

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: LC</p> <p>Average length/number of sessions: Let's Connect can be used as a targeted intervention with at-risk families or as a strategic enhancement to other evidence-based treatments for children and families.</p> <ul style="list-style-type: none"> • Targeted intervention with at-risk families (group or individual format): Let's Connect promotes health and resiliency for caregivers and children who have experienced stressful life events (e.g., trauma, chronic medical problems, divorce, separation, military deployment, sudden tragic events, natural disaster). Implementation involves training, modeling, live-coaching, and ongoing consultation with 8-10 (90-minute) sessions delivered on a weekly basis. • Strategic enhancement to evidence-based child and family interventions: Let's Connect can be integrated with other evidence-based interventions (e.g., Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavioral Therapy, parent management training models) to build caregiver emotion regulation, supportive presence, and communication skills that enhance parent-child relationship quality as well as treatment engagement, retention, and response. Families also gain specific tools for talking about difficult family topics, including child trauma and abuse, divorce, separation, and loss. Implementation involves training, modeling, live coaching, and ongoing consultation. LC may add up to 4 sessions to implementation of a standard trauma-focused treatment protocol. • Let's Connect strategies are also being integrated into schools to enhance educator, staff, and youth emotional competencies and build nurturing school environments that enhance learning, student-staff relationships, and classroom management. Implementation involves training, modeling, live-coaching, and ongoing consultation with all school staff over a semester or year period. <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Let's Connect takes family culture and experience into account in its delivery, with particular attention to beliefs about parenting, emotion, and child development.</p> <p>Trauma type (primary): Any trauma type</p> <p>Trauma type (secondary): Any trauma type</p> <p>Additional descriptors (not included above): Let's Connect also addresses difficult or stressful life transitions that often accompany traumatic events (e.g., moves, placement changes, divorce, medical rehabilitation, changes in family functioning).</p>
<p>Target Population</p>	<p>Age range: 3 years to 15 years</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p>

GENERAL INFORMATION

<p>Target Population continued</p>	<p>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): Let's Connect has been delivered to families within diverse ethnic/racial groups, including Caucasian, African American, and Latino families. Let's Connect materials are available in English and Spanish. Let's Connect has been used with recent immigrants to the United States.</p> <p>Other cultural characteristics (e.g., SES, religion): Let's Connect has been implemented in community mental health settings serving diverse, low-income, and military families.</p> <p>Language(s): Let's Connect is currently developed for English- and Spanish-speaking families and clinicians. The developers are open to adapting the materials for other languages and cultural groups. Please contact us for more information.</p> <p>Region (e.g., rural, urban): Let's Connect has been delivered in urban (metro Denver) and rural (Georgia, Colorado) communities.</p> <p>Other characteristics (not included above): Let's Connect has been delivered to foster and kinship care, and military families.</p>
<p>Essential Components</p>	<p>Theoretical basis: Let's Connect is a parenting intervention that helps caregivers identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence (e.g., emotion awareness, emotion regulation, and empathy) and sense of emotional security. Caregiver support has been identified as a <i>key protective factor</i> for children experiencing stress and adverse life events, but there has been limited attention to defining "support" behaviorally and incorporating this work into existing interventions. Children's emotional competence is a strong predictor of children's mental and physical health, behavioral adjustment, social skills, and academic success.</p> <ul style="list-style-type: none"> • Emotion Theory and Research. Let's Connect skills are grounded in developmental and clinical research that demonstrates that parental response to child emotion is central in fostering children's emotion regulation, emotional security, and related mental health outcomes. Clinical research has demonstrated that interventions that target <u>attending and listening skills</u>, long established as components of effective parenting (Gordon, 2000), have been consistently associated with larger effect sizes for improvements in parenting behavior (Kaminski, Valle, Filene, & Boyle, 2008; Havinghurst et al., 2013; McNeil & Hembree-Kigin, 2010). Developmental research with normative and "at risk" samples has demonstrated that both parental <u>emotion support skills</u> (e.g., validation, invalidation) and <u>emotion coaching skills</u> (e.g., awareness/acceptance of emotion, emotion discussion, constructive response to child emotion) relate to children's psychological adjustment, physical health, and social and academic competence in cross-sectional and longitudinal studies (Cunningham, Kliewer, & Gardner, 2009; Havinghurst et al., 2009, 2010, 2013; Katz, Wilson & Gottman, 1999; Lunkenheimer, Shields, & Cortina, 2007; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005; Yap, Allen, & Ladouceur, 2008).

GENERAL INFORMATION

Essential Components continued

Further, caregiver emotion support and emotion coaching skills predict children's development and use of effective emotion-regulation and coping skills (Eisenberg, Fabes, & Murphy, 1996; Shipman et al., 2007; Spinrad, Stifter, Donelen-McCall, & Turner, 2004; Shortt, Stoolmiller, Smith-Shine, Eddy, & Sheeber, 2010) as well as children's comfort with sharing emotionally-arousing topics with their parents (Shipman & Zeman, 2001), and the likelihood that children will seek help and initiate discussion with parents when faced with difficult events such as marital conflict (Brown, Fitzgerald, Shipman, & Schneider, 2007). Finally, a lack of parental emotion coaching and support skills and presence of parent invalidation behaviors have been found to mediate or explain the relation between child maltreatment and children's emotion dysregulation in physically maltreating and non-maltreating families (Shipman et al., 2007; Shipman & Zeman, 2001), and to reduce the impact of family violence on children's behavior problems and response to peer provocation (Katz, Hunter, & Klowden, 2008; Katz & Windecker-Nelson, 2006). Recent community-based intervention research has found that parent emotion socialization practices (i.e., emotion coaching) taught in group based parenting interventions is associated with increases in parent skills, reductions in emotion dismissing with their children, and improvements in child behavior (i.e., Tuning in to Kids; Havinghurst et al., 2013). A meta-analytic review of parenting training programs indicates that parenting behaviors and skills improve significantly more when emotion communication skills are included in the program (Kaminski, Valle, Filene & Boyle, 2008). Taken together, this research is consistent with theoretical work in children's emotional development that highlights the functional role of parental emotion socialization in facilitating children's healthy socioemotional development and psychological adjustment (Barrett & Campos, 1987).

- **Parent Emotion Regulation/Mindfulness Theory and Research.** There is a growing body of promising research on the positive impact of emotion regulation/mindfulness training integrated with parent training approaches (Coatsworth et al., 2015; Duncan et al., 2009a; Duncan et al., 2009b; Shapiro & White, 2014). Clinical neuroscience literature also emphasizes the importance of targeting emotion regulation skills training to improve caregiver-child attachment (Siegel, 2012; Siegel & Bryson, 2012; Roeser & Eccles, 2015). The Let's Connect program aligns with this research by including caregiver mindfulness practices and practical caregiver skill building in parent-child interaction.

Key components: Let's Connect builds caregiver and child competencies in four interrelated ways:

1. Teaching caregivers steps for responding to children's emotions in a way that promotes children's emotional competence and sense of safety

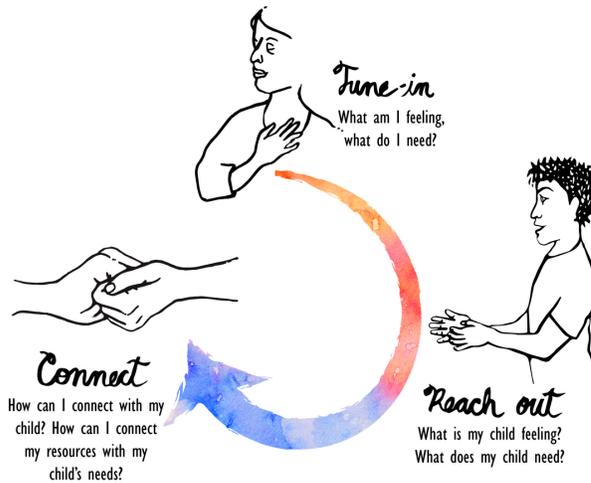
These steps include:

- **Tune-in** to assess caregiver's own emotional experience and readiness to be present with the child—"What am I feeling?" "What do I need?"
- **Reach out** to identify the child's feelings, needs, and perspective—"How does my child feel?" "What does my child need?"

GENERAL INFORMATION

Essential Components continued

- **Connect** with my child by integrating Let's Connect skills of connection (noticing, listening, appreciating), supporting, and coaching to understand the child's experience, and help the child identify and manage their feelings. These skills will help caregivers to navigate everyday challenges and meet parenting goals.



2. Build caregivers' self-awareness, mindfulness, and emotion regulation skills. This will (1) promote their emotional health and stress reduction, (2) allow them to model effective emotion regulation skills for children, and (3) enhance effective parenting and parent-child warmth and positivity. This work includes attention to understanding the important function that emotion serves in our lives, including the role emotion plays in interpersonal relationships. Activities include mindfulness practices, self-care, and increasing insight about how emotions help to guide parenting responses.

3. Teaching caregivers behaviorally-specific Emotion Communication Skills (ECS) that are key to building children's emotional competence and sense of emotional security

These skills include the following:

- **Connection skills (Notice, Listen, Appreciate)** show children that their caregiver is present, is attending to what they are saying and experiencing, and is interested in not only what they do, but who they are. The caregiver **notices** the child (by describing, reflecting, labeling feelings), **listens and attunes** to the child (by using supportive nonverbal communication, reflecting/paraphrasing, and asking helpful, open-ended questions), and **appreciates** what the child does and who s/he is (by thanking the child, praising the child). We also help families create a predictable rhythm in their family life to strengthen the parent-child connection. Daily routines and rituals add support to the foundation by creating harmony in the home and opportunities for connection.

GENERAL INFORMATION

Essential Components continued

- **Emotion support skills** convey caregiver support and acceptance of the child's emotional experience in and extend children's ability to use the caregiver as a source of support and coping with emotional distress. The caregiver demonstrates **empathy, perspective-taking skills, and validation** of the child's emotion.
- **Emotion coaching skills** extend children's understanding of emotion and enhance their skills for managing emotionally-arousing situations. The caregiver helps children to **label their emotions**, enhance **emotional understanding** (e.g., mixed emotion, causes and consequences of emotion, appropriate emotional display), build **emotion-perspective taking skills**, and facilitate the development of **effective coping and problem-solving skills**.

Caregivers also learn how to avoid **communication "traps"** which invalidate children's experience and make them less likely to share and feel safe.

It is important to note that Let's Connect integrates teaching of **effective behavioral management skills** (e.g., how to identify the function of the child's behavior, positive attending skills) with specific instruction about how to integrate these behavioral strategies with emotion communication skills. The goal is to help parents set healthy boundaries for children in a way that supports the relationship and healthy child development.

4. Teaching children specific emotional competence skills, including emotional awareness/identification, emotional understanding, and emotion regulation

Children learn and practice these skills in session and teach them to caregivers to facilitate home practice.

How are Let's Connect Skills taught? Let's Connect skills are taught through a combination of didactics, role-plays, and live in-session coaching—in which the therapist serves as a coach as the caregiver talks with their child about emotionally-arousing life events—and structured home practice. In individual or group settings, the therapist meets with the caregiver(s) alone to teach, model, and practice the LC skills, and with caregivers and children together to provide live coaching of the skills during in-session conversations. Home practice is also assigned. Children learn about emotions and gain skills in individual or group sessions and during parent-child interaction. When LC is integrated within another family intervention (e.g., TF-CBT), LC content is introduced early in treatment and reinforced through live coaching in subsequent sessions and home practice. When LC is implemented in a school context, the approach and structure is collaboratively determined with school staff. The Let's Connect approach to caregiver skill building is based on adult learning theories, which indicate that behavior change and skill development is facilitated by these types of strategies (Beidas & Kendall, 2010; Humair & Cornuz, 2003; Joyner & Young, 2006). In-session skills practice with parents and their children is associated with significantly greater impact on child externalizing behaviors and parenting skills (Kaminski et al., 2008).

GENERAL INFORMATION

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?

Yes No Uncertain

Extent to which cultural issues have been described in writings about this intervention

Our pilot trials and our large-scale randomized clinical trial included diverse families (e.g., low income, kinship/foster care, diverse ethnicity). There has been considerable attention to addressing cultural issues in our treatment manual.

This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.

Yes No

Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? Yes No

If YES, please include citation:

Preliminary data from a randomized clinical trial that evaluated LC as a strategic enhancement of Trauma-Focused Cognitive Behavioral Therapy (i.e., TF-CBT vs TF-CBT plus LC) indicate a significantly higher retention rate in TF-CBT plus LC group (based on completion of at least 8 sessions).

Has this intervention been presented at scientific meetings? Yes No

If YES, please include citation(s) from last five presentations:

Shipman, K., Fitzgerald, M. M., & Fauchier, A. (April, 2013). *A Family Focused Emotion Communication Program—AFFECT: Building parents' emotion communication skills and increasing family connection*. Presentation for the Society for Research in Child Development Biennial Meeting, Seattle, WA. (*NOTE. Let's Connect was formerly known as AFFECT)

Shipman, K., & Fitzgerald, M. (January, 2014). *Let's Connect: Research and Clinical update*. Kempe Center Grand Rounds, University of Colorado School of Medicine, Aurora, CO.

Shaffer, A., Fitzgerald, M., Shipman, K., Loucks, L., Torres, M., & N'zi, A. (November, 2014). *The Let's Connect intervention module: Building parents' emotion communication skills to prevent emotional maltreatment*. Presented at the 2014 SRCD Special Topic Meeting: New Conceptualizations in the Study of Parenting-At-Risk. San Diego, CA.

Fitzgerald, M. M. (February, 2014). *Emotional Abuse Workshop for Family and Child Protection and Welfare Staff of Ministry of Social and Family Development (MSF)*, Snyder Theatre, & MindChamps, Toa Payoh, Singapore.

Fitzgerald, M., Shipman, K., Torres, M., Gorrone, J., & N'zi, A. (April, 2015). *Let's Connect: A mindful communication program*. Presented at the University of Washington Center for Child and Family Well-Being 2015 Biennial Mindfulness Research Conference. Seattle, WA.

GENERAL INFORMATION

<p>Clinical & Anecdotal Evidence continued</p>	<p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation:</p> <p>There is a detailed manual for Let's Connect to be implemented as a stand-alone intervention in group or individual family format as well as a manual for using Let's Connect integrated into TF-CBT.</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dr. Anne Schaffer at the University of Georgia has conducted a pilot study of Let's Connect in group format with a high-risk community sample in rural Georgia.</p> <p>Other countries? <i>(please list)</i> N/A</p> <p>Other clinical and/or anecdotal evidence <i>(not included above):</i></p> <p>We have several videotaped testimonials from families who have received Let's Connect that we can share upon request with the review committee. These testimonials were spontaneously shared at the end of treatment. We also have a testimonial that is highlighted in the Kempe Foundation newsletter (http://campaign.r20.constantcontact.com/render?ca=70ff8525-ba32-421d-9ffd-6a17bdd7016c&c=74164b20-455d-11e3-a762-d4ae52806905&ch=75ced090-455d-11e3-a81d-d4ae52806905). This testimonial was in the form of thank you letter that was shared with the Kempe Foundation.</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Pilot Trials/Feasibility Trials <i>(w/o control groups)</i></p> <p><u>Study 1:</u> Individual Family Format of LC</p> <p><u>Study 2:</u> Group family format of LC</p>	<p>Clinic-referred population for parent-child difficulties and/or experience of stressful life events</p> <p>N=5 caregiver/child pairs</p> <p>Child Age: 5 to 13 years</p> <p>High-risk community sample (poverty, stressful life events)</p> <p>N=25 caregiver/child pairs</p> <p>Child Age: 5 to 12 years</p> <p>Child Gender: 63% Female, 37% male</p> <p>Child Ethnicity: 79% Caucasian, 17% African American, 4% Asian</p>	<p>Shipman, K., Fitzgerald, M. M., & Fauchier, A. (April, 2013). <i>A Family Focused Emotion Communication Program—AFFECT: Building parents' emotion communication skills and increasing family connection</i>. Presentation for the Society for Research in Child Development Biennial Meeting, Seattle, WA.</p>

GENERAL INFORMATION

<p>Randomized Controlled Trials</p> <p><u>Study 3</u>: TF-CBT alone vs. TF-CBT plus Let's Connect</p>	<p>Clinic-referred population for child trauma (e.g., child abuse, domestic violence, medical trauma, traumatic grief)</p> <p>N=259 caregiver/child pairs</p> <p>Child Age: 5 to 15 years</p> <p>Child Gender: 45% Female, 55% Male</p> <p>Child Ethnicity: 38% Caucasian, 31% Hispanic, 15% Mixed, 15% African American</p>	<p>Evaluation of the RCT is currently underway. Please contact developers for updated information.</p>
<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any?</p> <p>The full list of assessment tools described below can be used as part of a comprehensive research assessment battery. The following subset of measures are suggested for clinical use:</p> <ul style="list-style-type: none"> Eyeberg Child Behavior Inventory (ECBI) (Parent report) Strengths and Difficulties Questionnaire (SDQ) (Parent or Youth report) Difficulties in Emotion Regulation Scale (DERS) (Parent self-report) Parent-Child Emotion Interaction Task (PCEIT) (clinical observation) Parent Meta-Emotion Interview (MEI) (clinical interview) <p>1. Emotion Communication and Emotion Regulation Measures</p> <p><u>Parent-Child Emotion Interaction Task (PCEIT; Shipman & Zeman, 1999)</u>: Videotaped interaction in which parent and child talk together about times the child felt <i>happy</i>, <i>sad</i>, <i>mad</i>, and <i>scared</i> when with someone in their family. When used for research, interaction is coded for caregiver emotion communication skills (connection, emotion support, and emotional coaching skills), child emotion regulation, and child emotional security.</p> <p>(source): Shipman, K. L., Zeman, J. (1999) Emotional understanding: A comparison of physically maltreating and nonmaltreating mother-child dyads. <i>Journal of Clinical Child Psychology</i>, 1999; 28(3): 407-417.</p> <p><u>Meta-Emotion Interview (MEI)</u>. Semistructured parent interview. When used for research, it is coded for four scales regarding child emotions (i.e., awareness, acceptance, coaching, regulation).</p> <p>(source): Katz, L. F., & Gottman, J. M. (1986). The meta-emotion interview. Unpublished manual, University of Washington, Department of Psychology, Seattle, WA.</p>	

GENERAL INFORMATION

Outcomes continued

Parents' Beliefs about Children's Emotions (PBACE). The PBACE is a parents' report measure that assesses beliefs about the value of child's positive emotion, the value of child's negative emotion, and parents' role in guiding child emotions.

(source): Halberstadt, A. G., Dunsmore, J. C., Bryant, A., Jr., Parker, A. E., Beale, K. S. and Thompson, J. A. (2013). Development of the *Parents' Beliefs about Children's Emotions Questionnaire*. *Psychological Assessment*, 25, 1195-1210.

Difficulties in Emotion Regulation Scale (DERS). Parental self-report of their own emotion regulation skills.

(source): Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 36, 41-54.

Emotion Regulation Checklist (ERC). Parental report of child's emotion regulation skills with two scales (i.e., adaptive emotion regulation, emotion dysregulation).

(source): Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion q-sort scale. *Developmental Psychology*, 33, 906-916.

2. Parent Mindfulness, Stress, Self-care Measures

The Five-Factor Mindfulness Questionnaire (FFMQ)—This 39-item instrument assesses five facets of mindfulness: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. Participants respond using a 5-point likert scale.

(source): Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27-45.

Parenting Stress Index 4/Short form (PSI)—Designed to evaluate the magnitude of stress in the parent-child system, the fourth edition of the popular PSI is a 120-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress.

(source): Abidin, R. (1995). *Parenting Stress Index: Professional manual* (4th ed.). Odessa, FL: Psychological Assessment Resources.

Positive and Negative Affect Schedule (PANAS) Short Form—The 20 item PANAS questionnaire comprises two mood scales: one that measures Positive Affect (alert, inspired, attentive) and the other that measures Negative Affect (upset, hostile, ashamed).

(source): Thompson, E. R. (2007). Development and validation of an internationally reliable short-form of the positive and negative affect schedule (PANAS). *Journal of Cross-Cultural Psychology*, 38(2), 227-242.

GENERAL INFORMATION

Outcomes continued

3. Child Behavior and Mental Health

Eyberg Behavior Inventory—Parent-rating scale is used to assess both the frequency of child disruptive behaviors and the extent to which the parent finds the child's behavior troublesome.

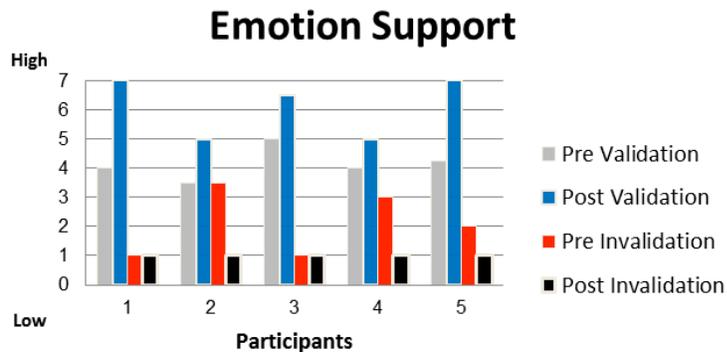
(source): Eyberg, S., & Pincus, D. (1999). *Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory-Revised: Professional Manual*. Odessa, FL: Psychological Assessment Resources.

Strengths and Difficulties Questionnaire (SDQ)—Brief behavioral screening measure with 5 (e.g., emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial skills).

(source): Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586.

If research studies have been conducted, what were the outcomes?

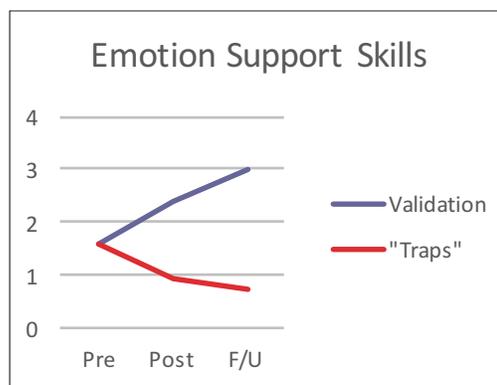
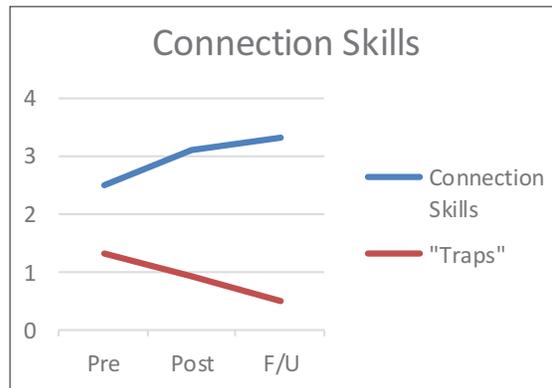
Study 1—Feasibility of Individual Family Format of Let's Connect: Findings from five individual families indicated high feasibility of treatment components and caregiver satisfaction with LC. Findings also indicated significant improvement in caregiver's positive emotion communication skills (ECS; validation, empathy, normalization) and reductions in ECS traps (e.g., invalidation, criticism, blame, doubting) from pre- to post treatment.



Study 2—Feasibility of Group family format of Let's Connect: Findings indicated high feasibility of treatment components and caregiver satisfaction with LC. Findings also indicated significant improvement in caregiver's connection skills (i.e., noticing, listening, appreciating), emotion support skills (i.e., validation), and emotion coaching (i.e., emotion labeling, building emotional awareness/understanding, and coping) and reductions in emotion communication traps from pre- to post-treatment. For examples of specific behaviors for targeted skills and traps associated with each skills group, please refer to descriptions above.

GENERAL INFORMATION

Outcomes continued



Implementation Requirements & Readiness

Space, materials or equipment requirements? Let's Connect can be implemented using bug-in-the-ear technology for coaching caregivers, through a one-way mirror, or in a therapy room with therapist coaching in-room. Let's Connect has been delivered in single therapy rooms and school settings. Materials include handouts, video clips, therapy materials (e.g., emotion cards/lists), and audio-recorders to record family home practice. Additional required equipment includes a device to play training videos (laptop computer, tablet, or TV with dvd player).

GENERAL INFORMATION

<p>Implementation Requirements & Readiness continued</p>	<p>Supervision requirements (<i>e.g., review of taped sessions</i>)? Training, live-coaching and/or tape review, and weekly or bi-weekly consultation/supervision.</p> <p>To ensure successful implementation, support should be obtained from the following: Consultation with developers; training materials and requirements; treatment manual</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Contact developers.</p> <p>How/where is training obtained? Two-day in person training is required to deliver Let's Connect. Contact developers for more information.</p> <p>What is the cost of training? Contact developers.</p> <p>Are intervention materials (<i>handouts</i>) available in other languages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If YES, what languages? Spanish</p> <p>Other training materials &/or requirements (<i>not included above</i>): Treatment manual, training videos, visuals, and handouts</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (<i>e.g., addresses stigma re treatment, addresses transportation barriers</i>)?</p> <p>Let's Connect is strength-focused and offers behaviorally-specific strategies for building parent support, parent emotion regulation, and enhancing the quality of parent-child relationships as well as giving parents' tools to build children's emotional competencies. This is important given that parental support is a key predictor of children's treatment response. Additionally, preliminary data from our randomized clinical trial (TF-CBT vs TF-CBT plus LC) suggests that LC enhances caregiver treatment retention.</p> <p>What are the cons of this intervention over others for this specific group (<i>e.g., length of treatment, difficult to get reimbursement</i>)?</p> <p>Logistical—Because LC requires some individual time with parent and child as well as time together for skills coaching, it is helpful to offer childcare during session.</p>
<p>Contact Information</p>	<p>Name: Kimberly Shipman, Ph.D., Monica Fitzgerald, Ph.D.</p> <p>Address: Senior Research Associates, Clinical and Developmental Psychologists, University of Colorado Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence, 1440 15th Street, Boulder, CO 80309</p> <p>Phone number: Kimberly Shipman 303-492-1410; Monica Fitzgerald 303-735-0811</p> <p>Email: Kimberly.Shipman@Colorado.edu; Monica.Fitzgerald@Colorado.edu</p> <p>Website: www.LetsConnect.org (in development)</p>

GENERAL INFORMATION

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