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'What Should We Tell the Children About Relationships and Sex?' [©]

Development of a Programme for Parents using Intervention Mapping

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ABSTRACT

This article describes the development of an intervention which aims to increase the quantity and quality of parent-child communication about sex and relationships. The intervention was designed as part of a local strategic approach to teenage pregnancy and sexual health. The process and findings of Intervention Mapping (IM), a tool for the development of theory- and evidence-based interventions, are presented. The process involved a detailed assessment of the difficulties parents experience in communicating with their children about sex and relationships. The findings were translated into programme and change objectives which specified what parents needed to do in order to improve their communication. Theory-based practical strategies most likely to bring about the desired behavioural change were then identified and pre-tested. The intervention developed consisted of a six-session facilitator-led programme which targeted parents' attitudes, knowledge, communication skills and self-efficacy. Following on from Bartholomew's seminal work on IM, this paper develops and extends the application of this process by presenting explicit detail on the behavioural change techniques employed and their theoretical underpinnings. The strengths and weaknesses of IM as a process for the development of health behaviour interventions are discussed.

INTRODUCTION

Within England and Wales, the rates of unwanted teenage pregnancy and sexually transmitted infection (STI), are causing increasing concern because of the long-term health and social consequences, particularly for younger teens (Social Exclusion Unit, 1999; Simms & Stephenson, 2000). The rate of teen conceptions in England and Wales currently stands at 8.0 per 1000 for under 16 year olds, and 42.6 per 1000 for under 18 year olds (Office for National Statistics, 2008). Despite falling gradually over the last decade, this incidence is still the highest in Western Europe. The latest figures from the Health Protection Agency (HPA, 2007) show that young people under 16 years of age are becoming increasingly burdened by STIs, with Genito-Urinary Medicine (GUM) clinics in the UK reporting over a seventy percent increase in incidence between 1997 and 2006 for this age group. The National Teenage Pregnancy Strategy (Social Exclusion Unit [SEU], 1999) has set the objective of halving the rate of teenage conception in England by 2010 and The National Strategy for Sexual Health and HIV (Department of Health, 2001) aims to reduce the transmission of STIs amongst young people in England.

Research on reducing teenage pregnancy and STIs has predominantly focussed on directly targeting children's attitudes and behaviour (Ellis & Grey, 2004; Swann, Bowe, McCormick & Kosmin, 2003). Few interventions have focused on parents as the agents of change, despite them being ideally positioned for this. The value of parents in promoting safe sexual and relationship functioning has been recognized by both the National Teenage Pregnancy Strategy (SEU, 1999) and the National Strategy for Sexual Health and HIV (Department of Health, 2001). Both of these strategies identify the need to provide parents with practical help to assist them in talking to their children about sex.

This article describes the development of an intervention to increase the quantity and quality of parent-child communication about relationships and sex using Intervention Mapping (Bartholomew, Parcel, Gok & Gottlieb, 2001; 2006). Using full and detailed description of the process, the authors aim to demonstrate to health promotion practitioners how to combine research evidence with the views of users, stakeholders and the community, and to cast light on both the selection and basis of theory-based practical strategies, an aspect of intervention design that is often missing within the literature. The programme developed, 'What Should We Tell the Children about Relationships and Sex?' [©] (WSWTC), was commissioned by Coventry Teenage Pregnancy Partnership Board in 2004. As far as we are aware, this is the first UK theory- and evidence-based intervention targeting the prevention of teenage sexual risk behaviour by mobilizing parents to be the mode of sex education delivery. It is also the first UK application of Intervention Mapping to the development of a parent-child communication intervention.

BACKGROUND

Although mixed, there is some evidence from correlational studies that parent-child communication can have a protective effect on sexual risk behaviour (e.g. Aspy et al., 2007; Hutchinson, 2002; Karofsky, Zeng & Kosorok, 2000; Wellings et al, 2001). Research suggests however that in UK households, family communication about sex and relationships is a restricted activity. A study by Lytle, Birnbaum, Boutelle and Marray (1999) for example, reported that of among a number of health issues (e.g. diet, exercise, drinking), parents discussed sexual activity the least frequently with their teenagers. This is supported by a tracking survey, conducted on behalf of the Teenage Pregnancy Unit, to monitor progress against its targets in England (British Market Research Bureau, 2003), which reported that nearly half of young people receive little or

no information about relationships and sex from their parents. Reasons given for not discussing these issues include, children receiving all the information they need elsewhere, children not being ready for it, parents' discomfort or embarrassment with the issue, and parents' desire to maintain the "innocence" of their children. Young people however, would like to talk to their parents about sexual matters (Balding, 1999; MacDowall et al., 2006; Sex Education Forum, 1999; Somers & Surmann, 2004).

The exact nature of the most effective parental communication in reducing the likelihood of risky sexual behaviour is unclear. Evidence suggests that relationships characterized as open, warm and comfortable, and where mutual respect and understanding are demonstrated, are the most successful (Aggleton, Oliver & Rivers, 1998; Miller, Kotchick, Dorsey, Forehand & Ham, 1998; Taris, Semin & Bok, 1998; Stone & Ingham, 2002). Evidence also suggests that the optimal time for parents to start talking to their children about sex and relationships is when they are of primary school age (5 to 11 years old). Parents report greater ease of communication during this period, allowing for opportunistic approaches to sex education that coincide with sexual development (McGuire, Hogg & Barker, 1996) and it can avoid exacerbating the issue or invading young people's privacy (Walker, 2001).

Evidence is emerging that interventions to improve parent-child communication about sex and relationships can be effective in preventing or reducing adolescent sexual risk behaviour. A review by Kirby (2007) of eight parent-child sexual health communication programmes found one to be effective in delaying the initiation of sex (Dilorio, McCarthy, Resnicow, Lehr & Denzmore, 2007), one in reducing the frequency of sex (Wu et al., 2003), and four in increasing condom use (Dilorio et al., 2006; Dilorio, McCarthy, Resnicow, Lehr & Denzmore, 2007; Prado et al., 2007; Wu et al., 2003). An earlier review by Kirby (2002) criticised the design and

evaluation of such programmes, identifying a number of features that may have obscured positive programme impact. These included the employment of weak evaluation designs, the failure to be grounded in theory or empirical research, the failure to focus on important antecedents of sexual risk behaviour or to be skill-based, and the lack of intensity or follow-up activities to maintain communication.

METHOD

This programme was developed by researchers at the Applied Research Centre in Health and Lifestyle Interventions (ARC-HLI) at Coventry University using Intervention Mapping (IM) (Bartholomew et al., 2001; 2006). IM describes a logical process involving a series of sequential and iterative steps which guide development of interventions grounded in evidence and theory. It employs structured and detailed planning to ensure that the resulting intervention is grounded in the needs of the intended audience, informed by theory and evidence, and sensitive to the organizational, environmental and cultural climate in which it will be embedded. The process requires multiple methods to be applied across the stages of intervention development. These methods reflect core processes required to build understanding of, and generate solutions for, the health problem of interest. The selection of methods for each step is determined by the IM framework which provides clear guidance on both how and when they should be used. A description of the methods as used in the development of What Should We Tell the Children (WSWTC) is provided below:

Consultation with community partners: A planning group composed of community partners was convened, with members representing key staff from two local Primary Care Trusts (teenage

pregnancy coordinators and health promotion specialists), the Mother's Union (a Christian Organisation supporting marriage and family life), the Youth Inclusion Programme (a programme that aims to reduce offending, truancy and exclusion within disadvantaged communities), the School Nursing Service, Sure Start (a government programme that aims to provide the best start in life for all children), two local parenting projects, and Connexions (a government-led organisation offering information and advice to young people on education, careers, housing, money, health and relationships). This community partnership group met five times throughout the development of the intervention to contribute to the needs assessment, review and finalise performance and change objectives, provide ideas for intervention strategies, provide feedback on the acceptability and cultural appropriateness of programme messages and materials, and to contribute to the identification of threats to programme uptake and sustainability.

Focus groups with parents: Four focus groups were conducted with a total of 32 parents, all of whom had at least one child between the ages of 5 and 14, and lived within Coventry and Warwickshire. Two groups were drawn from existing parenting support groups run by the Mothers Union, one was drawn from an existing South Asian Women's support group. The remaining group was formed through the recruitment of parents from a local primary school. The total sample represented a variety of religious and cultural backgrounds but was predominantly female (only two fathers participated). The focus groups aimed to identify facilitating, reinforcing and enabling factors related to both parent-child communication about sex and relationships, and to attendance at a facilitator-led group programme. This constituted the needs assessment. At a later stage, one of the four groups (Mothers Union parenting group) went on to

participate in a further focus group to inform the selection of intervention strategies through the pre-testing of selected materials.

Literature reviews: Two literature reviews were conducted to inform the development of the intervention. The first constituted part of the needs assessment and its purpose was to add to and expand understanding of the factors that predispose, reinforce and enable parent-child communication about sex and relationships identified through the focus groups. The purpose of the second was to inform the selection of theoretical methods and practical strategies to be used by the intervention.

Review of existing programmes: Although not an explicit IM method, a review of existing programmes was conducted to learn from best practice, avoid pitfalls identified by others who had developed similar interventions, and to avoid duplication of existing programmes. This involved speaking to other programme implementers and obtaining available process evaluations. The review of existing interventions fed predominantly into the development of the adoption and implementation plan.

The above methods were employed within the six key IM steps, the outcome of each step being built on within each consecutive step. Table 1 below presents the purpose and intended outcome of each step, and the methods used to achieve these.

Insert table 1 here

RESULTS: INTERVENTION DEVELOPMENT

Step 1: Needs Assessment. The priority population for the programme was parents of children aged five to fourteen years. This age group was chosen to reflect both research evidence indicating the optimal time to initiate discussions, and the view of the partnership group that sex education should begin early. The needs assessment utilized the methods described in table 1 above. Predisposing, reinforcing and enabling factors identified through focus groups were added to and refined through discussion with the community partnership group and by using evidence from the literature review. Examples of factors identified are presented in table 2 below (see Newby, Bayley and Wallace (2008) for further details). The factors were then more broadly categorized into determinants. IM procedure entails the categorisation of factors into personal and external determinants. Although external influences on parent-child communication about sex and relationships were identified and recorded, these were excluded from categorisation as they were judged to be outside of the remit of the intervention. Table 2 below presents the personal determinants identified, along with examples of predisposing, reinforcing and enabling factors on which they are based.

Insert table 2 here

In summary, the determinant 'Attitude' encompassed beliefs regarding the unique and important role of parents as educators, 'Knowledge' encompassed knowledge of sexual and reproductive health, 'Skills' encompassed listening, judging the level of appropriate information and dealing with difficult questions, and 'Self-efficacy' encompassed beliefs regarding one's own ability to

communicate on this subject and to pass on personally important beliefs and values.

Step 2: Creating matrices of change objectives. As this study was commissioned by Coventry Teenage Pregnancy Partnership Board, the programme goal was set from the outset: to increase the quantity and quality of parent-child communication about sex and relationships. Based on the needs assessment and with input from the community partnership group, this goal was broken down into five performance objectives to specify what would be required of intervention participants to achieve this goal. These were as follows: 1. Parents to recognize the scope and importance of Sex and Relationships Education (SRE), and their role in providing it; 2. Parents to prepare themselves for child approach/initiation; 3. Parents to encourage and reinforce their child's approach for information, advice and support; 4. Parents to respond effectively to their child's question, concern or problem; 5. Parents to initiate discussion as/when appropriate. A matrix was developed by combining these performance objectives and associated determinants to create change objectives. The community partnership group participated in a workshop to reach a consensus on the most important and changeable objectives to take forward to the next step. Table 3 below displays a portion of the final matrix, produced as a result of this process (see Newby, Bayley and Wallace (2008) for the full matrix).

Insert table 3 here

Step 3: Selecting methods and practical strategies. The next step of intervention development was to create a theory-based strategy map. The map was created by cross-tabulating the change objectives with the determinants, and populating the cells created with relevant methods and strategies of behavioural change. This was the point at which theory began to shape the

intervention. Methods and strategies were identified through a review of psychological and pedagogical literature. In particular, the programme developers turned to research reporting the effectiveness of existing interventions based on the Theory of Reasoned Action (Fishbein & Ajzen, 1975), The theory of Planned Behaviour (Ajzen, 1988) and Social Cognitive Theory (Bandura, 1986), from which the constructs of attitude and self-efficacy are derived, to identify existing strategies with evidence of success. A sub-group of the community partnership group that included trained facilitators and educationalists also contributed to the process of identifying methods and strategies. For some determinants, methods and associated strategies were explicitly linked, for example, observing role-play demonstrations as a strategy in which the method of modelling can be used to increase self-efficacy (Bandura, 1986). For other determinants however, the link was implicit, with methods and strategies being selected because they had a mechanism of change that could be attributed to relevant theoretical constructs. Once all relevant cells had been populated, researchers reviewed the strategy map and removed methods/strategies with the least evidence of effectiveness, both empirically and anecdotally, for change. Those that remained were considered for inclusion within the programme.

Step 4: Programme development. *Development of programme materials:* Session titles were developed which reflected themes relating to common questions or concerns raised by parents during the needs assessment. The structure and content of sessions was then organised by linking these with change objectives and their associated theoretical methods and practical strategies. This was an iterative process in which revisions to session titles and changes to the links were made until a coherent programme plan was produced. This plan was finalized by the community partnership group. At this stage the pool of potential strategies was reduced to more manageable

proportions by selecting only those which were most likely to achieve the session objectives. The pool was then further reduced with consideration to the feedback received from parents on the acceptability of various standard group exercises sought during the earlier focus groups, and through input from the community partnership group on the appropriateness of proposed materials and messages. The final selection of strategies mapped to each session was chosen by researchers based on what was most practical and feasible within the programme context. For the full list of theory-based behavioural change techniques included within the programme see Newby, Bayley and Wallace (2008).

Essentially, WSWTC is designed not to teach parents but instead to guide and support them to engage in open and comfortable dialogue about sex and relationships with their children. As a whole, the programme is focused firstly on increasing parents' motivation to talk to their children about sex and relationships and then secondly on providing parents with the skills needed to initiate conversations and respond to questions in a relaxed and confident manner. Parents were encouraged to plan ahead, thinking about what level of information they wanted their children to have at what age and any particular values or messages they wanted to convey. Emphasis was placed on beginning communication about sex and relationships from an early age and gradually building the depth and range of information provided over time. Programme materials were designed to be sensitive to cultural diversity and the needs of parents with low literacy.

Pre-testing of programme exercises: Selected programme exercises were pre-tested by one group of seven parents and a trained facilitator. This group had previously taken part in a needs assessment focus group. Views on the acceptability and feasibility of exercises were sought and

some modifications made to their structure and delivery as a result. As part of this pre-testing, parents were also asked to provide feedback on the programme logo and the programme and session titles, to which positive comments were received. The community partnership group also reviewed the exercises, programme logo, and programme and session titles to assure their appropriateness for the priority population.

Programme overview: The final programme consisted of six facilitator-led sessions with an optional pre-programme "taster" session. The purpose of the taster session was to address practical, cultural, and psychological barriers to attending the full course of the programme and to target beliefs which evidence indicated were barriers to parent-child communication about relationships and sex and in doing so motivate intentions to change. Each session was designed to last approximately 90 minutes and typically involved both individual and group exercises. To guide the delivery of the programme, a facilitator's pack was produced containing all the information and materials required to deliver the programme. Detailed session plans were included within the facilitator pack containing session aims, learning outcomes, resources required, a session overview, and exercise guides. The pack also included information and guidance on the origins of the programme, its philosophy and values, issues relating to faith and culture in the context of sex and relationships and on facilitation skills. A parents' portfolio was also produced which contained brief information on what to expect in each session, fact sheets on key sex and relationships topics, a glossary of terms, sources of further information and advice and a list of resources to support communication, for example books and DVDs for children available through local libraries. Parents were encouraged to build their portfolios up throughout the programme by making notes and inserting handouts. Supplementary materials

were developed to promote the programme and to act as stand-alone resources with educational content. These were a leaflet containing key messages relating to each of the programme sessions, and a 'business card' with a list of top ten tips for communication on the back. The programme logo, the facilitator pack, the parents' portfolio, the leaflet and the business card were all produced by a graphic designer.

Step 5: Adoption and implementation. To ensure sustainability of the programme, a detailed plan for its roll-out was made. This was important as the responsibility for programme adoption and implementation was to be assumed not by the developers but by the commissioning body. This plan was developed through input from parents and the community partnership group, and through a review of existing parenting programmes. This process of consultation gave insight into the determinants of parental attendance at group-based facilitated programmes, and of successful programme adoption and implementation. Identified barriers and facilitators to parental attendance included the suitability of session venues, facilities and their timing, social apprehension, particularly parents' concern that they may be asked to reveal their level of knowledge or engage in activities with which they were uncomfortable, and the perceived relevance and credibility of the programme. Successful adoption and implementation were recognized as dependent upon having a successful marketing strategy, endorsements from users and recognized agencies, trained facilitators and enthusiastic and creative local programme coordinators. To assist the commissioning body in successfully rolling-out the programme, suggested strategies for targeting barriers to, and facilitators of, parental attendance and programme adoption and implementation were detailed within a final report presented on completion of the project.

Step 6: Evaluation. To enable ongoing process and outcome evaluation of the programme, the commissioning body was also provided with an evaluation plan on completion of the project. The plan recommended that each parent who attended the programme completed pre-, post- and three month follow-up questionnaires, and that facilitators completed a checklist and feedback form on delivery of each session. Outcome evaluation questionnaires were designed so as to enable identification of whether the programme goal and the programme objectives had been achieved, and to examine whether positive changes in the determinants, in line with performance of the target behaviour, had occurred. Evaluation materials were provided with the plan to enable continued development and refinement of the programme, monitor completeness and fidelity of programme delivery, and most importantly, to assess the effectiveness of the programme in achieving its goal.

Programme status: In the six month period following local implementation of the programme in 2007, a total of 62 parents completed seven full courses of the programme. Currently, parents continue to be successfully recruited to the programme and courses take place in a wide variety of settings. Full process and outcome evaluation of the programme is planned for 2009. Since its launch, further research has been conducted by the ARC-HLI to identify the specific needs of parents traditionally under-represented on parenting programmes, namely fathers (Bayley, Choudhry, Wallace, Trigwell & Lunt, 2008) and ethnic minorities. This research has identified important changes that need to be made to the programme to make it more acceptable to these groups. The researchers therefore wish to revise and/or re-develop the programme accordingly. Re-development is likely to involve the option of a single-session programme and/or a home-

based training package.

DISCUSSION AND CONCLUSION

WSWTC is a six-session facilitator-led programme that aims to increase the quantity and quality of parent-child communication about sex and relationships through targeting parents' attitudes, knowledge, communication skills and self-efficacy using theory-based methods and practical strategies. Development of the programme was guided by IM (Bartholomew et al., 2001; 2006) and addresses the criticisms of previous programmes made by Kirby (2002). Most notably, the programme is grounded in theory and evidence and is predominantly skill-based, avoiding, we believe, the assumption of other similar programmes that an increase in sexual health knowledge is a sufficient basis for improved communication.

We found IM to be a useful framework for the development of a health behaviour intervention. It provided a structured guide to follow, ideally suited to applied research, ensuring that the starting point is clearly focussed on the problem rather than a research question driven by theory testing or model development. The process enabled us to have confidence that the intervention developed was grounded in the needs of the priority population and was acceptable to the community organisations expected to adopt it. The incorporation of user, stakeholder and community participation in intervention design is advocated by the National Institute for Health and Clinical Excellence (2007), a standard that will assist in the development of interventions that are locally relevant, culturally competent and instil a sense of ownership outside of the research group that is vital for their adoption and implementation both initially and in the long-term. The systematic application of theory and evidence also enabled us to have confidence that the strategies chosen to target the performance objectives would be successful in achieving the

programme goal. Full process and outcome evaluation will identify whether this confidence in justified. Some degree of refinement or change to programme structure, content and/or delivery will be necessary following delivery to different groups of parents, and the detailed matrix and strategy map will enable this to be made with relative ease.

Despite its clear strengths, the IM framework has some weaknesses which may detract from its use or prevent its application. We found the framework unwieldy to use with almost limitless evidence gathering advocated within the needs assessment stage. The process as a whole is time-consuming and we feel that there is a need for guidance on the use of IM principles for brief and rapid intervention development. This would undoubtedly compromise some of the strengths of this process but the full version as it currently stands is preclusive to those wishing to develop health behaviour interventions who are almost always confined by available resources. The step we found most difficult to perform was the selection of theory-based methods and practical strategies. This was, however, less to do with the guidance itself and more to do with the body of evidence available.

This study represents an ecological approach to addressing the problem of teenage sexual risk through focussing on the behaviour of parents as a key environmental agent of change. As such, this programme could be used by health promotion planners who wish to develop wider multi-level approaches to tackling teenage sexual risk behaviour through focussing on important and often neglected environmental influences on behaviour. Through the supplementary material (Newby, Bayley and Wallace, 2008), examples of theoretical methods and practical strategies to facilitate parent-child communication about relationships and sex have been provided. Health promotion planners are encouraged to use these in the design of their own programmes, and to be creative in developing alternative ways of targeting the determinants identified.

This study has contributed to the body of evidence on parent-child communication about relationships and sex through adding to knowledge about the predisposing, reinforcing and enabling factors influencing this behaviour. Future research is planned to refine the WSWTC intervention through conducting process and outcome evaluations, and through modelling the relationship between the identified determinants and behaviour. Further work in this area should also seek to address the external determinants of parent-child communication about relationships and sex, that is, factors resting outside of the individual that influence health behaviour or environmental conditions. Although these were identified through our early needs assessment (see table 1 of supplementary material, Newby, Balyley and Wallace, 2008), targeting them through the intervention was judged to be outside of the original remit. In particular this programme would greatly benefit from insight into parent-child communication about sex and relationships from the perspective of children themselves.

Through this article the authors have aimed to present a clear description of the development of a health behaviour intervention in which the mechanisms and content of behaviour change techniques are explicit. This deliberate transparency will allow for future evaluations of effectiveness to be appraised alongside a full understanding of the targeted antecedents of behavioural change, the techniques adopted to bring about change, and the theoretical underpinning of those techniques. This will enable a meaningful contribution to current knowledge about what is effective in positively impacting upon the antecedents of parent-child communication and ultimately in increasing the quantity and quality of such communication in the context of teenage sexual health.

On a wider scale, this level of detail will ensure a meaningful contribution to the body of health behaviour research. Interventions aimed at changing health behaviours have been

criticized by Michie and Abraham (2004) for being 'evidence-inspired' rather than evidence-based. If a scientifically-based, theory specified technology of behaviour change is to be created, then clear specification of intervention techniques and their underlying theory must be provided to allow for identification of which behaviour change techniques contribute to programme outcomes.

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Table 1 Protocol based on Intervention Mapping procedure used for development of the programme

IM step	Purpose	Intended Outcome	Methods employed
1. Needs assessment	To identify if a need for the programme exists and if so, what it should address	Facilitating, reinforcing and enabling factors related to the underlying problem	• Focus groups with parents • Consultation with community partnership group • Literature review
2. Matrices	To clarify the programme goal and performance objectives and to identify the immediate change objectives that need to be achieved in order to realise the programme goal	Programme goal and performance objectives and matrices of change objectives	• Consultation with community partnership group
3. Selecting methods and strategies	To identify strategies linked to change objectives, that are most likely to bring about the desired behavioural change via the identified determinants	A theory-based strategy map	• Literature review • Consultation with sub-section of community partnership group
4. Programme development	To develop and finalise the programme structure and content	The final programme	• Focus groups with parents • Consultation with community partnership group
5. Adoption and implementation	To identify threats to programme uptake and sustainability and strategies to target these	An adoption and implementation plan to inform programme roll-out	• Focus groups with parents • Consultation with community partnership group • Review of existing programmes
6. Evaluation	To develop and employ measures for process and outcome evaluation	Findings of process and outcome evaluation that can be used to further refine and develop the intervention	*This programme is yet to undergo process or outcome evaluation*

Table 2 Identified changeable and important personal determinants of parent-child communication about sex and relationships and selected associated predisposing, reinforcing and enabling factors.

Predisposing, Reinforcing and Enabling factors			Determinants
'My child's not old enough yet'	'It's my wife's job'	'I want to protect her from all of that'	**Attitude**
'I don't know enough about that myself'	'I don't know how to say what I want to say'	'I don't know where to start'	**Knowledge/Skills**
'I don't have the ability to influence my child'	'Its embarrassing'	'I'm not comfortable talking about that'	**Self-efficacy**

Table 3 Selected cells from matrix of change objectives for parents in the WSWTC intervention

Performance Objective	Personal determinants		
	Attitude	**Knowledge/Skill**	**Self-efficacy**
Parents to respond effectively to child's question, concern or problem	• Perceive that giving accurate age-dependant information promotes consistency (and that giving false information will reduce credibility and hinder progressive learning)	• Has listening skills to identify question, concern or problem • Has RS[1] knowledge • Knowledge of developmental stages and appropriate content/level of information/advice • Able to respond to approaches made by both male and female children • Has and can use vocabulary to discuss RS[1] topics • Has clear values/beliefs regarding RS[1] • Able to choose age-appropriate materials to refer child to (books, videos, CD ROM etc.) • Awareness of alternative of sources info, advice, support to refer child to e.g. school nurse, GP, help-lines, etc.	• Feels confident that has listening skills and that they can use these • Feels confident that have RS[1] knowledge or know how/where to access sources of knowledge • Feels confident that can provide age-appropriate information/advice • Feels confident that can respond equally well to both • Feels confident that have vocabulary to discuss RS topics with their child and feels comfortable using it • Feels confident that have clear values and beliefs on all RS[1] topics (that are consistent with their faith / culture) • Feels confident in ability to choose appropriate learning materials for their child • Feels confident in ability to refer child to alternative sources of info, advice and support

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[1] Relationships and Sex

What Should We Tell the Children About Sex and Relationships?[©] **Development of Programme for Parents using Intervention Mapping - Supplementary Material**

Newby, K., Bayley, J. and Wallace, L. M.

as described in

Newby, K., Bayley, J. and Wallace, L.M. (submitted, 2008) What Should We Tell the Children About Relationships and Sex?' [©] Development of a Programme for Parents using Intervention Mapping. Health Promotion Practice

Table 1 Complete list of predisposing, reinforcing and enabling factors related to parent-child communication about sex and relationships identified through the needs assessment

Predisposing, reinforcing and enabling factors
Belief that child too old / too young / not ready
Lack of knowledge
Religious/cultural beliefs
Belief that role is to provide one-off discussion (narrow focus)
Belief that spouse is responsible
Do not perceive that have the ability to influence child's sexual values/beliefs/behaviour
Belief that child receiving all that they need from other sources (e.g. school)
Social norms: friends don't talk to their children about sex and relationships
Low perceived susceptibility of child to sexual risk
Low perceived seriousness of sexual risk
Do not equate communication with child's protection from sexual risk
Belief that not talking about sex and relationships equates with protection of innocence
Talking about sex and relationships is not perceived as a priority
Talking about sex is perceived as taboo
Have not contemplated that they have a role in providing sex and relationships education
Attitude towards communicating (experience of own sex and relationships education)
Not knowing what age to start
Unsure what language to use
Parenting style not conducive
Waiting for child initiated communication
Embarrassment / discomfort
Preference for talking to child of own gender
Don't recognize opportunities for discussion / learning
Child has behavioural/learning difficulties (denial of maturation)
Parent has learning difficulties
Lack skills (e.g. listening skills) and confidence in communicating about sex and relationships
Time
Shyness
Child has rejected or rebuked previous attempts
Parent has experienced embarrassment on previous attempt

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Attributed previous 'failures' to stable factors (e.g. own skills/ability)
Child does not want to talk about sex and relationships
Child finds it difficult to talk about sex and relationships
Family structure (e.g. single parents, step-parents)
Lack of social support for parents regarding communication with their child about sex and relationships
Societal belief that talking about sex is taboo

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Table 2 Full matrix of change objectives

Performance Objective	Attitude	Knowledge/Skill (behavioural capability)	Self-efficacy
Parents to recognize the scope and importance of sex and relationships education, and their role in providing it	▪ Believe that discussing sex and relationships with their children will be effective in moulding positive sexual knowledge, attitudes, values and behaviour ▪ Believe that parents are a unique source of sex and relationships education (continuous, sequential, sensitive info; can convey own attitudes and values) ▪ Believe that children are receiving information from a variety of informal sources (Media, peers, partners, society) that can lead to misperceptions / erroneous beliefs if it goes unchecked ▪ Believe that children can become distressed by their emerging sexual	▪ Have realistic perception of adolescent sexual risk ▪ Demonstrate understanding of the consequences of sexual risk behaviour ▪ Demonstrate understanding of the broad scope of sex and relationships education (Impacts on many areas of life e.g. health, safety, responsibility etc)	

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Performance Objective	Attitude	Knowledge/Skill (behavioural capability)	Self-efficacy
	development if they are not adequately prepared for it ▪Aware of the message they are giving to their children by not talking about sex and relationships ▪Believe that sex and relationships education is progressive and relevant to all stages of child development (and that is compatible with protection of innocence)		
Parents to prepare themselves for child approach/initiation	▪Believe that child's approaches are ideal opportunities for learning and discussion (which for younger children, capitalize on their natural curiosity)	▪Able to recognize child's approaches	▪Feels confident in ability to know when their child is attempting to communicate with them about sex and relationships
Parents to encourage and reinforce child's approach for information, advice and support	▪Believe that this enables the level of information to be determined by the child's readiness	▪Parent to ends communication on sex and relationships with praise for approach ▪Parent to end communication by	▪Feels confident that can encourage and reinforce child's approaches

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Performance Objective	Attitude	Knowledge/Skill (behavioural capability)	Self-efficacy
	▪Believe that this increases likelihood that child will favour them over other external sources ▪Believe that this increases child's comfort and confidence in approaching about them about sex and relationships	reminding child that they can come to them whenever they have a question, concern or problem about sex and relationships	
Parents to respond effectively to child's question, concern or problem	▪Believe that giving accurate age-dependant information promotes consistency (and that giving false information will reduce credibility and hinder progressive learning)	▪Have listening skills to identify question, concern or problem ▪Have sex and relationships knowledge or know how/where to access sources of knowledge ▪Have knowledge of age-appropriate information/messages on sex and relationships ▪Able to respond to approaches made by both male and female children ▪Has and can use vocabulary to	▪Feels confident that has listening skills and that they can use these ▪Feels confident that has knowledge on sex and relationships or knows how/where to access sources of knowledge ▪Feels confident that can provide age-appropriate information/advice ▪Feels confident that can respond equally well to both

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Performance Objective	Attitude	Knowledge/Skill (behavioural capability)	Self-efficacy
		discuss sex and relationships topics ▪Has clear values/beliefs regarding sex and relationships ▪Able to choose age-appropriate materials to refer child to (books, videos, CDROM etc.) ▪Aware of alternative of sources info, advice, support to refer child to e.g. school nurse, GP, help-lines, etc.	▪Feel confident that have vocabulary to discuss sex and relationships topics with their children and feel comfortable using it ▪Feels confident that have clear values and beliefs on all sex and relationships topics (that are consistent with their faith / culture) ▪Feels confident in ability to choose age-appropriate learning materials for their child ▪Feels confident in ability to refer child to alternative sources of info, advice and support
Parents to initiate discussion as/when appropriate		▪Can identify and capitalize on opportunities for communication about sex and relationships ▪Can monitor child's level of	▪ Have confidence in initiating conversations about sex and relationships ▪Feels confident that can

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Performance Objective	Attitude	Knowledge/Skill (behavioural capability)	Self-efficacy
		understanding against timeline and update as appropriate	use everyday situations to educate child about sex and relationships ▪Feels confident that can assess child's current level of understanding ▪Feels confident that can use timeline to identify areas where understanding require development

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Overview of programme

The following overview lists the change objectives for each session and then describes session exercises. For each exercise, the Behaviour Change Techniques (BCT) used, are listed. Note that the BCTs have been retrospectively categorised following the publication of Abraham and Michie's taxonomy (2008). Identification of the techniques is the result of the individual categorisation, followed by discussion and consensus agreement, of two trainee health psychologists and one chartered health psychologist.

Taster - do I need to talk with my child about sex and relationships?

Change Objectives
- Believe that discussing sex and relationships with their children will be effective in moulding positive sexual knowledge, attitudes, values and behaviour
- Believe that parents are a unique source of sex and relationships education (continuous, sequential, sensitive info; can convey own attitudes and values)
- Aware of the message they are giving to their children by not talking about sex and relationships
- Believe that children can become distressed by their emerging sexual development if they are not adequately prepared for it
- Believe that children are receiving information from a variety of informal sources (Media, peers, partners, society) that can lead to misperceptions and erroneous beliefs if it goes unchecked

Exercise 1	*What my parents told me about relationships and sex*
Mode of delivery	Full group discussion guided by facilitator
Brief description of exercise	This exercise encourages parents to think about the consequences of action/inaction by asking them to think back to the messages their parents conveyed to them as a child about relationships and sex (either directly or indirectly), the impact this had on their own beliefs and attitudes about relationships and sex, and then to think about how they want things to be the same/different for their own children.
Behaviour Change Techniques	Provide information on consequences Prompt anticipated regret

Exercise 2	*Where my child receives information and messages about relationships and sex*
Mode of delivery	Full or small group discussion guided by facilitator
Brief description of exercise	This exercise encourages parents to think about all competing alternative sources of information on relationships and sex (e.g. school, friends, media), and their unique role in supplementing and counteracting this. In particular parents are encouraged to think

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise	about the consequence of assuming that children get all of the information they need elsewhere. In this exercise parents are also presented with evidence to support the assertion that parent-child communication about relationships and sex can have a positive impact upon sexual attitudes and behaviour (the link between positive sexual attitudes/behaviour and improved sexual health and reduced unintended pregnancy is implied in the exercise).
Behaviour Change Techniques	Provide information on behaviour-health link Provide information on consequences Fear arousal

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 1: Is there more to it than the birds and the bees?

Change Objectives:
- Believe that parents are a unique source of sex and relationships education (continuous, sequential, sensitive info; can convey own attitudes and values)
- Believe that discussing sex and relationships with their children will be effective in moulding positive relationships and sexual knowledge, attitudes, values and behaviour

- Understand the broad scope of sex and relationships (impacts on many areas of life (health, safety, responsibility etc
- Have sex and relationships knowledge or know how/where to access sources of knowledge and feel confident in ability to access it
- Have and can use vocabulary to discuss sex and relationships topics
- Feel confident that have vocabulary to discuss sex and relationships topics with their children and feel comfortable using it
- Aware of alternative of sources info, advice, support to refer child to e.g. school nurse, GP, help-lines, etc. and confident in ability to direct children to them

Exercise 1	*Birds and the bees and much much more….*
Mode of delivery	Full group discussion guided by facilitator
Brief description of exercise	This exercise builds parents understanding of the breadth of topics related to relationships and sex to take the focus off sexual intercourse/reproduction (which parents are most anxious about) and place it within the context of other learning. It also builds parents confidence by encouraging them to think about instances when they have already communicated about (or built the foundations for communication about) relationships and sex with their children which they may not previously have recognised. In this exercise parents are familiarised with the contents of their portfolios which are to act as a resource for information/facts on relationships and sex and on further sources of information/advice (for themselves and their children) in the home. Parents are also reminded that the resources are not essential for communication but will support and reinforce it (e.g. through having helpline details to hand and relevant books, CD-ROMs, leaflets etc).
Behaviour Change Techniques	Prompting focus on past successes Provide general encouragement Provision of general information

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[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Exercise 2	*Tree*
Mode of delivery	Individual work
Brief description of exercise	The purpose of this exercise is to provide parents with a visual image of their progress on the course. Parents are asked to choose figures on a tree to represent the quantity and quality of communication they experience with their child (may choose different figures to represent quantity and quality separately). Parents revisit this during the last session on the course.
Behaviour Change Techniques	Prompt self-monitoring of behaviour

Exercise 3	*My job description*
Mode of delivery	Full and small group discussion guided by facilitator; individual work
Brief description of exercise	In this exercise parents are encouraged to consider the duties, responsibilities, knowledge, skills and attributes required by parents to be a good educator on relationships and sex, and to commit to the shared goal of 'providing children with moral guidance, knowledge, skills and positive beliefs to help them develop a sense of identify, self-esteem and confidence so that they can move effectively through puberty and adolescence into adulthood'. In identifying the qualities needed, parents revisit the material generated as a result of taster session exercises in which the costs/benefits of talking and not talking with their children about relationships and sex were explored (e.g. what did remembering their own childhood experiences teach them about what type of duties, responsibilities etc. they see as having towards their child in relation to talking about relationships and sex?).
Behaviour Change Techniques	Provide information on consequences Provide information on behaviour-health link Prompt identification as role-model Prompt intention formation

Exercise 4	*Vocabulary*
Mode of delivery	Small and full group discussion guided by facilitator; feedback and tips from facilitator
Brief description of exercise	In this exercise parents consider one of the major barriers to parent-child communication about relationships and sex – vocabulary.

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise continued…	Using small and full group discussion and with help from the facilitator, parents choose words (for example, to refer to sexual intercourse or body parts) that they are comfortable with and practice using them. During this exercise for parents are encouraged to consider if any of the words are loaded, whether any of their meaning could be confused, if they are suitable in all contexts, and whether these should vary depending on the age of the child.
Behaviour Change Techniques	Prompt barrier identification Provide opportunities for social comparison Plan social support/social change (within group) Provide instruction Provide general encouragement

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 2: Is there a right time to talk about it?

Change Objectives:
- Can identify and capitalize on opportunities for sex and relationships communication
- Have confidence in initiating conversations about sex and relationships
- Able to choose age-appropriate materials to refer child to (books, videos, CDROM etc.) and feels confident in ability to do so
- Able to monitor children's' level of understanding against timeline and update as appropriate
- Believe that sex and relationships education is progressive and relevant to all stages of child development
- Have knowledge of age-appropriate information/messages on sex and relationships and feel confident that they can provide these

Exercise 1	*My plan*
Mode of delivery	Small group work and full group discussion
Brief description of exercise	Knowing what level of information is appropriate for children of different ages, having clear ideas of important messages and values to convey, and identifying opportunities for discussion, all act as barriers to communication. In this exercise, parents are given suggested age-appropriate topics for children of different ages and encouraged to think about they messages they would like to convey to their children on these topics at these ages and then to generate ideas about how they could approach these topics with their children to get discussion/learning going. Parents do this in small groups, during which they formalise these plans by writing these down on a worksheet, but then come together as a full group for the sharing of ideas.
Behaviour Change Techniques	Prompt barrier identification Provide instruction Provide general encouragement Provide opportunities for social comparison Plan social support/social change (within group)

Exercise 2	*Identifying opportunities*
Mode of delivery	Small and full group discussion
Brief description of exercise	This exercise aims to help parents identify and capitalise on everyday opportunities for discussion and to think in detail about opening and closing lines (to act as ice-breakers and to foster continued two-way open communication) and age-appropriate

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise continued…	content. In groups parents are given a set of cards describing everyday situations that parents could use to prompt and initiate discussion. They are asked to consider what opportunities they provide, how conversation could be started, what could be said (if anything) that is appropriate for the age of their child(ren) and how they could end discussion to encourage the child to communicate again in the future. This is followed by feedback to the group and full group discussion.
Behaviour Change Techniques	Teach to use prompts/cues Prompt practice Provide general encouragement Provide feedback on performance Provide opportunities for social comparison Plan social support/social change (within group)

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 3: What do I say when I'm put on the spot?

Change Objectives:
- Believe that children's' approaches are ideal opportunities for learning and discussion that enable learning determined by child's readiness
- Believe that children will favour them over other external sources and be more comfortable in approaching them with questions/concerns if they establish good communication on sex and relationships issues
- Believe that giving accurate age-dependent information promotes consistency (and that giving false information reduces credibility and hinders progressive learning)
- Able to use skills to recognize approaches, and assess and respond appropriately to situations and questions relating to sex and relationships and feel confident in doing so (focus is content of communication)
- Able to respond to situations/questions relating to both male and female children and feel confident in doing so
- Able to encourage and reinforce children's' approaches and feel confident in doing so

Exercise 1	*Story*
Mode of delivery	Full group discussion
Brief description of exercise	One of the major barriers to communication is fear of being put on the spot. In this exercise, the facilitator reads a story describing the reactions (shock, avoidance, providing incorrect information etc) of a set of teachers during assembly to children's questions/misperceptions about what a condom is. The aim is to increase parents' awareness of the type of reactions that adults can give to difficult questions and the type of messages that these can give to children. The exercise is ended with a group discussion about how the teachers could of reacted differently so as to send clearer and more positive information and messages to the children.
Behaviour Change Techniques	Prompt barrier identification (in conjunction with exercise 2) Provide information on consequences

Exercise 2	*Basket of items*
Mode of delivery	Full group work and discussion
Brief description of exercise	This exercise aims to increase parents' skills and confidence in assessing and responding appropriately to situations and questions relating to relationships and sex. The focus here is on what is said not how it is said (this is dealt with in later exercise). To complement this exercise, parents are provided with a list of tips for what to say when put on the spot. Parents are asked in turn to draw items or cards (that represent or describe difficult situations

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise continued …	relating to relationships and sex e.g. packet of condoms found in sons bedroom) and then to describe their initial reaction, identify any assumptions that they could make, consider alternative explanations, consider how they could respond most effectively, and consider whether their reaction/response would differ according to whether child male or female. The facilitator provides praise and encouragement during this exercise. Following each item/card there is a small group discussion to provide opportunities for other parents to share thoughts, feelings or ideas.
Behaviour Change Techniques	General communication skills training Prompt barrier identification (in conjunction with exercise 1) Provide instruction Prompt practice Provide general encouragement Provide feedback on performance Emotional control training Provide opportunities for social comparison Plan social support/change (within group) Set graded tasks (1 of 3)[1]

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 4: What do I say and will they take any notice?

Change Objectives:
- Believe that children's' approaches are ideal opportunities for learning and discussion
- Believe that giving accurate age-dependent information promotes consistency
- Believe that child will favour them over other external sources and be more comfortable in approaching them with questions/concerns if they establish good communication on sex and relationships issues
- Able to use skills to assess and respond appropriately to situations and questions relating to sex and relationships and feel confident in doing so (focus is on style of communication)
- Possess clear values/beliefs regarding sex and relationships (that are consistent with their faith/culture) and feels confident in ability to convey these

Exercise 1	*Considering my message*
Mode of delivery	Individual work, paired work and full group discussion
Brief description of exercise	This exercise aims to help parents develop clear values and beliefs about relationships and sex. This can be a barrier to good communication. Parents are given a worksheet which lists a number of relationships and sex issues e.g. same-sex relationships, sex before marriage, divorce, teenage parenthood. Parents are asked to identify for each of these, which they hope for (for their child), which they think are ok for their child, which things they think are ok for their child but hope don't happen, which they think are ok for other people but not for their child, and which are not ok for anyone. This individual work is followed by a period of discussion (paired and full-group) on how parents are passing messages onto children, whether parents are passing on messages to their children without realising it, whether there are any discrepancies between actions and verbal messages etc.
Behaviour Change Techniques	Prompt barrier identification Provide information on consequences Prompt identification as role-model Provide opportunities for social comparison Plan social support/change (within group)

Exercise 2	*Improving your communication style*
Mode of delivery	Full group work
Brief description of exercise	This exercise once more focuses on improving parents' skills and confidence in assessing and responding appropriately to situations

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise continued …	and questions relating to relationships and sex but this time the focus is on communication style. It encourages parents' to consider the effect of both good and bad communication style on their child's willingness to listen and ability to comprehend. The facilitator plays the role of the parent, demonstrating good and bad communication style, and the parents play the role of the child. Parents are encouraged to think about ways to avoid overreacting to situations/questions. Parents are provided with a list of tips on how to improve communication style in this exercise.
Behaviour Change Techniques	General communication skills training Provide instruction Model/demonstrate behaviour Emotional control training

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 5: Can I do this and still protect their innocence?

Change Objectives:
- Believe that children are receiving information from a variety of informal sources (Media, peers, partners, society) that can lead to misperceptions / erroneous beliefs if it goes unchecked
- Have a realistic perception of adolescent sexual risk
- Understand the wider implications of teenage pregnancy and STIs
- Have sex and relationships knowledge or knows how/where to access sources of knowledge
- Able to use skills to assess and respond appropriately to questions relating to sex and relationships and feel confident in doing so

Exercise 1	*Risk and protection quiz*
Mode of delivery	Paired work and full group discussion
Brief description of exercise	This exercise aims to encourage parents to accurately appraise (and not exaggerate) the level of sexual risk young people are exposed to in today's society, to consider the implications of teenage pregnancy and STIs, and to consider their role in protecting their children from sexual risk. In pairs, parents complete a true/false response quiz on sexual health issues. As a full group, parents feedback their answers to the facilitator. These answers are discussed by the full group in turn. Key messages are that there is always a level of risk in society but that parents can help protect their children from sexual risk by encouraging open dialogue and providing them with skills to negotiate difficult situations and ultimately make good decisions.
Behaviour Change Techniques	Provide information on behaviour-health link Provision of general information Emotional control training Provide normative information about others' behaviour

Exercise 2	*Advice column*
Mode of delivery	Paired work and full group discussion
Brief description of exercise	This exercise aims to familiarise parents with the type of information children can be readily exposed to, consider ways in which this may influence their children, and what their role is in counteracting this exposure. In pairs, parents are encouraged to think of ways to respond to examples of questions asked by young people through agony aunt columns taken from magazines. Pairs then feed back their thoughts to the full group after which the facilitator reads out the actual responses given. The full group then discusses how the different responses compare, and what the benefits and limitations of mass media information (such as this)

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Behaviour Change Techniques	General communication skills training Emotional control training Prompt practice Provide general encouragement Provide feedback on performance Provide opportunities for social comparison Plan social support/change (within group) Set graded tasks (2 of 3)[1]

[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Session 6: Can I do this without it being embarrassing?

Change Objectives:
- Feel confident that they have sex and relationships knowledge and vocabulary and know how/where to access sources of knowledge
- Feel confident that they can use everyday situations to educate child about sex and relationships
- Feel confident that they can assess child's current level of understanding and monitor this against the timeline

Exercise 1	*Role-play*
Mode of delivery	Paired work and full group discussion
Brief description of exercise	This exercise aims to consolidate the knowledge/skills that parents have learnt during the course. Parents work in pairs, taking it in turn to play the role of either the parent or the child. They are each given various examples of different contexts in which challenging questions about relationships and sex could be asked. Only the parent playing the role of the child knows what that question is and initiates the discussion by asking it. At the end the pairs discuss what techniques they tried to use, how things could have been said/done differently, and what messages they gave each other during the discussion. As a full group, there is then discussion about what parents feel they have learnt from the course, what skills they have developed, and how they feel now about dealing with difficult topics. This is intended to help parents to see how far they have come and to build confidence.
Behaviour Change Techniques	General communication skills training Prompt practice Provide general encouragement Provide feedback on performance Plan social support/change (within group) Provide opportunities for social comparison Set graded tasks (3 of 3)[1]

Exercise 2	*Action Plan*
Mode of delivery	Full group discussion and individual work
Brief description of exercise	This exercise aims to help parents see how far they have come since the start of the course and to encourage a continued commitment to communicating with children about relationships and sex. Firstly the facilitator initiates a full group discussion focussing on the learning and good work hat has been achieved on

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[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises

Brief description of exercise continued…	the course. Parents are encouraged to consider how they might encourage other members of their family, including their partner, to become more involved in open communication about relationships and sex. This is followed by parents working individually on an action plan.
Behaviour Change Techniques	Provide general encouragement Prompt intention formation Plan social support/change (within family) Prompt generalisation of target behaviour

Exercise 3	*Tree*
Mode of delivery	Individual work
Brief description of exercise	This is a repetition of the exercise from session 1. The pre and post course tress will provide parents with a visual demonstration of their progress on the course
	Prompt self-monitoring of behaviour Provide feedback on performance Provide general encouragement

References:

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[1]Demonstration of behaviour become gradually more challenging over the consecutive exercises