NCTSN The National Child Traumatic Stress Network

LC: Let's Connect

GENERAL INFORMATION

Treatment Description

What is Let's Connect?

Let's Connect (LC) is a parenting intervention that teaches caregivers to identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence, sense of emotional security, and overall well-being and mental/behavioral health. Let's Connect does this in four primary ways:

- Provides caregiver education about resilience, social and emotional development, family emotional climate, children's behavioral challenges, and other topics specific to each family, including child trauma.
- Builds caregivers' social and emotional skills and well-being, including caregiver self-awareness, perspective-taking, emotional regulation, mindfulness, and supportive presence.
- Teaches caregivers specific skills for interacting with their child in a way that promotes supportive caregiver/child relationships (e.g., caregiver warmth, supportive presence, acceptance/validation of emotion), child social and emotional competence, and children's mental/behavioral health and well-being.
- Supports caregivers in developing intentional environments that integrate rituals, routines, and daily rhythms into the home to promote predictability, consistency, and opportunities for connection.

Let's Connect skills are grounded in developmental and clinical research. Research shows that caregiver response to child emotion is central to fostering children's social and emotional competence (e.g., emotion regulation), emotional security, mental/behavioral/physical health, and overall resilience. LC offers individualized training, skills modeling, and live support for skills practice for caregivers and youth (ages 3-15) over approximately 8 to 12 sessions. Families gain specific tools for addressing behavioral challenges and talking about important family topics, including family transitions, divorce, separation, foster care/adoption, illness, trauma, grief, and loss.

Acronym *(abbreviation)* **for intervention:** LC

Average length/number of sessions: Let's Connect can be used as a targeted intervention with at-risk families or as a strategic enhancement to other evidence-based treatments for children and families.

Universal prevention (individual or group): Let's Connect promotes health and resiliency for all caregivers and children by promoting parent-child connection, social and emotion skills, and overall well-being and mental/behavioral health.

Targeted intervention with at-risk families (group or individual format):
Let's Connect promotes health and resiliency for caregivers and children who have experienced stressful life events (e.g. trauma, chronic medical problems, divorce, separation, military deployment, sudden tragic events, natural disasters). Let's Connect is also appropriate for kinship, foster, and adoptive caregivers as well as for children with behavioral challenges. Implementation involves training, modeling, live-coaching of parent-child interaction by the therapist, and ongoing consultation with 8-12 (90-minute) weekly sessions.

LC: Let's Connect

	Strategic enhancement to evidence-based child and family interventions: Let's Connect can be integrated with other evidence-based interventions (e.g. Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavioral Therapy) to build caregiver emotion regulation, supportive presence, and communication skills that enhance parent-child relationship quality as well as treatment engagement, retention, and response. Families also gain specific tools for talking about difficult family topics, including child trauma and abuse, divorce, separation, and loss. Implementation involves training, modeling, live coaching, and ongoing consultation. LC is integrated throughout the evidence-based practice and includes therapist live-coaching of LC skills as part of each session and weekly home practice of LC skills. LC typically adds 5 sessions to implementation of a standard trauma-focused treatment protocol. **Resilience in Schools and Educators (RISE).** LC was adapted for schools. The school version is called RISE. RISE enhances educator, staff, and youth social emotional skills and builds nurturing school environments that enhance learning, student-staff relationships, and classroom management. Implementation involves training, modeling, live-coaching, and ongoing consultation with all school staff over a semester or year period. RISE is supported by our Category II: Center for Resilience and Wellbeing in Schools. RISE is trauma-responsive, culturally-responsive, and resilience-promoting. **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)*: Let's Connect takes family culture and experience into account in its delivery, with particular attention to beliefs about parenting, emotion, and child development. **Trauma type** *(primary)*: Any trauma type **Trauma type** *(secondary)*: Any trauma type **Additional descriptors** *(not included above)*: Let's Connect also addresses difficult or stressful life transitions that often accompany traumatic events (e.g. moves, placement changes, divorce, medical rehabilitation, changes in family functioning).
Target Population	**Age range:** 3 years **to** 15 years **Gender:** ❒ **Males** ❒ **Females** ☒ **Both** **Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: Let's Connect has been delivered to families within diverse ethnic/racial groups, including Caucasian, African American, and Latino families. Let's Connect materials are available in English and Spanish. Let's Connect has been used with recent immigrants to the United States. **Other cultural characteristics** *(e.g., SES, religion)*: Let's Connect has been implemented in community mental health settings serving diverse, low-income families, as well as with military families.

Target Population continued	**Language***(s)*: Let's Connect is currently developed for English- and Spanish-speaking families and clinicians. The developers are open to adapting the materials for other languages and cultural groups. Please contact us for more information. **Region** *(e.g., rural, urban)*: Let's Connect has been delivered in urban (metro Denver, Seattle) and rural (Georgia) communities. **Other characteristics** *(not included above)*: Let's Connect has been delivered to foster, kinship, and adoptive families.
Essential Components	**Theoretical basis:** Let's Connect is a parenting intervention that (1) builds caregivers' own social and emotional skills and (2) helps caregivers identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth; and promotes children's emotional competence (e.g., emotion awareness, emotion regulation, empathy) and sense of emotional security. Caregiver support has been identified as a *key protective factor* for children experiencing stress and adverse life events, but there has been limited attention to defining "support" behaviorally, and to incorporating specific strategies into existing interventions. Children's emotional competence is a strong predictor of children's mental and physical health, behavioral adjustment, social skills, and academic success. *Emotion Theory and Research.* Let's Connect skills are grounded in developmental and clinical research that demonstrates that parental response to child emotion is central in fostering children's emotion regulation, emotional security, and mental health outcomes. Clinical research has demonstrated that interventions that target attending and listening skills have been consistently associated with larger effect sizes for improvements in parenting behavior (Kaminski, Valle, Filene, & Boyle, 2008; Havinghurst et al., 2013; McNeil & Hembree-Kigin, 2010). Developmental research with normative and "at risk" samples has demonstrated that both parental emotion support skills (e.g., validation, invalidation) and emotion coaching skills (e.g., awareness/acceptance of emotion, emotion discussion, constructive response to child emotion) relate to children's psychological adjustment, physical health, and social and academic competence in cross-sectional and longitudinal studies (Cunningham, Kliewer, & Gardner, 2009; Havinghurst et al., 2009, 2010, 2013; Katz, Wilson & Gottman, 1999; Lunkenheimer, Shields, & Cortina, 2007; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005; Yap, Allen, & Ladouceur, 2008). Further, caregiver emotion support and emotion coaching skills predict: (1) children's development and use of effective emotion-regulation and coping skills (Eisenberg, Fabes, & Murphy, 1996; Shipman et al., 2007; Spinrad, Stifter, Donelen-McCall, & Turner, 2004; Shortt, Stoolmiller, Smith-Shine, Eddy, & Sheeber, 2010); (2) children's comfort with sharing emotionally-arousing topics with their parents (Shipman & Zeman, 2001); and (3) the likelihood that children will seek help and initiate discussion with parents when faced with difficult events (Brown, Fitzgerald, Shipman, & Schneider, 2007).

Essential Components continued

Additionally, parent emotion coaching reduces the impact of family violence on children's behavior problems and response to peer provocation (Katz, Hunter, & Klowden, 2008; Katz & Windecker-Nelson, 2006). Finally, low levels of parental emotion support and coaching, and the presence of parent invalidation, mediate or help to explain the relation between child maltreatment and children's emotion dysregulation in physically maltreating and non-maltreating families (Shipman et al., 2007; Shipman & Zeman, 2001). Recent community-based intervention research has found that parent emotion-socialization practices taught in group-based parenting interventions are associated with increases in parenting skills, reductions in emotion dismissing, and improvements in child behavior (Havinghurst et al., 2013). A meta-analytic review of parenting training programs indicates that parenting behaviors and skills improve significantly more when emotion communication skills are included in the program (Kaminski, Valle, Filene & Boyle, 2008). Taken together, this research is consistent with theoretical work in children's emotional development that highlights the functional role of parental emotion socialization in facilitating children's healthy socioemotional development and psychological adjustment (Barrett & Campos, 1987).

Parent Emotion Regulation/Mindfulness Theory and Research.

There is a growing body of promising research on the positive impact of emotion regulation/mindfulness training integrated with parent training approaches (Coatsworth et al., 2015; Duncan et al., 2009a; Duncan et al., 2009b; Shapiro & White, 2014). The clinical neuroscience literature also emphasizes the importance of targeting emotion regulation skills training to improve caregiver-child attachment (Siegel, 2012; Siegel & Bryson, 2012; Roeser & Eccles, 2015). The Let's Connect program aligns with this research by building caregivers' own social and emotional skills (e.g., emotion awareness, acceptance, regulation) through caregiver education, mindfulness practices, and self-reflection.

Key components:

Let's Connect builds caregiver and child competencies in four interrelated ways:

1. **Provides caregivers with education** about resilience, social and emotional development, family emotional climate, children's behavioral challenges, and other topics specific to each family, including child trauma.
2. **Builds caregivers' own social and emotional skills and well-being**, including caregiver self-awareness, perspective taking, emotion regulation, mindfulness, and supportive presence. This work includes attention to understanding the important function that emotion serves in our lives, including the role that emotion plays in interpersonal relationships. These skills are taught using the Hand-to-Heart Three Step Process (see below), which includes simple mindfulness/well-being practices, self-reflection, and increasing insight about how emotions guide parenting responses.

   Hand-to-Heart Three Step Process: LC teaches caregivers steps for supporting intentional responses to children's emotions and behavior. These steps help caregivers to navigate everyday challenges and meet parenting goals.

Essential Components continued

These steps include:

- **Tune-in** to assess caregiver's own emotional experience and readiness to be present with the child – "What am I feeling?" "What do I need?"
- **Reach out** to identify the child's feelings, needs, and perspective –"How does my child feel?" "What does my child need?" "What is the need underlying emotion and/or behavior?"
- **Connect** with existing resources that help caregivers meet their own needs and needs of the child, and strengthen parent-child connection by using the Let's Connect skills (connection, emotion support, emotion coaching) to understand the child's experience, and help the child identify and manage their feelings.

3. **Teaches caregivers specific skills for interacting with their child** in a way that promotes supportive relationship quality, child social and emotional competence, and children's mental/behavioral health and well-being.

   These skills include:

   - **Connection skills (Notice, Appreciate, Listen to Learn More and Label Feelings)** show children that their caregiver is present, is attending to what they are saying and experiencing, and is interested in not only what they do, but who they are. The caregiver ***notices*** the child (e.g., describing/reflecting what child says/does), ***listens and attunes*** to the child (e.g., interested/supportive body language, reflecting/paraphrasing, and asking helpful, open-ended questions), and ***appreciates*** what the child does and who they are (e.g., affirming statements, sharing appreciation or gratitude).
   - **Emotion support skills (Validation)** convey caregiver support and acceptance of the child's emotional experience and extend children's ability to use the caregiver as a source of support and coping. The caregiver demonstrates ***empathy, normalizes the child's experience, and shows care and concern in response to child emotion.***

     Caregivers also learn how to avoid common "traps" which interfere with connection (e.g., distraction, should statements, invalidation) and make the child less likely to share and feel safe.

4. **Supports caregivers in developing intentional home environments** that integrate rituals, routines, order, and daily rhythms to promote predictability, consistency, and opportunities for connection.

   Let's Connect also integrates teaching of **effective behavioral management skills** (e.g., how to identify the function of the child's behavior/emotion) with specific instruction about how to use Let's Connect strategies to address behavioral challenges. The goal is to help parents set healthy boundaries for children in a way that supports the relationship and healthy child development.

Essential Components continued

How are Let's Connect Skills taught?

Let's Connect can be administered in an individual family or group format. Let's Connect skills are taught through a combination of didactics, role-play, live, in-session coaching in which the therapist serves as a coach as the caregiver talks with their child about feelings and life events, and structured home practice. The therapist meets with the caregiver(s) alone to teach, model and practice the LC skills, and with caregivers and children together to provide live coaching of the skills during in-session conversations. Children learn about emotions and gain skills through interaction with their caregiver. When LC is integrated within another family intervention (e.g., TF-CBT), LC content is introduced early in treatment and reinforced through live coaching in subsequent sessions and home practice. The Let's Connect approach to caregiver skill building is based on adult learning theories, which indicate that behavior change and skill development is facilitated through active learning and practice (Beidas & Kendall, 2010; Humair & Cornuz, 2003; Joyner & Young, 2006). In-session skills practice with parents and their children is associated with significantly greater impact on child externalizing behaviors and parenting skills (Kaminski et al., 2008).

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?
❒ Yes ☒ No ❒ Uncertain

Extent to which cultural issues have been described in writings about this intervention Our pilot trials and our large-scale randomized clinical trial included diverse families (e.g., low income, kinship/foster care, diverse ethnicity). There has been considerable attention to addressing cultural issues in our treatment manual.

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.**
❒ Yes ☒ No

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)***? ☒ Yes ❒ No**

If YES, please include citation:

Preliminary data from a randomized clinical trial that evaluated LC as a strategic enhancement of Trauma-Focused Cognitive Behavioral Therapy (i.e., TF-CBT vs TF-CBT plus LC) indicate a significantly higher retention rate in TF-CBT plus LC group (based on completion of at least 8 sessions).

Parent/caregiver descriptions of treatment satisfaction:

"It was nice to have some different tools to use [at home]. I've always felt like we needed them – I know in my family we didn't talk about how we were feeling about stuff. It was nice to have the right open-ended questions to use, and the way to answer to keep [my child] going and stuff like that – it was nice to have those tools – you don't get a book on how to do that with kids, so that was really helpful."

Clinical & Anecdotal Evidence continued

"I actually still have the posters up next to my desk, because when you get into that panicky anger, other place, it's easy to go back to what you know versus what you are learning. So, if nothing else, [Let's Connect] made me more conscious of 'oh wait, that's not really how I want to do this, I want to back up for a second I want to think about this'."

*"I would tell other families, if you are at all uncertain with anything you are doing with parenting give [Let's Connect] a try…There was so much information and it's about the child, but it's also about how **you're** feeling about **their** feelings. It's really beneficial for any family."*

"The [live practice] was good –it was great, actually. One of the main reasons I came to [Let's Connect] in the beginning was I didn't know how to talk to [my child]! I didn't know how to "get the ball rolling", and I was being hard on myself just because I didn't get an answer from her, but you guys taught me how to get started."

Has this intervention been presented at scientific meetings? ☒ Yes ❒ No

If YES, please include citation(s) from last five presentations:

Shipman, K., Fitzgerald, M.M., & Fauchier, A. (April, 2013). *A Family Focused Emotion Communication Program -AFFECT: Building parents' emotion communication skills and increasing family connection*. Presentation for the Society for Research in Child Development Biennial Meeting, Seattle, WA. (*NOTE. Let's Connect was formerly known as AFFECT)

Shaffer, A., Fitzgerald, M, Shipman, K., Loucks, L., Torres, M., & N'zi, A. (November, 2014). *The Let's Connect intervention module: Building parents' emotion communication skills to prevent emotional maltreatment.* Presented at the 2014 SRCD Special Topic Meeting: New Conceptualizations in the Study of Parenting-At-Risk. San Diego, CA.

Fitzgerald, M. M. (February, 2014). *Emotional Abuse Workshop* for Family and Child Protection and Welfare Staff of Ministry of Social and Family Development (MSF), Snyder Theatre, & MindChamps, Toa Payoh, Singapore.

Fitzgerald, M., Shipman, K., Torres, M., Gorrono, J., & N'zi, A. (April, 2015). *Let's Connect: A mindful communication program.* Presented at the University of Washington Center for Child and Family Well-Being 2015 Biennial Mindfulness Research Conference. Seattle, WA.

Shipman, K., Melton, K., & Fitzgerald, M. (April, 2019). *Prevention through Caregiver Coaching*. Convening on Children, Youth, and Families. Dillon, CO.

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

There is a detailed manual for Let's Connect to be implemented as a stand-alone intervention in group or individual family format as well as a manual for integrating Let's Connect integrated with TF-CBT. With TF-CBT, LC is integrated into existing TF-CBT sessions and LC skills are practiced throughout TF-CBT both in session (through therapist live-skills coaching) and as part of structured homework.

Clinical & Anecdotal Evidence continued	**Has the intervention been replicated anywhere? ☒ Yes ❒ No** Dr. Anne Schaffer at the University of Georgia has conducted a pilot study of Let's Connect in group format with a high-risk community sample in rural Georgia. **Other countries?** *(please list)* N/A **Other clinical and/or anecdotal evidence** *(not included above)*: We have several videotaped testimonials from families who have received Let's connect that we can share upon request.	
Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Pilot Trials/Feasibility Trials *(w/o control groups)*		
Study 1: Individual Family Format	Clinic-referred population for parent-child difficulties and/or experience of stressful life events **N=**5 caregiver/child pairs **Child Age:** 5 to 13 years	Shipman, K., Fitzgerald, M.M., & Fauchier, A. (April, 2013). *A Family Focused Emotion Communication Program -AFFECT: Building parents' emotion communication skills and increasing family connection.* Presentation for the Society for Research in Child Development Biennial Meeting, Seattle, WA.
Study 2: Group format	High-risk community sample (poverty, stressful life events) **N=**25 caregiver/child pairs **Child Age:** 5 to 12 years **Child Gender:** 63% Female, 37% male **Child Race/Ethnicity:** 79% Caucasian, 17% African American, 4% Asian	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.

Study 3: Group format	Head Start sample **N=**19 caregiver/child pairs (17 children) **Child Age:** 3 to 5 years **Child Gender:** 41% Female, 59% male **Child Race/Ethnicity:** 47% Caucasian, 18% African American, 6% Asian; 35% Hispanic/ Latino	
Study 4: Group format (Spanish speaking families)	Community sample **N=**10 caregiver-child pairs **Child Age:** 4 to 13 years **Child Gender:** 40% Female, 60% male **Child Ethnicity:** 80% Hispanic/Latino	
Randomized Controlled Trials		
Study 5: TF-CBT alone vs. TF-CBT plus Let's Connect	Clinic-referred population for child trauma (e.g., child abuse, domestic violence, medical trauma, traumatic grief) **N=235** caregiver/child pairs **Child Age:** 5 to 15 years **Child Gender:** 46% Female, 54% Male **Child Race/Ethnicity:** 34% Caucasian, 42% Hispanic, 12% African American, 12% Other	Evaluation of the RCT is currently underway. Please contact developers for updated information.

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any?

The full list of assessment tools described below can be used as part of a comprehensive research assessment battery. The following subset of measures are suggested for clinical use:

Eyeberg Child Behavior Inventory (ECBI) (parent report)

Strengths and Difficulties Questionnaire (SDQ) (parent or youth report)

Difficulties in Emotion Regulation Scale (DERS) (parent self-report)

Parent-Child Emotion Interaction Task (PCEIT) (clinical observation)

Parent Meta-Emotion Interview (MEI) (clinical interview)

1. Emotion Communication and Emotion Regulation Measures

Parent-Child Emotion Interaction Task (PCEIT; Shipman & Zeman, 1999): Videotaped interaction in which parent and child talk together about times the child felt *happy, sad, mad,* and *scared* when with someone in their family. When used for research, interaction is coded for caregiver connection, emotion support and emotion coaching skills and traps.

(source): Shipman, K.L., Zeman, J. (1999) Emotional understanding: A comparison of physically maltreating and nonmaltreating mother-child dyads. *Journal of Clinical Child Psychology*, 1999; 28(3): 407-417.

Meta-Emotion Interview (MEI). Semistructured parent interview. When used for research, it is coded for four scales regarding child emotions (i.e., awareness, acceptance, coaching, regulation).

(source): Katz, L.F., & Gottman, J. M. (1986). The meta-emotion interview. Unpublished manual, University of Washington, Department of Psychology, Seattle, WA.

Parents' Beliefs about Children's Emotions (PBACE). The PBACE is a parents' report measures that assesses beliefs about the value of child's positive emotion, the value of child's negative emotion, and parents' role in guiding child emotions.

(source): Halberstadt, A. G., Dunsmore, J. C., Bryant, A., Jr., Parker, A. E., Beale, K. S. and Thompson, J. A. (2013). *Development of the Parents' Beliefs about Children's Emotions Questionnaire. Psychological Assessment, 25*, 1195-1210.

Difficulties in Emotion Regulation Scale (DERS). Parental self-report of their own emotion regulation skills.

(source): Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 36*, 41-54.

Outcomes continued

Emotion Regulation Checklist (ERC). Parental report of child's emotion regulation skills with two scales (i.e., adaptive emotion regulation, emotion dsyregulation).

(source): Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion q-sort scale. *Developmental Psychology, 33*, 906-916.

2. Parent Mindfulness, Stress, Self-care Measures

The Five-Factor Mindfulness Questionnaire (FFMQ). This 39-item instrument assesses five facets of mindfulness: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. Participants respond using a 5-point likert scale.

(source): Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27-45.

Parenting Stress Index 4 - Short form (PSI). The PSI assesses three major domains of stress in the parent-child system: child characteristics, parent characteristics, and situational/demographic life stress.

(source): Abidin, R. (1995). Parenting Stress Index: Professional manual (4th ed.). Odessa, FL: Psychological Assessment Resources.

Positive and Negative Affect Schedule (PANAS) Short Form. The 20 item PANAS questionnaire comprises two mood scales: one that measures Positive Affect (alert, inspired, attentive) and the other that measures Negative Affect (upset, hostile, ashamed).

(source): Thompson, E. R. (2007). Development and validation of an internationally reliable short-form of the positive and negative affect schedule (PANAS). *Journal of cross-cultural psychology, 38*(2), 227-242.

3. Child Behavior and Mental Health

Eyberg Behavior Inventory. Parent-rating scale is used to assess both the frequency of child disruptive behaviors and the extent to which the parent finds the child's behavior troublesome.

(source): Eyberg, S., & Pincus, D. (1999). Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory-Revised: Professional Manual. Odessa, FL: Psychological Assessment Resources.

Strengths and Difficulties Questionnaire (SDQ). Brief behavioral screening measure with 5 (e.g., emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial skills).

(source): Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of child psychology and psychiatry, 38*(5), 581-586.

Outcomes continued

If research studies have been conducted, what were the outcomes?

Study 1 (n =5) - Feasibility of Individual Family Format of Let's Connect: Findings from five individual families indicated high feasibility of treatment components and caregiver satisfaction with LC. Findings also indicated significant improvement in caregiver's positive emotion communication skills (ECS; validation, empathy, normalization) and reductions in ECS traps (e.g., invalidation, criticism, blame, doubting) from pre- to post treatment. Study findings demonstrated increases in parent validation of child during the parent-child emotion interaction task and decreases in parent invalidation.

Study 2 (n = 25) - Group Family Format of Let's Connect (Community Sample): Findings indicated that emotion communication (EC) skills increased with the intervention, and at the three-month follow-up (pre, M=4.04, SD=0.85; post, M=4.42, SD=0.8, 3-mo, M=4.83, SD=0.38). Additionally, EC traps decreased with the intervention and at the three-month follow-up (pre, M=2.66, SD=0.9; post, M=2.12, SD=0.78; 3-mo, M=2.12, SD=0.69). For both Emotion Communication (EC) skills and EC traps, fixed effects for intercepts were significant, indicating that caregivers varied across families in baseline levels of emotion communication abilities. Fixed effects were significant for slope, indicating increase in EC skills use over time. The effect size of this mean difference was large (Cohen's d=0.89). EC traps decreased modestly over time; estimates of fixed effects for slope were marginally significant (p=.06) and the effect size of this mean difference was small to moderate (Cohen's d=0.39).

Study 3 (n = 19) – Group Family Format of Let's Connect (Head Start Preschool Sample): Findings indicated a significant decrease in caregiver emotion regulation difficulties: Three subscales of the Difficulties in Emotion Regulation Scale (DERS) were significant: Goal-directed Behavior (pre, M=13.26, SD=4.32; post, M=11.17, SD=3.95; $t(18)=2.80$, $p < .05$), Emotion Regulation Strategies (pre, M=15.86, SD = 5.20), post (M=14.28, SD=5.93), $t(18) = 2.49$, $p < .05$), and Emotional Clarity (pre, M=11.58, SD= 3.10; post, M=9.05, SD=2.50; $t(18)=3.76$, $p < .01$). Additionally, findings indicated a significant decrease in the DERS total (pre, M=82.10, SD=18.68; post, M=73.16, SD=18.64; $t(18)=3.00$, $p < .01$), indicating improvement in healthy emotion regulation at the post-assessment. On the Parenting Stress Index (PSI), findings indicated a significant decrease in parenting stress on two subscales, as well as the total score (PSI Parental Distress: pre, M=28.57, SD=6.49; post (M=24.59, SD=6.51; $t(15)=2.81$, $p < .05$; PSI Difficult Child: pre, M=33.65, SD=8.65; post, M=28.60, SD=9.46); $t(16) = 2.63$, $p < .01$; PSI Total: pre, M=85.01, SD=14.69; post, M=75.60, SD=21.07; $t(15) = 2.33$, $p < .01$). On the Devereux Early Childhood Assessment for Preschoolers (DECA-P2), findings indicated a significant increase in children's self-regulation (pre, M= 21.12, SD=4.73; post, M=23.83, SD=5.01; $t(16) = -2.18$, $p < .05$), and a trend toward decrease in behavioral concerns (pre, M=17.06, SD=6.39; post (M=14.71, SD= 6.87); $t(17)= 1.68$, $p = .10$). Although these data are preliminary given the small sample size, findings suggest that Let's Connect improved parent emotion regulation and child self-regulation, and reduces parenting stress.

Outcomes continued	Study 4 (n = 10) – Group Family Format of Let's Connect (Community sample-Families First, primarily Spanish-speaking): Findings indicated a significant increase in parent emotional awareness (pre: M=21.3; post: M=23.5 on DERS Awareness Scale) and in frequency and range of parent positive emotions (pre: M=34.4, post: M=38 on PANAS Positive Affect Scale). Findings also indicated a significant decrease in frequency and range of parent negative emotions (pre: M=19.67, post: M=16.78 on the PANAS Negative Affect Scale) and in parenting stress (pre: M=93.74, post: M=77.62 on the total Parenting Stress Index IV, Short Form). Study 5 (n = 235) - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) alone vs. TF-CBT plus Let's Connect for Children and Families Exposed to Trauma: In both groups (TF-CBT alone and TF-CBT and LC), findings indicated improvements in child post-traumatic stress, behavior problems, self-control, assertion, affective strengths, and family involvement. Findings from the TF-CBT + LC group showed additional significant improvements in caregiver stressors, increased child cooperation, effective discipline, and less child exposure to violence. That group also had a higher retention rate in treatment and higher satisfaction with services, than in the TF-CBT only group.
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** Let's Connect can be implemented using bug-in-the-ear technology for coaching caregivers through a one-way mirror or in a therapy room or family home with the therapist coaching in the room. Materials include handouts, video clips, therapy materials (e.g., emotion cards/lists), and audio-recorders to record family home practice. Additional required equipment includes a device to play training videos (laptop computer, tablet, or TV with dvd player). **Supervision requirements** *(e.g., review of taped sessions)***?** Training, live-coaching and/or tape review, and weekly or bi-weekly consultation/supervision. **To ensure successful implementation, support should be obtained from:** Consultation with developers; training materials and requirements; manual
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Contact developers. **How/where is training obtained?** Two- to three-day in person training is required to deliver Let's Connect. Contact developers for more information. **What is the cost of training?** Contact developers **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ☐ **No** **If YES, what languages?** Spanish **Other training materials &/or requirements** *(not included above)***:** Treatment manual, training videos, visuals, and handouts

Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** Let's Connect is strength focused and offers behaviorally-specific strategies for building parent support, parent emotion regulation, and enhancing the quality of parent-child relationships as well as giving parents' tools to build children's social and emotional competencies and manage behavioral challenges. This is important given that parental support is a key predictor of children's treatment response. **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** **Logistical** – Because LC requires some individual time with parent and child as well as time together for skills coaching, it is helpful to offer childcare during session for younger children, if possible.
Contact Information	**Name:** Kimberly Shipman, Ph.D., Monica Fitzgerald, Ph.D. **Address:** Senior Research Associates, Clinical and Developmental Psychologists, University of Colorado Boulder, Institute of Behavioral Science, Center for Resilience and Well-being in Schools, 1440 15th Street, Boulder, CO 80309 **Phone number:** Kimberly Shipman 303.625.3811; Monica Fitzgerald 303.735.0811 **Email:** Kimberly.Shipman@Colorado.edu; Monica.Fitzgerald@Colorado.edu **Website:** www.LetsConnect.org
References	Barrett, K.C., & Campos, J.J. (1987). Perspectives on emotional development II: A functionalist approach to emotions. In J. Osofsky (Ed.), *Handbook of Infant Development* (2nd ed., pp. 555-578). New York: Wiley. Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: a critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice, 17*(1), 1-30. Brown, A. M., Fitzgerald, M. M., Shipman, K., & Schneider, R. (2007). Children's expectations of parent–child communication following interparental conflict: Do parents talk to children about conflict? *Journal of Family Violence, 22*(6), 407-412. Coatsworth, J. D., Duncan, L. G., Nix, R. L., Greenberg, M. T., Gayles, J. G., Bamberger, K. T., ... & Demi, M. A. (2015). Integrating mindfulness with parent training: Effects of the mindfulness-enhanced strengthening families' program. *Developmental psychology, 51*(1), 26. Cunningham, J. N., Kliewer, W., & Garner, P. W. (2009). Emotion socialization, child emotion understanding and regulation, and adjustment in urban African American families: Differential associations across child gender. *Development and psychopathology, 21*(1), 261. Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). Pilot study to gauge acceptability of a mindfulness-based, family-focused preventive intervention. The *Journal of Primary Prevention, 30*(5), 605-618.

References continued

Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: Implications for parent–child relationships and prevention research. *Clinical child and family psychology review, 12*(3), 255-270.

Eisenberg, N., Fabes, R. A., & Murphy, B. C. (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child development, 67*(5), 2227-2247.

Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *Journal of Primary prevention, 21*(2), 227-251.

Havighurst, S. S., Wilson, K. R., Harley, A. E., & Prior, M. R. (2009). Tuning in to Kids: An emotion-focused parenting program–initial findings from a community trial. *Journal of Community Psychology, 37*(8), 1008-1023.

Havighurst, S. S., Wilson, K. R., Harley, A. E., Prior, M. R., & Kehoe, C. (2010). Tuning in to Kids: Improving emotion socialization practices in parents of preschool children–findings from a community trial. *Journal of Child Psychology and Psychiatry, 51*(12), 1342-1350.

Havighurst, S. S., Wilson, K. R., Harley, A. E., Kehoe, C., Efron, D., & Prior, M. R. (2013). "Tuning into Kids": Reducing young children's behavior problems using an emotion coaching parenting program. *Child Psychiatry & Human Development, 44*(2), 247-264.

Humair, J. P., & Cornuz, J. (2003). A new curriculum using active learning methods and standardized patients to train residents in smoking cessation. *Journal of general internal medicine, 18*(12), 1023-1027.

Joyner, B., & Young, L. (2006). Teaching medical students using role play: Twelve tips for successful role plays. *Medical teacher, 28*(3), 225-229.

Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of abnormal child psychology, 36*(4), 567-589.

Katz, L. F., Hunter, E., & Klowden, A. (2008). Intimate partner violence and children's reaction to peer provocation: The moderating role of emotion coaching. *Journal of family psychology, 22*(4), 614.

Katz, L. F., Wilson, B., & Gottman, J. M. (1999). Meta-emotion philosophy and family adjustment: Making an emotional connection. *Conflict and cohesion in families: Causes and consequences*, 131-165.

Katz, L. F., & Windecker-Nelson, B. (2006). Domestic violence, emotion coaching, and child adjustment. *Journal of Family Psychology, 20*(1), 56.

Lunkenheimer, E. S., Shields, A. M., & Cortina, K. S. (2007). Parental emotion coaching and dismissing in family interaction. *Social Development, 16*(2), 232-248.

McNeil, C., & Hembree-Kigin, T. L. (2010). *Parent-Child Interaction Therapy*. Springer Science & Business Media.

References continued

Roeser, R. W., & Eccles, J. S. (2015). Mindfulness and compassion in human development: Introduction to the special section. *Developmental psychology, 51*(1), 1.

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.

Shapiro, S., & White, C. (2014). *Mindful Discipline: A Loving Approach to Setting Limits and Raising an Emotionally Intelligent Child*. New Harbinger Publications.

Shipman, K. L., Schneider, R., Fitzgerald, M. M., Sims, C., Swisher, L., & Edwards, A. (2007). Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's emotion regulation. *Social Development, 16*(2), 268-285.

Shipman, K. L., & Zeman, J. (2001). Socialization of children's emotion regulation in mother–child dyads: A developmental psychopathology perspective. *Development and psychopathology, 13*(02), 317-336.

Shortt, J. W., Stoolmiller, M., Smith-Shine, J. N., Mark Eddy, J., & Sheeber, L. (2010). Maternal emotion coaching, adolescent anger regulation, and siblings' externalizing symptoms. *Journal of Child Psychology and Psychiatry, 51*(7), 799-808.

Siegel, D. J., & Bryson, T. P. (2011). *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind*. Random House Digital, Inc..

Siegel, D. J. (2012). *Pocket Guide to Interpersonal Neurobiology: An Integrative Handbook of the Mind (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.

Spinrad, T. L., Stifter, C. A., Donelan-McCall, N., & Turner, L. (2004). Mothers' regulation strategies in response to toddlers' affect: Links to later emotion self-regulation. *Social Development, 13*(1), 40-55.

Suveg, C., Zeman, J., Flannery-Schroeder, E., & Cassano, M. (2005). Emotion socialization in families of children with an anxiety disorder. *Journal of Abnormal Child Psychology, 33*(2), 145-155.

Yap, M.B., Allen, N.B., & Ladouceur, C.D. (2008). Maternal socialization of positive affect: The impact of invalidation on adolescent emotion regulation and depressive symptomatology. *Child development, 79*(5), 1415-1431.