



# **adolescent mental health**

## **Parenting to Wellness**

# **Hybrid Implementation Facilitation Manual**



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# Overview







## Web-Based Thrive Universal Parenting Programs

The Thrive Initiative, which is a collaboration between the Department of Defense’s Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (DoD MC&FP) and the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse), is a portfolio of evidence-informed parenting programs that are designed to empower parents (and caregivers) as they nurture children from the prenatal period through 18 years of age.

There are four developmentally age-appropriate core, universal parenting programs within the Thrive Initiative—Take Root, Sprout, Grow, and Branch Out—that are available in a web-based format at no cost to military and civilian parents. Each of the Thrive Initiative parenting programs convey knowledge, skills, and strategies within three overarching learning domains: positive parenting practices, stress management, and child physical-health promotion.

Parents and caregivers can register and complete a Thrive program by visiting the Thrive website at <https://thrive.psu.edu>. Anyone who requires assistance can contact the Clearinghouse Thrive Team at [thrive@psu.edu](mailto:thrive@psu.edu) or call the Clearinghouse Technical Assistance Team at 1-877-382-9185.

Thrive Initiative Program Areas			
Universal Parenting Programs			
Take Root	Sprout	Grow	Branch Out
Infants (0 to 6 months)	Preschool (3 to 5 years)	Grades K–5 (5 to 10 years)	Grades 6–12 (10 to 18 years)
Infants (6 to 12 months)			
Infants & Toddlers (1 to 3 years)			



### Thrive Initiative Universal Supplemental Parent-Education Modules

The Thrive Initiative's supplemental parent-education modules explore a variety of topics and offer families opportunities to build on information and strategies they have learned in any of the Thrive Initiative's four core, universal parenting programs. The supplemental modules are available in a web-based format at no cost to military and civilian parents, and each module takes approximately 2 hours to complete. Participating in an age-appropriate universal parenting program before engaging with any of the supplemental modules may help parents attain the most benefits as they work to reach the goals they set for their families.

As a professional, you can incorporate supplemental modules into your educational outreach for military or civilian families by using this manual. The manual should be used as a guide as you engage with families in the hybrid implementation of a supplemental module. This implementation can involve group-based, synchronous facilitation (i.e., face-to-face or virtual) while parents complete a supplemental module online. A description follows that explains how a supplemental module can be offered to participants in a hybrid implementation format.

Regardless of the type of delivery selected, facilitators must receive training, as outlined in this facilitation manual, prior to hybrid implementation.

#### Delivery Type 1: Supplemental Extension

If you are offering group-based, hybrid implementation of one of the Thrive Initiative's core, universal parenting programs, a supplemental module can be added as an extension to the existing virtual or face-to-face sessions. Just add two additional meeting times.

#### Delivery Type 2: Supplemental Stand Alone

You may have previously offered one or more of the Thrive Initiative's core, universal parenting programs to various groups. If so, you can recruit participants who have completed any of the four core, universal parenting programs to become part of a new group. These participants may have completed one or more universal parenting programs as a member of a hybrid implementation group(s), or they may have completed programming online independently. As a result of your recruitment efforts, a new group will be formed to complete the supplemental module online. This group will meet three times, face-to-face or virtually, to discuss the supplemental module's content.





## Purpose of the Adolescent Mental Health: Parenting to Wellness Hybrid Implementation Facilitation Manual

This facilitation manual offers professionals guidance regarding how to coordinate and deliver the **Adolescent Mental Health: Parenting to Wellness** supplemental module in a hybrid implementation format. Specifically, this manual will provide the facilitator with implementation instruction for group-based—face-to-face or virtual—synchronous interactions while parents complete the supplemental module online asynchronously.

The **Adolescent Mental Health: Parenting to Wellness** supplemental module includes an introduction, three parts, and a wrap-up. The supplemental module can be accessed by parents on the Thrive Initiative's website: <https://thrive.psu.edu/modules/supplemental/>.

## Objectives of the Adolescent Mental Health: Parenting to Wellness Hybrid Implementation Facilitation Manual

- Outline the components of the **Adolescent Mental Health: Parenting to Wellness** supplemental module.
- Provide guidance to professionals as they implement face-to-face or virtual group meetings with parents as the parents complete the supplemental module.
- Offer templates that can be used as or part of recruitment tools, parent workbooks, scheduling examples, and preprinted resources.



# Training







## Hybrid Facilitation Training



The Thrive Initiative provides general facilitation training to prepare you, the facilitator, for hybrid implementation of a supplemental module.

- \_\_\_\_\_ If you have previously delivered a Thrive Initiative universal program or supplemental module in a hybrid implementation format, you likely completed the recommended *Hybrid Facilitation Training*. Please proceed to the next section in this facilitation manual titled ***Supplemental Module Training***.
- \_\_\_\_\_ If you are a new facilitator who has not facilitated a core, universal Thrive Initiative parenting program, you will need to complete the Hybrid Facilitation Training in order to offer a supplemental parent-education module in a hybrid format to parents and caregivers who have previously participated in a core, universal Thrive Initiative parenting program.

If you have not already done so, please complete the online *Hybrid Facilitation Training* to learn about the following aspects of quality facilitation:

- Fidelity;
- Program reach;
- Participant responsiveness;
- Logistics, dosage, and content adherence;
- Delivery quality; and
- Facilitation skills to assist during challenging situations encountered with parents.

To register for the *Hybrid Facilitation Training*, visit the Thrive Initiative's Facilitator Portal at <https://thrivefacilitator.lms.militaryfamilies.psu.edu>

Enter (or create) a user name and password to log in. Under "Thrive Facilitator Training," you will see a row titled "Hybrid Implementation Facilitation Training." Click on it, and select "Hybrid Facilitation Training" to access the course.

The *Hybrid Facilitation Training* takes approximately 2 hours to complete. You can complete this course at your own pace. It does not need to be completed all at once. You can take breaks as the online management system will recognize where you are in the completion process upon your return to the course.



### Supplemental-Module Training

The next step in this training is to complete each web-based supplemental module that you wish to facilitate in a hybrid implementation format. This manual will guide you as you complete the web-based **Adolescent Mental Health: Parenting to Wellness** supplemental module and will help prepare you to implement the supplemental module to a group of program participants using a hybrid approach.

When you are logged in to the Thrive Facilitator Portal, you are automatically enrolled in and have access to the Thrive Initiative's web-based universal parenting programs and supplemental parent-education modules. Click on the **Adolescent Mental Health: Parenting to Wellness** supplemental module, and select "Go to course" to begin. As you complete the supplemental module, download the tools and resources provided. You can use these resources to learn more about a topic and to support your discussions during your face-to-face or virtual meetings with the group of participants you enroll in hybrid implementation of the supplemental module.

### Use of the Hybrid Implementation Facilitation Manual

After you complete the online *Hybrid Facilitation Training* and the online **Adolescent Mental Health: Parenting to Wellness** supplemental module, continue to use this facilitation manual as your guide to prepare for hybrid implementation of the supplemental module to a group of program participants.



***Do not move forward until you have completed the Hybrid Facilitation Training and the Adolescent Mental Health: Parenting to Wellness supplemental module.***

# Planning









## Roles of Facilitator(s)

In the *Hybrid Facilitation Training*, you learned about two roles that a facilitator may fulfill—the coordinating facilitator and the delivery facilitator. These roles may be fulfilled by two separate individuals, or you may perform both roles.

If an individual is the designated **coordinating facilitator**, this individual will likely support the following aspects of coordination for hybrid implementation of the supplemental module:

- Participant recruitment;
- Participant registration;
- Participant attendance tracking; and,
- General preparation for delivery of the face-to-face or virtual group meetings that will discuss the supplemental module, such as scheduling meeting times, conducting marketing efforts, setting up a meeting space (e.g., reserving a location, scheduling a teleconferencing platform like Zoom), preparing or purchasing supplies, providing technical assistance on the day of meetings, and offering general support for the delivery facilitator.

If an individual is the designated **delivery facilitator**, this individual will likely do the following:

- Prepare for each meeting according to this facilitation manual, which is specific to the **Adolescent Mental Health: Parenting to Wellness** supplemental module.
- Facilitate the discussion at each hybrid implementation meeting.

## Initial Preparation

### Format

Determine if you will be offering face-to-face meetings, virtual meetings, or a combination of the two. When group-based hybrid programming is offered for supplemental modules in any format, the participant groups are intended to include 10 – 12 families. Depending on your organization's specifics and limitations, unique factors may influence your planning (e.g., limits on a face-to-face group size due to space restrictions). This facilitation manual provides a framework for small, multi-family group meetings. Remain flexible so you can focus on serving your families in the best way possible.

### Location

- If you are offering face-to-face meetings in a group format, you will need to find a meeting space that can accommodate a group comfortably (e.g., ample tables and chairs; a safe, accessible location).



- If you are offering virtual meetings, choose a virtual or video conferencing platform (e.g., Microsoft Teams) that does not require paid access for your families and offers adequate privacy protection. Ensure that the individual(s) who assume the role(s) of coordinating facilitator and delivery facilitator have ample training on utilizing the platform and/or they understand how to access technical support.

## Recruitment and Advertising for Hybrid Implementation

### Recruitment and Advertising Strategies

For hybrid implementation of the *Adolescent Mental Health: Parenting to Wellness* supplemental module, recruit parents who have children between the ages of birth to 18 years. Recruitment will vary depending on the way you plan to offer hybrid programming. Consider the following delivery types:

#### Delivery Type 1: Supplemental Extension

If group-based, hybrid implementation of the supplemental module is being added as an extension of existing virtual or face-to-face sessions of one of the Thrive Initiative core, universal parenting programs, you will form your group at the time you recruit participants for that identified universal parenting program. Follow the recruitment guidance in the *Hybrid Implementation Facilitation Manual* for the selected core, universal parenting program, and proceed to [page 29](#) of this facilitation manual to learn how to add two additional meeting sessions for this supplemental parent-education module.

#### Delivery Type 2: Supplemental Stand Alone

If you previously offered one, or more, of the Thrive Initiative's core, universal parenting programs to various groups, your recruitment efforts for facilitating this supplemental parent- education module will result in a new group being formed. Participants of this group will complete the web-based supplemental module independently and engage with you, the facilitator, as a group in three face-to-face or virtual meetings. The meetings will involve interactive discussions of the supplemental module's content. To recruit participants, use the contact information you have collected from previous program participants to market the parent-education module and create the new group. Consider creating a flyer and disseminating it and other invitational messaging via email, paper mail, or social media. You may also extend your marketing to families who have independently completed one or more of the Thrive Initiative's universal parenting programs.

In addition, you could consider mass marketing strategies like advertising in child care centers, local schools, youth centers, gyms, shopping centers, grocery stores, family centers, community centers, websites, social media pages, local newspapers, and organizational newsletters.



Before you start recruiting and advertising, confirm how the group will meet (i.e., virtually or face-to-face), and secure the dates and the times you will be meeting. When recruiting and advertising, share how the group will meet and the location (if meeting in person); explain some basic information about the dates, times, structure, and time commitment; and list a Point of Contact (POC) for questions. Other information that you may want to consider adding could include whether child care will be provided, whether snacks or refreshments will be available, or whether there is a registration requirement (e.g., must have previously participated/completed a Thrive core, universal parenting program).

## Registration

A participating parent should have completed (or more) of the Thrive Initiative age-graded core, universal parenting programs (i.e., Take Root, Sprout, Grow, or Branch Out) prior to engaging in any of the Thrive Initiative supplemental modules. Therefore, the participants you recruit will have already created a Thrive account prior to your first hybrid implementation meeting for the supplemental module, and they will understand the expectations of hybrid implementation. Upon registration, ensure parents have already participated in a Thrive core, universal program.



*Note: Participants who participate in a Thrive Initiative core, universal program receive a Certificate of Completion upon finishing the program.*

To help with any organizational paperwork that may need to be completed as you recruit and register participants, the Thrive Initiative has created a template for tracking participant recruitment. See *Appendix B*.

## Attendance

During hybrid implementation meetings for the supplemental module, you are encouraged to take attendance in accordance with your organization's policies.

## Program Preparation

### Prepare and Disseminate Meeting Information

Whether your hybrid implementation is face-to-face or virtual, you will need to provide your participants with the following:

- The Parent Welcome Letter for the **Adolescent Mental Health: Parenting to Wellness** supplemental module.



*Note: There is a Parent Workbook and Syllabus for each delivery type (i.e., Supplemental Extension or Supplemental Stand Alone). Please be sure to access, download, and share the appropriate Parent Workbook and Syllabus with your participants.*



This workbook provides detailed information on how to access the supplemental module on the Thrive Initiative website and specific information about the dates, times, location, topics, and homework for each meeting.

Prior to hosting the first session of your hybrid implementation meetings, prepare and disseminate a welcome letter to the registered participants. Include information such as the name and contact information of the facilitator(s), the dates and times of the meetings, and the meeting location (i.e., physical address or web link). See *Appendix C: Parent Welcome Letter template*.

In addition, list the specifics of your implementation, such as the dates and times of each meeting and homework due dates, in the *Parent Workbook and Syllabus*. After the file has been personalized with your delivery information, decide whether you will print and mail copies or share the file electronically with participants. Ensure all participants receive a copy of the *Parent Workbook and Syllabus* upon registration or before the first meeting.

### Check Your Supplies

Hybrid implementation of the supplemental module in a **face-to-face format** will require the following:

- Computers for participants to sign in to the Thrive Initiative website and to use to complete the supplemental module,
- Internet access for participants and the facilitator(s),
- A physical meeting space with tables and chairs,
- A flip chart or whiteboard/blackboard with markers or chalk, and
- Pencils/pens for participants.

Hybrid implementation of the supplemental module in a **virtual format** will require the following:

- Computers for participants to sign in to the Thrive Initiative website and to use to complete the supplemental module;
- Internet access for participants and the facilitator(s) for the online meetings; and
- Access for participants and the facilitator(s) to a virtual or video-conferencing platform that includes shared workspaces such as screen sharing or a whiteboard feature.



*Note: For virtual hybrid implementation, the facilitator or designated support person should have a telephone available and should have provided the telephone number to participants prior to the meetings in case they encounter technical difficulties in joining the virtual platform.*

# Implementation







## Overview of Hybrid Implementation of the Supplemental Module

During the hybrid implementation of a supplemental module, parents independently complete portions of a supplemental module online, and, then, they meet with you (or the delivery facilitator) either virtually or face-to-face to discuss the content and further their knowledge gains and skill acquisition.

### Online Supplemental Module – Adolescent Mental Health: Parenting to Wellness

The ***Adolescent Mental Health: Parenting to Wellness*** supplemental module includes an introduction, three parts, and a wrap-up. The supplemental module can be accessed on the Thrive Initiative website at <https://thrive.psu.edu/modules/supplemental/>.

- **Below is a brief summary of the supplemental module content:**

- **Welcome and Introduction**

This session includes information on understanding adolescent mental health and what resources are available to help you navigate this journey with your child.

- **Part 1: Psychoeducation**

This session includes topics such as acknowledging this age creates stress for parents and caregivers and determining what is normal mental health behavior versus abnormal mental health behavior.

- **Part 2: Parents' Role in Helping Child Return to Wellness**

This session includes topics such as how you, as the parent or caregiver, can respond to and assist your child in their mental health journey.

- **Part 3: Parental Self-Care**

This session includes topics such as how you, as the parent or caregiver, can better care for yourself in order to better care for your child.

- **Wrap-Up**

This session includes information on how to progress through the adolescent years and a wrap-up of the module.

### Supplemental Module Meetings

Interactions with parents related to the supplemental module can be completed in two or three group-based meetings, depending on the delivery type (i.e., in person, virtually, or a combination of the two).

In this facilitation manual, the schedule of events, potential discussion questions, and activity prompts are provided for the two types of groups that can be formed for hybrid implementation meetings.



### Overview of the Types of Hybrid Implementation for Supplemental Module Meetings

An outline follows that discusses the two hybrid supplemental module implementation delivery types covered in this facilitation manual.



*Please note, the agenda and delivery instructions for each type of implementation are color-coded in this facilitation manual. Delivery Type 1 is color-coded as **green**.*

#### Delivery Type 1: Supplemental Extension

After the hybrid implementation of one of the Thrive Initiative core, universal parenting programs has occurred, a supplemental module can be added as an extension of the existing virtual or face-to-face sessions of that universal parenting program by adding two additional meeting times.

- In this delivery type, the facilitator introduces the supplemental module meeting content during the final session of hybrid implementation of the offered core, universal parenting program. Allow approximately 20 additional minutes to explain the supplemental module and provide instructions on how to access the module. At this time, assign participants homework that includes the *Welcome and Introduction* and *Part 1* of the Adolescent Mental Health supplemental module.
- Supplemental Module Meeting 1: Discuss the *Welcome and Introduction* and *Part 1* (45- to 60-minute meeting). Assign *Parts 2* and *3* and the *Wrap-Up* as homework.
- Supplemental Module Meeting 2: Discuss *Parts 2* and *3* and the *Wrap-Up* and *Resource Sharing* (60-minute meeting).



*Please note, the agenda and delivery instructions for each type of implementation are color-coded in this facilitation manual. Delivery Type 2 is color-coded as **purple**.*

#### Delivery Type 2: Supplemental Stand Alone

This delivery type encompasses the formation of a new group of families that consists of individuals who previously participated in a Thrive Initiative core, universal parenting program. These participants may have completed one or more universal parenting programs as a member of a hybrid implementation group(s), or they may have completed programming online independently. As a result of your recruitment efforts, a new group will be formed to complete the supplemental module online. This group will meet three times, face-to-face or virtually, to discuss the supplemental module's content.





- Participants are recruited based on their completion of any of the Thrive Initiative core, universal parenting programs (i.e., group-based or independent completion). *Note: Participants who participate in a Thrive Initiative core, universal program receive a Certificate of Completion upon finishing the program.*
- Intake Meeting: Overview of the Supplemental Module (45- to 60-minute meeting). Assign participants the *Welcome and Introduction* and *Part 1* as homework.
- Supplemental Module Meeting 1: Discuss the *Welcome and Introduction* and *Part 1* (45- to 60-minute meeting). Assign *Parts 2* and *3* and the *Wrap-Up* as homework.
- Supplemental Module Meeting 2: Discuss *Parts 2* and *3* and the *Wrap-Up* and Resource Sharing (60-minute meeting).



# Meeting Agenda



## Facilitator's Meeting Guide

The next section of the facilitation manual will guide you through the meeting agendas, so you can engage participants in processing and practicing skills from each of the sessions of the online supplemental module. Before each meeting, read the appropriate meeting agenda thoroughly, and prepare to use the prompts to lead discussions.





There are two parts for this section. You only need to review the part that reflects the hybrid implementation delivery type you have selected.

### **Delivery Type 1: Supplemental Extension**



[Content begins on page 29](#)

This is an extension of a hybrid implementation of one of the Thrive Initiative core, universal parenting programs that should be delivered to an existing group.

### **Delivery Type 2: Supplemental Stand Alone**



[Content begins on page 57](#)

This encompasses the formation of a new group of families that consists of individuals who have participated in a Thrive Initiative core, universal parenting program.



# **Delivery Type 1: Supplemental Extension**



**This is an extension of a hybrid implementation of one of the Thrive Initiative core, universal parenting programs that should be delivered to an existing group.**





# Introduction



## Delivery Type 1: Supplemental Extension

The following instructions are only relevant to *the Supplemental Extension* of hybrid implementation of the supplemental module. Because your group is currently formed and already participating in active sessions, you will need less time to explain the meeting process or engage in participant introductions. Include the following steps in your final session of the hybrid implementation of the universal parenting program you are offering. Allow 20 additional minutes for these steps to be covered.

### **Introduction** (20 minutes) **Homework**

## **Overview: Introduction Meeting**

*(20 minutes added to last universal program session)*

**Step 1: Provide Overview of the Supplemental Module**

**Step 2: Review Syllabus**

**Step 3: Share Expectations**

**Step 4: Registration and Check for Online Content Access**

**Step 5: Assign Homework**





### Step 1: Provide an Overview of the Supplemental Module

(10 minutes)

Discuss the following topics with your participants:

- \_\_\_\_\_ **Adolescent Mental Health: Parenting to Wellness** is an online supplemental module for parents (and caregivers) of adolescents who experience mental health challenges. This supplemental module focuses on addressing specific concerns parents may have regarding an adolescent who is facing mental health challenges.
- \_\_\_\_\_ Mental health conditions can have an inherited predisposition, such as Bipolar disorder; can be neurodevelopmental, like Attention-Deficit/Hyperactivity Disorder; or can emerge in response to life stressors, like depression or trauma-related disorders. Assessment and treatment of Mental health conditions can provide adolescents and their families with information to help them understand and manage symptoms through the use of specific strategies and coping skills that can help individuals strive for their most meaningful life. This module intends to teach parents and other caregivers about the most common adolescent mental health disorders that are seen in adolescence, so they can best support their children.
- \_\_\_\_\_ During the online supplemental module sessions and throughout the hybrid implementation meetings, information and parenting strategies that parents can use and adapt, as necessary, to fit their individual circumstances and family needs will be disseminated. The supplemental module content is designed to help parents build on their existing skills and strategies, so they can effectively parent adolescents who have mental health challenges.
- \_\_\_\_\_ Some of the content that is read and practiced in the supplemental module and discussed in the hybrid implementation meetings might be familiar to the parents, and they may already know about and use the disseminated information.
- \_\_\_\_\_ Therefore, they may use the meeting time as an opportunity to realize, appreciate, and share what already works for them, their child, and their family.
- \_\_\_\_\_ **Adolescent Mental Health: Parenting to Wellness** is an online supplemental module for parents and caregivers of adolescents. It includes an introduction, three parts, and a wrap-up.



**After participating in the online supplemental module sessions and the hybrid implementation meetings, parents and caregivers should be able to do the following:**

- Distinguish between typical and non-typical changes in adolescents.
- Identify the most common mental health disorders among adolescents and teens.
- Differentiate between and identify various types of providers and therapies.
- Recognize warning signs of risky or unsafe behaviors, including suicidal ideation, self-harm, and substance misuse.
- Assess how to respond to signs that your teen is in distress by making and following an established safety and coping plan.
- Explain the importance of parental self-care and what this might look like for you.
- Recognize the impact of your emotions in the interactions you have with your child.
- Identify skills for modeling healthy emotion-regulation strategies.

### **Step 2: Review the Syllabus** (5 minutes)

Provide copies or screen share a copy of the Parent Workbook and Syllabus for the **Adolescent Mental Health: Parenting to Wellness** supplemental module. Review the Summary of Training, and highlight the section where the participants can find pertinent information.

### **Step 3: Set Expectations** (2 minutes)

Set realistic expectations with your participants. Let them know they will be asked to independently complete the online supplemental module and come to meetings ready for discussion. Because the participants will be independently completing the module sessions, you must ensure your participants complete the supplemental module in its entirety. By completing the module, participants will gain valuable knowledge from the content and interaction activities.



*In the two following meetings, you will use content, covered in the supplemental module, to facilitate interaction that provides participants opportunities for community building, reflection, and discussion with you and other participants who are trying to successfully navigate parenting.*



### Step 4: [If needed] Registration and Check for Online Content Access (2 minutes)

Explain how participants can access the supplemental module online. Offer support to help with any technological questions. All participants will have previously set up a Thrive account, but you need to ensure they can log in and find the information they need to get started or progress in the supplemental module.

### Step 5: Assign Homework (1 minute)

Ask participants to complete the following module sessions from the **Adolescent Mental Health: Parenting to Wellness** supplemental module in advance of the second meeting:

- Welcome and Introduction
- Part 1: Psychoeducation

If possible, show the pages in the Parent Workbook and Syllabus for the **Adolescent Mental Health: Parenting to Wellness** supplemental module. Encourage your participants to complete all of the exercises and discussion questions for the assignments **prior to each of the meetings**.

Supplemental Module Meeting 1 should be scheduled **at least 1 week** after the *Wrap-Up* and *Resource Sharing* meeting from the Thrive Initiative core, universal parenting program hybrid implementation has been completed. Using this timing allows your participants 1 week to complete the supplemental module content for the *Welcome and Introduction*, and *Part 1 (Psychoeducation)* and gives them time to practice some of the strategies they have learned.



# Meeting 1



## Discussion of Module's Welcome and Introduction and Part 1

**Meeting** (60 minutes)  
**Homework**

### Overview of Meeting 1

**Step 1: Provide Reintroduction**

**Step 2: Restate the Ground Rules**

**Step 3: Start Discussion**

**Step 4: Assign Homework**

**Step 5: Adjourn**







### **Step 1: Allow Families an Opportunity to Reintroduce Themselves** (3 minutes)

Lead a quick, fun, or positive icebreaker for additional community building. Revisit the list from the Intake Meeting section of the Thrive Initiative core, universal parenting program Hybrid Implementation Manual (i.e., Take Root, Sprout, Grow, Branch Out) that was implemented, and incorporate a new icebreaker that was not used during those meetings.

### **Step 2: Restate the Ground Rules** (2 minutes)

Review the ground rules previously brainstormed, and ask if any new rules need to be added.

### **Step 3: Start Discussion** (55 minutes)

During Supplemental Module Meeting 1, discuss the following questions as a group.

### **Welcome and Introduction** (10 minutes)

**Provide an overview of the supplemental module using the following points that are taught in the supplemental module:**

- Having good mental health is as important as having good physical health.
- Mental health problems impact millions of children every year in the United States.
- At least 1 in 6 students (and as high as 1 in 3 students) in kindergarten through 12th grade show signs of struggling with a mental health problem, such as depression, anxiety, or a behavioral disorder.
- Teenagers are prone to mental health challenges, yet they possess great capacity for growth and resilience because their cognitive abilities and adaptive coping skills are still evolving.



**Ask the following questions of all of the participants to generate discussion:**

- \_\_\_\_\_ What developmental changes (i.e., physical, cognitive, emotional) have you observed in your adolescent?
- \_\_\_\_\_ How has your adolescent adjusted to these changes? That is, have you noticed them using any coping skills or strategies to deal with their developmental changes?
- \_\_\_\_\_ How have you adjusted to the changes you have seen (or are now observing) in your adolescent? (Example from the participant handbook: Do you long for the child your adolescent once was, or are you embracing the new relationship you are developing with your adolescent or teen?)



**Ask the following question, and solicit answers from a few participants to generate discussion:**

- \_\_\_\_\_ What is one goal you hope to achieve by completing this supplemental module?

## Part 1: Psychoeducation

### The Three Ds: Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Everyone struggles at times and may exhibit difficult and, even strange, behaviors.
- Parents can use the Three Ds—duration, distress, and dysfunction—to help them determine whether a behavior is normal, or if the behavior may indicate that something more serious needs to be addressed.
- In the module, you were asked to consider a behavior your child has displayed recently that may be of concern to you and to use the Three D's to help you understand if the behavior is typical or determine if further examination or intervention is required.



**Generate discussion among participants using the following questions:**

\_\_\_\_\_ Was this exercise helpful for you?

\_\_\_\_\_ Are there any behaviors that your adolescent or teen have displayed that concern you?

### **Problems Associated with Mental Health (Depression): Interaction and Discussion Questions** (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Many people struggle with mental health concerns, particularly during adolescence and early adulthood, and these difficulties can look different from person to person even within families.
- By familiarizing yourself with the signs and symptoms of different mental health concerns that are common in adolescence, you may be better able to determine when to seek help.
- Depression represents a change in mood and outlook from what is considered by the mental health field to be normal. Depression can impact anyone at any age, but the likelihood of experiencing a depressive episode is highest during puberty.
- Signs of depression in adolescents can include rapid mood changes (e.g., crying spells, lashing out), insomnia or sleeping too much, or losing interest in activities they used to enjoy.



**Generate discussion among participants using the following questions:**

The module discussed typical and non-typical behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of depression in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Stressful transitions to middle and/or high school.
- o Experimentation with drugs, alcohol, or cigarettes.
- o Change in friendship circles.



\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of depression?

Responses found in the program include the following:

- o Intense and long-lasting moods; suicidal thoughts or self-injury; seemingly unhappy all of the time.
- o Becoming paralyzed with indecision and/or unable to make decisions.
- o Excessive risk taking, with no apparent regard for safety (e.g., purposefully crossing street without looking, driving under the influence).

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

## Problems Associated with Mental Health (Anxiety Disorders): Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Everyone experiences stress, worry, and anxiety. However, there may be cause for concern when worries occur almost daily, are hard to manage, and/or interfere with daily life.
- In this session, you learned about the signs of anxiety disorders in adolescents, such as general anxiety disorder (GAD) and social anxiety disorder.
- Adolescents with GAD worry about many things, like their performance at school or in sports, their health and safety, the health and safety of their loved ones, or their own competence.
- Adolescents and teens with social anxiety disorder may have similar worries, but the anxiety often stems from the idea that they'll be judged by others, including peers, or experience humiliation or embarrassment. In both cases, the fears are not reasonable given the situation and cannot be easily coped with or put aside.
- Anxiety can also be experienced as physical symptoms, like stomach aches, headaches, restlessness, or muscle tension. It can interfere with one's ability to concentrate. Individuals may be more irritable or more easily annoyed when they are experiencing anxiety. They may also have sleep problems, like insomnia or waking often during the night.



## Generate discussion among participants using the following questions:

The module discussed **typical** and **non-typical** behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of anxiety in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Worries that fit the situation (e.g., about parent well-being after recent parent medical diagnosis) and can be coped with.
- o Occasional illnesses and aches and pains associated with growth spurts or hormonal changes.
- o Occasional trouble sleeping, especially during times of stress.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of anxiety?

Responses found in the program include the following:

- o Experiencing intense fear, perfectionism and/or unrealistic standards, overwhelming physical sensations (e.g., heart racing, hyperventilating, thoughts racing, chest tightness or pain, tingling sensation in limbs, sensation of dying or going crazy) that last for several minutes and prevent the individual from functioning and may cause them to faint or vomit.
- o Avoiding activities or events for fear of being embarrassed or judged or withdrawing from social activities or event.
- o Having worries that are excessive or disproportionate to the situation; anxiety is overwhelming and can't be put aside or controlled.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?



## Problems Associated with Mental Health (Obsessive-Compulsive Disorder [OCD]): Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Obsessive-compulsive disorders (OCD) in adolescents may present as unwanted thoughts, images, urges (obsessions), repetitive behaviors, touching or counting objects, or redoing actions (compulsions). Most importantly, individuals with OCD believe that performing compulsions will prevent unwanted situations (typically linked to their obsessions) and not doing these compulsions could cause them distress.
- OCD is relatively rare in the population compared to other disorders, such as depression and anxiety disorders, which makes it difficult to recognize and diagnose.



**Generate discussion among participants using the following questions:**

The module discussed typical and non-typical behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of OCD in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Having strong preferences or liking things a particular way.
- o Engaging in hair removal for grooming purposes.
- o Occasional scratching or picking at bumps, scabs, or acne.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of OCD?

Responses found in the program include the following:

- o Experiencing intense distress (e.g., guilt, shame, fear) at thoughts regarding taboo topics.
- o Exhibiting rigidity, refusal, or extreme distress when faced with deviation from routine or from arbitrarily defined patterns.



\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

### Problems Associated with Mental Health (Eating Disorders): Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Concerns about body weight and size are common among adolescents, regardless of their gender identity, due to the increasing importance teenagers place on the opinions of others.
- When their concern escalates to preoccupation with food and/or weight gain, an adolescent may be at risk for developing an eating disorder.
- Three of the most common eating disorders include anorexia nervosa, bulimia-nervosa, and binge-eating disorder.
- Behaviors that can be a sign of an eating disorder in an adolescent include changes in their eating habits (e.g., picky eating or skipping meals); observable changes in their weight, including gains, losses, or fluctuations; or going to the bathroom following meals.
- Eating disorders are common in the United States and typically begin in childhood and adolescence. Early intervention can reduce the impact of the eating disorder on the individual's mental and physical health.



**Generate discussion among participants using the following questions:**

The Understanding Eating Disorders downloadable parent toolkit resource talks about the three most common eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder.

\_\_\_\_\_ What are the differences between those eating disorders?

\_\_\_\_\_ What are some of the other signs of eating disorders discussed in the module?

\_\_\_\_\_ What health complications can result from an eating disorder?



## Problems Associated with Mental Health (Attention Deficit/Hyperactivity Disorder): Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Attention Deficit/Hyperactivity Disorder (ADHD) can present in different ways.
- Teens diagnosed with ADHD-predominantly hyperactivity/impulsivity presentation display hyperactive behaviors (e.g., fidgeting, excessive talking, high energy) and impulsive behaviors (e.g., interrupting or blurting out statements, spur-of-the-moment decision-making).
- Adolescents diagnosed with ADHD-predominantly inattentive presentation may have difficulty focusing their attention, managing their time, and getting organized.
- Some teenagers are diagnosed with ADHD-combined presentation since they have difficulty with hyperactivity, impulsivity, and inattention.
- Individuals with ADHD may show signs of these differences from an early age even if they don't experience problems until later in their development.



**Generate discussion among participants using the following questions:**

The module discussed **typical** and **non-typical** behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of ADHD in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Increased dawdling and some procrastination on long-term projects.
- o Occasionally losing items, even important ones.
- o Increase risk taking or engaging in sensation-seeking behaviors.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of an ADHD?





Responses found in the program include the following:

- o Being unable to complete homework or projects because of distractions or regularly being late for appointments.
- o Having grades slip across all or almost all subjects or avoiding schoolwork altogether.
- o Frequently losing track of items, like coats, hats, shoes, pencils, backpacks, school supplies, library books, or electronics; missing assignments because they lost track of what was due or misplaced papers.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

### Problems Associated with Mental Health (Disruptive and Rule Breaking Disorders): Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Adolescence it is a period of time when the teenager and those close to them (e.g., parent, siblings) may experience increased conflict. However, there are important boundaries to recognize between what is normal (e.g., talking back and minor rule breaking) and what is problematic (e.g., breaking rules, being aggressive toward others and animals, lying to manipulative, stealing from others).
- Teens who exhibit certain, often aggressive, behaviors, such as arguing with authority figures, defying instructions, breaking rules, being vindictive, and getting into trouble, may meet criteria for Oppositional Defiant Disorder (ODD).
- Adolescents who exhibit destructive and threatening behavior, such as being aggressive towards people and animals; engaging in destruction of property; skipping school; and breaking significant social rules in order to get what they want, like lying to "con " or manipulate (compared to lying to get out of trouble, which is more normative) and stealing from others are displaying behaviors that are consistent with Conduct Disorder.
- In this session, you were introduced to information about **typical** behavior and **non-typical** behaviors in adolescence.



### Generate discussion among participants using the following questions:

The module discussed typical and non-typical behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of a Disruptive or Rule Breaking Disorder in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Increased moodiness.
- o Increased desire for privacy.
- o Experimenting with drugs, alcohol, and cigarettes.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of an a Disruptive or Rule Breaking Disorder?

Responses found in the program include the following:

- o Routinely lying or hiding things.
- o Routinely using verbal or physical aggression or running away.
- o Using substances to the point that the substances interfere with the individual's ability to meet their responsibilities (school, work, friends, or family) or making/selling/distributing drugs.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

## The Alabaster Family: Interaction and Discussion Questions

(5 minutes)



### Review this section of the module with the participants by offering the following information:

- In the supplemental module, you were introduced to the Alabaster family: Remi (father), Fern (mother), Kiara (age 14), and Stefan (age 10). So far, we have learned a few things about Kiara (e.g., athletic, involved in extracurriculars, displayed strong emotions as a child, acts shyly with new people, bubbly and outgoing with friends). At the end of Part 1, we caught up with the Alabaster family and got updates on Kiara's well-being.



**Generate discussion among participants using the following questions:**

- \_\_\_\_\_ What **typical** behaviors of adolescence do you see in Kiara?
- \_\_\_\_\_ Do you notice Kiara exhibiting any **non-typical** behaviors that may be cause for concern, such as signs or symptoms of potential mental health challenges?



**Review the following information with participants:**

- Adolescence can be a challenging time for children and their families, but, hopefully, this module has helped to clarify the difference between normative changes and behaviors that often occur during the teenage years and non-typical behaviors that may indicate a need for an intervention.

### **Step 4: Assign Homework** (3 minutes)

Ask your participants to complete the following supplemental module sessions before your next meeting:

- Part 2: Parents' Role in Helping Child Return to Wellness
- Part 3: Parental Self-Care
- Wrap-Up

### **Step 5: Adjourn** (2 minutes)

Supplemental Module Meeting 2 should be scheduled **at least 1 week after Supplemental Module Meeting 1 has occurred**. Using this timing allows your participants 1 week to complete the supplemental module content for *Part 2: Parents' Role in Helping Child Return to Wellness*, *Part 3: Parental Self-Care*, and the *Wrap-Up*.

The *Wrap-Up* section provides time for the participants to practice some of the strategies they have learned and reflect on their progress in achieving their parenting goals. In addition, during this meeting, the supplemental module content is wrapped up, and additional resources are provided.



## Meeting 2



### **Discussion of Parts 2 and 3 and the Wrap-Up and Resource Sharing**

**Meeting** (60 minutes)

**Homework** (none)

### **Overview of Meeting 2**

**Step 1: Provide an Icebreaker**

**Step 2: Restate the Ground Rules**

**Step 3: Start Discussion**

**Step 4: Direct to Additional Resources/Register for  
Additional Thrive Initiative Programming**

**Step 5: Thank and Adjourn**





### Step 1: Engage Families in an Icebreaker Activity (4 minutes)

Lead a quick, fun, or positive icebreaker for additional community building. Revisit the list from the Intake Meeting section, and incorporate an icebreaker that was not used during the earlier meetings.

### Step 2: Restate the Ground Rules (1 minute)

Review the ground rules previously brainstormed, and ask if any new rules need to be added.

### Step 3: Start Discussion (55 minutes)

During Supplemental Module Meeting 2, discuss the following questions as a group.

### Part 2: Parents' Role in Helping Child Return to Wellness Using I Statements to Express Mental Health Concerns: Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Discussing concerns with your adolescent, particularly regarding mental health, can create stress for parents and their children. Using I statements can help you highlight your concerns, avoid blame, and create a more welcoming atmosphere.
- I statement formula: "I feel (emotion) when (behavior) because (impact behavior has on you). Next time/In the future (preferred behavior)."



**Generate discussion among participants by asking the following question:**

The activity in the module asked you to create a I statement for the Alabaster Family.

\_\_\_\_\_ Does anyone want to share their drafted I statements or provide an example of an I statement?



## Seeking Mental Health Services for Your Child: Interaction and Discussion Questions *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- In Part 2, you learned about the indicators that should prompt you to seek professional help for your child. These indicators include the following:
  - Persistent problems that continue for more than a few weeks at a time.
  - Issues that create significant disruptions at home, school, or within relationships.
  - Problems that upset the child or those around them.
- You also received information to help you identify resources that you may be able to use to help your child, such as therapist directories.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Does your child exhibit any behaviors that you believe may require professional support?
- \_\_\_\_\_ Were you able to identify 2 to 3 resources you can contact to inquire about assistance for your child?
- \_\_\_\_\_ Has anyone contacted a resource? Does anyone want to share about their experience?

## Watching for Self-Harm: Content Review *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- An important step in keeping your child safe from acting on urges to commit suicide or self-harm is to be able to recognize the warning signs that something is wrong.





- Part 2 listed some warning signs for self-harm. These include the following (name a few aloud):
  - Expressing hopelessness for the future
  - Declining grades out of character for student
  - Exhibiting signs of depression (e.g., increased irritability, lack of interest in preferred activities, social withdrawal, worsening of hygiene and healthy habits)
  - Being preoccupied with death or suicide (writing or drawing about death)
  - Making “final arrangements,” such as giving away favorite possessions, saying goodbye to people, writing suicide note, making funeral arrangements
  - Talking about suicide: “I’d be better off dead” or “You’d be better off without me” in person, on social media, in text messages
  - Engaging in previous suicide attempts
  - Increasing reckless behavior
  - Scars or fresh wounds on body (common places are arms/wrists, hips/legs, stomach)
  - Mysterious bruises or patches of missing hair
  - Wearing long-sleeved shirts and pants when that attire is out of place due to weather
  - Object (e.g., razor, other blade, lighter) that can be used for self-harm kept hidden away but nearby for use
  - Isolating self from others and needing a lot of alone time
  - Engaging in conflict with friends and romantic partners
  - Experiencing a lack of interest in preferred activities
  - Expressing helplessness, hopelessness, worthlessness
  - Reporting feeling numb or experiencing intense mood swings
  - Having feelings of guilt, shame, disgust, or self-loathing

**Review the following information with participants:**

- If you notice that any of the **warning signs** for self-harm reoccur or persist for a period of time (e.g., more often than occasionally, nearly every day), if several signs occur at the same time, or if any of the behaviors you witness represent a major change in your teen's personality, more attention may be warranted. Please contact your primary care physician if you have any concerns about your child.

**Addressing Safety Concerns with Your Child: Interaction and Discussion Questions** (5 minutes)**Review this section of the module with the participants by offering the following information:**

- If you're worried about your child, have a conversation with them. Part 2 offered a few suggestions to help you discuss safety concerns with your child:
  - o Give your child time and space to share their feelings. Let them know that you'll be ready to talk when they're ready.
  - o Communicate your acceptance of them even if you don't understand or approve of their behaviors. Share that you love and care about them regardless of what they're struggling with.
  - o Normalize suicidal thoughts and feeling and tell others it's okay for them to share and express how they are feeling. Broaching the subject in a compassionate and curious way demonstrates that it's safe to talk about serious matters, including distressing thoughts and feelings.
  - o Encourage your teen to open up and share their thoughts and feelings, even scary ones, with you or a mental health professional, so they can get the help they need.

**Generate discussion among participants using all, or some, of the following questions:**

\_\_\_\_\_ Starting the conversation with your adolescent can be difficult. You were encouraged to brainstorm what you would like to say to your child about your concerns. Part 2 shared the following example: "Sometimes when teens feel overwhelmed or emotionally hurt, they have thoughts about dying or wish that they were dead. What's it like for you when you're feeling overwhelmed, sad, or angry?"



- \_\_\_\_\_ Would anyone like to share their drafted conversation starter? Has anyone addressed concerning behaviors with their child? If so, would you like to share about that experience?

### Ensuring Safety and Learning Coping Strategies: Interaction and Discussion Questions *(10 minutes)*



**Review this section of the module with the participants by offering the following information:**

- Part 2 described the steps you can take at home to help you and your child feel safer in the face of suicidal ideation, self-harm, substance abuse, or other behaviors that threaten your teen's safety. These steps include the following:
  - o Discussing and identifying warning signs of a crisis.
  - o Ensuring safety in your home for your child and your family.
  - o Brainstorming activities your child can do on their own to help them cope with intense feelings.
  - o Identifying people and places your teen can turn to when their independent strategies aren't enough.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Were you able to identify and discuss with your child some situations that could trigger harmful thoughts and feelings? If so, would anyone like to share what happened in that discussion?
- \_\_\_\_\_ What, if any, changes did you make around your home to make the environment safer for all members of your family?
- \_\_\_\_\_ What activities or strategies did you brainstorm that your child to use to help them calm down, relax, and feel better when they feel an emotional crisis coming on?
- \_\_\_\_\_ Did anyone create a coping toolkit that your teen can access in a time of need? If so, would you like to share what that toolkit included?



\_\_\_\_\_ A Family Safety Plan Template is provided in the module. Did anyone use this resource? If so, what did you include in the plan?

### Part 3: Parental Self-Care

#### Taking Care of Yourself: Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- In Part 3, we learned that taking time to care for ourselves and prioritize our needs may help decrease the risk of burnout, alleviate the physical and mental health burdens of stress, and supply us with renewed energy.
- Self-care starts with maintaining healthy physical habits—taking steps to optimize sleep, eating healthy foods, exercising regularly, and limiting alcohol or other substance use. Self-care also involves maintaining healthy social and emotional habits, such as making time to connect with others, making time for yourself, and recognizing your own limits.



**Generate discussion among participants using all, or some, of the following questions:**

\_\_\_\_\_ What self-care strategies did you identify that may work for you?

\_\_\_\_\_ What are some ways you can ensure you get the help you need, so you can practice self-care strategies?

#### Modeling Healthy and Helpful Strategies: Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- It's common for parents to feel a variety of strong emotions in the wake of realizing their child is struggling with their mental health, such as anger, shame, guilt, and fear.



- Part 3 discussed emotion myths and asked you to identify any myths that resonate with you. Emotion myths include the following (share a few examples aloud):
  - o There is a right way and a wrong way to feel in situations.
  - o Showing my emotions is a weakness.
  - o Having uncomfortable feelings (anger, sadness, anxiety) is bad and can be harmful.
  - o Showing my emotions means being out of control.
  - o Some emotions are stupid.
  - o Having a strong emotional response will get you a lot more from other people than trying to regulate your emotions.
  - o People should do whatever they feel like doing.
  - o I can't help how I feel.
- You were also introduced to strategies that you could use to help you cope with your emotions, such as appealing to your interests (e.g., create art, listen to calm music), moving your body (e.g., exercise, dance), engaging in rhythmic body movements (e.g., bounce a ball, handle a fidget toys, yoga, swing, walk), and using breathing and mindfulness exercises.



### **Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Which emotion, if any, do you find the most challenging for you to cope with?
- \_\_\_\_\_ What emotion myths resonate the most with you? How do you challenge those beliefs?
- \_\_\_\_\_ Did you discover that some of your thoughts or feelings were influenced more by emotions rather than rational thinking? Which emotions influenced your thoughts or feelings?
- \_\_\_\_\_ Have you demonstrated any of the unhelpful behaviors related to emotions that you have had (e.g., punishing your child unfairly, avoiding talking about or hiding the problem)?
- \_\_\_\_\_ What, if any, strategies have you used to help you cope with your emotions?



## Wrap-Up: Reaching Emotional Wellness with your Child and Wrap-Up

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Parenting a child who is struggling with emotional or behavioral problems can be confusing, stressful, and emotionally draining. In the Wrap-Up, you had the opportunity to work on a coping plan template with your child and any other family members who may have wanted to join you.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ What kinds of activities did you brainstorm and put in your coping plan?
- \_\_\_\_\_ What about your child? Are there any activities that you can do together?
- \_\_\_\_\_ What statements did you write down that you could use to help you feel better?
- \_\_\_\_\_ What statements did your child select?
- \_\_\_\_\_ Did you and your child identify someone whom you could go to for help or for distraction? Are any of the individuals also listed on your or your child's Circle of Support?
- \_\_\_\_\_ What did you list as the most important things in your life? What did your child or another family member share?

## Wrap-Up Module Discussion: Summary Questions (5 minutes)



**Tell participants you are wrapping up, and generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Which topic discussed in the supplemental module was the most beneficial to you as a parent? Why?
- \_\_\_\_\_ What strategies or skills did you learn in the supplemental module that will help you achieve the goals you have for your child or your family?



- \_\_\_\_\_ What has changed in your interactions with your child since before completing the supplemental module?
- \_\_\_\_\_ Have you noticed a difference in the way your child is responding to your parenting?

### Step 4: Direct to Additional Resources and/or Register for Additional Thrive Initiative Programming (4 minutes)

Provide support and encouragement to your participants to explore other Thrive Initiative programming. Share and/or register participants for any additional hybrid implementation options that you plan to offer. Thrive Initiative programming may include any of the following:

#### **Universal Programs**

- **Take Root** is available for parents and caregivers of children who are between 0 and 3 years old.
- **Sprout** is available for parents and caregivers of children who are between 3 and 5 years old.
- **Grow** is available for parents and caregivers of children who are between 5 and 10 years old.
- **Branch Out** is available for parents and caregivers of children who are between the ages of 10 and 18 years old.

#### **Supplemental Modules**

Additional supplemental modules are available on a variety of topics and can be accessed online at <https://thrive.psu.edu/modules/supplemental/>.

Encourage participants to continue to visit the Thrive website, <https://thrive.psu.edu>, as their child develops and grows. They can access additional resources and materials like mini-booster modules, blog postings, parenting handouts and guides, an inclusivity toolkit, and newsletters.

### Step 5: Thank and Adjourn (1 minute)

Thank the participants for their involvement in the hybrid implementation group program.





## **Delivery Type 2: Supplemental Stand Alone**



**This encompasses the formation of a new group of families that consists of individuals who have participated in a Thrive Initiative core, universal parenting program**



# Intake and Introduction



## Delivery Type 2: Supplemental Stand Alone

The following instructions are only relevant to the Supplemental Stand Alone hybrid implementation of the supplemental module. Because you are forming a new group, the participants will meet for three sessions, which begin with an Intake and Introduction Meeting. This meeting time will allow for rapport-building activities at the beginning of implementation, such as engaging in participant introductions and setting ground rules. Two overarching goals of implementing Thrive programming in a hybrid format are setting a positive tone and warmly engaging participants in the process.

### **Intake and Introduction** (60 minutes) **Homework**

#### **Overview: Introduction Meeting** (60 minute session)

**Step 1: Welcome**

**Step 2: Provide Overview of the Supplemental Module**

**Step 3: Complete Introductions and /or Ice Breaker(s)**

**Step 4: Set or Remind Participants of the Ground Rules**

**Step 5: Review Syllabus**

**Step 6: Share Expectations**

**Step 7: Offer registration and Check for Online Content Access**

**Step 8: Assign Homework**





### Step 1: Welcome your Families (10 minutes)

#### Face-to-Face Meetings

- Welcome family members or families as they walk in the door. Smile, be friendly, and take a genuine interest in each participant and their comfort level.
- Consider preparing reusable name tags so you can call each person by name. You can collect the name tags at the end of the meeting for use at the second meeting or ask the participants to bring them back to the second meeting.
- Help each person get settled and comfortable in the space. Be certain to prepare in advance. For example, have ample tables/desks and chairs, and set them up in an arrangement that will promote eye contact and ease of conversation.
- Track attendance if needed.

#### Virtual Meetings

If you (acting as a delivery facilitator) choose to complete group meetings virtually, you should partner with a coordinating facilitator or a co-host. Your partner can help you with technological issues and serve as an additional point-of-contact for your families in case they have any technological issues when joining or participating in the virtual meeting. This assistance will allow you to fully focus on interacting with your families during the meetings, and it will ensure adequate support is available for those families who may need extra help with technology.

Open the virtual meeting space early so participants can test their computer technology (i.e., video and audio) before the start of the meeting. Consider using music and a simple message via screen share as a digital waiting room so families can troubleshoot their audio as they enter the virtual space. A screen share example can be found in *Appendix D*.

Welcome your families as they join the virtual platform. Encourage each participant to have their camera on and to enter their preferred name in the platform so you can call each individual by name. You might also have a Chat box prompt available to encourage friendly interaction (e.g., ask participants to share the name and age of their child).

If you are tracking attendance, let your coordinating facilitator help you with this task.



### Step 2: Provide an Overview of the Supplemental Module (10 minutes)

Take time to discuss the following topics with your participants:

- **Adolescent Mental Health: Parenting to Wellness** is an online supplemental module for parents (and caregivers), of adolescents who experience mental health challenges, who have completed the Thrive Initiative's Branch Out program. Thrive Initiative's Branch Out program is for parents and caregivers of 10- to 18-year olds. This supplemental module focuses on addressing specific concerns parents might have about a child who is experiencing mental health challenges.
- Mental health conditions can have an inherited predisposition, such as Bipolar disorder; can be neurodevelopmental, like Attention-Deficit/Hyperactivity Disorder; or can emerge in response to life stressors, like depression or trauma-related disorders. Assessment and treatment of mental health conditions can provide adolescents and their families with information to help them understand and manage symptoms through the use of specific strategies and coping skills that can help individuals strive for their most meaningful life. This module intends to teach parents and other caregivers about the most common adolescent mental health disorders and resources, so they can best support their children.
- During the online supplemental module sessions and throughout the hybrid implementation meetings, information and parenting strategies that parents can use and adapt, as necessary, to fit their individual circumstances and family needs will be disseminated. The supplemental module content is designed to help parents build on their existing skills and strategies, so they can effectively parent adolescents who have mental health challenges.
- Some of the content that is read and practiced in the supplemental module and discussed in the hybrid implementation meetings might be familiar to the parents, and they may already know about and use the disseminated information. Therefore, they may use the meeting time as an opportunity to realize, appreciate, and share what already works for them, their child, and their family.
- **Adolescent Mental Health: Parenting to Wellness** is an online supplemental module for parents and caregivers of adolescents. It includes an introduction, three parts, and a wrap-up.



**After participating in the online supplemental module sessions and the hybrid implementation meetings, parents and caregivers should be able to do the following:**

- Distinguish between typical and non-typical changes in adolescents.
- Identify the most common mental health disorders among adolescents and teens: depression, anxiety disorders, obsessive-compulsive disorder (OCD), eating disorders, attention hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and compulsive disorder (CD).
- Identify mental health providers and understand what to look for when choosing the right fit for your family.
- Differentiate between various types of providers and therapies.
- Recognize warning signs of risky or unsafe behaviors, including suicidal ideation, self-harm, and substance misuse.
- Assess how to respond to signs that your teen is in distress by making and following an established safety and coping plan.
- Explain the importance of parental self-care and what this might look like for you.
- Recognize the impact of your emotions in the interactions you have with your child.
- Identify skills for modeling healthy emotion-regulation strategies.

### **Step 3: Complete Introductions and Icebreakers** (10 minutes)

Start with a brief and modest introduction of yourself. Share any expertise you have regarding child development and include any other relevant characteristics about yourself that can help you relate to your participants (e.g., community member, organization, military affiliation). Then, engage the group in a strengths-based icebreaker to build relationships. Have the participants introduce themselves and answer an icebreaker question.



**Examples of introduction and icebreaker questions follow:**

- \_\_\_\_\_ Tell me your name, your coparent's name, your child's name(s), your child's age, and (pick one of the following):
  - \_\_\_\_\_ what you enjoy most about parenting,
  - \_\_\_\_\_ a word you could use to describe one of your child's strengths,
  - \_\_\_\_\_ one aspect of your parent-child relationship that is working well,



\_\_\_\_\_ a skill you use effectively in your parenting, or

\_\_\_\_\_ an activity you enjoy doing with your child.



### Facilitator Tip

- You can also start future meetings with an icebreaker if you find the families you are working with are reserved or quiet or would benefit from rapport building. Use your judgment, and avoid controversial topics. Note, for future meetings, consider using new or unused icebreakers from the list above.

### Step 4: Set Ground Rules (5 minutes)

Stating some ground rules and, then, brainstorming a few together as a group may help families feel safe and supported as they share their parenting journey. You can start the brainstorming by offering a few sample ground rules, such as the following:

- **You will always start on time.**
- **You will always end on time.**
- **You will turn your cell phone on vibrate and would like everyone else to do the same.**
- **If a group member must take a call, let them know they may quietly excuse themselves from the room (mute themselves if in a virtual meeting).**

**Other rules you may come up with, as a group, include the following:**

- Adopt an open and supportive stance. Avoid judgment about other participants' parenting. We are all learning new parenting strategies and gaining new knowledge!
- One person speaks at a time.
- Assume positive intent.
- Use a respectful tone.
- Celebrate small wins when practicing new parenting skills!



***This is also a good time to discuss with your participants your organization's confidentiality clauses. Briefly explain how mandated reporting requirements apply to statements made by participants related to child abuse or neglect.***





***Things to Cover:***

***Ground Rules Set at Meeting:***



### Step 5: Review Syllabus (5 minutes)

Provide copies or screen share a copy of the *Parent Workbook and Syllabus* for the **Adolescent Mental Health: Parenting to Wellness** supplemental module. Review the Summary of Training, and highlight the section where the participants can find pertinent information.

Supplemental Module Meeting 1 should be scheduled **at least 1 week after the Intake/Introduction Meeting has occurred**. This timing allows your participants 1 week to complete the supplemental module content for the *Welcome and Introduction* and *Part 1 (Psychoeducation)* and gives them time to practice some of the strategies they have learned.

### Step 6: Set Expectations (5 minutes)

Set realistic expectations with your participants. Let them know they will be asked to independently complete the online supplemental module and come to meetings ready for discussion. Because the participants will be independently completing the module sessions, you must ensure your participants complete the supplemental module in its entirety. By completing the module, participants will gain valuable knowledge from the content and interaction activities.



*In the two following meetings, you will use content, covered in the supplemental module, to facilitate interaction that provides participants with opportunities for community building, reflection, and discussion with you and other participants who are trying to successfully navigate parenting.*

### Step 7: [If needed] Registration and Check for Online Content Access (10 minutes)

Complete any registration requirements for your organization. Then, explain how participants can access the supplemental module online. Offer support to help with any technological questions. All participants will have previously set up a Thrive Initiative account, but you need to ensure they can log in and find the information they need to get started or progress in the supplemental module.



### Step 8: Assign Homework (5 minutes)

Ask participants to complete the following module sessions from the **Adolescent Mental Health: Parenting to Wellness** supplemental module content in advance of the second meeting:

- Welcome and Introduction
- Part 1: Psychoeducation

If possible, show the pages in the of the Parent Workbook and Syllabus for the **Adolescent Mental Health: Parenting to Wellness** supplemental module. Encourage your participants to complete all of the exercises and discussion questions for the assignments prior to each of the meetings.



# Meeting 1



**Discuss the Module's Welcome and  
Introduction and Part 1**

**Meeting** (60 minutes)  
**Homework**

## Overview of Meeting 1

**Step 1: Provide Reintroduction**

**Step 2: Restate the Ground Rules**

**Step 3: Start Discussion**

**Step 4: Assign Homework**

**Step 5: Adjourn**





### **Step 1: Allow Families an Opportunity to Reintroduce Themselves** (3 minutes)

Lead a quick, fun, or positive icebreaker for additional community building. Revisit the list from the Intake/Introduction Meeting section, and incorporate an icebreaker that was not used during that meeting.

### **Step 2: Restate the Ground Rules** (2 minutes)

Review the ground rules previously brainstormed, and ask if any new rules need to be added.

### **Step 3: Start Discussion** (50 minutes)

During Supplemental Module Meeting 1, discuss the following questions as a group.

#### **Welcome and Introduction** (10 minutes)

**Provide an overview of the supplemental module using the following points that are taught in the supplemental module:**

- \_\_\_\_\_ Having good mental health is as important as having good physical health.
- \_\_\_\_\_ Mental health problems impact millions of children every year in the United States.
- \_\_\_\_\_ At least 1 in 6 students (and as high as 1 in 3 students) in kindergarten through 12th grade show signs of struggling with a mental health problem, such as depression, anxiety, or a behavioral disorder.
- \_\_\_\_\_ Teenagers are prone to mental health challenges, yet they possess great capacity for growth and resilience because their cognitive abilities and adaptive coping skills are still evolving.



**Ask the following questions of all of the participants to generate discussion:**

- \_\_\_\_\_ What developmental changes (i.e., physical, cognitive, emotional) have you observed in your adolescent?
- \_\_\_\_\_ How has your adolescent adjusted to these changes? That is, have you noticed them using any coping skills or strategies to deal with their developmental changes?
- \_\_\_\_\_ How have you adjusted to the changes you have seen (or are now observing) in your adolescent? (Example from the participant handbook: Do you long for the child your adolescent once was, or are you embracing the new relationship you are developing with your teenager?)



**Ask the following question and solicit answers from a few participants to generate discussion:**

- \_\_\_\_\_ What is one goal you hope to achieve by completing this supplemental module?

## Part 1: Psychoeducation

### The Three Ds: Interaction and Discussion Questions *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- Everyone struggles at times and may exhibit difficult and, even strange, behaviors.
- Parents can use the Three Ds—duration, distress, and dysfunction—to help them determine whether a behavior is normal, or if the behavior may indicate that something more serious needs to be addressed.
- In the module, you were asked to consider a behavior your child has displayed recently that may be of concern to you and to use the Three D's to help you understand if the behavior is typical or determine if further examination or intervention is required.





**Generate discussion among participants using the following questions:**

\_\_\_\_\_ Was this exercise helpful for you?

\_\_\_\_\_ Are there any behaviors that your adolescent or teen have displayed that concern you?

### **Problems Associated with Mental Health (Depression): Interaction and Discussion Questions** (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Many people struggle with mental health concerns, particularly during adolescence and early adulthood, and these difficulties can look different from person to person even within families.
- By familiarizing yourself with the signs and symptoms of different mental health concerns that are common in adolescence, you may be better able to determine when to seek help.
- Depression represents a change in mood and outlook from what is considered by the mental health field to be normal. Depression can impact anyone at any age, but the likelihood of experiencing a depressive episode is highest during puberty.
- Signs of depression in adolescents can include rapid mood changes (e.g., crying spells, lashing out), insomnia or sleeping too much, or losing interest in activities they used to enjoy.



**Generate discussion among participants using the following questions:**

The module discussed **typical** and **non-typical** behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of depression in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Stressful transitions to middle and/or high school.
- o Experimentation with drugs, alcohol, or cigarettes.
- o Change in friendship circles.



\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of depression?

Responses found in the program include the following:

- o Intense and long-lasting moods; suicidal thoughts or self-injury; seemingly unhappy all of the time.
- o Becoming paralyzed with indecision and/or unable to make decisions.
- o Excessive risk taking, with no apparent regard for safety (e.g., purposefully crossing street without looking, driving under the influence).

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

## Problems Associated with Mental Health (Anxiety Disorders): Interaction and Discussion Questions *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- Everyone experiences stress, worry, and anxiety. However, there may be cause for concern when worries occur almost daily, are hard to manage, and/or interfere with daily life.
- In this session, you learned about the signs of anxiety disorders in adolescents, such as general anxiety disorder (GAD) and social anxiety disorder.
- Adolescents with GAD worry about many things, like their performance at school or in sports, their health and safety, the health and safety of their loved ones, or their own competence.
- Adolescents and teens with social anxiety disorder may have similar worries, but the anxiety often stems from the idea that they'll be judged by others, including peers, or experience humiliation or embarrassment. In both cases, the fears are not reasonable given the situation and cannot be easily coped with or put aside.
- Anxiety can also be experienced as physical symptoms, like stomach aches, headaches, restlessness, or muscle tension. It can interfere with one's ability to concentrate. Individuals may be more irritable or more easily annoyed when they are experiencing anxiety. They may also have sleep problems, like insomnia or waking often during the night.



**? Generate discussion among participants using the following questions:**

The module discussed **typical** and **non-typical** behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of anxiety in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Worries that fit the situation (e.g., about parent well-being after recent parent medical diagnosis) and can be coped with.
- o Occasional illnesses and aches and pains associated with growth spurts or hormonal changes.
- o Occasional trouble sleeping, especially during times of stress.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of anxiety?

Responses found in the program include the following:

- o Experiencing intense fear, perfectionism and/or unrealistic standards, overwhelming physical sensations (e.g., heart racing, hyperventilating, thoughts racing, chest tightness or pain, tingling sensation in limbs, sensation of dying or going crazy) that last for several minutes and prevent the individual from functioning and may cause them to faint or vomit.
- o Avoiding activities or events for fear of being embarrassed or judged or withdrawing from social activities or event.
- o Having worries that are excessive or disproportionate to the situation; anxiety is overwhelming and can't be put aside or controlled.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?



### Problems Associated with Mental Health (Obsessive-Compulsive Disorder [OCD]): Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Obsessive-compulsive disorders (OCD) in adolescents may present as unwanted thoughts, images, urges (obsessions), repetitive behaviors, touching or counting objects, or redoing actions (compulsions). Most importantly, individuals with OCD believe that performing compulsions will prevent unwanted situations (typically linked to their obsessions) and not doing these compulsions could cause them distress.
- OCD is relatively rare in the population compared to other disorders, such as depression and anxiety disorders, which makes it difficult to recognize and diagnose.



**Generate discussion among participants using the following questions:**

The module discussed typical and non-typical behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of OCD in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Having strong preferences or liking things a particular way.
- o Engaging in hair removal for grooming purposes.
- o Occasional scratching or picking at bumps, scabs, or acne.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of OCD?

Responses found in the program include the following:

- o Experiencing intense distress (e.g., guilt, shame, fear) at thoughts regarding taboo topics.
- o Exhibiting rigidity, refusal, or extreme distress when faced with deviation from routine or from arbitrarily defined patterns.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?



## **Problems Associated with Mental Health (Eating Disorders): Interaction and Discussion Questions** *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- Concerns about body weight and size are common among adolescents, regardless of their gender identity, due to the increasing importance teenagers place on the opinions of others.
- When their concern escalates to preoccupation with food and/or weight gain, an adolescent may be at risk for developing an eating disorder.
- Three of the most common eating disorders include anorexia nervosa, bulimia-nervosa, and binge-eating disorder.
- Behaviors that can be a sign of an eating disorder in an adolescent include changes in their eating habits (e.g., picky eating or skipping meals); observable changes in their weight, including gains, losses, or fluctuations; or going to the bathroom following meals.
- Eating disorders are common in the United States and typically begin in childhood and adolescence. Early intervention can reduce the impact of the eating disorder on the individual's mental and physical health.



**Generate discussion among participants using the following questions:**

The Understanding Eating Disorders downloadable parent toolkit resource talks about the three most common eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder.

\_\_\_\_\_ What are the differences between those eating disorders?

\_\_\_\_\_ What are some of the other signs of eating disorders discussed in the module?

\_\_\_\_\_ What health complications can result from an eating disorder?



## Problems Associated with Mental Health (Attention Deficit/Hyperactivity Disorder): Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Attention Deficit/Hyperactivity Disorder (ADHD) can present in different ways.
- Teens diagnosed with ADHD-predominantly hyperactivity/impulsivity presentation display hyperactive behaviors (e.g., fidgeting, excessive talking, high energy) and impulsive behaviors (e.g., interrupting or blurting out statements, spur-of-the-moment decision-making).
- Adolescents diagnosed with ADHD-predominantly inattentive presentation may have difficulty focusing their attention, managing their time, and getting organized.
- Some teenagers are diagnosed with ADHD-combined presentation since they have difficulty with hyperactivity, impulsivity, and inattention.
- Individuals with ADHD may show signs of these differences from an early age even if they don't experience problems until later in their development.



**Generate discussion among participants using the following questions:**

The module discussed **typical** and **non-typical** behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of ADHD in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Increased dawdling and some procrastination on long-term projects.
- o Occasionally losing items, even important ones.
- o Increase risk taking or engaging in sensation-seeking behaviors.

\_\_\_\_\_ Do you recognize or see some of these **typical** behaviors in your child?

.....

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of an ADHD?



Responses found in the program include the following:

- o Being unable to complete homework or projects because of distractions or regularly being late for appointments.
- o Having grades slip across all or almost all subjects or avoiding schoolwork altogether.
- o Frequently losing track of items, like coats, hats, shoes, pencils, backpacks, school supplies, library books, or electronics; missing assignments because they lost track of what was due or misplaced papers.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

### Problems Associated with Mental Health (Disruptive and Rule Breaking Disorders): Interaction and Discussion Questions *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- Adolescence is a period of time when the teenager and those close to them (e.g., parent, siblings) may experience increased conflict. However, there are important boundaries to recognize between what is normal (e.g., talking back and minor rule breaking) and what is problematic (e.g., breaking rules, being aggressive toward others and animals, lying to manipulative, stealing from others).
- Teens who exhibit certain, often aggressive, behaviors, such as arguing with authority figures, defying instructions, breaking rules, being vindictive, and getting into trouble, may meet criteria for Oppositional Defiant Disorder (ODD).
- Adolescents who exhibit destructive and threatening behavior, such as being aggressive towards people and animals; engaging in destruction of property; skipping school; and breaking significant social rules in order to get what they want, like lying to "con " or manipulate (compared to lying to get out of trouble, which is more normative) and stealing from others are displaying behaviors that are consistent with Conduct Disorder.
- In this session, you were introduced to information about **typical** behavior and **non-typical** behaviors in adolescence.



### Generate discussion among participants using the following questions:

The module discussed typical and non-typical behaviors adolescents and teens might exhibit. Non-typical behaviors that were discussed may indicate symptoms of a Disruptive or Rule Breaking Disorder in children.

\_\_\_\_\_ What are some of the **typical** behaviors you might see in an adolescent or teen?

Responses found in the program include the following:

- o Increased moodiness.
- o Increased desire for privacy.
- o Experimenting with drugs, alcohol, and cigarettes.

\_\_\_\_\_ What are some of the **non-typical** behaviors you might see in an adolescent or teen that could indicate symptoms of a Disruptive or Rule Breaking Disorder?

Responses found in the program include the following:

- o Routinely lying or hiding things.
- o Routinely using verbal or physical aggression or running away.
- o Using substances to the point that the substances interfere with the individual's ability to meet their responsibilities (school, work, friends, or family) or making/selling/distributing drugs.

\_\_\_\_\_ Do you notice your child exhibiting any **non-typical** or concerning behaviors that cause you concern and may indicate your child needs support?

## The Alabaster Family: Interaction and Discussion Questions

(5 minutes)



### Review this section of the module with the participants by offering the following information:

- In the supplemental module, you were introduced to the Alabaster family: Remi (father), Fern (mother), Kiara (age 14), and Stefan (age 10). So far, we have learned a few things about Kiara (e.g., athletic, involved in extracurriculars, displayed strong emotions as a child, acts shyly with new people, bubbly and outgoing with friends). At the end of Part 1, we caught up with the Alabaster family and got updates on Kiara's well-being.





**Generate discussion among participants using the following questions:**

- \_\_\_\_\_ What **typical** behaviors of adolescence do you see in Kiara?
- \_\_\_\_\_ Do you notice Kiara exhibiting any **non-typical** behaviors that may be cause for concern, such as signs or symptoms of potential mental health challenges?



**Review the following information with participants:**

- Adolescence can be a challenging time for children and their families, but, hopefully, this module has helped to clarify the difference between normative changes and behaviors that often occur during the teenage years and non-typical behaviors that may indicate a need for an intervention.

### Step 4: Assign Homework (3 minutes)

Ask your participants to complete the following supplemental module sessions before your next meeting:

- Part 2: Parents' Role in Helping Child Return to Wellness
- Part 3: Parental Self-Care
- Wrap-Up

### Step 5: Adjourn (2 minutes)

Thank the participants for their involvement in Meeting 1 and reiterate the date and time of Meeting 2.

Supplemental Module Meeting 2 should be scheduled **at least 1 week after Supplemental Module Meeting 1 has occurred**. Using this timing allows your participants 1 week to complete the supplemental module content for *Part 2: Parents' Role in Helping Child Return to Wellness*, *Part 3: Parental Self-Care*, and the *Wrap-Up* section.

The *Wrap-Up* section provides time for the participants to practice some of the strategies they have learned and reflect on their progress in achieving their parenting goals. In addition, during this meeting, the supplemental module content is wrapped up, and additional resources are provided.



## Meeting 2



### **Discussion of Parts 2 and 3 and the Wrap-Up and Resource Sharing**

**Meeting** (60 minutes)

**Homework** (none)

### **Overview of Meeting 2**

**Step 1: Provide an Icebreaker**

**Step 2: Restate the Ground Rules**

**Step 3: Start Discussion**

**Step 4: Direct to Additional Resources/Register  
for Additional Thrive Initiative  
Programming**

**Step 5: Thank and Adjourn**





### Step 1: Engage Families in an Icebreaker Activity (4 minutes)

Lead a quick, fun, or positive icebreaker for additional community building. Revisit the list from the Intake Meeting section, and incorporate an icebreaker that was not used during the earlier meetings.

### Step 2: Restate the Ground Rules (1 minute)

Review the ground rules previously brainstormed, and ask if any new rules need to be added.

### Step 3: Start Discussion (45 minutes)

During Supplemental Module Meeting 2, discuss the following questions as a group.

#### Part 2: Parents' Role in Helping Child Return to Wellness Using I Statements to Express Mental Health Concerns: Interaction and Discussion Questions (5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Discussing concerns with your adolescent, particularly regarding mental health, can be stressful for parents and their children to experience. Using I statements can help you highlight your concerns and avoid blame.
- I statement formula: "I feel (emotion) when (behavior) because (impact behavior has on you). Next time/In the future (preferred behavior)."



**Generate discussion among participants asking the following question:**

The activity in the module asked you to create a I statement for the Alabaster Family.

\_\_\_\_\_ Does anyone want to share their drafted I statements or provide an example of an I statement?



## Seeking Mental Health Services for Your Child: Interaction and Discussion Questions *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- In Part 2, you learned about the indicators that should prompt you to seek professional help for your child. These indicators include the following:
  - Persistent problems that continue for more than a few weeks at a time.
  - Issues that create significant disruptions at home, school, or within relationships.
  - Problems that upset the child or those around them.
- You also received information to help you identify resources that you may be able to use to help your child, such as therapist directories.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Does your child exhibit any behaviors that you believe may require professional support?
- \_\_\_\_\_ Were you able to identify 2 to 3 resources you can contact to inquire about assistance for your child?
- \_\_\_\_\_ Has anyone contacted a resource? Does anyone want to share about their experience?

## Watching for Self-Harm: Content Review *(5 minutes)*



**Review this section of the module with the participants by offering the following information:**

- An important step in keeping your child safe from acting on urges to commit suicide or self-harm is to be able to recognize the warning signs that something is wrong.



- Part 2 listed some warning signs for self-harm. These include the following (name a few aloud):
  - o Expressing hopelessness for the future
  - o Declining grades out of character for student
  - o Exhibiting signs of depression (e.g., increased irritability, lack of interest in preferred activities, social withdrawal, worsening of hygiene and healthy habits)
  - o Being preoccupied with death or suicide (writing or drawing about death)
  - o Making “final arrangements,” such as giving away favorite possessions, saying goodbye to people, writing suicide note, making funeral arrangements
  - o Talking about suicide: “I’d be better off dead” or “You’d be better off without me” in person, on social media, in text messages
  - o Engaging in previous suicide attempts
  - o Increasing reckless behavior
  - o Scars or fresh wounds on body (common places are arms/wrists, hips/legs, stomach)
  - o Mysterious bruises or patches of missing hair
  - o Wearing long-sleeved shirts and pants when that attire is out of place due to weather
  - o Object (e.g., razor, other blade, lighter) that can be used for self-harm kept hidden away but nearby for use
  - o Isolating self from others and needing a lot of alone time
  - o Engaging in conflict with friends and romantic partners
  - o Experiencing a lack of interest in preferred activities
  - o Expressing helplessness, hopelessness, worthlessness
  - o Reporting feeling numb or experiencing intense mood swings
  - o Having feelings of guilt, shame, disgust, or self-loathing

**Review the following information with participants:**

- If you notice that any of the **warning signs** for self-harm reoccur or persist for a period of time (e.g., more often than occasionally, nearly every day), if several signs occur at the same time, or if any of the behaviors you witness represent a major change in your teen's personality, more attention may be warranted. Please contact your primary care physician if you have any concerns about your child.

**Addressing Safety Concerns with Your Child: Interaction and Discussion Questions** (5 minutes)**Review this section of the module with the participants by offering the following information:**

- If you're worried about your child, have a conversation with them. Part 2 offered a few suggestions to help you discuss safety concerns with your child:
  - o Give your child time and space to share their feelings. Let them know that you'll be ready to talk when they're ready.
  - o Communicate your acceptance of them even if you don't understand or approve of their behaviors. Share that you love and care about them regardless of what they're struggling with.
  - o Normalize suicidal thoughts and feelings. Tell others it's okay for them to share and express how they are feeling. Broaching the subject in a compassionate and curious way demonstrates that it's safe to talk about serious matters, including distressing thoughts and feelings.
  - o Encourage your teen to open up and share their thoughts and feelings, even scary ones, with you or a mental health professional, so they can get the help they need.

**Generate discussion among participants using all, or some, of the following questions:**

\_\_\_\_\_ Starting the conversation with your adolescent can be difficult. You were encouraged to brainstorm what you would like to say to your child about your concerns. Part 2 shared the following example: "Sometimes when teens feel overwhelmed or emotionally hurt, they have thoughts about dying or wish that they were dead. What's it like for you when you're feeling overwhelmed, sad, or angry?"





- \_\_\_\_\_ Would anyone like to share their drafted conversation starter? Has anyone addressed concerning behaviors with their child? If so, would you like to share about that experience?

### Ensuring Safety and Learning Coping Strategies: Interaction and Discussion Questions (10 minutes)



**Review this section of the module with the participants by offering the following information:**

- Part 2 described the steps you can take at home to help you and your child feel safer in the face of suicidal ideation, self-harm, substance abuse, or other behaviors that threaten your teen's safety. These steps include the following:
  - o Discussing and identifying warning signs of a crisis.
  - o Ensuring safety in your home for your child and your family.
  - o Brainstorming activities your child can do on their own to help them cope with intense feelings.
  - o Identifying people and places your teen can turn to when their independent strategies aren't enough.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Were you able to identify and discuss with your child some situations that could trigger harmful thoughts and feelings? If so, would anyone like to share what happened in that discussion?
- \_\_\_\_\_ What, if any, changes did you make around your home to make the environment safer for all members of your family?
- \_\_\_\_\_ What activities or strategies did you brainstorm that your child to use to help them calm down, relax, and feel better when they feel an emotional crisis coming on?
- \_\_\_\_\_ Did anyone create a coping toolkit that your teen can access in a time of need? If so, would you like to share what that toolkit included?



\_\_\_\_\_ A Family Safety Plan Template is provided in the module. Did anyone use this resource? If so, what did you include in the plan?

### Part 3: Parental Self-Care

#### Taking Care of Yourself: Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- In Part 3, we learned that taking time to care for ourselves and prioritize our needs may help decrease the risk of burnout, alleviate the physical and mental health burdens of stress, and supply us with renewed energy.
- Self-care starts with maintaining healthy physical habits—taking steps to optimize sleep, eating healthy foods, exercising regularly, and limiting alcohol or other substance use. Self-care also involves maintaining healthy social and emotional habits, such as making time to connect with others, making time for yourself, and recognizing your own limits.



**Generate discussion among participants using all, or some, of the following questions:**

\_\_\_\_\_ What self-care strategies did you identify that may work for you?

\_\_\_\_\_ What are some ways you can ensure you get the help you need, so you can practice self-care strategies?

### Modeling Healthy and Helpful Strategies: Interaction and Discussion Questions

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Parents will probably feel a variety of strong emotions in the wake of realizing their child is struggling with their mental health, such as anger, shame, guilt, and fear.



- Part 3 discussed emotion myths and asked you to identify any myths that resonate with you. Emotion myths include the following (share a few examples aloud):
  - o There is a right way and a wrong way to feel in situations.
  - o Showing my emotions is a weakness.
  - o Having uncomfortable feelings (anger, sadness, anxiety) is bad and can be harmful.
  - o Showing my emotions means being out of control.
  - o Some emotions are stupid.
  - o Having a strong emotional response will get you a lot more from other people than trying to regulate your emotions.
  - o People should do whatever they feel like doing.
  - o I can't help how I feel.
- You were also introduced to strategies that you could use to help you cope with your emotions, such as appealing to your interests (e.g., create art, listen to calm music), moving your body (e.g., exercise, dance), engaging in rhythmic body movements (e.g., bounce a ball, handle a fidget toys, yoga, swing, walk), and using breathing and mindfulness exercises.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Which emotion, if any, do you find the most challenging for you to cope with?
- \_\_\_\_\_ What emotion myths resonate the most with you? How do you challenge those beliefs?
- \_\_\_\_\_ Did you discover that some of your thoughts or feelings were influenced more by emotions rather than rational thinking? Which emotions influenced your thoughts or feelings?
- \_\_\_\_\_ Have you demonstrated any of the unhelpful behaviors related to emotions that you have had (e.g., punishing your child unfairly, avoiding talking about or hiding the problem)?
- \_\_\_\_\_ What, if any, strategies have you used to help you cope with your emotions?



## Wrap-Up: Reaching Emotional Wellness with your Child and Wrap-Up

(5 minutes)



**Review this section of the module with the participants by offering the following information:**

- Parenting a child who is struggling with emotional or behavioral problems can be confusing, stressful, and emotionally draining. In the Wrap-Up, you had the opportunity to work on a coping plan template with your child and any other family members who may have wanted to join you.



**Generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ What kinds of activities did you brainstorm and put in your coping plan?
- \_\_\_\_\_ What about your child? Are there any activities that you can do together?
- \_\_\_\_\_ What statements did you write down that you could use to help you feel better?
- \_\_\_\_\_ What statements did your child select?
- \_\_\_\_\_ Did you and your child identify someone whom you could go to for help or for distraction? Are any of the individuals also listed on your or your child's Circle of Support?
- \_\_\_\_\_ What did you list as the most important things in your life? What did your child or another family member share?

## Wrap-Up Module Discussion: Summary Questions (5 minutes)



**Tell participants you are wrapping up, and generate discussion among participants using all, or some, of the following questions:**

- \_\_\_\_\_ Which topic discussed in the supplemental module was the most beneficial to you as a parent? Why?
- \_\_\_\_\_ What strategies or skills did you learn in the supplemental module that will help you achieve the goals you have for your child or your family?



- \_\_\_\_\_ What has changed in your interactions with your child since before you started completing the supplemental module?
- \_\_\_\_\_ Have you noticed a difference in the way your child is responding to your parenting?

### Step 4: Direct to Additional Resources and/or Register for Additional Thrive Initiative Programming (4 minutes)

Provide support and encouragement to your participants to explore other Thrive Initiative programming. Offer information about and/or register participants for any additional hybrid implementation options that you plan to provide. Thrive Initiative programming may include any of the following:

#### **Universal Programs**

- **Take Root** is available for parents and caregivers of children who are between 0 and 3 years old.
- **Sprout** is available for parents and caregivers of children who are between 3 and 5 years old.
- **Grow** is available for parents and caregivers of children who are between 5 and 10 years old.
- **Branch Out** is available for parents and caregivers of children who are between the ages of 10 and 18 years old.

#### **Supplemental Modules**

Additional supplemental modules are available on a variety of topics and can be accessed online at <https://thrive.psu.edu/modules/supplemental/>.

Encourage participants to continue to visit the Thrive website, <https://thrive.psu.edu>, as their child develops and grows. They can access additional resources and materials like mini-booster modules, blog postings, parenting handouts and guides, an inclusivity toolkit, and newsletters.

### Step 5: Thank and Adjourn (1 minute)

Thank the participants for their involvement in the hybrid implementation group program.



# Appendices







# Appendix A



## Adolescent Mental Health Recruitment Poster





## **adolescent mental health**

### **Parenting to Wellness**

**A supplemental parent-education module designed to offer support to parents and caregivers of adolescents who experience mental health challenges.**

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**Gain knowledge, skills, and strategies in the following areas:**

- positive parenting practices,
  - stress management, and
  - child physical-health promotion.
- 

**Learn more about *Adolescent Mental Health: Parenting to Wellness* and other Thrive programs at:**  
[\*\*https://thrive.psu.edu/\*\*](https://thrive.psu.edu/)

**Meet with us!**





## Appendix B



### Adolescent Mental Health Participant Recruitment and Tracking Sheet



**Adolescent Mental Health: Parenting to Wellness**  
**Hybrid Implementation Participant Recruitment and Tracking Sheet**

[illegible]





## Instructions for Completing the Adolescent Mental Health: Parenting to Wellness Participant Recruitment and Tracking Sheet

The goal of this tracking sheet is to track individuals who would like more information about the hybrid implementation of *Adolescent Mental Health: Parenting to Wellness* and to provide information about the dates and times for meetings.

### Download the Participant Recruitment and Tracking Sheet

Ensure you are following your organization's privacy protocols with all of the information that is collected and stored. You can complete this form on a computer or print it to handwrite your responses. You may also choose to move the data to a spreadsheet.

### Complete Columns 1-4

- Enter the potential participant's name, email address, child's date of birth, and today's date.
- If the potential participant has multiple children, enter the date of birth for the focal child (i.e., the child who the participant is focusing on with *Adolescent Mental Health: Parenting to Wellness*).

### Complete Columns 5 [Optional]

- To calculate the age, you can use an online age calculator.
- If the age is close to a cut-off, you may need to check in with the participant after they have registered for a Thrive account and have reviewed the introduction video to confirm that *Adolescent Mental Health: Parenting to Wellness* is the correct program for their family.

### Complete Columns 6-8

- Send the *Adolescent Mental Health: Parenting to Wellness Parent Welcome Letter* to the email address provided, and enter the date the *Adolescent Mental Health: Parenting to Wellness Parent Welcome Letter* is sent.
  - By sending the *Adolescent Mental Health: Parenting to Wellness Parent Welcome Letter*, you are providing the potential participant the information they need to make a decision about attending the hybrid implementation, such as the date, time, and location of meetings. It also provides information about how to create an account on the Thrive website.
- Encourage participants to create a Thrive account and enroll in *Adolescent Mental Health: Parenting to Wellness* supplemental module.
- Follow up with the potential participant to see if they would like to register and attend the hybrid implementation of *Adolescent Mental Health: Parenting to Wellness*

### Complete Column 9

Send the *Adolescent Mental Health: Parenting to Wellness Parent Workbook and Syllabus*.



## **Appendix C**



### **Adolescent Mental Health Parent Welcome Letter**





### Overview of Thrive Initiative

Thrive is a group of parenting programs that are designed to help you, a parent or caregiver, as you care for your child—from pregnancy until your child reaches 18 years of age. There are four online parenting programs that are part of the Thrive Initiative. The intent of the supplemental modules is to build on information and strategies discussed in the four universal Thrive parenting programs — Take Root, Sprout, Grow, Branch Out. Therefore, by participating in the age-appropriate Thrive parenting program before engaging with any of the supplemental modules, you will reap the most benefits.

Thrive Initiative Program Areas			
Universal Parenting Programs			
Take Root	Sprout	Grow	Branch Out
Infants (0 to 6 months)	Preschool (3 to 5 years)	Grades K–5 (5 to 10 years)	Grades 6–12 (10 to 18 years)
Infants (6 to 12 months)			
Infants & Toddlers (1 to 3 years)			

All Thrive programs share knowledge, skills, and strategies within three areas:

- positive parenting practices,
- stress management, and
- child physical-health promotion.

### Adolescent Mental Health: Parenting to Wellness Online

*Adolescent Mental Health: Parenting to Wellness* is an online supplemental module for parents (and caregivers) of adolescents who experience mental health challenges. This supplemental module focuses on addressing specific concerns parents may have regarding an adolescent who is facing mental health challenges. Since *Adolescent Mental Health: Parenting to Wellness* is online, you can complete it at your own pace.

### Hybrid Implementation of Adolescent Mental Health: Parenting to Wellness

The hybrid implementation of *Adolescent Mental Health: Parenting to Wellness* means you will complete the program based on a schedule. After you complete the assigned sessions, you will meet with a facilitator and, possibly, other families to discuss the information from the sessions.

There are 2 – 3 meetings with a facilitator. Each meeting will range from 45 – 60 minutes.

# Adolescent Mental Health Date/Time/Location Hybrid Implementation

## Expectations

You will be asked to independently participate in online sessions of **Adolescent Mental Health: Parenting to Wellness** and come to meetings ready for discussion. By completing the sessions and activities and answering provided questions, you will be prepared to engage in discussion regarding the content, ask additional questions, and learn from other parents and caregivers and their experiences.

## How to Create a Thrive Account

- Visit <https://thrive.psu.edu/> → Navigate to "For Parents" → Go to "Register for THRIVE online" → Click "Sign Up."
- Enter your name, create a username and password, and share your military affiliation (Yes/No).
- Log In → Choose **Adolescent Mental Health: Parenting to Wellness** by selecting **Adolescent Mental Health: Parenting to Wellness Overview** and then selecting "Start Course."

## Still have Questions? Contact your Facilitator!

Assistant Secretary of Defense for Military Community and Family Policy (DoD MC&FP) and the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse).

All programs are available free of charge.

## Appendix D



### Adolescent Mental Health Screen Share Text Example







**Thank you for joining our meeting for**



**adolescent mental health**  
Parenting to Wellness

**The meeting will start at**



*You should hear soft music playing.*

Take this opportunity to test your microphone, video, and other settings.

If you need technical assistance:

Email

or

Call

at





# Appendix E



## Best Practices for Online Learning





## Best Practices for Online Learning

**You can enhance your experience during this training by doing the following:**



**Joining the meeting early to test settings.**



**Testing your technology with a friend or family member prior to your meeting.**



**Finding a quiet place to complete the meetings.**



**Using a headset or headphones for voice clarity.**



**Knowing who to contact, and how, if you cannot connect or are having technical difficulties.**



**Having a backup plan if your computer won't connect to the meeting. Perhaps there is a call-in number you could use so you can hear the meeting.**

