### **Parent Child Journey**

An Individualized Approach to Raising Your Challenging Child

by Dan Shapiro, MD

## Tenth Mile: Weaknesses, Strengths, and Independence

(followed by course evaluation)

# Realistic expectations

- Don't expect too much
- Don't expect too little
- Do assessment before intervention
- Do not think "can versus can't"; do think "easy versus difficult"
- Do not confuse inconsistency with inability
- Do break it down
- Don't underestimate the importance of patience and hard work
- Do consider response to intervention
- Do promote self-awareness and self-responsibility
- Do not just focus on weaknesses; do nurture strengths

### Accommodations versus interventions

- Acceptance versus development
- Dependence versus independence
- Public versus private
- Inconsistency versus Consistency
- Alternatives versus persistence
- 504 versus IEP
- Empathy and common sense versus expertise and science
- Identify the biggest remaining factors

# Relative Impact Scale

Rate each facet: 0, insignificant (no big deal); 1, causes a minor degree of impairment (little deal); 2, causes a moderate degree of impairment (medium deal); 3, causes a severe degree of impairment (bid deal)

Gander facet	Relative impact 0–3
Temperament	-
Motor activity level	
Impulsivity	
Attention span	
Initial reaction	
Adaptability	
Intensity of reaction	
Usual mood	
Regularity / predictability	
Sensory	
Hearing speech	
Hearing noise	
Vision	
Taste	
Smell	
Light touch	
Deep touch	
Movement / body position in space	
Internal body awareness / Physical symptoms	
Skill	
Fine motor	
Handwriting	
Gross motor	
Speaking	
Listening	
Writing	
Reading	
Understanding spatial relations	
Visual arts	
Music	
Math	
Time awareness	
Planning, organization, and implementation	
Social skills	
Life Stresses	
Physical health, environment, school placement	

### Who ya gonna call?

- For motor activity level, impulsivity, attention span:
  - o Medication: pediatrician, child psychiatrist, developmental-behavioral pediatrician
  - o Behavior therapy: behavior analyst, psychologist, social worker
- For initial reaction, adaptability, intensity of reaction, usual mood, regularity/predictability:
  - o Cognitive-behavioral therapy: psychologist, social worker, behavior analyst
  - o Medication: child psychiatrist, developmental-behavioral pediatrician
- For sensory differences:
  - Occupational therapist, psychologist, behavior analyst
- For fine motor, handwriting:
  - Occupational therapist
- For gross motor:
  - o Physical therapist, sports therapist, occupational therapist
- For language; speaking, listening, writing, reading:
  - o Speech-language therapist, teacher, tutor
- For understanding spatial relations, visual arts:
  - O Art teacher / therapist
- For music:
  - o Music teacher / therapist
- For math:
  - o Math teacher / tutor
- For time awareness, planning, organization and implementation:
  - O Speech-language therapist, executive skills coach, teacher / tutor
- For social skills:
  - Individual, group or parent-centered therapy: psychologist, speech-language therapist, social worker, developmental consultant
- For physical health, environmental /life-stresses, school placement:
  - Social worker, primary care or specialist physician, psychologist, marriage counselor, special education consultant
- For care coordination: pediatrician, school counselor, or many of the specialists listed above. Ideally, the case manager is someone with broad developmental expertise and deep familiarity with local resources. Obviously, he or she needs to know your child well and earn your trust. An increasing number of communities have "navigators" who assume this role.

### The science of choosing specific interventions

- Seek out objective experts
- Do not trust just one source or one study
- Don't speculate, experiment

TREATMENT TRIAL FORM for:										
Child's names	Cuada			Vo	0.44					
Child's name:										
Person completing this form:										
Usual observation time: mornings / afternoon	ns / evening	s / we	ekday.	s / we	ekend.	s (circ	ele)			
Observations will be recorded every: day /	week / mo	onth (c	circle)							
Dear Parents, Teachers, and Child: Thank you very much for your help. It is so important complete the table below. If you were not able to me to these numbers, your written comments are very impressions, including the following: Were there a details. If you have any questions or concerns, please / fax and send to: Thank you.	nake observe helpful. On ny problems	ations the be with	for a p uck, pl the int	veriod, lease re erventi	leave t ecord to ion? W	that co he date Vere th	lumn ( and p ere an	blank. brovide y benej	In ad genera sits? G	ldition al Five
Thank you.										
During the observation period, how bi 0 = no problem, 1 = little problem, 2 =	_	_			oig pı	oble	m			
Goal:	Baseline									
Intervention:										
DATE										
Targets										
Describe Cide Effects										
Possible Side Effects										

Feel free customize this form to fit your child's target symptoms, the chosen intervention, observation intervals, and the possible side effects.

How to do a treatment trial:

- 1. Choose a goal
- 2. Choose an intervention strategy
- 3. Establish baseline measures for targets and possible side effects
- 4. Establish observation intervals
- 5. Observe
- 6. Evaluate and reevaluate
  - a. promising:
  - b. disappointing or even harmful
  - **c.** inconclusive

#### Homework for the Tenth Mile

- 1. Assign each facet of the Gander a number that reflects its potential for ongoing negative impact. Can these areas of need be successfully accommodated? Which facets of your child's profile require intervention most? Consult an expert. Review the science. Consider all possible benefits and side effects. Set up a well-controlled treatment trial.
- 2. Assign each facet of the Gander a number that reflects its potential for positive impact. Be sure to give your child regular opportunities to enhance these natural skills and pursue these passions.
- 3. Parent Child Journey trial for behavior management: What about the effectiveness of the interventions recommended in this program? If you used *circles* on the precourse Behavioral Topography Survey, you could use *triangles* to indicate your postcourse ratings. Did your 2s and 3s come down to 1s and 2s? Did your 1s and 2s come down to 0s and 1s? In this way, you can use your Behavioral Topography Survey as a treatment trial rating form for this course.
- 4. Please complete the course evaluation that follows. Thanks!

# Behavioral Topography Survey

Nar	ne: _			Date: Rater:	
Circle (pre-course) and triangle (post-course) ratings: 0, no problem; 1, little problem; 2, medium problem; 3, big problem					
Pro	blen	ı Situ	uations		
НО	ME				
0	1	2	3	Getting ready to go in the morning	
0	1	2	3	Transitioning into the car	
0	1	2	3	Riding in the car	
0	1	2	3	Arriving home	
0	1	2	3	Transitioning out of the car	
0	1	2	3	Mealtime (circle: before, during, after)	
0	1	2	3	Playing with other children	
0	1	2	3	While using electronic devices (which ones?)	
0	1	2	3	When asked to stop using electronic devices	
0	1	2	3	During unstructured free time	
0	1	2	3	When visitors come over	
0	1	2	3	When visiting others	
0	1	2	3	In public places (which one(s)?)	
0	1	2	3	With adult(s) (which one(s)?)	
0	1	2	3	With sibling(s) (which one(s)?)	
0	1	2	3	With babysitter(s) (which one(s)?)	
0	1	2	3	Homework (circle: starting, during, finishing)	
0	1	2	3	Doing chores (which one(s)?	
0	1	2	3	Getting ready for bed (washing, bathing, teeth-brushing, etc.)	
0	1	2	3	Getting into bed	
0	1	2	3	Falling asleep	
0	1	2	3	Staying asleep	
0	1	2	3	Other:	
0	1	2	3	Other:	
<u>SCI</u>	100				
0	1	2	3	Arriving at school	
0	1	2	3	During class (Which one?)	
0	1	2	3	In school hallways / bathrooms	
0	1	2	3	Recess at school	
0	1	2	3	Lunch at school	
0	1	2	3	School field trips	
0	1	2	3	With adult (Name:)	
0	1	2	3	Pickup at school	
0	1	2	3	School bus	

School bus Other: \_\_\_\_

Other:

1 2 3 1 2 3 1 2 3

CO	MMU	JNIT	$\Gamma Y$	
0	1	2	3	Grocery store
0	1	2	3	Eating out
0		2		House of worship
0		2		Shopping
0		2	3	Neighborhood playground
0	1	2		Festivals
0	1	2	3	Outdoor events
0		2		Indoor events (concerts, movies, etc.)
0		2		Other:
0	1	2	3	Other:
$p_{r_{\ell}}$	ohlen	n Re	haviors	
0	1	<i>2</i>	3	Actively defies / refuses to comply
0	1	2	3	Loses temper
0		2		Argues with adults
0	1	2	3	Deliberately annoys people
0	1	2	3	Blames others for his or her mistakes or misbehaviors
0	1	2	3	Is touchy or easily annoyed by others
0	1	2	3	Is angry or resentful
0	1	2	3	Is spiteful or vindictive
0	1	2	3	Bullies, threatens, or intimidates others
0	1	2	3	Initiates physical fights
0	1	2	3	Lies / "cons"
0	1	2	3	Skips school
0	1	2	3	Is physically cruel to people or animals
0	1	2	3	Has stolen items of nontrivial value
0	1	2	3	Deliberately destroys other's property

Course evaluation
npare ratings from pre-course baseline (circles) against
ompleted this ten-week program, would you say that
n situations have improved?
Comments:
e strategies presented?
Comments:
bout yourself as a parent and your relationship with
occory current as a parent and your relationship with
Comments:

5. What was least useful about this course?

6.	What would you change?
7.	Please grade the program: A=excellent, B=good, C=OK, D=weak, F=failed  Course organization and content:  Instructor presentations:  Physical setting/ comfort:  Web site handouts  Dr. Shapiro's book  Overall satisfaction with the program:
8.	Other comments:

Thank you for your feedback. Most of all, thank you for your participation. I hope that this program has been helpful. Good luck to you and your family.