Supporting the Whole Family

Building Family Partnerships That Make Behavior Support Work

IN-ABC Conference

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Our shift for today

Instead of asking, “How do we get this family to follow the behavior plan?”

ask, “How do we create support this family can realistically use, values, and feels part of?”

Learning objectives

- **Identify barriers that affect caregiver participation in behavioral services.**
- **Use strategies that help caregivers feel heard, respected, and included.**
- **Distinguish between “noncompliance” and a plan that may not fit the family.**
- **Incorporate routines, values, priorities, strengths, and resources into support.**
- **Use collaborative communication when family and professional priorities differ.**
- **Create recommendations that are evidence-based and realistic to implement.**

Opening question:

When a family does not follow our recommendations, what is our first assumption?

The words we use matter

Common shorthand

- “Mom isn’t consistent.”
- “Dad doesn’t follow through.”
- “The family isn’t implementing the plan.”
- “We’ve told them multiple times.”

A more useful question

- What is making this difficult to implement?
- What happened when you tried it?
- What part feels unrealistic?
- What would make this easier?

Meet the family before the behavior

- Who lives in the home and who is involved in daily routines?
- What does a typical day actually look like?
- What is already difficult—and what is going well?
- What does the individual value? What does the caregiver value?
- What resources, supports, and constraints are present?
- What has already been tried?
- What does this family want help with first?

Families have behaviors too

A

Child screams

B

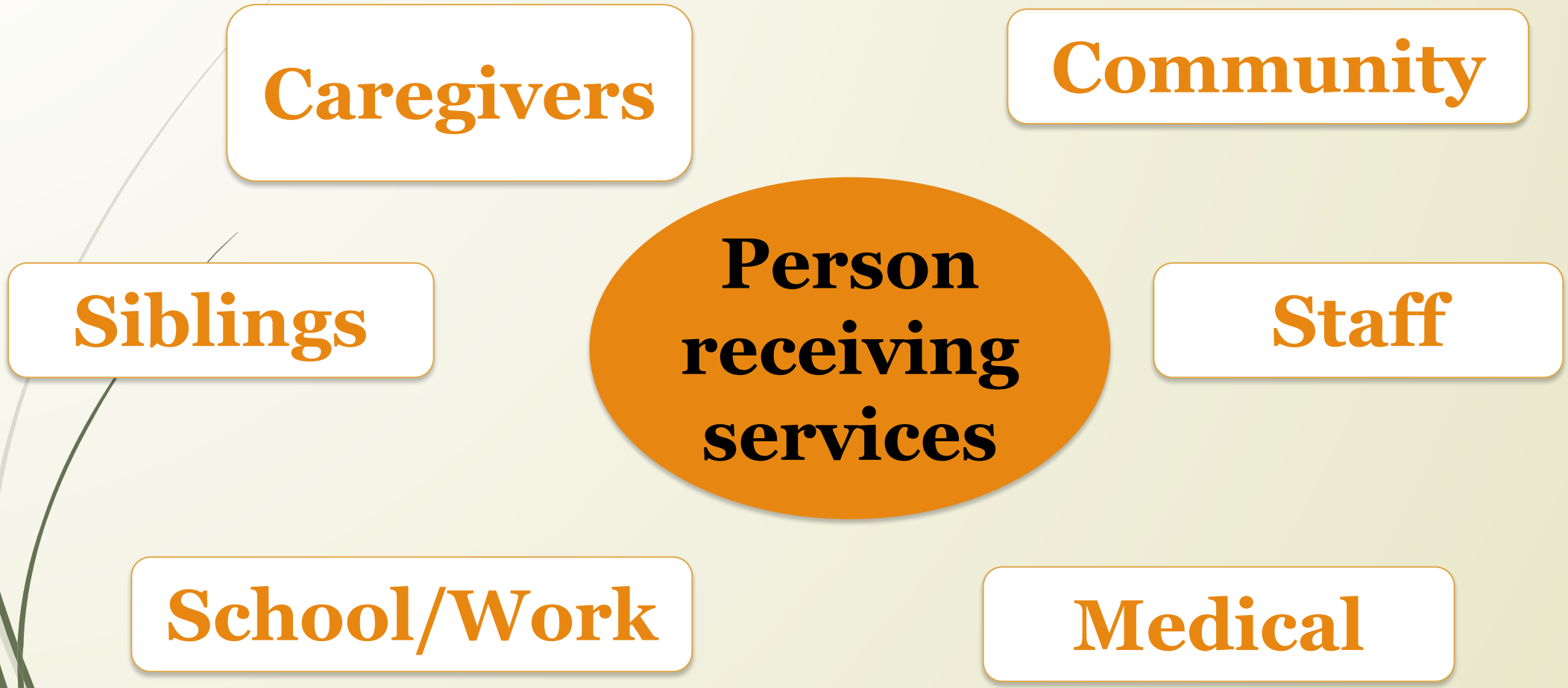
Parent gives tablet

C

Screaming stops

The parent's behavior may be reinforced too: the screaming stopped.

Think beyond the identified client



What might be happening behind the door?

What We See

- No data sheet
- Strategy not used
- Appointment missed
- Caregiver says, “It didn’t work.”

What we may not see

- Work demands
- Other children needing support
- Transportation or finances
- Sleep disruption
- Medical appointments
- Lack of respite
- Conflicting provider recommendations

The invisible work of caregiving

Appointments • medications • school • waiver services • transportation • paperwork • meals • hygiene • safety • behavior • finances • sleep • sibling needs • community access • employment • relationships

And then we arrive and ask, "Could you collect ABC data every time this happens?"

Activity: One More Thing

- Caregiver works full-time and has three children.
- Challenging behavior occurs most mornings.
- Caregiver reports poor sleep and multiple weekly appointments.
- Current plan includes daily ABC data, a visual schedule, token system, planned ignoring, and a detailed reinforcement schedule.
  - **Question: What would you simplify, prioritize, or change?**

Treatment integrity AND treatment feasibility

Treatment integrity

- Was the intervention implemented as designed?
- Are the critical components present?
- Do we know what was actually implemented?

Treatment feasibility

- Can this family realistically, do it?
- Does it fit their routines and resources?
- Can they sustain it over time?

An intervention cannot help much if it cannot survive Tuesday morning.

Connection before Correction

- Listen before teaching.
- Ask about successes—not only problems.
- Learn the family's priorities and routines.
- Ask what previous services felt helpful or unhelpful.
- Recognize the expertise the family already has.

Start with Strengths

“Before we get into what has been difficult, tell me something that has been going well.”

- **Individual strengths**
- **Caregiver strengths**
- **Family strengths**
- **Existing routines that already work**

Ask Better Questions

Instead of…

- **“Did you use the strategy?”**
- **“Why didn’t you do it?”**
- **“Can you be more consistent?”**

Try…

- **“How did it work at home?”**
- **“What got in the way?”**
- **“What would make this easier to use consistently?”**

The question that can change the plan

What would make life easier for your family?

- **Consultant priority**: Reduce verbal aggression.
- **Family priority:** “I want us to be able to eat dinner together.”

Behavior goals become more meaningful when connected to family quality of life.

Include siblings—without turning them into staff

Siblings may experience:

- Changed routines
- Worry or frustration
- Embarrassment
- Jealousy
- Protectiveness
- Extra responsibilities

Appropriate inclusion can mean

- Age-appropriate explanations
- Ways to communicate concerns
- Positive shared activities
- Understanding helpful responses
- Having their own needs acknowledged

Two kinds of expertise

Effective support requires both.

Behavior Consultant:

- Behavior analysis
- Assessment
- Intervention design
- Data and measurement
- Teaching strategies

Family

- Their child
- History
- Preferences
- Daily routines
- Culture and values
- What has already been tried

Evidence-based does not mean one-size-fits-all

- **Clinical effectiveness**: asks “Is the intervention actually working?”
- **Social validity:** asks whether what we're doing is important, acceptable, and meaningful to the people receiving the services.
- **Contextual fit:** designing a behavior support plan that matches the family's routines, resources, abilities, values, and everyday life.
- **Acceptability:** is the degree to which the individual and family view a behavior intervention as appropriate, reasonable, comfortable, and worth the effort required to use it.
- **Feasibility:** means whether an intervention is realistically possible for the individual, family, staff, or other caregivers to implement with the time, skills, resources, and support they actually have.
- **Sustainability:** means whether a behavior intervention can be continued successfully over time, after the initial support, training, or excitement has decreased.
- **Least intrusive effective options:** means choosing an intervention that effectively addresses the behavior while placing the fewest unnecessary restrictions, burdens, or disruptions on the person's rights, dignity, independence, and everyday life.

Compliance is not collaboration

Compliance Model

- “Here’s the plan.”
- Professional decides
- Family follows
- Failure = caregiver problem
- Fidelity above everything

Collaboration Model

- “Let’s develop the plan.”
- Shared decision-making
- Family participates
- Barriers are investigated
- Fidelity + feasibility

What if the family says no?

- The recommendation may conflict with their values.
- It may be too difficult or time-intensive.
- They may not understand the rationale.
- They may have tried something similar before.
- They may be worried about what happens next.
- They may have another priority.
- Trust may still be developing.

"No" can be the beginning of assessment—not the end of collaboration.

A four-question family check-in

1: What's going well?

2: What's been difficult?

3: Has anything changed?

4: What do you want help with today?

The “Could you actually do this?” test

Ask the caregiver:

“On a scale of 1–10, how realistic does this feel?”

If the answer is a 3, do not lecture them into an 8.

Find out what makes it a 3.

Reduce response effort.

Prioritize the critical component.

Change the plan when the context tells you to.

Give meaningful choices

Directive:

“You need to use this visual schedule”

Collaborative

- **“Here are three ways we could support the morning routine. Which one sounds most realistic?”**

Choice increases ownership—and often improves fit.

Reinforce Caregiver Too

"I noticed you waited and gave him time to answer. That worked really well."

"You handled that differently today. Did you notice how quickly she recovered?"

Make feedback specific to the caregiver behavior. Connect their behavior to the outcome they observed.

Make data family-friendly

Ask: “What is the easiest way for you to track this?”

- Tally marks
- Checkboxes
- Phone notes
- Duration timer
- Calendar
- Yes / No
- 1–5 rating
- Simple frequency counts

Teach-don’t just tell!

Caregiver training should look like teaching—not handing someone instructions

1	2	3	4
Explain	**Model**	**Practice**	Feedback

Celebrate progress families actually care about

Our data may say:

- Aggression decreased 42%
- Independent requests increased.
- Duration decreased across sessions

The Family may say:

- “We ate at a restaurant together.”
- “She stayed at her brother’s game.”
- “We made it through the grocery store.”

The life change is why the data matter.

Five things families need from us!

- Listen before teaching.
- Ask before assuming.
- Adapt instead of blaming.
- Recognize strengths.
- Make families partners.

What families Remember:

You listened.

You respected them.

You understood their child was more than a target behavior.

You treated them like a partner/team member

Final Reflection

What is one thing you will do differently with a family next week?

Take-Home Family partnership checklist

- Did I ask what matters to the family?
- Did I identify strengths before deficits?
- Does the plan fit the family's real routine?
- Did the caregiver have meaningful choices?
- Did I teach and model the strategy?
- Is data collection simple enough to sustain?
- Did I ask what got in the way?
- Can we connect behavior change to a better life?

Questions?

THANK YOU