

## TRAINING OVERVIEW

### TRAINING AND CLINICAL SUPERVISION: A MODEL OF APPLIED LEARNING

The training model used by the Parents Under Pressure program involves intensive training in the underlying theoretical background of PuP combined with clinical supervision that adds up to 30 hours. The initial 2 days provides an integrative model of parenting drawn from attachment theory and behavioural family therapy combined with contemporary approaches to affect regulation based on mindfulness approaches. Learning is consolidated by the process of clinical supervision which focuses on how to put the PUP program into practice.

The rationale for including clinical supervision is based on sound evidence.<sup>1</sup> It is routine practise for those in the field of psychology, social work, mental health and related disciplines to attend training workshop in order to extend their existing skill base or to learn new approaches. The problem with simply attending a workshop (which may span several days) is that this model of training does not help in translating new knowledge to practise within a clinical setting. As there is good evidence that skill transfer is a significant obstacle to developing new practise, the PuP training process ensures that each trainee is provided with both content knowledge and the opportunity to translate this knowledge with support and supervision from the PuP Trainer.

### TRAINING AND SUPERVISION SCHEDULE

The training and supervision program is 30 hours. It consists of 2 days of intensive training (14 hours). This is followed by 6 one hour weekly supervision sessions. A further one day intensive is conducted (7 hours) and the final 3 hours of supervision take place in the next 6 weeks.

### COSTING

The training and clinical supervision costs are \$3000 per therapist. If an agency is able to host the training (i.e. provide a venue, DVD player, power point) and there are at least 7 trainees one complimentary place is offered to the hosting agency. The cost of training to become an Accredited Supervisor is \$1000. Once an agency has an Accredited Supervisor then additional staff can be trained at a cost of \$1200 which requires attendance as the 2 day intensive, attendance at the 1 day follow up and completion of 3 case studies to the satisfaction of the PuP trainer. If a large training contract is being considered contact us to discuss price structure.

### ACCREDITATION

In order to become an Accredited PuP therapist each trainee is required to show competence in the PuP model by working with three families. These families can already be existing clients although we strongly recommend that at least one family is new to the service to allow for assessment skills to be consolidated. The PuP trainee completes three case studies demonstrating (i) an understanding of the PuP assessment process, (ii) how this assessment knowledge is used to set shared goals with the family and (iii) ways in which these goals can be achieved using the PuP program.

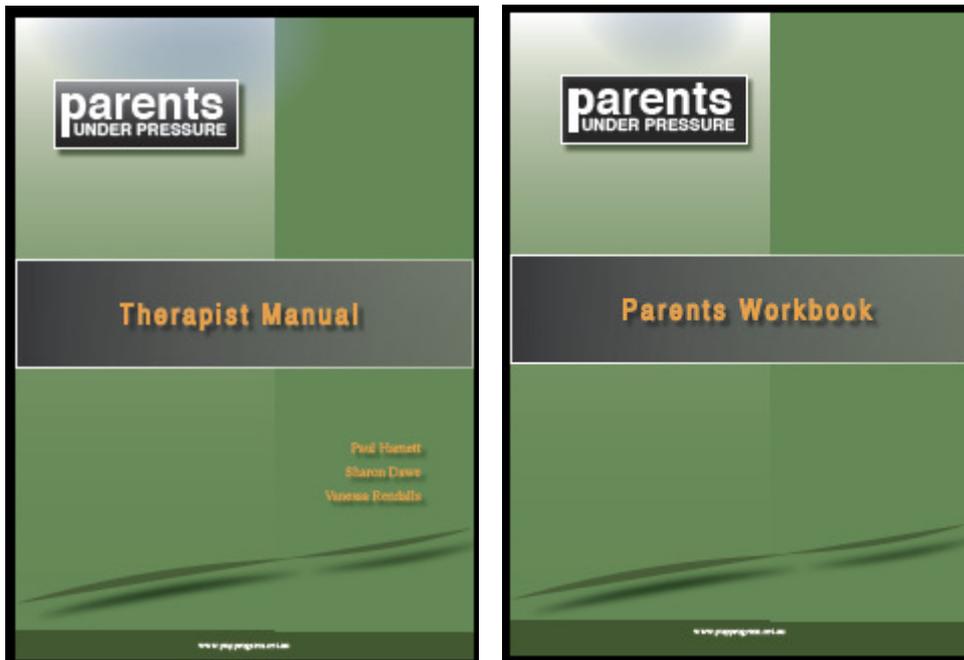
Expedited Accreditation for highly experienced clinical staff. If you are already trained in a parenting program, have a tertiary qualification in psychology, social work or similar and have been working with multiproblem families for many years it is possible to expedite the PuP accreditation process. Discuss this with your PuP trainer or Sharon Dawe. This is often an option for senior managers or team leaders who typically have smaller case loads.

## SUPERVISOR ACCREDITATION

In order to build in sustainability, the PuP program offers senior practitioners or team managers the opportunity to become an Accredited PuP Supervisor. This process takes place *following* accreditation as a PuP Therapist. Once an agency has an Accredited PuP Supervisor, staff can be trained by attending three days of training and undertaking their clinical supervision with their on site PuP Supervisor and complete 3 case studies to the satisfaction of the PuP Trainer.

## PuP RESOURCES

A Therapist Manual and Parent Workbook (PWB) provide the backbone to the PuP program. The PWB is intended to be given to each participating parent and is used to identify treatment goals. Each module contains specific topics or exercises that help the Therapist and Parent develop a conversation and structure goals. There are several exercises and excerpts from the Parents Work Book on the final pages of this overview.



## DELIVERY OF THE PuP PROGRAM

The PuP program provides a buffet of options for the therapist and parent to choose from. There is no set order to complete the Parent Workbook and the areas that the parent chooses to work on will be guided by the assessment process. Identifying shared, mutual goals is the key to the establishment of a strong therapeutic relationship. Good therapy cannot take place without this so a large focus on process issues occurs during clinical supervision.

The program is flexible. If a parent is not comfortable with workbooks then either delay the introduction of the workbook or alternatively, use the exercises without the workbook.

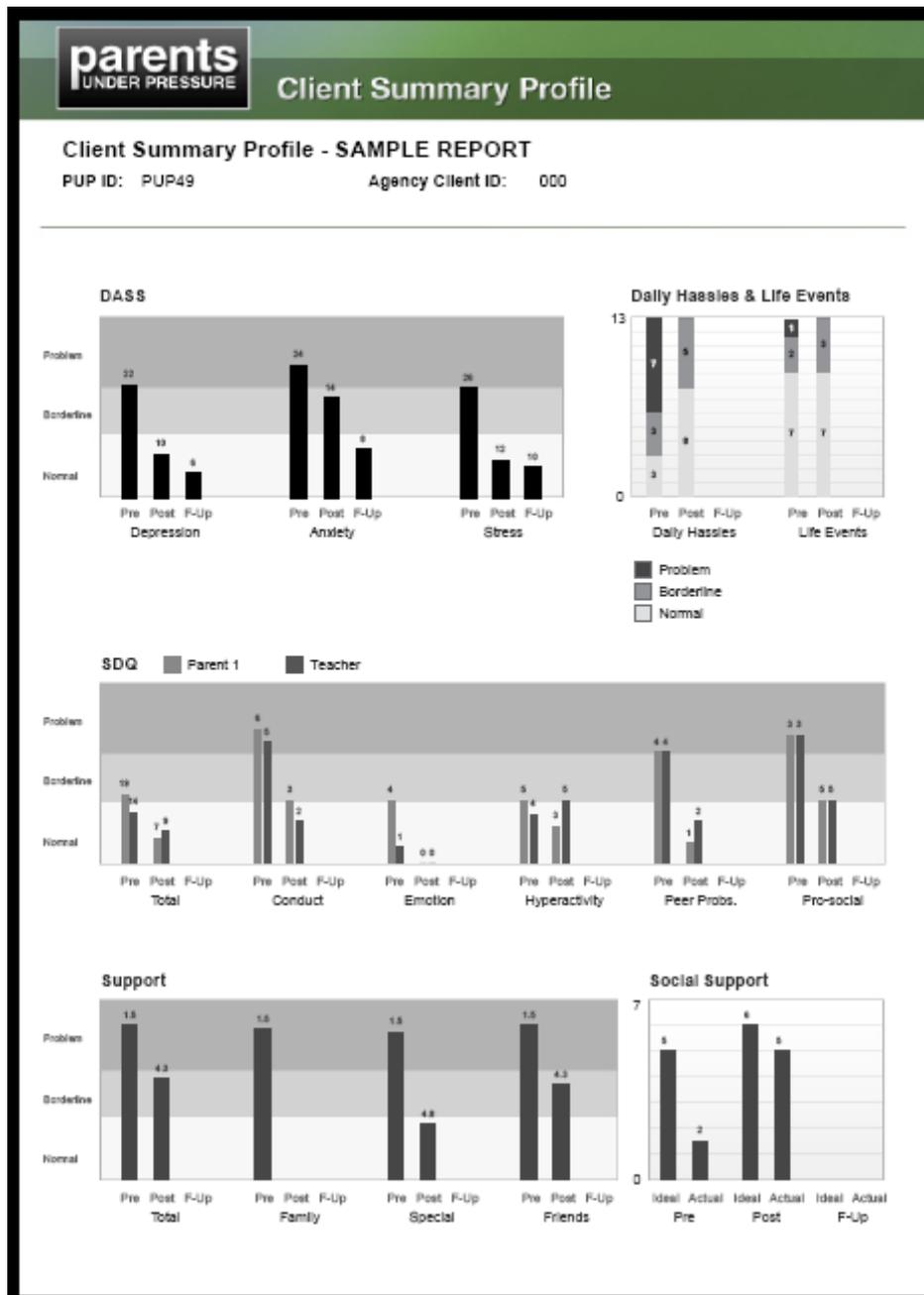
The PuP program is intended to be delivered to families in their home or in a clinical setting. Each family is worked with individually. If there are two parents or more than two carers, e.g., grandparents, then we advise working with the family as a team.

The PuP GROUP program is intended to compliment the individual case work and is best seen as an additional resource for parents who may benefit from attending a group. The PuP GROUP has been run agencies such as a drug and alcohol residential treatment service and in a community based organization that provides treatment for high risk families.

### THE PARENTS UNDER PRESSURE DATA BASE

The PuP program is supported by a purpose built data base. This data base allows therapists and those in training to enter scores from their assessments, to have these assessments computer scored and for an automatic feedback report to be generated to aid in interpretation of the scores and help with shaping treatment.

The data base has a 128bit SSL Security Certificate in place which ensures that encryption occurs between the user and the data base as an added security measure. No identifying biographical details of families are entered onto the data base. The purpose is to score measures and aid in treatment planning. The data base generates an automatic report that can be saved as a pdf file and later incorporated into reports. It is also possible to set up an agency to allow for the ongoing monitoring of clinical work by downloading this client data into an excel spreadsheet. This provides an ongoing mechanism for evaluation.



### Gentle songs for little babies

Did you know that every culture has a tradition of singing lullabies to babies! Your voice is one of the most important signals of safety for your baby.

Do you know any lullabies? Can you borrow a DVD from your library or even look on YOUTUBE for some sweet songs. Sing them when there is no else around but you and your baby..... She will not judge your singing.

### Fun songs for slightly older babies & toddlers

How come children NEVER grow tired of this song!

*Round and round the garden like a teddy bear  
One step  
Two step  
Tickly under there!*

Do you know this song??? It is one of our favourites.

*Galoomp went the little green frog one day,  
Galoomp went the little green frog,  
Galoomp went the little green frog one day,  
And his eyes went gloomp, gloomp, gloomp*

*But:*

*We all know frogs go  
Lah dee dah dee dah,  
Lah dee dah dee dah,  
Lah dee dah dee dah,  
We all know frogs go  
Lah dee dah dee dah,*

*They don't go gloomp, gloomp,gloomp\*.*

\*galoomp involves putting your hands up near your face and kind of opening them almost as if they were frog eyes! Try it with a little child... it is a WINNER

## HAVING FUN WITH YOUR CHILD – PLAYING TOGETHER

Playing with your child helps to build a strong relationship. It shows your child that you like the person that they are and can have fun with them. This makes them feel loved and confident because they have your support.

### What is child-centred play?

What it is:-

- Being able to let your child take the lead. For example, letting your child choose the game, not setting or enforcing rules
- Encouraging your children to use their imagination. For example, this may mean showing approval and laughing when your child pretends a cow is able to fly.
- Rather than saying "cows can't fly" say "wow, your cow is a flying cow"!
- Finding things to praise (and be specific about what you are praising, e.g., "You are clever being able to build the blocks so high without them falling")
- Tolerating and ignoring minor misbehaviour and annoying or silly behaviour (when it is normal for the child's age)

What it ISN'T:-

- Teaching
- Criticising what your child is doing, even if what they are doing seems a bit strange to you. For example, if you were making a farm and your child put a cow on top of the cow shed, don't correct them and put the cow in the paddock. Your child may have an active imagination (let them use it) and in their game the cow might be a special cow that can fly. By taking the cow off the roof you may make them feel that they have done something wrong.
- Being sarcastic

### How to do mindful child-centred play

Mindful play is about being focused on the child with the aim of emotionally connecting with the child. This means refocusing from distracting thoughts and letting go of negative emotions such as boredom or frustration as they occur.

Mindful child-centred play is a combination of the three things described on the following page:-

Enquiries about training can be directed to either Sharon Dawe ([s.dawe@griffith.edu.au](mailto:s.dawe@griffith.edu.au)), Paul Harnett ([p.harnett@psy.uq.edu.au](mailto:p.harnett@psy.uq.edu.au)) or via the PuP website [www.pupprogram.net.au](http://www.pupprogram.net.au).

<sup>1</sup>O'Donovan, A. & Dawe, S. (2002) Evaluating training effectiveness in psychotherapy: Lessons for the AOD field. *Drug and Alcohol Review*. 21, 239 – 245