

Let's Connect® (LC): AT-A-GLANCE

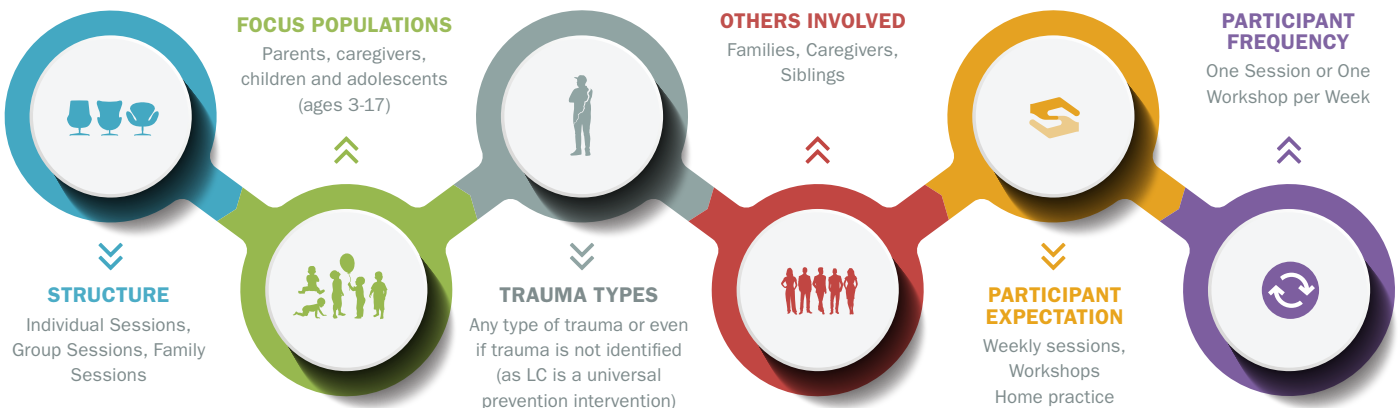
What is LC?

Let's Connect® is an evidence-based, trauma-informed parenting program for caregivers and their children. It helps caregivers identify and respond to children's emotional needs to foster connection, warmth, and promote social-emotional competence, mental health, and resilience. LC builds parents' skills in three areas: parents' own emotional awareness, acceptance, and regulation, creating intentional family environments, and emotion-focused, relationship skills. LC also supports caregivers to use LC skills to address children's behavioral challenges and to support difficult family conversations, including conversations about trauma-related topics. LC skills are taught through a combination of discussions, video examples, role play, self-reflection, mindfulness, and live coaching of skills. Facilitators model and embody LC skills which is crucial for engaging families, especially for children and families who have experienced trauma.

What are the goals of LC?

1. Build caregiver emotional awareness, acceptance, and regulation, perspective taking, and compassion for self and other.
2. Create intentional family environments (e.g. routines, rituals, rhythm).
3. Teach behaviorally-specific, emotion-focused relationship skills that include connection skills (e.g. notice and appreciate, listening), emotion support skills (e.g. validation), and emotion coaching skills (e.g. extending children's emotional understanding, coping).

What does LC look like?



Let's Connect® (LC): AT-A-GLANCE

■ Additional Information

N/A

■ What is the commitment?

Let's Connect® typically requires 8-16 sessions for the individual family format and 8-12 sessions when delivered in a group format. Individual family sessions typically last 60 minutes and groups are delivered in 90 minutes. Interviews are used in assessment.

■ How do we know it works?

LC has practice-based evidence and research evidence to support its benefits in various community-based youth and family service systems (e.g., child welfare, mental health, housing, shelters, etc.).

Let's Connect® was developed by Drs. Kimberly Shipman, Monica Fitzgerald, and Lucianne Hackbert in partnership with colleagues, families, and community partners. For more information, see [page 3](#). The majority of children/youth/families involved in the initial development of this practice identified as African American, Latino/e, and Caucasian, lived in rural, suburban, and urban areas of Georgia and Colorado, and spoke English and/or Spanish at home.

While there are no adaptations to LC at this time, clinicians providing this model are encouraged to be responsive to families' culture and world view. There are translations of LC materials for children, youth, and families available in English and Spanish. Learn more on [page 3](#).

LOCATION:

Anywhere you and your provider decide

■ For more information explore the next several pages or check out:

<http://www.letsconnect.org>

LC: THE EVIDENCE

■ What types of evidence are available for LC?

- ☐ Pilot Study
- ☐ Program Evaluation
- ☐ Quasi-experimental Research
- ☐ Randomized Clinical/Controlled Trial
- ☐ Practice-Based Evidence
- ☐ Promising Practices
- ☐ Community-Based Participatory Research
- ☐ Culturally and Socially Embedded Practice Based Evidence

■ Where can I learn more about the evidence?

- Let's Connect® website (www.letsconnect.org)
- Shaffer, A., Fitzgerald, M., Shipman, K., & Torres, M. (2019). Let's Connect: A developmentally-driven, emotion-focused parenting intervention. *Journal of Applied Developmental Psychology*, 63, pp.33-41.
- Shipman, K., Fitzgerald, M.M., & Torres Pauletic, M. (2025). Let's Connect®: An Emotion Focused Parenting Program. *Journal of Applied Developmental Psychology*, 98.
- Shipman, K., Fitzgerald, M.M., & Kerns, S. (2025). Introduction to the Special Issue on Emotion-Focused Parenting Programs. *Journal of Applied Developmental Psychology*, 101.

■ How is LC measured in real time?

LC uses standardized clinical assessments, behavioral observations of parenting skills, parent interview and other qualitative methods to assess outcomes. LC offers an assessment protocol but providers can select their own assessment tools. LC also uses measurement-based care approaches, weekly observation of parent skills, and weekly client feedback to assess impact in real time.

■ What changes for the better as a result of LC?

- Parenting stress, parent social emotional skills, parent mental health/well-being, positive parenting skills (e.g., listening, validation, less invalidation), and improved parent-child relationship.
- Child social emotional skills, mental health (anxiety, depression), behavioral challenges, and post-traumatic stress symptoms.

■ What do the numbers tell us (i.e., quantitative data)?

LC significantly improves caregiver emotion awareness, regulation, and well-being in addition to mindfulness in parenting and parenting stress. LC enhances parenting skills (e.g., increased listening and validation and decreased invalidation) and parent-child communication. Children show clinically significant improvements in social emotional competence, behavior problems, anxiety and depression, and post-traumatic stress symptoms.

■ What do the stories tell us (i.e., qualitative data)?

Parents share that LC has significantly improved their relationship with their children and their confidence in responding to children's emotional and behavioral needs. Parents feel calmer, experience less stress, and have increased self-compassion and social support. Parents share that they feel more comfortable and skilled talking with their children about difficult life events (e.g., moves, illness, divorce) including trauma.

Hear from families:

<https://vimeo.com/1011485170/9cc9a9f86f?share=copy> (English)

<https://vimeo.com/952103895/4f7671e5ca?share=copy> (Spanish)

"The thing that I found as a surprise in this program is that I didn't think that tools would really help. We have had domestic violence and child abuse and lots of therapies over the past year. I didn't have such a high hope, but it has been beyond my expectations I have to tell you. I found that what I think needs hours of time, like when my child, who's 11, uses bad language or whatever, as soon as I just connect and understand the feeling, it just like melts everything away. The tools you said, like how to approach, physical posture, listening, repeating, normalizing, understanding, never questioning the feeling, all of that stuff - 90% of the job is just done. I can tell you it has been very useful, effective, and it brought a lot of peace in our home."

– Parent of 11 year-old participant in LC

LC: ADAPTABILITY AND ACCESSIBILITY

■ What is the history of LC?

LC was developed by Drs. Kimberly Shipman, Monica Fitzgerald, and Lucianne Hackbert. They brought together their research and clinical expertise in children's social emotional development, parenting, mental health, trauma, resilience, and contemplative practices to develop LC. Children and families involved in the initial development identified as Caucasian or African American and were English speaking. Intervention development expanded with a focus on engaging Latino/a/e and Hispanic families. We also learned from family feedback as part of a large project that evaluated LC as a strategic enhancement of Trauma-Focused Cognitive Behavioral Therapy with over 400 youth and families, many of whom were Spanish speaking. There has also been a formal adaptation for K-12 educators called RISE: Resilience in Schools and Educators and a LC Parent Education workshop series for delivery with parents in schools..

■ How did LC developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?

The LC team learns from families' lived expertise through real-time feedback, parent advisory boards, focus groups, storytelling, and other creative modes of expression. Most families served have faced trauma, including and racism. Services are embedded in the community to ensure families are reached in spaces where they feel comfortable and safe, encouraging open feedback and engagement.

■ What is the role of LC providers in tailoring the model for individuals, families, and communities?

LC providers follow evidence-informed guidelines to tailor the model. Fidelity is maintained to the core components, but delivery is individualized through considering language, culture, and context so it is compatible with the client's cultural values, beliefs, language, and worldview. Other strategy examples include: material translation, discussion of specific stressors experienced by the family/group, and integration of cultural practices and/or rituals.

■ How are lessons learned from individuals, families, communities and providers used to keep improving LC?

The LC team learns from families, providers, and communities in ongoing ways through advisory boards, focus groups, real-time family feedback, storytelling, and a community implementation team. These lessons help ensure LC sessions and resources are relevant, practical, and supportive.

■ Resources and materials are available:

- Materials are available in Spanish. LC was translated through an intentional process involving LC training for professional translators and solicitation of feedback about word choices, phrasing, and cultural relevance of LC materials from facilitators and native and/or monolingual Spanish speaking parents.
- For more information on adaptation and access, see website www.letsconnect.org.

LC: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE LC

Provider prerequisites:

- Experience: Attend 16 hours of training and consultation
- Education: Mental health provider or provider with considerable experience facilitating parent education
- Licensure: No licensure required

Trained providers can:

- Deliver LC

Access for Provider Training:

- Through live in-person training
- Through live virtual training
- Through consultation
- Contact in advance for trainer availability

TO SUPERVISE LC

Supervisor prerequisites:

- Meet provider prerequisites
- 5 cases
- Recommended 1 year of prior supervisor experience

Trained supervisors can:

- Supervise others in LC
- Provide consultation to others about LC

Access for Supervisor Training:

- See www.letsconnect.org.

TO TRAIN LC

Trainer prerequisites:

- Meet Provider and Supervisor prerequisites
- Minimum of 1 year experience with the model
- 1 year experience as trainer
- Complete established train-the-trainer (TTT) process

Approved trainers can:

- Train within their own organization
- Train outside of their organization if approved by developers

Access for Trainer Training:

- Through live virtual training

TO SUSTAIN LC

Organization prerequisites:

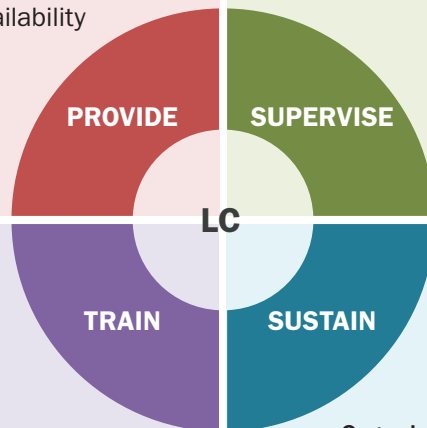
- Discussions on readiness and fit
- Support a training infrastructure
- Commit to regular meetings dedicated to sustaining the practice

Organizations can:

- Support providers to complete the Train the Supervisor and TTT program
- Train new staff on the job by in-agency trainers

Access for Organizational Readiness Supports:

- Consultation for senior leaders
- Connection to other organizations using model
- Assessment and supports at cost



LC: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE LC

- **Training cost:** Example costs for private agency trainings (for up to 35 participants): \$7,000 for 16-hours of live training and \$3,000 per consultation group (12 60-minute calls over 6 months; 8-15 per group). For larger training groups, we recommend adding a 2nd trainer from our team. We also offer open trainings that individuals or groups of providers can register for. Example costs for 16-hours of open live training and consultation is \$575 per person, with a 15% discount for groups of 10 or more. We provide discounts to students. Please contact developers for cost breakdowns given your individual/agency/community requests, needs and context.
- **Time Commitment:** 16 hours of training plus 9 hours of consultation.
- **Additional Details:** While providers do not need to be clinically trained, they would benefit from a background in mental health, child development, parent education, parent training, and/or trauma supportive strategies.

SUPERVISE LC

- **Training cost:** Contact developers for cost breakdowns.
- **Time Commitment:** A supervisor needs to attend the LC training and consultation sessions.
- **Additional Details:** NA

TRAIN LC

- **Training cost:** Contact developers for cost breakdowns.
- **Time Commitment:** Contact developers for trainer time commitment.
- **Additional Details:** NA

SUSTAIN LC

- **Training cost:** Contact developers for cost breakdowns.
- **Time Commitment:** Contact developers for organization time commitment.
- **Additional Details:** NA

To learn more about providing, supervising, training, or sustaining, please see www.letsconnect.org or email: megan.holton@colorado.edu
For additional resources and related products, please explore: www.letsconnect.org

The Let's Connect® (LC): At-A-Glance was reviewed and approved for accuracy by University of Colorado in October, 2025.

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