**Child Compliance Training**

**Therapist Prompting List**

Initial Session

Client ID#: \_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_ Session #: \_\_\_\_\_\_\_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

* Child Compliance Training Recording Form
* Child Compliance Worksheet

**Begin Time:** \_\_\_\_\_\_\_\_\_ am / pm

**Provide Rationale for Child Compliance Training (CCT; Client & Adolescent & Adult Significant Others)**

**State or ask the following:**

\_\_\_a. Most children have disobeyed parent commands to some extent.

\_\_\_b. CCT involves learning to make effective instructions, warnings & consequences for noncompliance.

\_\_\_c. CCT helps get children to do what they’re instructed to do.

\_\_\_d. Ask client how CCT could be helpful.

\_\_\_e. Mention how CCT could be helpful.

\_\_\_f. Solicit questions.

**Teach Client How to Make a Command/ Directive (Client & Adolescent & Adult Significant Others)**

\_\_\_a. Brainstorm effective strategies in making effective directions/commands.

\_\_\_b. Model how to make an effective command including the following:

\_\_\_1. Say please

\_\_\_2. Briefly state what action is being requested

\_\_\_3. Briefly state when the action is requested.

\_\_\_c. Ask what was liked about modeled performance.

\_\_\_d. Assure rationale for each component step in command is understood (i.e. say please to model politeness)

\_\_\_1. Point out “could” was not used because it sends a mixed message.

\_\_\_e. Instruct client to role play commands until done properly.

\_\_\_1. Praise and assist, as necessary.

**Teach Client When to Make a Command/ Directive (Client & Adolescent & Adult Significant Others)**

\_\_\_a. Brainstorm methods of preparing children to be more likely to do what they are told, including:

1. Stating child is a great helper.

2. Kissing child.

3. Massaging child.

4. Hugging child.

5. Making first command/directive easy to accomplish and heavily praising compliance.

6. Waiting until child is not busy or upset.

**Role-playing CCT (Client & Adolescent & Adult Significant Others)**

* Provide client with the **CCT WORKSHEET**
* Model following CCT steps for situation in which client refuses to pick up an object and consequence is losing television for the next hour:

\_\_\_a. (Step 1) = Make a directive

* + Wait 5 seconds for child to comply

\_\_\_b. (Step 2) = Repeat directive w/ warning to initiate an undesired consequence

* + Wait 5 seconds for child to comply

\_\_\_c. (Step 3) = Initiate undesired consequence if child does not comply (if child complied say thanks)

\_\_\_d. Solicit what was liked about modeled performance

\_\_\_e. Assure client understands each of following CCT techniques:

\_\_\_1. Use level tone throughout

\_\_\_2. Start directive by saying “please”

\_\_\_3. Wait 5 seconds before giving warning

\_\_\_4. Wait 5 seconds before initiating consequence

\_\_\_5. Firmly implement consequence immediately after noncompliance

\_\_\_f. Instruct to perform CCT for the same modeled situation w/ therapist pretending to be noncompliant child until all steps done properly w/out prompting (make prompts throughout role-play).

\_\_\_1. Discuss what was liked about performance.

**Reviewing Consequences** (**Client & Adolescent & Adult Significant Others)**

\_\_\_a. Using examples, state undesired consequences should:

\_\_\_1. Be easy to provide

\_\_\_2. Be easy to monitor

\_\_\_3. Don’t initiate consequences when upset or angry

\_\_\_4. Use natural consequences (e.g., can’t drive child to friend’s house if won’t wash car)

\_\_\_b. Do one of the following:

* + If unknown, solicit client’s feelings about corporal punishment.
	+ If client has expressed a desire to use other methods of discipline, praise this decision and skip steps 3-4
	+ If client has endorsed corporal punishment, complete steps 3-4 below.

\_\_\_c. Indicate spankings can be effective, at least initially.

\_\_\_d. Indicate research and other parents show spankings are associated w/ unwanted side effects, including:

\_\_\_1. Child may learn to tolerate pain, making it necessary to increase aversiveness of spanking over time.

\_\_\_2. Often results in child attempting to avoid the punisher, especially later in life.

\_\_\_3. Increases other undesired behaviors that are not punished with spanking

\_\_\_4. Leads to lying in order to avoid future spankings

\_\_\_5. Associated with child being aggressive & acting out with others.

\_\_\_6. Doesn’t teach how to do the desired behavior.

\_\_\_7. Child may accidentally get hurt

\_\_\_8. May get parent in trouble by others who misunderstand parent’s good intentions.

\_\_\_e. Solicit a list of several behaviors client recently asked child(ren) to perform that were refused.

\_\_\_1. Assist parent in generating appropriate consequences for these behaviors.

**Role-playing CCT with Time Out as Consequence (Client & Adolescent & Adult Significant Others)**

\_\_\_a. Suggest time away from reinforcement is ideal consequence

* + For example, time out for younger children or being grounded from friends for older youth.
	+ ***If client’s children are over the age of 12, skip to step 6***

\_\_\_b. Solicit understanding of time-out.

* + Model the 3 CCT steps using time out as consequence consistent w/ following (client pretends to be noncompliant child):

\_\_\_1. 1 min. in time out chair per yr. of age for children 3 - 11 years only.

\_\_\_2. Put time out chair in corner, away from noise (e.g., TV, window) and a few feet from wall.

\_\_\_3. Demonstrate passive resistance to keep child in time out chair (i.e. hand open above wrists of child, elbows on chest of child)

\_\_\_4. Instruct client to stay close to child during time out but to not engage or look at them.

\_\_\_5. Ignore undesired behaviors during time out (e.g., tantrums, yelling, rolling eyes back).

\_\_\_6. If child is yelling or making noise in timeout, client will have to wait for the child to be quiet for at least 5 seconds after timeout period before allowing child out.

***Note:*** Client will want to have at least 45 minutes to conduct the initial timeout in case child becomes distraught.

\_\_\_7. When timeout period has ended, inform child that they **can** come out when they’re ready.

\_\_\_8. After timeout immediately bring child back to original situation and repeat first 3 steps.

\_\_\_c. Explain & model that after consequence is implemented, child should be brought back to situation where noncompliance occurred, & CCT steps should be repeated using another consequence or repeating time-out.

\_\_\_d. Instruct client to model CCT using time-out as consequence (therapist pretends to be noncompliant child).

\_\_\_1. Assist client in performing all steps, fading out assistance until client is able to perform w/out prompts.

\_\_\_2. Ask what was liked about client’s performance.

\_\_\_3. Solicit if anything would be done differently.

\_\_\_e. Instruct client to play an interactive game with child, and at some point in the game instruct child to do a task (e.g., get a tissue), & implement CCT w/ child if noncompliance occurs.

* + Therapist should provide coaching and support for caregiver throughout interaction.

\_\_\_f. Explain how to complete CCT Recording Form using client’s role-play performance as example.

\_\_\_g. Assign client to practice CCT prior to next session, & summarize the experiences in CCT Recording Form.

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| **Client’s Assessment of Helpfulness of the Intervention*** 1. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

**7** = extremely helpful, **6** = very helpful, **5** = somewhat helpful, **4** = not sure, **3** = somewhat unhelpful, **2** = very unhelpful, **1** = extremely unhelpful  * **Record Client’s Rating Here:**\_\_\_\_\_\_
	1. Solicit how rating was derived, and methods of improving intervention in future.

**Therapist’s Rating of Client’s Compliance With Intervention*** + - * 1. Disclose therapist’s rating of client’s compliance using 7-point rating scale:

**7** = extremely compliant, **6** = very compliant, **5** = somewhat compliant, **4** = neutral, **3** = somewhat noncompliant, **2** = very noncompliant, **1** = extremely noncompliant * Factors that contribute to compliance ratings are:
	+ Attendance
	+ Participation and conduct in session
	+ Homework completion
	+ **Record Therapist’s Rating of Client’s Compliance Here:**\_\_\_\_\_\_
		- * 1. Disclose client’s compliance rating.
				2. Explain how rating was derived, and methods of improving performance in future.
 |

**End Time:** \_\_\_\_\_\_\_\_\_ am / pm

**Child Compliance Training**

**Therapist Prompting List**

Future Session

Client ID#: \_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_ Session #: \_\_\_\_\_\_\_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

* Child Compliance Training Recording Form
* Child Compliance Worksheet

**Begin Time:** \_\_\_\_\_\_\_\_\_ am / pm

\_\_\_a. Instruct client to provide completed CCT recording form.

\_\_\_1. Praise homework completion or instruct to complete in retrospect if incomplete.

\_\_\_b. Descriptively praise client for performance of CCT skills, as indicated in the CCT Recording Form.

\_\_\_1. Solicit questions, provide answers, and engage in CCT role-plays, whenever possible.

\_\_\_c. Provide assignment to practice CCT, and record responses in the CCT Recording Form.

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| **Client’s Assessment of Helpfulness of the Intervention*** 1. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

**7** = extremely helpful, **6** = very helpful, **5** = somewhat helpful, **4** = not sure, **3** = somewhat unhelpful, **2** = very unhelpful, **1** = extremely unhelpful  * **Record Client’s Rating Here:**\_\_\_\_\_\_
	1. Solicit how rating was derived, and methods of improving intervention in future.

**Therapist’s Rating of Client’s Compliance With Intervention*** + - * 1. Disclose therapist’s rating of client’s compliance using 7-point rating scale:

**7** = extremely compliant, **6** = very compliant, **5** = somewhat compliant, **4** = neutral, **3** = somewhat noncompliant, **2** = very noncompliant, **1** = extremely noncompliant * Factors that contribute to compliance ratings are:
	+ Attendance
	+ Participation and conduct in session
	+ Homework completion
	+ **Record Therapist’s Rating of Client’s Compliance Here:**\_\_\_\_\_\_
		- * 1. Disclose client’s compliance rating.
				2. Explain how rating was derived, and methods of improving performance in future.
 |

**End Time:** \_\_\_\_\_\_\_\_\_ am / pm

**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.**2)** Wait 5 seconds & thank child if compliant or initiate consequence if didn’t do what asked.**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****Y/N****Y/N** | **Y/N****Y/N****Y/N** | **Y/N****Y/N****Y/N** | **Y/N****Y/N****Y/N** | **Y/N****Y/N****Y/N** |
| What was my consequence? |  |  |  |  |  |  |  |

**Child Compliance Worksheet**

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| --- |
| **Step 1** = Make a command |
| **Step 2** = Wait 5 seconds for child to comply |
| **Step 3** = Repeat command w/ warning to initiate an undesired consequence |
| **Step 4** = Wait 5 seconds for child to comply |
| **Step 5** = Initiate undesired consequence if child does not comply. |



***NOTE:*** After consequence is initiated, it is recommended to bring child back to situation in which child did not do what was asked, and repeat the steps.