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This workbook was made possible by funding from the WA State Healthcare Authority, as well as feedback and contributions from many generous colleagues. Special thanks to the dedicated primary care-based stakeholders across WA State who have piloted and contributed to the development of this program.
Program Objectives

Behavior Management Training (BMT) is an evidence-based treatment that improves behavior problems, especially noncompliance and defiance, in children. BMT teaches caregivers to increase structure and use contingency management strategies to clarify goals and expectations, reward positive behaviors, and provide consistent consequences for problematic behaviors. BMT is the recommended first-line approach for helping young children or those with mild or emerging mental health problems. BMT also improves outcomes for children with more severe mental health problems when added to pharmacological treatment. Several comprehensive BMT curricula that range from 8-20 sessions in length are available to clinicians. But there is a need to disseminate evidence-based behavioral treatments and to provide them in brief forms to improve accessibility.

The First Approach Skills Training — Child Behavior Problems (FAST-B) program is a 4-session caregiver-focused BMT protocol that addresses child behavior problems (noncompliance, oppositional behavior, and poor self-regulation) and parent-child relational problems. It is brief and cost-effective, allowing delivery in a variety of care settings, including primary care clinics, mental health clinics, and schools. The program is designed to help families of children with a variety of diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), anxiety, and adjustment disorders. It is appropriate as a stand-alone treatment for those with mild to moderate difficulties. It can also be used in conjunction with medication management or individual child therapies for children with more severe and/or co-morbid concerns. This manual includes recommendations for identifying children and families who will benefit from the program, implementing the curriculum, and tracking response to treatment.

FAST-B was developed by a team of psychologists and psychiatrists at the Partnership Access Line (PAL) program at the University of Washington and Seattle Children’s Hospital. PAL is a telehealth child and adolescent psychiatry to primary care consultation service that serves a 2-state region. For more information please see page 65.

In the 18-month FAST-B pilot, two clinicians in an underserved area of Washington State received training and supervision from PAL based psychologists via telehealth technology to select appropriate patients and implement the FAST-B 4-session treatment. Primary care physicians and schools referred patients and families to the FAST-B program. The outcome of the pilot indicated the program was a good fit for the majority of patients/families referred, and both families and therapists were satisfied with the program and its effect to decrease behavioral problems.

FAST-B at a Glance

Behavioral treatment of child behavior problems related to noncompliance, oppositional behavior, emotion regulation, or parent-child conflict

- For parents of children ages 4-12 years old
- Brief — an intake and 4 sessions
- Flexible for use in many different care settings
- Minimal therapist training in other evidence-based treatments is needed
- Appropriate as a stand-alone or adjunct treatment

FAST-B

Helps with defiance, non-compliance, and relationships

For use in many care settings

Requires minimal prior training

Preventive, stand-alone, or adjunctive treatment

Parents of children age 4-12

4 sessions
Who is FAST-B For?

Families
• Parents of children ages 4-12 years old with mild to moderate behavior problems
• May include diagnoses of ADHD, ODD, Adjustment disorder, Disruptive Behavior Disorder, or no diagnosis
• Examples of behaviors to address include:
  – Noncompliance with or avoidance of requests
  – Arguing or back-talk with adults
  – Trouble staying on track during daily routines or homework
  – Tantrums
  – Aggressive behavior towards parents or siblings
  – Annoying or attention-seeking behaviors
  – Negative parent-child relationship dynamics
• Stand-alone treatment for mild to moderate functioning difficulties or adjunct/supplemental treatment for children with severe intensity or other mental health concerns (see Table 1) if child is already receiving appropriate evidence-based individual care

Clinicians
• Variety of training/certification levels (masters, doctorate, student trainees, medical practitioners)
• Prior experience working with parents and children required
• The following clinician qualifications are recommended:
  – Parent clinical interviewing experience
  – Graduate training in child development including range of typical child behavior and developmental expectations
  – Graduate training in child psychopathology including identification of concerns relevant to ADHD, anxiety, depression, or developmental disorders such as autism spectrum disorder
  – Knowledge of mandated reporting guidelines
  – Ability to perform risk assessment and/or safety planning for suicidal ideation or child abuse/neglect
  – Motivational interviewing basic knowledge is helpful. See www.motivationalinterviewing.org for information and training resources.

FAST-B as Adjunct or Supplemental Treatment
We do not expect FAST-B to directly treat other child mental health problems such as those listed in Table 1. However, if the child is already receiving an appropriate intervention for one of these conditions, FAST-B can still be provided to the caregiver to improve overall functioning. If the child/family faces a lengthy wait to gain access to the evidence-based treatment that is recommended for a particular diagnosis, but can rapidly access FAST-B, FAST-B may be an appropriate interim option. If the family is already receiving a more intensive parent behavior management training intervention (see Table 3), FAST-B would not provide additional benefit.
Table 1: Presenting Concerns NOT Addressed by FAST-B

FAST-B is not appropriate as a primary treatment for the following concerns:

<table>
<thead>
<tr>
<th>Presenting Concern</th>
<th>Rationale</th>
<th>Recommended Evidence-Based Treatment</th>
<th>FAST-B Appropriate as Adjunct Treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (ASD)</td>
<td>FAST-B is not designed to address the causes of behavioral challenges unique to ASD.</td>
<td>Applied Behavior Analysis, Pivotal Response Treatment</td>
<td>Yes</td>
</tr>
<tr>
<td>Trauma or post-traumatic stress</td>
<td>Does not address cause of disruptive behavior</td>
<td>Trauma-Focused Cognitive Behavioral Therapy</td>
<td>Yes</td>
</tr>
<tr>
<td>Abuse/Neglect</td>
<td>Insufficient to address safety concerns or acuity</td>
<td>Refer to parent training through Child Protective Services</td>
<td>No — safety concerns must be resolved first</td>
</tr>
<tr>
<td>Caregiver conflict/discord</td>
<td>Conflict will be a barrier to parent engagement and use of skills</td>
<td>Family or couples’ therapy</td>
<td>Yes</td>
</tr>
<tr>
<td>Severe aggressive, disruptive, or unsafe behaviors (such as bodily harm, weapons use, substance use, or elopement)</td>
<td>Insufficient to address safety concerns or acuity</td>
<td>A comprehensive parent behavior management program (e.g., Parent-Child Interaction Therapy, Incredible Years, Triple P) or Multisystemic Therapy for conduct disorder</td>
<td>No — redundant</td>
</tr>
<tr>
<td>Suicidal Ideation/Behavior</td>
<td>Insufficient to address safety concerns or acuity</td>
<td>Cognitive Behavioral Therapy Dialectical Behavior Therapy</td>
<td>Yes</td>
</tr>
<tr>
<td>Classroom disruptive behaviors</td>
<td>Not addressed by program</td>
<td>Classroom behavior management and special education evaluation/intervention</td>
<td>Yes</td>
</tr>
<tr>
<td>Learning Problems</td>
<td>Not addressed by program</td>
<td>Special education evaluation/intervention</td>
<td>Yes</td>
</tr>
<tr>
<td>Anxiety Disorder (generalized worrying, Social Phobia, Obsessive Compulsive Disorder, etc.)</td>
<td>Not addressed by program</td>
<td>Cognitive Behavioral Therapy with Exposure Therapy; Exposure with Response Prevention for OCD</td>
<td>Yes</td>
</tr>
<tr>
<td>Depression</td>
<td>Not addressed by program</td>
<td>Cognitive Behavioral Therapy; Behavioral Activation Therapy</td>
<td>Yes</td>
</tr>
</tbody>
</table>
A standardized parent-report measure is recommended to assess baseline functioning and track response to treatment. Tracking helps the clinician and family determine if the treatment approach is effective and whether more treatment is needed. It is recommended that caregivers complete a tracking measure at the beginning of each session. Clinicians may share results with families to discuss progress. At the final session, the measure may be used to determine whether further sessions or referral to another treatment is needed. The measure may also be administered several weeks to months after the last session to determine whether treatment gains were sustained or whether a booster session or other treatment is needed.

FAST-B is designed to target the following measurable constructs:

- Oppositional behavior symptoms
- Compliance with instructions
- Parent-child relationship/communication
- Functional impairment caused by behavior problems in various settings
- Parenting consistency
- Parent confidence and self-efficacy
- The program does not directly target psychiatric symptoms such as ADHD-related inattention or hyperactivity/impulsivity, but may have benefits to improve such symptoms in the context of improved overall functioning

The measures on the next page are psychometrically validated and likely to be applicable to those enrolling in FAST-B. All are available free online. In the pilot trial, the HSQ and the WIFRS were used. This is not a comprehensive list of appropriate measures for tracking response to the program.
**Table 2. FAST-B Recommended Parent-Report Outcomes Tracking Measures**

<table>
<thead>
<tr>
<th>Measure name</th>
<th>Author/Psychometrics</th>
<th>ConstructsMeasured</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Symptom Checklist — Externalizing Scale</td>
<td>Gardner, W., Murphy, M., Childs, G., Kelleher, K., Pagano, M., Jellinek, M., ... &amp; Sturner, R. (1999). The PSC-17: A brief pediatric symptom checklist with psychosocial problem subscales. A report from PROS and ASPN. <em>Ambulatory Child Health, 5</em>(3), 225-236.</td>
<td>17-item screening for for internalizing, externalizing, and attention problems 17 items total, Externalizing subscale is 7 items</td>
<td></td>
</tr>
</tbody>
</table>
**Insufficient or Non-response to Program**

We recommend referral to a higher-intensity behavioral intervention in the following situations:

- Family is unable to adequately use program skills or participate in sessions due to the severity of child or parent difficulties.
- Symptoms or functioning are not sufficiently improved following FAST-B.
- Clinician perceives that family needs additional behavior support.

The following non-comprehensive list of evidence-based behavioral treatment curricula for disruptive behavior all provide higher-intensity intervention than FAST-B and are recommended for residual or severe behavior problems. FAST-B content is redundant with the content of these interventions and will not be helpful as concurrent or adjunct treatment.

### Table 3. Higher-Intensity Parenting Skills-Focused Behavioral Treatments for Disruptive Behavior

<table>
<thead>
<tr>
<th>Intervention Curriculum</th>
<th>Number of Sessions</th>
<th>Family versus Multi-Family Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkley’s Defiant Children</td>
<td>9</td>
<td>Family</td>
</tr>
<tr>
<td>Incredible Years</td>
<td>12-18</td>
<td>Group</td>
</tr>
<tr>
<td>Triple P</td>
<td>10</td>
<td>Family</td>
</tr>
<tr>
<td>Helping the Noncompliant Child</td>
<td>10-16</td>
<td>Family</td>
</tr>
<tr>
<td>Harborview CBT+ Learning Collaborative, Behavioral Parent Training</td>
<td>Varies</td>
<td>Family</td>
</tr>
<tr>
<td>Parent Child Interaction Training</td>
<td>12-18</td>
<td>Family</td>
</tr>
</tbody>
</table>
Screening Families for Fit with FAST-B

Since FAST-B is not appropriate for all families, it is important to develop a screening procedure that will work well within your setting. Screening can be conducted at a mental health center, primary care office, school, family home, or by telephone. At a minimum, it should identify treatment needs, briefly screen for exclusionary concerns (see Table 1) and assist with prioritizing FAST-B versus other treatment modalities for children with co-morbidities. This first encounter is also a critical opportunity to establish a relationship with the family, share program information, and identify and resolve potential barriers to engagement.

Below we provide an outline and sample scripting for how this screening may be conducted in a brief manner (10-15 minutes, in person or by telephone). However, it could also be folded into a more in-depth intake or diagnostic assessment, such as what mental health professionals commonly bill under the CPT code 90791.

Brief Screening Outline with Sample Scripting

1. **Introduce yourself and provide reason for calling.**
   Include how you received their name and that you are calling to tell them about a program to help children that may be a good fit for their family.

2. **Discuss and Summarize Family Concerns**
   1.A. Elicit family current concerns and priorities for treatment.
   
   “Could you take a minute to share your top two concerns about your child’s behavior that you’re hoping to get help with managing?”

   Engagement is likely to be optimal if FAST-B is relevant to at least one of the two parental concerns and when families have support or appropriate treatment for concerns that are not addressed by FAST-B.

   See page 5 for appropriate FAST-B treatment targets.

   1.B. Restate concerns to family, reframing if possible as one or two goals that may be addressed with FAST-B. If some concerns cannot be addressed, explain which pieces FAST-B could help with and how making progress to those areas may help reduce family stress overall.

   “It sounds like your top concerns are...”
   ...
   ...Jonny being independent with completing his daily routines.
   ...Sara being kind and sharing with her younger siblings.
   ...Jose using ways to calm down when he feels frustrated or disappointed.
   ...Mila learning effective ways of getting parent attention, rather than yelling or grabbing.

   “This brief program won’t specifically help with your other goal of....”
   ...
   ...Michael improving his reading skills.
   ...Ashley staying in her own bed when she is afraid at night.
   ...Jason processing the trauma of seeing his father get arrested.

   “However, the program can help improve things overall for your family, which may help these types of concerns get better, too.”
2. Provide Information on FAST-B.

“For child behavior problems, we find that it doesn’t help much to do therapy directly with the child. It is more helpful to work with adults to learn new ways to provide support, and use consequences that help children improve behavior in real life settings.

“This program takes skills that parents use naturally and ‘tweaks’ them to make them more effective for changing the behavior of children who are acting out or struggling with daily tasks.

“We call this type of treatment ‘Parent Behavior Management Training.’ The program we offer is based on research showing that child behavior improves when parents use these “tweaked” parenting strategies.

“To do the program, we would meet 4 times, and each time I would share one or two skills to try out with your child. Then, when we meet the next time, we can discuss how it went using the skills and problem solve how to make it more helpful.”

3. Evaluate Family interest

“What are your thoughts about participating in brief program like this with me?

“Could you see any benefits of this type of program for your family? What ways might this help?

“What questions I can answer for you at this point about the program?” (Defer more specific questions for the first meeting)

4. Process Barriers to Engagement

Ask and process potential barriers. Open this conversation with questions such as:

• “Do you have any concerns about giving this a try?
• “Is there anything that could get in the way of you being part of the program?”

Reflect barriers that parents identify.

Offer to problem solve logistical issues with family (e.g., schedule, transportation). If parents have concerns or questions about the approach, provide further information or clarification as needed. Express optimism that the program will be helpful and that it has helped other families with similar concerns. Offer to continue to discuss the concerns in the first session.

5. Instill hope and enthusiasm

Express excitement about working together:

“I’m looking forward to meeting you and getting started.”

Express optimism about the program helping:

“From what you describe, I think the program is a great fit for your family and will help with ………”
Implementation and Troubleshooting

Understanding and Resolving Family Barriers

When there are signs of poor engagement (e.g., no shows, frequent cancellations, not following through with homework, etc.), here are steps you can take to better understand and resolve concerns.

1) Create space for parents to share their reactions and concerns about the program. Avoid making assumptions about the reason for low engagement.
   • “It sounds like it’s been pretty tough to make it to the sessions. Would you be willing to tell me about some of the things that you think are getting in the way?”
   • “Parents have different reactions to this program’s approach. Sometimes parents tell me it doesn’t feel quite right to them for one reason or another. Maybe it clashes with how they were raised, or what they think a good parent should or should not do...how about for you?”

2) Reflect back what the parents have told you, showing that you “get” what they are thinking or feeling.
   • “It sounds like you are feeling like your efforts to have more positive time with your son aren’t paying off, despite all the work you are putting into it. Is that right?”
   • “I’m hearing it has been really hard to find time to practice the skills from our sessions.”

3) Normalize common concerns.
   • “It is common for kids to act up more at first when parents make changes.”
   • “That’s a concern that other parents have brought up in the past.”

4) Address the concerns if possible. Strategies might include:
   • Provide corrective information when parents hold misconceptions (e.g., “no, in fact, this kind of therapy is not for ‘crazy people’ but for normal families like yours.”)
   • Provide clearer/stronger rationale when needed. E.g., making a more compelling link between what you are asking of them and their goals.
   • Use adult analogies and/or Socratic methods to help them see the value of the strategies you offer. (e.g., “Tell me about your best/worst boss...”)
   • Adjust the clinical approach to be more acceptable, while preserving core principles (e.g., using the term “recognition” rather than “praise” when that term is more culturally acceptable)
   • Problem solve together any concrete or logistical barriers to attendance (e.g., “let’s try to think of ways we could manage the childcare issue, for just the next 4 weeks...”)
   • See also our list of “specific common barriers and strategies” on page 13

Broad engagement strategies include the following:
   • Share with families that the clinician is here to support them, whether it’s going well or not
   • Revisit family goals, and family’s impression of how content/skills relate to the goals
   • Highlight small gains or “wins” the clinician has observed, or ways that parents have been skillful in using program strategies
   • Encourage families to attend sessions even if they have not gotten a chance to implement skills
   • Express confidence that the skills in the program are based on research and have helped other families
Common barriers and strategies that can help

Barrier: Parents have mixed feelings about making changes or disagree with the need to use program skills

- "I want my child to ‘take responsibility’ for his/her behavior"
  - Children take responsibility when they see the “connection between behavior and consequence.” That connection is hard to see for many children with attention or self-regulation problems. The program skills are designed to help strengthen this connection so children learn from their behavior and are able to make different choices.

- "We’ve tried parenting strategies like this before. They didn’t work."
  - When children have more challenging behaviors than average, like your child, the traditional parenting strategies that work for most kids are less effective. We want to help you make tweaks to your approach to fit your child’s different needs. I’d like to work with you to find the right approach and share what has worked for families with similar challenges.

- "I don’t see a problem. It’s the teacher/grandparent/other caregiver who sees a problem."
  - It’s clear that your child has many strengths, and his/her great relationship with you is one of them. Even when things are going well with a parent, children’s negative interactions with other people can affect their self-esteem and motivation. By doing this program, you are giving your child an extra “boost” help them feel recognized for the great things they do, and it often improves their relationships with other adults, too.

- "They’ll grow out of these behaviors."
  - Some children do grow out of behavior problems. However, it sounds like lately things have been difficult. This program and the skills may not be needed forever, but they can help you get through this tough time and help your child feel successful and your family feel less stressed.

Barrier: Parent is skeptical about whether a certain skill will help their child

- "I shouldn’t have to praise or bribe my child for them to behave. They should do it on their own."
  - Our goal is for kids to do these things on their own, too, though it sounds like your child is needing help to get more independent right now. Think of our strategies like using posts to support the growing limbs of a tree. The strategies will help your child learn new behaviors and habits, so eventually they will develop a new routine and won’t need as much extra support.

- "Isn’t it true that if you praise a child too much, they will become dependent on praise to do anything?"
  - The research does not find that to be the case. Think about your own experiences at home or at work. If you go through the efforts to do some thing very well, like cook a special meal for your family, and no one comments or seems to notice, would you keep doing it? We all thrive on recognition and encouragement. Eventually, your child may see the value in the task and find internal motivation as well.

- "I’ve heard that time out isn’t recommended, and that you should...[talk to your child about what they did, use spanking, etc.] instead."
  - Though there has been some controversy about time out, it is still recommended by behavioral experts as the most effective consequence “in the moment” for child misbehaviors. It may need to be tweaked for certain children, such as those with a history of trauma. But we find the method that we use works for most children. It sounds like [current method] hasn’t been working well for your family, and that you’re looking for another strategy. Encourage parents to role play and practice with you in session to see how it feels.
Barrier: Parents feel unable to try out the skills at home due to a variety of reasons

“Things are too hectic right now to make a change in my parenting approach.”

- Motivational Interviewing is a helpful framework for addressing this common barrier, especially when the stressors or complicated factors are likely to be on-going.
- Discuss what signs would indicate to parent that it is time to make a change.
- Brainstorm a list of options with parents about how to proceed, including their ideas as well as “Try FAST-B skills” or “return at a later time.”
- Encourage a behavioral “experiment” of trying a skill and observing how much time was spent, how disruptive it was, and parent and child’s response.
- Validate that behaviors can get briefly worse when things change and children test new limits. That is often a sign that the program is working and things will get better with consistent skill use.

“There is not enough time during the week to try the skills.”

- Ask parent to bring the child and try skills in session, observing whether they might be less burdensome than expected.
- If parent is willing, encourage parents to set a phone or calendar reminder for times when they think they could try implementing a skill.

“I don’t know if I’m doing the skills correctly.”

- Find ways to praise parents’ use of skills, even if shaping is needed.
- Invite parents to role play again with the therapist acting as the child.
- Invite parents to bring child to a session to practice together. Therapist can whisper ideas to parents as they use the skills.

Another caregiver is not using the skills.

- “Consistency is ideal, but children will still benefit from one caregiver in the household using the skills.”
FAST-B Manual
Handouts
Causes of Child Behavior Problems

Parent Characteristics

Child Characteristics

Family and Environmental Challenges

Learned Behavior Patterns
Special Time

Attending: “Watch, Describe, Repeat”

How to do it

- Describe out loud whatever (good) behavior your child is doing, like a sportscaster describing a football game over the radio.
- Helpful statements start with “You are [action]...”
  Example: “You are making something with the LEGO's. You’re putting all the long blue LEGO's on top of each other. You are making it taller and taller.”
- For older children, comment less often than you would for a younger child.

DOs
- Let the child lead
- Describe child's activity like a sports commentator
- Go with the flow
- Stay in the moment
- Ignore minor misbehaviors, handle major misbehaviors as you normally would
- Enjoy your child!
- Comment on everything you like — child’s emotions, sharing, cooperation, focus, persistence, problem solving

DON'Ts
- Give directions
- Ask questions, give suggestions
- Teach the child to do it properly
- Bring up past or future
- Criticize or correct minor misbehaviors
Special Time

Goal
Pay attention to your child’s good behaviors during play time.

Why
• Lets your child know they will get your positive attention every day.
• Improves self-esteem and relationships.
• Your child gets positive feedback for good focus, social skills, and emotion regulation.

1. **Schedule 10 to 15 minutes per day one-on-one.**
   This time is only for you and your child (no siblings or other parents). Use a timer so you both know when to stop.

2. **Child’s Choice.**
   Let your child choose what to do for Special Time. Activity must be free, possible to do at home, not a game with a winner and loser, and not a screen.

3. **Watch, Describe, Repeat.**
   Use your “attending” skill as your child plays.

4. **Ask no questions and give no instructions.**
   This is your child’s time to relax and enjoy your company. It is not a time for you to teach, instruct, or take over your child’s play.

5. **Praise.**
   Compliment what you like about their play. For example, “I like it when we play together like this,” or “Look at how nicely you made hat.” Or, comment on skills you hope child will keep practicing, like “You are focusing so carefully” or “You shared pieces with me, that was very thoughtful.”

6. **Ignore misbehaviors.**
   If your child begins to misbehave during Special Time, simply turn away, look elsewhere for a few moments, and stop commenting. When the misbehavior stops, start Attending again. If the misbehavior continues or gets dangerous, end Special Time, saying, “Special Time is over for today. We’ll try it again later/tomorrow.”

**Special Time is not easy to do! Most parents slip up at first by asking questions or leading. That’s OK, just keep practicing. Relax and enjoy your child during this time together.**
Ideas for Special Time Activities

Younger children
- LEGO, blocks
- Color/draw
- Craft project
- Play a game the child’s way (unless it will become too competitive)
- Play with a pet together
- Build a fort
- Play with dolls, action figures, animal figures

Older children:
- Go for a walk
- Get a cup of tea/hot chocolate together
- Talk
- Practice a sport (soccer, baseball, Frisbee)
- Let them teach you about a favorite topic (Pokemon, music, sports, anime)
- Make a favorite treat

NOT Special Time
- Videogames, TV, movies (Must be an activity, not a passivity)
- Doing chores (unless requested by child)
- Running errands
- Cleaning up
- Teaching child a new game or skill
- Assisting parent while cooking
- Competitive games (with a winner and loser)
### Special Time Tracking Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Child's response to Special Time</th>
<th>Parent's response to Special Time</th>
<th>Questions/Issues to problem solve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Catch ’Em Being Good

Why It’s Important:
• Encourages children to act in ways you like
• Motivates kids to work for positive rather than negative attention
• Builds self-esteem

How to do it:
• Tell ‘em exactly what you like
• Catch ‘em in the act if you can
• Stay near them and keep describing while they are in action
• Include physical affection if it feels natural (high 5, hugs)
• Catch ‘em every chance you get!

Examples of “Catch ‘Em Being Good” (labeled praise)
• “I like the way you are playing nicely with your brother.”
• “You did a good job putting away your shoes when I asked.”
• “Great idea to get your homework done now so you can go out and play.”
• Your own examples: ________________________________
  ________________________________

Avoid:

Generic praise
• “Good job”
• “Thanks for being good today”

Compliments with a Kick
• “You put your shirt in the hamper, why didn’t you put your pants in?”
• “Nice job bussing your dishes. Maybe next time you’ll do it without asking.”
• “Good work cleaning up your books, but your room is still messy.”
Catch ’Em Being Good Tracking Sheet

Positive behavior 1: ____________________________________________________

Positive behavior 2: ____________________________________________________

“Freebie” positive behavior: ____________________________________________

(something your child already does well) ____________________________________

Place a check mark for each time you “Catch your child being good” for each positive behavior that you identified.

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
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<tbody>
<tr>
<td>Catch Behavior # 1</td>
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<tr>
<td>“Freebie” behavior</td>
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Planned Ignoring

Parent attention, even negative attention like arguing, lecturing or yelling, can be rewarding to children.
If you stop paying attention to a behavior designed to get attention, it will eventually go away (become extinct).
Behavior will get worse at first when you ignore! But if you stay with it, it will slowly lessen, then stop.

Planned ignoring is an ACTIVE strategy

- Do not respond verbally.
- Give no eye contact.
- Move away, do something relaxing to occupy yourself.
- As soon as you see a positive behavior, shower child with attention!
- You can tell your child which behaviors you will ignore.

**Ignorable**
- Interrupting
- Arguing/complaining
- Annoying noises
- Potty humor
- Eye rolling
- Loud voice volume

**Not Ignorable**
- Not following instructions
- Hitting
- Refusing
- Destroying property

---

**Graph:**
- **Level of attention-getting behavior**
- **Attention-getting behavior gets higher at first**
- **Planned ignoring (removing attention)**
- **Extinction of attention-getting behavior**
Planned Ignoring Practice

List three behaviors you plan to ignore this week. Check each time you successfully ignore the behavior. Remember — Keep ignoring, even after the behavior gets more intense. And praise as soon as it stops!

<table>
<thead>
<tr>
<th>Behaviors to ignore</th>
<th>Mon</th>
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<th>Thur</th>
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</table>

Ignoring is hard and requires you to keep your cool. List things you can do in order to stay calm while ignoring (for example, things you think to yourself, things you do). Check each time you use this list to stay calm.

<table>
<thead>
<tr>
<th>Ways to stay calm</th>
<th>Mon</th>
<th>Tue</th>
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24 FIRST APPROACH SKILLS TRAINING — CHILD BEHAVIOR PROBLEMS (FAST-B)
## Giving Good Instructions

### To give effective instructions
- Get child’s attention and eye contact.
- Be direct and specific.
- Give only one or two instructions at a time.
- Follow with 10 seconds of silence.
- Praise compliance or steps toward compliance!

### Ineffective instructions
- **Buried**
  Too much talking or explaining makes it difficult for children to figure out what they are being asked to do.
- **Chain**
  Too many instructions one after the other makes it difficult for children to remember each step.
- **Question**
  Stating the instruction in the form of a question allows the child to say no.
- **Vague**
  Commands like “be good” or “get ready” don’t say exactly what you want and make it hard for child to comply.
- **Let’s**
  Gives the child the impression that you are going to help them.
- **Distance or “Fly-by”**
  Instructions yelled from a distance or as you walk by make it more difficult for child to pay attention well.
- **Repeated**
  Repeating same instruction without reaching a limit.

### Additional suggestions for giving instructions
- Try to give fewer total instructions throughout the day.
- Tell your child what **to** do instead of what **not** to do.
- Do not give an instruction unless you are ready to follow through with a consequence if they don’t do it.
- Make sure instructions are at the right level for your child’s skill and development.
- Respect your child’s activities — time your instructions during natural breaks.
- Make sure you have your child’s attention before giving an instruction.
- Show respect using pleasant tone of voice.
## Practicing Effective Instructions

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Effective or ineffective?</th>
<th>What rule is violated?</th>
<th>Revised instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please pick up your room?</td>
<td>Ineffective</td>
<td>Question rather than direct; Vague</td>
<td>Put your dirty clothes in the hamper, please.</td>
</tr>
<tr>
<td>Put the LEGOs in the box, please.</td>
<td>Effective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yelled from the kitchen: Start cleaning up your room! I’ve got to finish these dishes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put your clothes and shoes on so we can leave in 10 minutes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarah, let’s get started on that homework.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Now cut that out!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put all your puzzles on the closet shelves.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go put on your raincoat because it might rain and you have on new clothes and a birthday party later and you never get invited anywhere.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behave yourself while I’m gone.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times do I have to tell you — don’t run in the house!!!</td>
<td></td>
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<td></td>
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</tbody>
</table>
When-Then Instructions

**How to do it**  
Link an activity your child wants to do to one they need to do. The “want to” activity will happen as soon as the “need to” activity is done!

Be sure to start with a clear and simple instruction (see Effective Instructions)

“When you do [‘Need to Do’ Activity], then you can do [‘Want to Do’ Activity]

- “When you finish this worksheet, then you can play with LEGO’s.”
- “When you put away the toys, then I’ll help you start your next project.”
- “When you get dressed, then you can play with the dog.”

---

**Now, write in your own:**

<table>
<thead>
<tr>
<th>Need to Do</th>
<th>Want to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get out of bed with one reminder</td>
<td>Be the ‘DJ’ during breakfast</td>
</tr>
<tr>
<td>Brush teeth for 2 min. with timer</td>
<td>Extra book at bedtime</td>
</tr>
<tr>
<td>Finish 3 pages schoolwork</td>
<td>Each page = 10 min screens</td>
</tr>
<tr>
<td>Put away shoes after arriving</td>
<td>Child’s choice of snack</td>
</tr>
</tbody>
</table>
Sample Reward Ideas

**Rewards to use anytime:**
- 10 minutes of screen time
- Favorite snack or treat
- Play a video game with parent
- Make a special treat together
- $ toward allowance
- 10 minutes play on cell phone
- Be the “DJ” in the car
- Get out of a chore
- Chewing gum
- 5 min extra Special Time
- Family board game
- Pick movie for movie night
- Take a bubble bath

**Rewards for school or homework time:**
- Break for a favorite activity
- Earn points that add up to screen time (1 point = 10 min)
- Family game time
- Snack break
- Show parent a favorite YouTube video

**Rewards for morning routine:**
- Treat in lunchbox
- Watch TV during breakfast
- Choose a music playlist
- Favorite breakfast food
- Day off from making bed

**Rewards for bedtime**
- 15 minutes later bedtime
- Extra special time before bed
- Extra book or snuggles
- Parent helps clean up toys
- Listen to an audiobook
Kids and Screens

Most children struggle to limit screens. Children with attention or behavior problems use screens even more than other kids. Why?

- Screens provide easy brain stimulation (“instant gratification”) for kids with attention problems
- Child may have trouble getting along with other kids, prefers to play alone
- Parents may use screens to help disruptive child be calm and quiet
- Child may resist when parents try to set screen limits
- Child’s behavior may get in the way of doing other activities

<table>
<thead>
<tr>
<th>Screens can make behavior worse</th>
<th>Signs of a Screen Use Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Technoference”: Screens, even in the background, disrupt family communication</td>
<td></td>
</tr>
<tr>
<td>Screen lights around bedtime affect sleep</td>
<td></td>
</tr>
<tr>
<td>Violent content affects self-regulation and leads to aggression</td>
<td></td>
</tr>
<tr>
<td>When screen time is over, there is a “dopamine crash” and tantrum</td>
<td></td>
</tr>
<tr>
<td>Tantrums when screens taken away</td>
<td></td>
</tr>
<tr>
<td>Chooses screens over friends</td>
<td></td>
</tr>
<tr>
<td>Gets less sleep because of screens</td>
<td></td>
</tr>
<tr>
<td>Sneaks screens at night</td>
<td></td>
</tr>
<tr>
<td>Needs a screen to calm down</td>
<td></td>
</tr>
<tr>
<td>Few interests besides screens</td>
<td></td>
</tr>
</tbody>
</table>

Screen Use Guidelines by the American Academy of Pediatrics:

- Less than 1 hour/day of high-quality media up to age 5
- 1-2 hours/day of high-quality media for age 6 and up
- Close parent monitoring
  - No violent content
  - Watch together
- Choose “screen-free” zones and times

Key Recommendations

- Childhood is the time to develop healthy screen use habits. You will thank yourself later (when your child is a teen) for making changes now.
- Taking away all screens is not reasonable for most families
- Set “screen-free” zones and times
- Have a predictable screen schedule, and be clear and consistent with how and when your child can earn and use screen time
- Set rewards for following screen time rules, and consequences for breaking them
# Creating a Family Media Plan

<table>
<thead>
<tr>
<th>What are “screen-free” zones in your house?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Dining table/kitchen counter</td>
</tr>
<tr>
<td>☐ Kids’ bedrooms</td>
</tr>
<tr>
<td>☐ Car</td>
</tr>
<tr>
<td>☐ Kitchen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are “screen-free” times of the day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Before school</td>
</tr>
<tr>
<td>☐ Meal times</td>
</tr>
<tr>
<td>☐ Until homework and chores are done</td>
</tr>
<tr>
<td>☐ Between dinner and bedtime</td>
</tr>
<tr>
<td>☐ If guests are present</td>
</tr>
</tbody>
</table>

### Other Screen Limits

- What is a good weekday limit for child screen use? ________________
- What is a good weekend limit? ________________
- What time will children/teens turn in screens each night? ________________
- Where will screens be stored overnight? ________________
- What is the reward if child follows all screen rules? ________________
  - **Idea:** Add 10 extra minutes of screen time the next day
- What is the consequence if child will not turn off the screen? ________________
  - **Ideas:** Lose 15 minutes of screen time the next day, or that device is off limits the next day

### How will adults monitor/model their own screen use?

- ☐ Put phone away from after school until kids’ bedtime
- ☐ Keep phone out of sight when not using
- ☐ No phones during meals
- ☐ App use tracking: keep certain apps to under _____________ per day
  - ________________
  - ________________
  - ________________

Create your family’s personalized Family Media Plan at [www.healthychildren.org](http://www.healthychildren.org)
Time-Out Tweaks

**Definition: “Time Out from reinforcement”**

That means nothing interesting happens during Time Out: no playing, no parent attention!

This is different from prompting child to take a “cool down” when upset or emotional

<table>
<thead>
<tr>
<th>Make it clear</th>
<th>• Explain in advance which behaviors will earn an instant time out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make it clear</td>
<td>• Practice the Time Out with child (can role play with stuffed animal).</td>
</tr>
<tr>
<td>Make it boring</td>
<td>• Location away from screens, toys, and family</td>
</tr>
<tr>
<td>Make it boring</td>
<td>• Not child’s bedroom</td>
</tr>
<tr>
<td>Make it boring</td>
<td>• Examples: hallway, stair, chair away from the action</td>
</tr>
<tr>
<td>Make it short and sweet</td>
<td>• 2 to 5 minutes</td>
</tr>
<tr>
<td>Make it short and sweet</td>
<td>• Use a timer</td>
</tr>
<tr>
<td>Make it short and sweet</td>
<td>• Can let them out early for good behavior</td>
</tr>
<tr>
<td>Make it short and sweet</td>
<td>• After, invite child to join the family and praise good behavior.</td>
</tr>
<tr>
<td>Make it powerful</td>
<td>• Do not talk to child during time out.</td>
</tr>
<tr>
<td>Make it powerful</td>
<td>• Ignore questions and attention-seeking behaviors.</td>
</tr>
<tr>
<td>Make it planned</td>
<td>• When not at home, discuss with child where Time Out will be (back seat of car, park bench, back of store).</td>
</tr>
<tr>
<td>Make it planned</td>
<td>• Remove a privilege if child breaks a family rule while in Time Out</td>
</tr>
</tbody>
</table>
Time Out Planning Worksheets

Behaviors resulting in Time Out: (be specific and clear)
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Time Out location: (choose boring place like a stair, or chair in the doorway)
____________________________________________________________________

Time Out length: Type of timer to use for timing:
__________________________

Time Out rules:
1. Ignore minor misbehaviors (talking, making noise, complaining).
2. Use back-up privilege removal for major misbehaviors (destroying property, swearing, getting out of Time Out).
3. Child must be calm for 30 seconds to end Time Out.
4. __________________________________________________________________
5. __________________________________________________________________

Consequences for failure to take a Time Out:
1. Add 1 minute for each command needed to start Time Out, up to 9 minutes.
2. At 9 minutes, drop Time Out and remove a privilege (for example, no screens for rest of day).
3. If child gets out of Time Out, start timer over.
4. All rewarding activities are on hold until child serves Time Out.
Priviledge Removal Planning Sheet

Remove privilege (for example, screens, toy, social time, dessert) for shortest effective time (20 minutes to 24 hours). This gives your child a chance to try again.

<table>
<thead>
<tr>
<th>Behavior (specific)</th>
<th>Privilege lost</th>
<th>Length of time</th>
<th>Removal Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong></td>
<td></td>
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</tr>
<tr>
<td>Rushing through homework and guessing answers</td>
<td>Screens (iPad and TV)</td>
<td>1 hour Rest of the day if child does not carefully re-do homework</td>
<td>Remove iPad to parents’ closet. Parent checks homework after complete.</td>
</tr>
</tbody>
</table>
Notes
FAST-B Manual
Session 1
FAST-B Disruptive Behavior
Session 1

Goals:
• Parents and clinician get on the same page with goals and approach
• Introduce causes of child problem behaviors
• Teach parents about the power of positive attention
• Teach and practice special time skill

Materials:
Consents
Standardized measure for tracking symptoms/progress.
Handout 1: Causes of Child Behavior Problems
Toys for special time practice (Legos, markers/paper work well)
Handout 2: Special Time Attending Skills
Handout 3: Special Time
Handout 4: Activities for Special Time & Tracking Sheet

I. Agenda & Goal Setting
A. Set Agenda: “Today we’ll start by coming up with goals to focus on, and I will share more information about our program. Then we will discuss causes that contribute to child behavior problem and a first strategy to try out at home.”
B. Summarize family’s primary concerns about the child and allow family to provide further details.
C. Set Goals
   1. Ask: “What are some things that you hope will be different for your child or family by the time you complete the FAST-B program?”
   2. If needed ask: “How will you know if this goal is met? What changes would you see?”
D. Reflect back and shape or rephrase goals into those that are measurable and achievable.
   1. “be respectful” ➜ “improve listening to instruction and compliance with first request.”
   2. “Stop getting so angry” ➜ “Use strategies to stay calm and communicate when frustrated.”
E. Program approach: “The goal of this program is to help you understand your child’s behavior in a new way, learn and practice strategies to help him/her meet expectations, and manage problems such as non compliance, defiance, [mention negative behaviors described by parents] etc.”

II. Introduce Causes of Child Behavior Problems
A. Rationale: “We want to begin with better understanding WHY your child is acting up, because this will help us figure out how to help change behavior.”
B. Introduce Handout 1: Causes of Child Problem Behaviors and encourage parent to fill in the blanks.
   1. Characteristics of the Child
      i. “[Child] is having some challenging behaviors, and some of this stems from aspects of your child’s temperament and personality as well as their development of different skills (social, emotional, self-care, learning).”
      ii. Brainstorm in the bubble child-based difficulties or characteristics that may contribute to the behavior.
iii. **Examples:** ADHD, learning problems, low frustration tolerance, high intelligence, lacking social skills, need for instant gratification, focus on certain interests such as electronics, emotionally sensitive, anxious, developmental delays.

2. Characteristics of the Parent
   i. "As child behaviors escalate and we try to deal with them as best we can, we can get sucked into negative interactions that may be personally triggering for us. What are some qualities that you have that can make it a challenge to parent [Child]?
   
   ii. "Any qualities in [Child] that you see in yourself?"
   
   iii. **Examples:** Parent attention problems, lack of consistency, busy work schedule, medical problems, parent mental health, parent’s own experiences as a child and with caregivers, quick to anger, feeling alone or unsupported, stressed by other children.

3. Family/Environmental Stressors
   i. "The environment can add stress and affects both children’s and parents’ behavior. What are things going on in your home or lives that affect you both?"
   
   ii. **Examples:** Housing problems, poor fit with teacher/school, lack of school resources, marital conflict, other family members' difficulties, financial problems, unsafe neighborhood, lack of activities for child, stressful family schedule, loss/separation/divorce.

4. Interaction Patterns
   i. Refers to learned patterns of behavior over time, leads parents and children to develop “automatic” ways of responding to each other.
   
   ii. "Do you notice any patterns that happen between you and your child where you react in the same negative way to each other so often that it gets to be automatic?"
   
   a. Example: "If your child loves videogames, and you have to ask them 10 times to turn it off before they do it, what are they learning?" (answer: If they ignore you, they get to play for longer)
   
   b. Example: "If your child throws a tantrum when you say “no” to something, what do many parents learn to do to make the tantrum go away?" (give in). "And if parents give in, what do children learn about the usefulness of throwing a tantrum?" (it gets them what they want). "What do parents learn about the benefits, at least in the short term, of giving in to a tantrum?" (Parents also learn that the tantrum will stop if they give in).

   iv. Brainstorm types of interaction patterns between parent/child that affect behavior. Examples: Getting annoyed right away by a child behavior, expecting the worst, child escalates until parent loses patience, parent backs down to keep the peace, child is escaping demands by being non-compliant, parent is inconsistent with limits, child refuses before even hearing the instruction.

5. Potential pitfall: The family may have a different explanation for child's behavior (e.g., child is lazy, manipulative; child hates the parent, it’s all due to a past stressor)
   
   i. Reframe parent’s explanation in as neutral of language as possible.
   
   ii. Find a place to put it on the worksheet as one possible contributor, and encourage focus on other contributors.
Session 1

III. How can we help change problem behavior?

A. Intro: “Research shows that the most effective way to change child acting out behavior is to equip parents with strategies for helping the child learn the connection between behavior and consequence, both positive and negative. Parents spend lots of time around their children and are in the perfect position to help them, moreso than a therapist who spends only an hour per week with the child.”

B. Support addressing environmental stressors

1. “While we will be focusing on changing patterns of interacting, we also encourage parents to think about aspects of their own lives or the environment (refer to parent’s answers on the handout) that could be addressed separately to help improve quality of life for everyone.”

2. Ask parents if there are solutions they have considered for any modifiable stressors listed (i.e., parent mental health, work schedule, lack of childcare, unsafe housing) and encourage them to take action if they have a plan they are considering.

C. Rationale for Parent Behavior Management Training

1. Evidence-based skills

   i. “The skills we will practice are part of “well-established” treatments for kids with disruptive behaviors and come from programs that are found by research to be effective.”

   ii. This type of treatment is called Parent Behavior Management Training

2. What to expect

   i. Skills focus: “Each time we meet, I will introduce something new to try out with your child at home, and we will troubleshoot how it went the next time we meet. This program will only work if you try out the things we talk about. Each skill builds on the previous one, so they work best together as a package. The more you put into working on these things outside of our meetings here, the more change you will see in managing your child at home.”

   ii. “You may have already tried similar things and found they haven’t worked. However, for an especially challenging child, the usual strategies need to be tweaked, and that’s something we will do together. This program will give you the structure and support to practice using and fine-tuning these strategies successfully.”

   iii. “Finally, I will warn you that some kids may resist new ways of doing things and so you could see things get more difficult before they get better.”

IV. Introduction to Positive Attention

A. Negative cycles

1. “For many kids with disruptive behavior and their parents, there are a lot more interactions around correcting, reminding, and arguing than complimenting or just relaxing, fun times together. They may also get a lot of negative reactions from teachers, peers, and coaches.”

2. “For example, studies find that on average a child with behavior problems gets 8 pieces of negative feedback for every 1 piece of positive feedback!”

B. Why positive attention is so important:

1. “Our goal is to break negative patterns by increasing positive interactions and fun for the whole family.”

2. “Positive time balances out negative times when you must instruct or discipline.”
V. Special Time

A. What it is: “We are going to start not by trying to change your child’s behavior directly, but by giving your child a daily boost of positivity and connection with you. We call this specific type of attention Special Time.”

B. Role Play 1: Clinician will be the parent and parent will be the child.
   1. “I’m going to start off by modeling some ways NOT to use parental attention. Please watch and let me know how to make this interaction more effective.”
   2. Provide a toy or activity appropriate for the child’s age, such as markers, Legos, blocks, etc., for the parent to “play” with.
   3. The “Child” (parent) should play freely with the toys while the clinician (as the parent) should intermittently look disinterested, then instruct/correct, and take over the project, overreacting to small misbehaviors. Ask many questions of the child.
   4. Debrief: brainstorm with parent which parenting behaviors interfered with the interaction. Write errors in a “DON’T” Column on a piece of paper. Errors include:
      i. Distracted or disinterested in child’s activity.
      ii. Directing, correcting, teaching.
      iii. Lots of guiding questions, putting the child on the spot.
      iv. Letting small misbehavior overshadow the positive.
   5. ASK: “How did you feel as the child? What does the child learn from an interaction like this?”
   6. Ask parents to generate alternatives ways to guide positive interactions with child. “What would you do differently?” List on paper under “Do’s” column:
      i. Remove distractions, give child undivided attention.
      ii. Let child lead play or conversation.
      iii. Show interest and enjoyment.
      iv. Describe actions.
      v. Reflect back what child says.

C. Roleplay 2: Again, clinician is the parent and parent is the child.
   1. The “child” plays again while the “parent” demonstrates positive attending skills. “Parent” describes what the child is doing, offering praise, and avoiding questions and instructions.
      i. Debrief: Any other “DO’s” that parents noticed?
      ii. Add to the “DO” list.
      iii. Give the Handout 2: Special Time Skills and review together
   2. Discussion questions:
      i. “What are some benefits of this interaction style? What messages does it give to child?”
         a. Shows your child they have your FULL attention.
         b. Makes the child feel cared about and valued.
         c. Models positive behaviors and social skills for the child.
         d. Shows them that positive attention is more fun than negative attention.
      ii. “What difference would it make in long run if you play with your child in this way?”
         Possible responses include the following:
         a. Increase child’s self-esteem.
         b. Improve relationship.
         c. Sets a positive “tone” so that discipline is more effective.
D. Roleplay 3: Clinician plays child, parent plays themselves.
   1. Clinician plays nicely with the parent and points to the handout “Do” skills or gives ideas of what to say if parent isn’t sure what to say.
   2. Afterwards, give parents positive feedback, then point out some opportunities that were missed or brainstorm how to rephrase an instruction or questions into an attending statement.

E. How to do Special Time. Refer to Handout 3: Special Time and review guidelines with parent
   3. Schedule 10-15 min per day (set a timer) of “Special Time” to play with your child.
   4. Child picks the activity (can set ground rules: no electronics, must be free, avoid competitive games with a winner and loser).
   5. Parent will use Attending skills during Special Time.
      i. Describe child’s activity like a sports commentator: i.e., “You are...putting the red block on the blue one. It looks like you are... searching for a matching piece] . . . .”
      ii. Be positive and enthusiastic. No conversations about past or future or controversial topics e.g. how he got in trouble at school yesterday, how he needs to clean his room . . . No criticism or punishment.
      iii. Do Special Time, even if the child has had negative behaviors that day. In fact, those are the days when Special Time is needed even more.
      iv. If negative behavior occurs, coach parents to ignore until it stops (parents can focus on playing with the toys by themselves). If a major misbehavior happens, handle as usual and redirect to play appropriately. If major misbehavior continues, say, “Ok, we have to end special time for today, we’ll try it again tomorrow.”
      v. Kids older than 9 need less intensive commenting and may use cooperative interactive games (puzzles, drawing, sports activity or have a conversation about something the child is interested in). Even teens will benefit from Special Time.
      vi. Choosing activity: Ask, “Will it be hard for your child to find appropriate ideas to do during Special Time?” Direct to Handout 4: Special Time Activities, for ideas.

6. Ask parents: “Do you foresee any barriers to doing Special Time?” Common concerns:
   i. But I already play with my child. I don’t see how this will help.
      a. “Special Time is different because of the complete focus on praising and following the child. It is like a “vitamin pill” to boost positive relationship and self-esteem. This is different from how we usually play with children.”
   ii. My child is too old for “special play” like this.
      a. This skill can be used even with teenagers. It could be offered as a time to just chat about what the child’s interests.
      b. Coach the parent to use more subtle attending comments (e.g., “You’re getting really consistent with your free-throw shots”) and to say it in a neutral tone that feels less phony to the parent.
      c. They may incorporate some questions or use less talking overall with an older child.
iii. If I let my child lead, won’t he start to think he’s the boss? Won’t this lead to more defiance?
   a. “On the contrary, when parents draw boundaries around a structured time when the child gets
to lead, children learn the distinction between this type of interaction and other times when
parents get to be the boss. When kids can count on getting this time to lead, we actually see
less defiance at other times.”

iv. What if my child doesn’t want to play with me?
   a. “This happens sometimes, especially when this is new. Try offering, “Ok, we don’t have to play,
but I’ll be available for the next 15 minutes anyway in the living room if you change or mind or
even if you just want to talk.” If this still doesn’t work, try noticing a time when you child is
already playing and standing near them, making some positive comments. If this goes over
well, you might be able to gradually join their play.”

v. Child’s sibling will want to play with us, too.
   a. “Ideally, offer Special Time to each of your children. If there are multiple caregivers, you could
trade off days each playing with one child during the allotted time. Or, choose a time when the
sibling is not home or asleep. If there is no other way, you can do Special Time with multiple
children at once, making specific and personal comments to each and also praising their
positive behaviors towards each other.”

VI. Homework: “Practice Special Time 5-7 times this week with your child.”
   A. Choose time for Special Time every day. Parent can alternate days or do with different kids. Encourage
parents to set goal (5x/week would be great).
   B. Parent explain Special Time — explain that they are trying something new to help family get along better
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Praise and Ignoring

Goals:
- Parents will identify ways to use positive attention to increase positive behaviors.
- Parents will increase the proportion of positive to negative interactions per day.
- Parents will remove attention from negative attention-seeking behaviors.

Handouts
1. Handout 5: Catch ’em Being Good
2. Handout 6: Tracking CEBG
3. Handout 7: Planned Ignoring
4. Handout 8: Tracking Planned Ignoring

I. Homework Review
   A. Review and troubleshoot Special Time
      1. Ask parents how Special Time went for both the child and the parent.
      2. Refer to last session’s handouts for ideas to manage disruptive behaviors, brainstorm ideas of activities, or set rules around special time.
      3. If it did not go well, or parents have concerns, do another role play with parent as themselves and therapist as the child and provide feedback/trouble-shooting.
      4. Encourage parents to continue Special Time at least 5 times per week.
      5. Tell family that this strategy alone can improve child’s desire to comply and meet expectations and is building a relationship foundation that makes it easier to change structure and discipline at home.
      6. BUT, we don’t expect that Special Time will address all their concerns.

II. Catch ’Em Being Good
   A. Introduction: “We are going to start using the principle of positive reinforcement to increase positive behaviors and help your child learn new skills.”
   B. Discuss 3 important points about rewarding/praising behavior:
      1. “Good behavior only continues as long as it is noticed. Think about how you feel if you go out of your way to make a really nice dinner for your friends and no one says anything about it. How likely will you be to do that again?”
      2. Consistent: “If you want to teach a new behavior, reinforcement need to happen EVERY TIME. It can be less frequent after your child has really learned these new skills.”
      3. Immediate: “It needs to occur in the moment at the same time as the behavior is happening, otherwise, the connection between the behavior and the positive attention is lost.”
      4. New behaviors need to be shaped:
         i. “Reward small behaviors that come closer and closer to the exact behavior you want your child to learn.”
         ii. “Recall your child learning to walk. You laughed, applauded with pulling up, cruising, and first steps rather than waiting until he walked across the room.”
         iii. Example: “If goal is getting dressed independently, praise each step of this (putting on shirt, socks, etc), rather than waiting until they are completely dressed to praise.”
3. We call paying attention to good behaviors “Catch ’Em Being Good” (CEBG)

   A. How-To’s of Catch your Child Being Good (Refer to Handout 5: Catch ’em Being Good)
      A. “CEBG is using specific praise to tell kids what they’re doing that you like and appreciate.”
      B. “Do CEBG by using praise, compliments and physical affection. It is like using the 1-on-1 Time skill of being the “sportscaster” and focusing attention on the child when they are doing well.”
      C. Labeled Praise examples (see Handout 5)
         “Being specific helps keep kids on track by providing clear feedback about how they are doing.”
   
   B. NOT CEBG:
      a. Unlabeled Praise: General statement of approval, not specific to a behavior.
         Examples: “That’s great.”, “Good job”, “Thank you”.
      b. “Compliments with a Kick”: Ending a compliment with a “zinger”
         1. Share examples from handout
         2. “What do children take away from a comment like that?” The positive intent is often lost.

4. Goal Setting for CEBG (see Handout 6: Tracking CEBG)

   A. Ask parent to list behaviors they want to see more of. They could be the positive opposite of a problem behavior. Examples:

<table>
<thead>
<tr>
<th>Problem Behavior</th>
<th>Positive Opposite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noncompliance</td>
<td>following instructions the first time asked, or acknowledging the instruction</td>
</tr>
<tr>
<td>Tantrums</td>
<td>staying calm when frustrated, taking “no” for an answer, transitioning between activities, stepping away instead of yelling</td>
</tr>
<tr>
<td>Yelling</td>
<td>speaking in a soft voice, saying “I’m angry”</td>
</tr>
<tr>
<td>Bullying sibling</td>
<td>playing nicely with sibling, sharing</td>
</tr>
</tbody>
</table>

   B. Ask parents to name some positive things their child is already doing that they will praise.
   
   C. Ask parents to write down at least 2 behaviors they will focus on “catching” this week (use ‘Catch ’Em Being Good Tracking Sheet’ page 22).
   
   D. Encourage them to catch ’em every chance they get!
III. Planned Ignoring

1. Introduce rationale
   A. “Now that we’ve discussed positive attention, we will talk about how to think wisely about how you’re using negative attention and whether it is accomplishing what you want it to — is it decreasing negative behavior? We are going to talk about how to remove your attention in order to decrease minor, negative behaviors.”
   B. “Sometimes parent attention can accidentally reward negative behaviors. We may think that yelling and lecturing are punishments — but if child’s behavior doesn’t decrease, then it is not really serving as a punishment and may be rewarding the behavior. If you are giving the same lecture over and over again, you can be sure it is not serving as a punishment. ”

2. Brainstorm Ignorable Behaviors
   A. Ask parents what sorts of behaviors their children do that earn frequent negative attention from them, or that they find themselves getting into silly arguments about behaviors, things that seem designed to get negative attention from others.
   B. List Behaviors to ignore. Refer to Handout 7: Planned Ignoring and add to the list on the handout.
      i. Whining, complaining, pouting,
      ii. Arguing, negotiating
      iii. Tantrums
      iv. Sassy tone, making faces, stomping feet, rolling eyes
   C. What behaviors are not ignorable? Add behaviors to a second column that are NOT ignorable behaviors — behaviors that feel good or are rewarding on their own, whether or not they get parent attention.
      i. Aggression (and other safety issues)
      ii. Noncompliance (the reward is not having to do the thing parent just asked, so ignoring won’t help)
      iii. Bullying/teasing siblings (rewarded by the sibling’s response)
      iv. Swearing, breaking things (could feel fun for the child — ignoring may or may not work)
   D. “Different families have different standards about what to ignore — this is ok! Do not ignore if kids are violating rules or otherwise crossing your line for what is respectful or acceptable in your home. ”
   E. “On the other hand, if you respond to too many behaviors, you will have constant battles. You will need to pick your battles! Try putting some of the more minor behaviors on the ignorable list for now.”
3. Defining Planned Ignoring Strategy
   i. Active technique: Planned ignoring is an active technique — it is not doing nothing. It’s intentionally removing attention from a negative behavior.
   ii. You can tell your child in advance you will no longer respond to this certain behavior. But, you need to know your child. Some children will see this as a challenge to “win,” and in that case you should ignore without explaining the strategy.
   iii. Tell your child about the positive opposite behavior that you will respond to. (Example: You will ignore interrupting of adult conversations, but you will respond if they tap you on the arm and wait).
   iv. Refer to Handout 7. Give no verbal/nonverbal attention; including not telling the child you are ignoring them repeatedly in the moment: No rolling eyes, no sighing loudly, no making faces, no muttering.
   v. Try to stay in the room so you can monitor child’s response — you want to be able to praise/ respond positively when they stop doing the negative behavior. DO leave the room if you are about to lose your cool and respond.
   vi. Parents should do something calming to distract themselves while ignoring. Brainstorm ideas with parents. Ideas: pet the cat/dog, flip through a catalog, tidy up, practice deep breaths, remind themselves of the reason for doing this (e.g., “not responding will help my child learn a better way”)

A. Extinction burst: “It will get worse before it gets better!”
   i. Ask parents what is likely to happen if they ignore something that they have previously been responding to (refer to graph on handout).
   ii. Many kids will “try harder” to get your attention and behavior will get initially worse. If you see this, you know that ignoring is working! You must stick to it for behavior to go down eventually. If you give in, you could end up making behavior worse (child learns they must up the ante to succeed in getting parent’s attention).

B. Set ignoring goals: ask family to write down 1 or 2 behaviors they will ignore this week.

C. Common Ignoring Pitfalls
   i. Family ignores the wrong behaviors (non-compliance, aggressive behavior).
      i. Ask the family what they think the child hoped to get from the behavior, and if they got what they wanted.
      ii. Example: Trying to annoy brother. Motivation was to get a response from brother, which they got.
      iii. Encourage family to shift to a different ignoring target and that we will help them address that behavior in a different way.
   ii. Child breaks household rules when ignored.
      i. Support parents in discussing which behaviors will be addressed with an immediate consequence for child.
      ii. Parents can ignore attention-seeking behaviors but implement the consequence for a broken household rule without speaking to or engaging with child (i.e., removing access to tablet), or after the ignoring period is complete.

IV. Home Practice:
   C. Continue Special Time 3-5 times this week (daily is even better). Make a plan for how to keep Special Time in the family’s calendar permanently.
   D. Catch ‘Em Being Good: Have family track their use of praise for 3 target behaviors this week.
   E. Planned Ignoring: Have family identify 1-2 behaviors to ignore.
Notes
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Effective Instructions & When-Then Rewards

Goals
- Parent will improve effectiveness of instructions.
- Parent will identify several behavior goals for child.
- Parent will use a When-Then reward

Material/Handouts
- Handout 9: Giving Good Instructions
- Handout 10: Effective Instructions
- Handout 11: When-Then Instructions
- Handout 12: Sample Rewards

I. Review Homework
   A. Catch ‘Em Being Good: How did it go? What was child’s response when they praised?
   B. Planned Ignoring: Any successes? Are they still in the extinction burst phase? Encourage families to keep with it. Change the behaviors to ignore if needed.
   C. Special Time — How is it going? Any barriers?

V. Effective Commands
   A. Introduce concept
      i. “Effective instructions influence whether or not a child will do the things the parent wants.”
      ii. “When instructions are unclear, it sets children up to fail because it will be harder to figure out and meet our expectations.”
   B. Refer to Handout 10: Effective instructions
      i. State specifically and directly what needs to be done (“You need to…” “Please do…”).
         Make a direct statement rather than a question.
      ii. Simplify commands: Give one at a time and break down into smaller steps.
      iii. Give the command only once, followed by 10 second of silence — this gives children the opportunity to comply and does not distract with unnecessary extra chatter
      iv. Tone should be firm and clear that you are serious but not angry. Can use a pleasant tone and include please.
      v. Use more GO commands than STOP commands
         - “Please put the toys in the box” versus “Stop playing with the toys.”
         - “Please keep your feet on the floor” versus “Don’t jump on the couch.”
C. Ineffective Instructions — Refer To Handout 9
   i. Go through traps on the worksheet, giving examples.
   ii. Ask parents, “which instruction traps happen most often for you?”
   iii. If you want to include a brief explanation of why you are giving the command, give it first — then the last thing the child hears is the command. “It’s raining and I don’t want you to get wet. Go put on your raincoat.”

D. Goal-setting: Parents identify a time of day when they want to use more efficient commands, or type of command they will practice giving. Have them write down and/or tell you how they will phrase it.

II. Rationale for Using Rewards
   1. “Positive attention can motivate children, but it may not be enough for super boring, long or hard tasks, like bedtime routine, doing homework, cleaning your room.”
   2. Reasons rewards and sticker charts lose their effectiveness:
      i. Children lose interest in the reward.
      ii. The bar is too high or reward is too delayed (e.g., keep room clean for a week to get a toy).
      iii. It’s hard for parents to stay consistent with giving the rewards
   3. “We would like to offer ideas/tweaks to make this concept of using rewards a tool for increasing compliance and motivation and decreasing disruptive behaviors.”

III. When-Then Instructions
   1. Goal: “We will ask you to choose a couple of behaviors that your child “Needs to Do” that are difficult, frustrating, or not exciting for them. We will then pair those boring tasks with something your child “Wants to Do” to motivate them to get started and stick with it.
   2. Key Concepts. Refer to Handout 11: When-Then Commands
      a. Review instructions and examples together
      b. In the first column, list behaviors your child needs to do that they don’t enjoy
      c. In other column, list some of the privileges or positive things your child wants to do each day.
      d. Draw a line between a Need to Do and a Want to Do behavior that would make a good pair. A when-then command lets the child know they can do the “fun” activity right after the less fun activity
         i. Pair things that could happen close together in time
         ii. Make sure you define the “Need to Do” behavior very carefully and specifically, so there are no loop holes or gray areas. Refer to suggestions on effective commands above for this.
         iii. Think about how you will monitor that it was actually done.
         iv. Set reasonable goals well within the child’s ability (pick up clothes off floor before bed, rather than “keep room clean”). Criteria can be increased as the child is more successful. If the child fails to get the reward, they will give up more quickly the next time
      ii. Examples of When/Then commands:
         1. When you finish your homework, then you can have your screen time.
         2. When you get dressed, then you can pick out your favorite breakfast cereal
         3. When you put on your shoes, then you can pick the music you want to hear in the car
      vi. If there isn’t a natural reward to link to the “Need to Do” behavior, you may choose a special extra reward that you will give to reward a behavior. See Handout 12: Examples of rewards and privileges. You could let your child help you brainstorm reward or privilege ideas.
vii. Only give the reward after the target behavior, not on promise.

viii. Give bonus rewards for especially great behaviors!

ix. Ask parents to write down at least two When/Then commands they will try this week on Handout 11.

3. Common Family Concerns. Ask parents what concerns or barriers they foresee with doing the system

a. My child shouldn’t need a reward to do these things — they should be intrinsically motivated to do their daily responsibilities.
   i. “We agree, in principle. But the fact is, right now they are NOT doing these things. When you offer an reward, you are putting a support in place to help kids develop routines and see the value in it. Like using a post to train the branches of a young tree to grow a certain way. Once the branch has grown in the right direction, we can remove the post.”
   ii. “Plus, aren’t all of us motivated by rewards to get things done every day? If you didn’t get paid for going to work, would you keep going?”

b. My child will become dependent on a reward to do anything.
   i. See above
   ii. “We do not find that this happens. Think about the idea of treating yourself to ice cream after finishing a large project for work. The reward helps you think positively and makes it easier to do the challenging task, rather than taking the fun out of the challenging task. We do find that the target behaviors become more automatic over time, and eventually won’t need to be rewarded.”

c. Isn’t my child too old for this?
   i. “The principle can be used into adulthood – it’s the basic idea of “Work before Play.” Maybe at that point, the teen earns the car keys on Saturday for doing all their chores. No one is too old to appreciate acknowledgement of their hard work.”

d. My child will get too angry if they don’t earn their reward
   i. “Prepare with parent what they will say if this happens. Something like, “Bummer you didn’t earn your tooth brushing reward for today. Hopefully you can get that one tomorrow.” Try not to personalize it by saying things like “I’m not giving you your reward” and let it run more like a natural economy.
   ii. “Your child may get upset the first few times this happens. Use planned ignoring to address this. It will get easier with time. It is good for kids to practice coping with disappointment.”
   iii. Think of a negative response you are concerned about. How can you model responding to this in a calm and supportive manner? How can you avoid throwing fuel on the fire?

IV. Homework

1. Use Effective Instructions
2. Use When/Then commands
3. Continue to brainstorm list of rewards and privileges for your specific child
4. Don’t forget special time, praise, ignoring

V. Kids & Screens: Extra Materials

a. Feel free to share these informational handouts and worksheet with any families for further reading
b. For families with screen time problems (for example, checking off multiple items on the “Signs of a Screen Problem” on Handout 13, it is recommended to work together with them to create their own Family Media Plan (Handout 14)
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Consequences

Goals:
• Parents learn principles of effective punishments
• Parents create a Time Out plan
• Parents choose behaviors to remove privileges for effect

Materials:
Handout 15: Time Out Tweaks
Handout 16: Time Out Planning Sheet
Handout 17: Privilege Removal Planning

I. Review Homework

A. Effective commands: how did it go?
B. Review implementation of reward system, considering changes:
   1. Make target behaviors smaller or more specific, or easier to achieve.
   2. Increase immediacy of tokens/rewards.
   3. Diversify or change the rewards menu, especially if child wasn’t very motivated.
   4. Reduce number of target behaviors if too complicated.
C. Discuss how child responded and encourage parents to be consistent in using the system. Find ways for parents to remind themselves (phone reminders, putting tokens into family schedule, leaving reminder notes).
D. Continued use of planned ignoring, catch ’em being good, and special time.

II. Punishment

A. Introduce Concept
   1. “Many parents see improvements in their child’s behavior using the positive strategies we have worked on so far. However, most parents also need strategies for decreasing the negative behaviors with effective punishment procedures.”
   2. Defining punishment
      i. “A punishment is something that makes a behavior less likely to occur again.”
      ii. “Sometimes a parent may get very angry at a child and may yell/scold the child, thinking that this is punishment. However, if the child’s negative behavior continues, the yelling or lecturing is not actually serving as a punishment. And, it can negatively affect the parent-child relationship.”
B. Devaluing Physical Punishment
   1. Like all evidence-based parenting programs, we recommend against using any physical punishment. Reasons:
      i. “Research shows that children who are spanked are actually more likely to be aggressive. So spanking could have the opposite of the intended effect.”
      ii. “Spanking teaches kids that hitting/being physical is a way to make other people change their behavior.”
      iii. “Spanking is often guided by parent anger, which can cause the situation to escalate.”
   2. Process parent concerns. Validate that this is the type of punishment many adults were raised with. The good news is that we have more effective strategies to share.
III. Time Out (T.O.) for rule violation

A. T.O. is the recommended immediate consequence for children under 11. (May skip if child is developmentally mature for age, or if parents refuse, and move to privilege removal.)

B. We reserve T.O. only for use with 1 or 2 behaviors of top concern. For lower concerns, try ignoring, or praising/rewarding the behavior you want to see. Privilege removal could also be used.

C. Defining T.O.
   1. T.O. is unpleasant (boring) and therefore when done correctly it can be a very effective punishment procedure. Key phrase here is “when done correctly.” When T.O. is not done correctly, it doesn’t have much effect or can backfire.
   2. Ask parents: Have you tried T.O. before? What has resulted from it? What problems have you encountered?
      i. Look for potential issues to tweak:
         a. child sent to room and plays
         b. younger siblings talk to child during T.O.
         c. parent gives multiple warnings/arguments about going to T.O.
         d. child ends up getting out of the thing they were asked to do in the first place (e.g., parent does the chore for them)
         e. child deciding when T.O. is over
   3. We are going to ask you to try T.O. in a different way than you have in the past that is found to be more effective for kids with behavior problems.

D. General Procedures for Setting up T.O.
   1. Refer to Handout 15: Time Out Tweaks
   2. Select target behaviors, usually violations of a household rule (hitting, destroying property, yelling at parent)
   3. Location
      i. Choose location of T.O. It is very important that the area be boring and free from anything interesting or fun
      ii. Can use a stair, chair in the corner, tile in the hallway etc.
      iii. Avoid bedroom. The bedroom can end up being fun for the child.
   4. Set length of T.O. Start with 2-5 minutes, no need to do 1 min per year of age.
      i. Go directly to T.O. and sit quietly without any toys
      ii. Most talking, yelling or noise making during T.O. will be ignored. Do not argue with the child about being silent in T.O.
      iii. If the child breaks a rule (e.g., cursing, destroying property, verbally abusive to parent), inform child they have an additional minute for violating a household rule.
      iv. If child follows the rules, you can let them off early.
      v. To get out of T.O., child must be calm and quiet(ish) for 30 sec.
E. Giving Time Out: (see Handout 16: Time Out Planning Sheet)
1. Tell child ahead of time 1 or 2 behaviors that will result in immediate TO (e.g., hitting, throwing in the house).
2. Setting these rules and consequences ahead of time will motivate the child to self-control those behaviors.
3. When a rule violation occurs, parent says: “You hit your brother and that is against our rules. Go to time out now.”

F. Ending Time Out
1. Signaled by a timer
2. Child should be following all rules and calm for at least 15-30 sec before end of T.O.
3. Do not force an apology or discussion of the misbehavior.
   i. A forced apology, or having to repeat why they received a T.O., does not help children learn.
   ii. Do not continue to lecture or hold a grudge. Time has been served and the child has a clean slate. Reset by praising the very next positive behavior.
   iii. Invite child to join back in with what the family is doing

G. Refusal to follow Time Out Procedure
1. Refusing to go to Time Out
   i. One minute of time could be added up to a maximum of 9 minutes. Give a warning as you add time: “That’s a 5 min time out. If you don’t go now, it will be 6 minutes. Now it’s a 6 min time out...if you don’t go now...”
   ii. Start time out only after the rules are being followed.
   iii. If child will not go after receiving 9 min, drop T.O. and implement a privilege removal that is worse than T.O., though still brief (e.g., no screens 1 day).
2. If child gets out of T.O. — give a clear warning that the time starts over. Implement the back-up consequence (privilege removal) if child refuses to return.

H. Maximizing the Effectiveness of Time Out
1. Stay calm while giving T.O., with minimal feeling or explanation. Child may escalate once told to go to T.O. A brief reminder of the T.O. rule may be helpful but do not do additional talking (e.g., Remember to stay in the chair or an extra minute will be added; If you don’t go to T.O., you will lose TV tonight).
2. Give yourself time to use T.O. successfully — initially may take a lot of time and be stressful, but will get easier to manage.
3. Can do with siblings at the same time — just use separate places.

I. Time Out Role Plays
1. Therapist and parent can role play introducing T.O. or giving a practice T.O.
2. Encourage parents to introduce T.O. procedure to child when all is calm.
J. Parent concerns about Time Out

1. “My child is too old for Time Out.”
   i. Help parents re-brand the skill as “a break.” As long as bedroom is a boring place, an older child may take a time out in their bedroom.
   ii. Parents should still keep the Time Out brief (10 min or less for an older child).
   iii. If families are very resistant, focus energy instead on an effective privilege removal plan.

2. “My child becomes too upset or aggressive when I tell him to take a Time Out.”
   i. Encourage family to discuss each behavior and the consequence with the child when the child is calm. Role-play the consequence with the therapist in session, or use stuffed animal/action figure to demonstrate the sequence.
   ii. Parents may discuss plan that the Time Out may not need to be served in the middle of a melt down, but would need to be served before privileges resume.

IV. Privilege Removal

A. Introduction

1. When to use:
   i. Misbehaviors such as talking back, noncompliance.
   ii. Situations when there is not enough time to give T.O.
   iii. Can be a back-up for when children do not complete their T.O.

2. Works best as logical consequences (“If...then...”) with a removal of privilege connected to the behavior.
   i. If a child does not complete homework, then he cannot have the privilege of watching TV.
   ii. If a child doesn’t remove her dirty dishes from the table, then she cannot have privilege of dessert after dinner.

B. How to use Privilege removal

1. Explain in advance: Parents must explain in advance which privilege will be removed for specific behaviors.
   i. This gives child a chance to change their behavior rather than be surprised by the consequence
   ii. Be specific in defining the behavior to child, as we have done in other parts of the program
   iii. Ex: “From now on, if I ask you to do something and you say “no,” you will lose 5 minutes of screen time.”

2. Short: Use the smallest privilege or unit of time that is effective.
   i. Why?
      a. A short punishment gives the child a chance to try again.
      b. Helps parent avoid a “punishment spiral” where they’ve taken too many things away and don’t have anything left to take.
      c. Keeps child motivated rather than feeling they are in too deep of a hole to get out.
   ii. Think minutes or hours instead of days/weeks.
      a. Eg., Take away screens for the next hour, not all weekend.
      b. Eg, Remove toy that siblings were fighting over for 10 minutes, giving them a chance to try again.
      c. Limit fines to one privilege per episode, rather than many privileges at once. Can increase time if needed.
Session 4

iii. Immediate:
   a. Something the same day instead of in the future
   b. Ex: Take away screen time in the evening, rather than not going to the pool on Saturday.

iv. Give a warning for noncompliance, back-talking, etc. (“If you don’t put on your pajamas now, you will lose one story tonight”). For a rule violation, remove the privilege with no warning.

C. Planning for Privilege Removal
   1. Handout 17: Privilege Removal Planning Sheet
   2. What are the privileges to be lost? For how long?
   3. How can you immediately remove the privilege?
   4. Any barriers to using this?
   5. How do you coordinate this with T.O.?

V. FAST-B Program WRAP UP
   A. Ask family about what changes they have observed through the program
   B. What needs have been met?
   C. Are there any further needs that have NOT been met?
   D. Is there a need for further treatment or resources?
      1. Family may schedule an additional booster session if clinician time allows.
      2. Or, plan a phone call with clinician for a few weeks later.
      3. Discuss referrals to other treatment resources if appropriate
Fast-B Manual
Appendix 1
Appendix 1: Clinician Training
“Partner Study” for FAST-B

How to Use These Training Materials

Clinicians ideally can review these materials with a clinician who has experience using evidence-based behavioral parent training protocols, or evidence-based treatment protocols in general.

If a trained clinician is not available, the following information should be discussed between at least two clinicians. Clinicians can practice the training role-plays together.

I. Orientation to Behavioral Treatment
   A. What is your prior experience with helping families with problem behavior?
   B. What are the most common behavioral concerns you hear from families?
   C. What types of approaches have you observed/heard to be effective?
   D. Which types of parenting skills do you find most helpful in changing behavior?
   E. What are traps with parent skills training that can prevent such strategies from working?

II. Family Engagement
   A. Brainstorm on engagement
      1. What would you consider the most important parts of an initial call or contact with the family?
         i. Making clear you understand their concern
         ii. Validating parent concerns, emotions, preferences
         iii. Getting enthusiasm and buy-in
      2. What do you imagine will be the biggest barriers to families engaging and sticking with the program?
         i. Logistical — time, commute, financial, childcare
         ii. Concern about parent training as effective
         iii. Difficulty practicing skills
         iv. Other:
      3. If you were skeptical about giving “therapy” a try as a parent, what would you want to hear from your clinician?
         i. Enthusiasm and optimism about effectiveness of program
         ii. Willingness to learn about the family and child
         iii. Collaboration and working together
         iv. Openness to hearing continuing concerns
4. Making the First Contact
   i. Ask about clinician’s comfort level with the intake contact and “pitching” behavioral treatment?
   ii. What are scenarios that clinician would worry about when making such a call? (Discuss responses, role play if needed)
   iii. What things might you hear that would tell you this is not an appropriate program for this family?
       a. See list of rule outs in manual.
       b. If waiting another month or more to get into other treatment would make the child worse
       c. Major parental substance abuse/mental health issues that would prevent participation

5. ROLE PLAY: “Trainer” plays a parent on the phone who is concerned that her 8 year old son is mean to his younger sister and argues constantly about following instructions. Trainer gives a short overview of “child’s” problems. Trainee clinician will start by reflecting these concerns, restating into goals, and introducing the program. Trainer (parent) will role play being skeptical about whether changing his/her own behavior will help child.

III. SESSION 1
   A. Causes of Child Problem Behavior
      1. What do you perceive as most common causes of child behavior problems?
      2. Review Handout 1 from Session 1
         i. How do you imagine it could be helpful to start parent training with an activity such as this?
         ii. What could get in the way or go awry with this activity?

   B. Special Time
      1. What is your experience with teaching structured 1-on-1 time or special time to families (maybe from another program such as PCIT, Triple P, etc)?
         i. How does special time affect child behavior in general, and why would this be important to include in Session 1?
         ii. What guidelines make this a successful experience for families?
      2. Review instructions for Attending from Session 1 outline and Handout 2.
      3. ROLE PLAY:
         i. Start with Roleplay 2 from Session 1. Clinician is teaching parent how to use attending skills in special time play.
         ii. Have a clinician play themselves and the other clinician play the parent.
         iii. Go through Roleplay 3 from Session 1 with “parent” having trouble generating content to comment on, or being instructive.
         iv. Process:
             a. What are common family challenges regarding Special Time?
             b. What concerns or questions would families have? How could you address them? (see Session 1 outline for common barriers).
IV. SESSION 2

A. Praise
   1. What is your experience coaching parents to praise? What are the most effective ways for parents to give praise?
   2. How are the guidelines in Session 2 different from what you’ve done before? (e.g., more specific labeled praise, choosing targets to praise, etc.)
   3. ACTIVITY: List some of the most common negative behaviors parents will identify. Brainstorm a “positive opposite” for each one that could be praised.

B. Planned Ignoring
   1. What are the benefits of coaching parents to ignore certain behaviors?
   2. How have you seen it be helpful to remove attention from a child’s undesirable behavior?
   3. ACTIVITY: Make a list of ignorable and non-ignorable behaviors and discuss rationale
      i. Important: Only ignore behaviors that are reinforced by parent’s attention. Noncompliance is reinforced by continuing a preferred activity or avoiding a dreaded activity, so ignoring won’t help. Hitting a sibling is reinforced by the sibling’s reaction, so parent ignoring won’t help.
   4. What are parent barriers to planned ignoring?
      i. Review extinction burst graphic — have you ever observed this phenomenon before?
      ii. Parent difficulty coping: What are some ways to coach or brainstorm with a parent who feels too angry to ignore? Identifying coping skills?

V. SESSION 3

A. Effective commands
   1. What examples have you seen of parents giving good instructions to children?
   2. What mistakes have you seen parents make in giving commands or instructions to children?
   3. ACTIVITY: Rephrase the following ineffective commands to effective ones
      i. “Could you PLEASE pick up your clothes for once?”
         a. Please put your pants in the hamper.
      ii. “You need to get ready to go.”
         a. Please put on shoes and come to the door.
      iii. “I don’t want to hear that you were cold today, so please bring your coat because it’s supposed to rain.”
         a. Please get your coat.
      iv. Go get your backpack and put in your lunch and get your shoes on and meet me in the car”
         a. Please get your backpack. [then] Please put your lunch in your backpack...etc.
      v. “You need to learn to listen to adults.”
         a. Please look at coach when he speaks.
   vi. What could make it hard for parents to improve effective commands?
B. Rewards
1. How have you seen rewards be useful for families?
2. What types of rewards work well?
3. What common traps have you observed that can happen for families?
   i. Overly complicated system
   ii. Sticker chart, becomes “wallpaper” quickly.
   iii. Same reward every time gets boring.
   iv. Delayed reward (end of the month) is too far away.
   v. Parent inconsistency
4. Review Principles of a Token System handout
   i. Which principles described here are most crucial to making this type of system work?
   ii. ACTIVITY: Brainstorm a list of common “vague” behavioral targets families could choose and practice making them more specific.
      a. Examples of too vague:
         (1) Get ready for school on time.
         (2) Clean up room.
         (3) Do homework.
         (4) Be respectful to parents.
         (5) Follow instructions.
      b. Discuss behaviors that are objective, observable, and happen at a specific time.
      c. What are the benefits of creating a reward menu instead of offering a single reward?
      d. What are common concerns and barriers parents would raise? How could you address them?
      e. What mistakes might parents encounter after the first week of trying this? How could they be fixed?
      f. What are strategies for motivating parents to give this a try? How could it be simplified for families who are unlikely to implement a formal system?
         (1) E.g., connect a single behavior to a daily reward (complete 30 min of HW, get screen time).
         (2) Create a checklist for a routine followed by a reward (complete morning checklist, get TV on during breakfast).
VI. SESSION 4  
A. Consequences  
1. Review Concept  
   i. Review definition of punishment from Session 4 outline.  
   ii. What are some punishment strategies you have seen families use that are not effective?  
   iii. How have you previously addressed the topic of physical punishments with families?  
2. Time Out  
   i. What problems do families often encounter with T.O.?  
   ii. What are some principles of T.O. that make it an effective punishment for most families?  
   iii. What behaviors warrant a T.O.? (Rule violation — hitting, throwing, breaking, OR noncompliance. Behaviors caught in the moment)  
   iv. Review guidelines for effective T.O. together (Time Out Tweaks handout, planning sheet)  
   v. ROLE PLAY: Clinician 2 teaches “parent” (Clinician 1) the guidelines of TO and processes parent concerns. E.g., child getting out of T.O., child refusing to go to T.O., child throwing a tantrum in T.O. Switch roles if needed during the roleplay so clinician with prior experience can demonstrate certain concepts.  
   vi. ACTIVITY: Make a list of behaviors that warrant T.O. Discuss which could be addressed with a lower consequence (ignoring, natural consequences).  
3. Privilege Removal  
   i. What are potential pitfalls or traps with privilege removal?  
      a. Taking away privileges for too long (a week versus an evening)  
      b. Taking away too many things (no motivation left)  
      c. Not adequately removing privilege (child can “sneak” it)  
   ii. ACTIVITY: Brainstorm behaviors warranting privilege removal and an appropriate example of privilege removal for each (brief, specific and tied to the behavior if possible).  
      a. Good examples: avoiding something necessary, repeated behaviors, not in the moment.  
VII. WRAP UP  
   a. What are your thoughts about running the program?  
   b. How is this similar and different from other treatments you have used?  
   c. What are some of the merits of this program?  
   d. Are there any areas you’d like to practice or see an example of?  
   e. What will be the most challenging aspects of implementing this program?  
   f. What unanswered questions do you have about this approach?
The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning. The PAL team is staffed with child and adolescent psychiatrists affiliated with the University of Washington School of Medicine and Seattle Children’s Hospital.

- At the time of the call our program coordinator will ask for basic patient information
- HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone.

PAL is funded by the Washington State Legislature and by Washington’s Health Care Authority.

The information in this book is intended to offer helpful guidance on the diagnostic and treatment process conducted by a primary care provider, and is not a substitute for specific professional medical advice. Providers are encouraged to reproduce pages as desired from this booklet for use in their own clinical practice.

There was no pharmaceutical industry or commercial funding for preparing this booklet.