

1. Brief Description of the Intervention

What is LET'S CONNECT? Let's Connect (LC; Shipman & Fitzgerald, 2005) is a parenting intervention that helps caregivers identify and respond to children's emotional needs in a way that builds connection and warmth and promotes children's emotional competence (e.g., emotion regulation, empathy) and sense of emotional security. Caregiver support has been identified as a *key protective factor* for children experiencing stress and adverse life events, but there has been limited attention to 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. The Let's Connect program recognizes the interrelationship of inner experience, outer world experience, and other people. It is grounded in a developmental life span perspective, research on socialization practices in families, and the role interventions can play in fostering mindfulness and compassion in children, adolescents, and caregivers (Eisenberg, Cumberland, & Spinrad, 1998; Duncan, Coatsworth, & Greenberg, 2009; Roeser & Eccles, 2015). 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:



- 1. Check-in** to assess caregiver's own emotional experience and readiness to be present with the child – Asking "How do I feel? Am I ready to listen and support my child?"
- 2. Reach out** to identify the child's feelings and needs – "What does my child need right now?" "How does my child feel?"
- 3. Connect** with the child by integrating Let's Connect skills of emotion-focused listening, supporting, and coaching to understand the child's experience, connect,

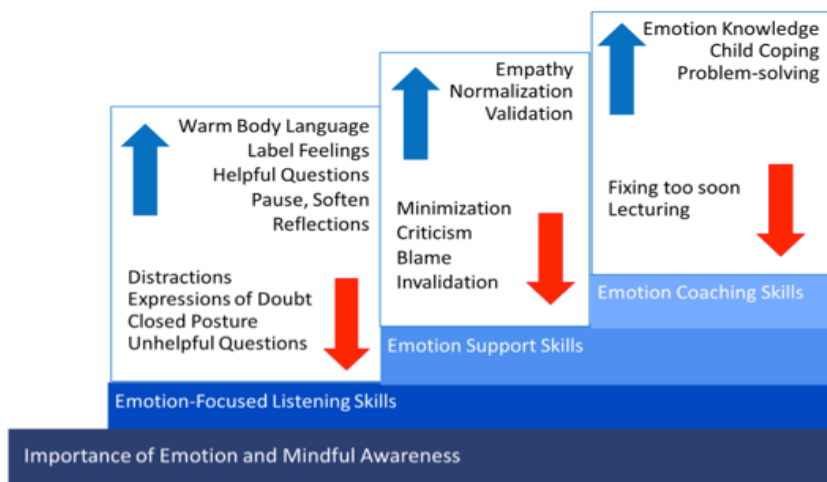
and help the child manage their feelings. These skills will help caregivers to navigate everyday challenges and meet parenting goals.

2. Building caregiver's own self-awareness, mindfulness, and emotion regulation skills to (1) promote their emotional health and stress reduction, (2) allow them to model effective emotion regulation skills for children, and (3) to 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. Mindfulness practices increase "awareness that emerges through paying attention, on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn 2003, p. 145).

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:

- **Emotion focused listening skills** show children that their caregiver is present and is attending to what they are saying and experiencing. Skills include enhancing *nonverbal behavior* and *attunement* (e.g., eye contact, body posture, tone of voice), *reflecting/paraphrasing* what the child says, and asking *helpful, open-ended questions* to better understand child’s experience.
- **Emotion support skills** convey caregiver support and acceptance of the child’s emotional experience and extend children’s ability to use the caregiver as a source of support and coping with emotional distress. Skills include enhancing parental *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 serves as a coach to help 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 problems-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. See figure below illustrating the aims of Let’s Connect to increase caregivers’ effective emotion focused listening, support, and coaching skills, and to decrease ineffective, invalidating communication behaviors.



It is important to note that we also integrate 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 child development.

4. Teach 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-play, 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. 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 active learning strategies (Beidas & Kendall, 2010; Humair & Cornuz, 2003; Joyner & Young, 2006).

Let's Connect can be used for all families to promote socioemotional competence and strengthen parent-child relationships. Let's Connect can also be used as a targeted intervention with at-risk families (in group or individual family format) or as a strategic enhancement to other evidence-based treatments for children and families.

Theoretical and Research Base

Emotion Theory and Research. The emotion communication skills targeted in Let's Connect 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 listening skills, long established as a component 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). Developmental research with normative and "at risk" samples has demonstrated that both parental and emotion support skills (e.g., validation, invalidation) and emotion coaching skills (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). 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 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, parental emotion coaching and support skills 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 moderate 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 shows that parent emotion socialization practices (i.e., emotion coaching) taught in group based parenting interventions shows parent skill increases, reductions in emotion dismissing with their children and improvements in child behavior (i.e., Tuning in to Kids; Havinghurst et al., 2013). Taken together, this research is consistent with theoretical work in children’s emotional development that highlights the functional role that emotion and parental emotion socialization play in facilitating children’s healthy socioemotional development and psychological adjustment (Barrett & Campos, 1987).

Mindfulness Theory and Research. There is a growing body of promising research on positive impact of mindfulness training integrated with parent training approaches (Coatsworth et al., 2015; Duncan et al., 2009a; Duncan et al., 2009b; Shapiro & White, 2014) and clinical neuroscience literature emphasizing of the importance of targeted emotion regulation skills training through caregiver-child attachment relationships (Siegel, 2012; Siegel & Bryson, 2012; Roeser & Eccles, 2015). The Let’s Connect program aligns with this neuroscience and enhances mindful parenting approaches through mindfulness practices and through practical parent skill building in parent-child interaction.

2. Please select the primary categories that relate to the intervention: (Please highlight applicable categories)

<ul style="list-style-type: none"> ○ Academic performance/functioning and achievement ○ Adult behavior problems (violence/aggression) ○ Adult mental health ○ Alcohol and drug use ○ Assessment and Measurement Instruments for Target Populations ○ Attachment Interventions ○ Basic Needs ○ Behavioral Management and Treatment ○ Child Mental Health – externalizing ○ Child Mental Health - internalizing ○ Child Mentoring Programs ○ Child Supports and community connections 	<ul style="list-style-type: none"> ○ Independent living and career readiness ○ Marriage and Relationship Support ○ Parental Mentoring Programs ○ Parent Engagement ○ Parental Supports and community connections ○ Parenting Skills - Training and Enhancement ○ Peer associations/relationships ○ Resource Parent Training Programs ○ Sexual Behavior Problems in Adolescents and Children ○ Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self-esteem) ○ Trauma Treatment (note – Let’s Connect has been used as a strategic enhancement to
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<ul style="list-style-type: none"> ○ Child Welfare Practice and Service Models ○ Crisis Intervention ○ Delinquency and Criminal Behavior ○ Educational Support Interventions ○ Family Functioning (communication, bonding, interactions and relationships) ○ Family Support and Placement Stabilization Programs 	<p>trauma treatment)</p>
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3. Describe the intervention’s current use with one or both of the QIC-AG’s target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

We have had considerable experience implementing Let’s Connect with children who have significant mental health difficulties and are in foster, kinship, or adoptive placements. Please see the research and evaluation section below (section 7) for a detailed description of these populations.

4. If currently not being used with one or both of the QIC-AG’s target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG’s target population: Not applicable (See above)

5. Intervention goals/outcomes: We have described intervention goals and expected outcomes below. We also have standardized assessment measures (i.e., questionnaire, interview, caregiver-child interaction tasks with observational coding) that we use to assess treatment gains that we can provide on request.

Goal: Improve caregiver-child communication

Outcomes:

- Caregivers will learn and use specific skills to enhance their ability to talk with children about difficult life events (e.g., placement changes, adoption, grief/loss). Caregiver will use more emotion words, emotional content, and depth in parent-child discussion.

- Increase frequency and depth of child sharing emotional experiences with caregiver. (i.e., child verbalizations, emotion content, emotion words, depth)

Goal: Increase warmth, bonding, and sense of security in the caregiver-child relationship

Outcomes:

- Increased caregiver use of validation and empathy for child's experience
- Decreased caregiver use of emotion communication traps that invalidate child's experience and make them less likely to share
- Increased frequency of child initiated emotion support seeking behaviors to caregiver
- Increased child felt emotional security and closeness in the caregiver/child relationship (i.e., children report feeling more close, bonded, comfortable and satisfied with relationship with caregiver and vice versa)

Goal: Increase parent skills to identify and manage their own and their child's emotions

Outcomes:

- Caregivers will learn and practice strategies for emotional awareness (e.g., checking in with self) and mindfulness practices (e.g., mindful breathing, meditation)
- Caregivers will integrate these strategies into daily interactions with their children, creating a calm space for supportive communication
- Caregivers will learn and practice Let's Connect emotion communication skills and learn how to integrate them with effective behavioral parenting strategies

Goal: Increase children's skills to identify and manage their emotions

Outcomes:

- Caregivers will model and teach emotion identification, management and mindfulness
- Children will learn and practice strategies for emotion identification, management and mindfulness

Goal: Enhance children's mental health (i.e. reduce behavior problems, anxiety, depression) and family well-being

Outcomes:

- Decreased coercive parent-child patterns of interaction
- Decreased child behavior problems
- Decreased internalizing problems

Note that Let's Connect can be integrated with other evidence-based mental health interventions that target specific symptom areas to increase the parental support that is key to symptoms reduction.

6. Please name the sites and contact information where the intervention has been replicated/ implemented:

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7. Describe the evaluation or research that has been collected on this intervention:

Let's Connect as Strategic Enhancement to Evidence-Based Trauma Treatment - SAFESTART Randomized Clinical Trial (OJJDP, \$1,000,000). We are conducting a clinical trial (N=245) to evaluate the Let's Connect treatment module as a strategic enhancement to Trauma-Focused Cognitive Behavioral Therapy, the current best-supported mental health treatment for trauma-exposed children and families. Families receive either TF-CBT alone or TF-CBT plus Let's Connect. Our pre- and post-treatment research measures evaluate the differential impact of these two conditions with regard to client engagement, parent's emotion communication skills, and parent and child mental health and emotion regulation skills. Measurement approaches include coding of parent-child interaction, structured clinical interview, and self-report measures. This clinical trial includes children between the ages of 5 and 14 years of age with approximately 30% of children in foster care, kinship care, or an adoptive home. All children who are participating have experienced a traumatic event and have clinically significant posttraumatic stress symptoms, with a majority also showing significant difficulties in other areas (i.e., behavioral problems, depression, anxiety, relationship difficulties).

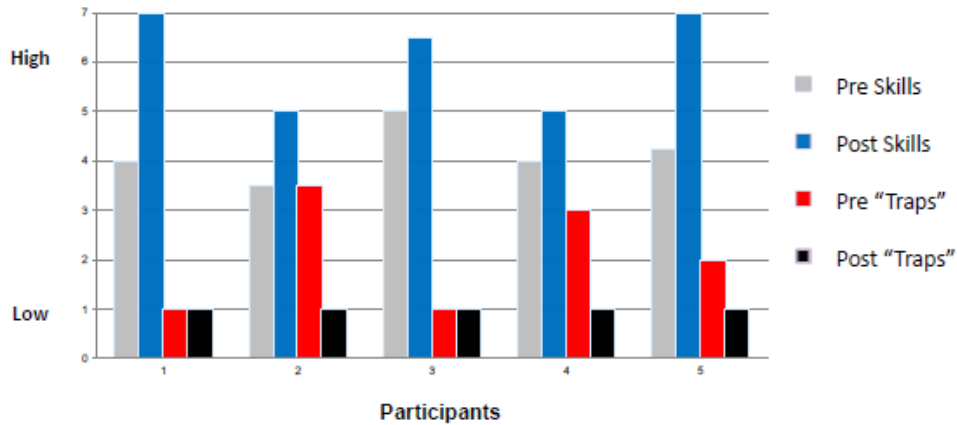
We are not able to evaluate clinical trial outcomes until the trial has been completed. Clinically, we have noted clinically significant change in parent's own emotion regulation and emotion communication, with dramatic improvements in the supportiveness of the parent-child relationship and child mental health. We have several testimonials from parents as well as clinical demonstrations of the Let's Connect intervention and pre/post changes from individuals that we can share with you.

Let's Connect Trainings with Clinicians and Caregivers. We have conducted overview trainings/symposia on Let's Connect with over 200 mental health professionals (including a large agency with a focus on foster care and adoption). As part of these trainings, we asked clinicians if the emotion communication skills taught in Let's Connect would enhance their clinical practice (response scale – no, maybe, yes). Clinicians reported that these skills would enhance their clinical practice, with 98% indicating yes for Emotion-Focused Listening Skills, 96% for Emotion Coaching skills, and 94% for Emotion Support skills. We also asked two questions specific to trauma treatment using the same response scale, with 89% indicating yes when asked if these skills would help them feel more comfortable talking with children about trauma and 90% indicating yes when asked if these skills would increase their comfort facilitating parent-child discussion about trauma.

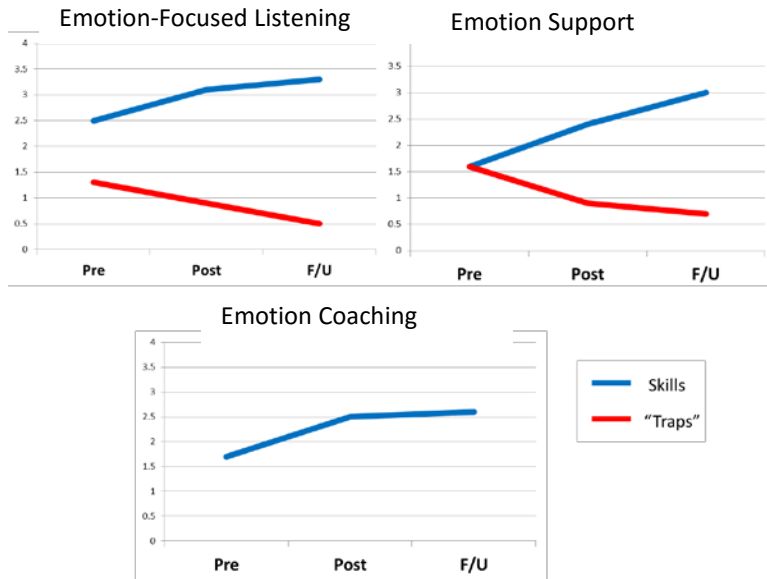
Let's Connect as Stand Alone Intervention – Group and Individual Family Format. Our colleague, Dr. Anne Shaffer, has also conducted several Let's Connect groups with parents and children at risk for difficulties due to poverty, stress, and child behavior problems. Pilot findings

from these groups (across two different studies) show substantial improvement in all three emotion communication skill areas and reductions in communication “traps” (See Figures).

Individual Family Treatment, Clinical Sample; N = 5 families (children ages 5-13)



Group Treatment, Community Sample; N = 34 (pre), 25 (post), 16 (3-month follow-up) families



Please provide contact information below:

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Intervention Web Site/URL: Website in development