceptual (e.g., perceived stigma about receiving services, fear of judgment, etc.) barriers that prevent them from coming to group.

In the initial session, facilitators will emphasize the goals of the program and explain the importance of the 16 session, longitudinal process. Explain that change within families takes practice and time.

In order to retain families, facilitators may need to be persistent and resourceful; potentially using phone calls, home-visits, letters, and other supports to follow-up with clients and encourage their ongoing participation in MFG.

How do we manage the multiple family group?

Facilitators will likely encounter many challenges, including, but not limited to, the following:

- Monitoring and adjusting the pace of each session
- Balancing delivery of content with individual group member's agenda and pace (staying on track/keeping awareness of time)
- Managing children's behavioral challenges
- Assisting group members in managing inter- and intra-family conflict respectfully and safely
- Attending to how each group member/family is doing throughout each session
- Dealing with a dominating group member
- Drawing out members, particularly children, who are not as active in their participation

Group facilitation skills and trusting the group process will benefit facilitators in meeting these challenges. While completing all of the activities is ideal, it is more important for facilitators to engage families both individually and as a group, and to address group challenges as they arise. The group/ground rules will help with this. Further, it is important to keep the multiple family group 'environment' by keeping children and parents together in the same room, even when children and parents have separate activities to complete.

Facilitators are not there to discipline children, but rather can effectively manage their behavior by assigning them special tasks and by modeling appropriate responses for their parents, such as giving the children positive attention, listening to their feelings, and establishing firm boundaries.

Facilitators and families each receive a copy of the Group Manual for use during the group treatment. Only one manual per family (not per family member) is recommended to encourage family members to work together.

Group Session Layout - (This serves as the agenda for each session.)

Family Social – use to check in with families while they have refreshments; can be more structured with activities or roadwork check

Review Roadwork – discuss how families completed the roadwork and problem-solve any issues; serves as summary of last session

Let's Talk – usually introduces a new topic; use as group discussion and be interactive, not didactic

Let's Share – discussion or activities on how topic affects their own family

Let's Practice – family practice activity

This Week's Roadwork – tasks to be completed during the week; remember to ask about roadwork when doing your mid-week calls

More To Think About – extra 'for your information' sheets; does not have to be discussed in session but can be useful for families

Supplies

Worksheets for activities are included in the manuals; however, the following supplies are also required for some of the activities:

nametags (for the first 2-3 sessions)

newsprint or white board (to take notes during groups- this helps facilitate discussions)

markers/crayons

pencils/pens

small scissors

tape

Session 3: cut out pieces for the game and get dice or use numbers to move spaces

Session 6: house picture cut up into puzzle pieces

Session 12: blank sheets of paper ("R signs" - 4 per family)

Session 13: packets of M&M's

(Note: The session 3 and 6 items are not necessary but a way to save session time by preparing for activities in advance, for example by cutting out game or puzzle pieces for the families.)