



Adult-Focused Family Behavior Therapy Child Welfare Supplement

Emergency Management

- Families sometimes come across domestic emergencies that require urgent attention
 - Emergency Management Training assists in preventing and diffusing emergent situations.
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Emergency Management and Safety Checklist

- Use Emergency Management and Safety Checklist to determine if issue at hand is an emergency.

EMERGENCY MANAGEMENT AND SAFETY CHECKLIST			
<p>For each item below, circle if the emergency is "not present," "present," or "may soon occur." "Not present" means the item is not present in your home since the last session, "present" means the item is currently an emergency requiring immediate attention, and "may soon occur" means the item is expected to occur in the near future.</p> <p>Client ID#: _____ Provider: _____ Session #: _____ Session Date: ___/___/___</p>			
			Do you feel the need to work on this today?
1. Adult to adult aggression/violence	Not present / Present / May Soon Occur		Yes / No
2. Adult to child aggression/violence	Not present / Present / May Soon Occur		Yes / No
3. Child to child aggression/violence	Not present / Present / May Soon Occur		Yes / No
4. Aggression/violence to yourself	Not present / Present / May Soon Occur		Yes / No
5. Not having enough food	Not present / Present / May Soon Occur		Yes / No
6. Illness or need for medical attention	Not present / Present / May Soon Occur		Yes / No
7. Bills are overdue (e.g., water, power, rent car payments/insurance etc...)	Not present / Present / May Soon Occur		Yes / No
8. Unsanitary/unclean conditions in home	Not present / Present / May Soon Occur		Yes / No
9. Difficulty getting basic needs from caseworker	Not present / Present / May Soon Occur		Yes / No
10. Difficulty getting basic needs from FBT team	Not present / Present / May Soon Occur		Yes / No
11. Sexual Assault	Not present / Present / May Soon Occur		Yes / No
12. Custody Issues	Not present / Present / May Soon Occur		Yes / No
13. Court Hearing	Not present / Present / May Soon Occur		Yes / No
14. Plans to move	Not present / Present / May Soon Occur		Yes / No
15. Substance use	Not present / Present / May Soon Occur		Yes / No
16. Exposed to potential HIV risk behavior	Not present / Present / May Soon Occur		Yes / No
17. Missing Sessions	Not present / Present / May Soon Occur		Yes / No
18. Transportation	Not present / Present / May Soon Occur		Yes / No
19. Other	Not present / Present / May Soon Occur		Yes / No

EMERGENCY MANAGEMENT
Page 5 of 7
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Self-Control Form

- Distribute Self-Control form so that client may rate steps that were most effective in decreasing likelihood of drug use and increasing likelihood of desirable child care.

SELF-CONTROL FORM							
<p>For each drug use or childcare trial, record a word to describe the situation, then grade steps 1-9 using a 0-100% scale of correctness (0%=forgot to do step, 100%=perfect). When using the rating form during homework, it is not necessary to record the pre- and post-likelihood ratings. Record which step helped the most in decreasing the likelihood of drug use, or increasing the likelihood of doing the most effective caretaking behavior.</p>							
Trial # and date							
Word to describe situation							
1) Stop!							
2) One bad thing for self							
3) One bad thing for others							
4) Take a deep breath & relax							
5) State 4 solutions							
6) Evaluate 4 solutions w/ pros and cons							
7) Imagine doing 1 or more solution(s)							
8) Imagine telling someone about using the solution brainstormed							
9) State positive things that will happen as a result of using the solution							
Pre-Likelihood rating							
Post-Likelihood rating							
Step that helped the most and why it helped the most							
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Time to Practice Emergency Management!





Catch My Child Being Good

- Catch My Child Being Good is aimed to help clients learn the most effective way to reinforce good behaviors and decrease poor behavior.



Recording Form

- Distribute Recording form so that client may record how and when they caught their child exhibiting good behavior.

CATCH MY CHILD BEING GOOD RECORDING FORM							
Client ID#:	_____	Provider:	_____	Session #:	_____	Session Date:	___/___/___
Identify two 5-minute time periods that are convenient to practice catching your child being good, and record these times on the recording form. Write down what your child did that you liked, and how you caught your child being good (i.e. gave a hug, said something nice).							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							
Activity:							
How did I Catch My Child Being Good?							
How did my child respond?							
Time:							
Activity:							
How did I Catch My Child Being Good?							
How did my child respond?							
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Time to Practice Catch My Child Being Good!



Positive Practice Skills Training

- Children sometimes behave poorly when they either have not learned to behave otherwise, or when they are too young to understand.
 - Positive Practice Skills Training assists in helping to teach children to replace undesired behaviors with desired behaviors.
-

Recording Sheet

- Distribute Recording Sheet form so that client may record when and how they implemented positive practice protocols.

POSITIVE PRACTICE RECORDING SHEET		
Client ID#: _____ Provider: _____ Session #: _____ Session Date: ____/____/____		
	Desired Behavior Practiced	Number of Times Practiced
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

POSITIVE PRACTICE
Page 4 of 4
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Take Out Your Positive Practice Protocols and Let's Practice!



Child Compliance Training

- All children disobey parent commands to some extent.
 - Child Compliance Training helps to teach clients how to instruct, warn and enforce consequences for disobedience by helping to get children to follow instructions.
-

Recording Form

- Distribute Recording Sheet form so that client may record child's noncompliance and the steps the client took to rectify the behavior

CCT RECORDING FORM (Managing Compliance)							
Directions: For each day of the week record the behavior that your child refused to do, circle yes or no (Y/N) if you were able to complete each step below and what consequence was used.							
Assignment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
What was the behavior my child refused to do?							
Was I able to:							
1) Wait 5 seconds & repeat command w/ warning to consequence.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2) Wait 5 seconds & thank child if compliant or initiate consequence if didn't do what asked.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3) Bring child back to original situation & repeat 1st 3 steps after consequence is provided	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
What was my consequence?							

CHILD COMPLIANCE TRAINING
Page 5 of 6
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Time to Practice Child Compliance Training!





Home and Safety Beautification

- Accidents due to unattended hazards in the home are a leading cause of injury and even death for young children.
- The Home Safety and Beautification protocols aim to make the home safe and more beautiful.



Home and Safety Beautification

- Review checklists for each room with client, and mutually decide with client and family how to rate the safety of each room.

KITCHEN		<input type="checkbox"/> Rated <input type="checkbox"/> Not Rated <input type="checkbox"/> Self-Report <input type="checkbox"/> Not Applicable				NAME/ID: _____		
<i>Treatment Priority Ratings:</i> Safety (S): 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority Appearance (A): 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority								
Toxins	S	Notes	Heavy/Tipsy Objects	S	Notes	Needs Clean Up	A	Notes
1. Medications			25. Furniture			41. Clothes		
2. Cleaning supplies			26. Boxes			42. Counters/Tables		
3. Detergents			27. Appliances (blender)			43. Floor/Wall/Ceiling		
4. Paint, solvents			28. Artwork			44. Dog feces		
5. Alcohol or Drugs			29. Other:			45. Bug infestation		
6. Pesticides						46. Food left out		
7. Other:						47. Clutter		
Electrical Hazards	S	Notes				48. Dishes in sink		
8. Outlets exposed						49. Other:		
9. Appliances and tools			Small Objects	S	Notes			
10. Empty light sockets			30. List:			Aesthetic Needs	A	Notes
11. Exposed/frayed wires						50. Furniture is worn/torn		
12. Other:						51. Appliances are malfunctioning		
			Probs. w/ Air Quality	S	Notes	52. Carpet, Rug, or floor worn		
Sharp Objects	S	Notes	31. Poor ventilation			53. Light bulbs missing or burnt out		
13. Knives/skewers, pins, scissors, needles			32. Too hot			54. Décor absent		
14. Corners			33. Too Cold			55. Walls unpainted		
15. Tools			34. Mildew/mold			56. Other:		
16. Nails/splinters			35. Doors/windows drafty					
17. Other:			36. Other:					
Food & Nutrition Needs	S	Notes						
18. 4 food groups absent			Other Risks	S	Notes			
19. Food is spoiled			37. Floor/wall/ceiling in disrepair/holes					
20. Junk food accessible			38. Weapons (gun, p,spray)					
21. Other:			39. Porn or sex toys					
Home Access/Security	S	Notes	40. Other:					
22. Windows won't lock/broken								
23. Doors won't lock/broken								
24. Other:								
OVERALL ROOM RATINGS								
#57. Safety (S)			#58. Appearance (A)					
0 1 2 3 4			0 1 2 3 4					
HOME SAFETY & BEAUTIFICATION Page 4 of 7 Copyright© Copy only with express written consent of Dr. Brad Donohue								

Time to Practice Home and Safety Beautification!



Concluding Performance Intervention & Planning for Success

Solicit & provide strengths of family relevant to maintaining:

- great family relationships
- personal achievements
- treatment goals

Instruct family in exchanging what is appreciated about each other, including provider.

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