Use this as a guide and as a record of what you covered in the session. Indicate with a tick [✓] if the item was covered, or with a cross [✗] if the item was omitted.

Client name: .................................................. Date of session: ..............................................................

Start time: ..................................................... Finish time: ..............................................................

Content Checklist

01. Introduction (welcome and self-introduction) and Agenda

   (outline proposed session goals and gain consent from the parent/s)
   • Assessment of teenager behavior problems
   • Options for intervention
   • Keeping track of teenager’s behavior
   • Homework tasks

02. Intake Interview

   • Discuss each parent’s current main concerns about their teenager’s behavior (nature; context; intensity; frequency; duration; onset; course; other carers’ approaches)
   • Check for any developmental difficulties or health problems
   • Check on the teenager’s educational history
   • Explore family relationships and interaction

03. Options for Intervention

   • Ascertain the appropriateness of Primary Care Teen Triple P for the family
   • Discuss continuation of the program if appropriate
   • Discuss referral if appropriate

04. Keeping Track of Teenagers’ Behavior

   • Decide on the target behavior/s to monitor
   • Provide a rationale for monitoring teenagers’ behavior
   • Devise a system for keeping track of the target behavior/s

05. Session Close

   • Review the main points covered in the session
   • Explain homework tasks (complete the Family Background Questionnaire, Parenting Experience Survey, and daily monitoring; review influences on teenager behavior and complete the checklist)
   • Schedule the next appointment

Session Notes

Continued
Use this as a guide and as a record of what you covered in the session. Indicate with a tick ☑ if the item was covered, or with a cross ☒ if the item was omitted.

Client name:  Date of session:  
Start time:  Finish time:  

<table>
<thead>
<tr>
<th>Content Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01. Agenda</strong></td>
</tr>
<tr>
<td>(outline proposed session goals and gain consent from the parent/s)</td>
</tr>
<tr>
<td>• Review assessment information</td>
</tr>
<tr>
<td>• Discuss influences on teenager behavior</td>
</tr>
<tr>
<td>• Develop specific goals for change (Goal Achievement Scales)</td>
</tr>
<tr>
<td>• Develop a parenting plan</td>
</tr>
<tr>
<td>• Homework tasks</td>
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<tr>
<td><strong>02. Feedback of Assessment Results</strong></td>
</tr>
<tr>
<td>• Check the problem is still current and explain the feedback process</td>
</tr>
<tr>
<td>• Discuss data from each type of assessment (interview, monitoring, observation)</td>
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<tr>
<td>• Provide an integrating summary</td>
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<tr>
<td>• Check the accuracy of your summary</td>
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<tr>
<td><strong>03. Influences on Teenager Behavior</strong></td>
</tr>
<tr>
<td>• Outline the purpose of discussing influences on teenagers’ behavior</td>
</tr>
<tr>
<td>• Ask the parent/s which factors they consider relevant to their teenager</td>
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<tr>
<td>• Prompt the parent/s to identify other influences</td>
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<tr>
<td>• Share your own observations if necessary</td>
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<tr>
<td>• Provide an integrating summary</td>
</tr>
<tr>
<td><strong>04. Goals for Change</strong></td>
</tr>
<tr>
<td>• Devise Goal Achievement Scales</td>
</tr>
<tr>
<td><strong>05. Parenting Plan</strong></td>
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<tr>
<td>• Introduce a parenting plan from a tip sheet, tailor a plan from a tip sheet for a similar problem or develop a plan using the Planning Ahead form</td>
</tr>
<tr>
<td>• Prompt the parent/s to transfer key steps on to a Parenting Plan Checklist</td>
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<tr>
<td>• Rehearse strategies as required</td>
</tr>
<tr>
<td><strong>06. Session Close</strong></td>
</tr>
<tr>
<td>• Review the main points covered in the session</td>
</tr>
<tr>
<td>• Explain homework tasks (continue to monitor target behavior/s; implement parenting plan and monitor on Parenting Plan Checklist, practice specific skills)</td>
</tr>
<tr>
<td>• Schedule the next appointment</td>
</tr>
</tbody>
</table>
Use this as a guide and as a record of what you covered in the session. Indicate with a tick ☑ if the item was covered, or with a cross ✗ if the item was omitted.

Client name: ........................................ Date of session: ..........................................................

Start time: ........................................ Finish time: ..........................................................

Content Checklist

01. Agenda

(outline proposed session goals and gain consent from the parent/s)

• Review of monitoring
• Review of implementation of the parenting plan and fine-tuning where necessary
• Overcoming obstacles to implementation
• Additional agenda items
• Homework tasks

02. Update on Progress

• Review monitoring of the target behavior/s (try to link changes in teenager behavior to changes in parenting strategies used)
• Review implementation of the parenting plan

Ask what worked (at least two positive points):

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Ask what the parent/s could have done differently:

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• Fine-tune routines as required
• Provide a model and rehearse specific skills until the parent/s reach a sufficient level of proficiency
• Check for understanding, unhelpful thoughts and other obstacles to implementation of the parenting plan
• Develop a coping plan to overcome identified obstacles
03. Other Issues

• Discuss any other issues the parent/s want to cover, such as developing a new parenting plan for another target behavior (use minimal prompts to help the parent/s solve any problems)

04. Session Close

• Review the main points covered in the session
• Explain homework tasks (continue to monitor target behavior/s; continue to implement parenting plan/s; other personal goals for practice)
• Schedule the next appointment

Session Notes

Additional Agenda Items

Homework Task

Signed: ..................................................  Date completed: ............................................
Use this as a guide and as a record of what you covered in the session. Indicate with a tick ☑ if the item was covered, or with a cross ✗ if the item was omitted.

Client name: ........................................ Date of session: .................................................................
Start time: ........................................ Finish time: .................................................................

Content Checklist

01. Agenda
   (outline proposed session goals and gain consent from the parent/s)
   • Review of monitoring
   • Review of implementation of parenting plan/s and fine-tuning where necessary
   • Review of progress
   • Maintenance of progress made
   • Additional agenda items
   • Completion of post-intervention assessment forms

02. Update on Progress
   • Review monitoring of the target behavior/s (try to link changes in teenager behavior to changes in parenting strategies used)
   • Review implementation of the parenting plan/s and homework goals for practice

   Ask what worked (at least two positive points):

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   Ask what the parent/s could have done differently:

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   • Fine-tune routines and rehearse specific skills as required
   • Check for any obstacles to implementation of the parenting plan/s and develop a coping plan to overcome identified obstacles
• Ask the parent/s what improvements they have seen in their teenager’s and their own behavior since starting the program (refer to goals set in Session 2 recorded on the Goal Achievement Scale Worksheet/s and note percentage success achieved)
• Ask the parent/s what further improvements they would like to see in their own and their teenager’s behavior and prompt them to think about how to achieve these goals
• Discuss ways of maintaining progress made

03. Other Issues

• Discuss any other issues the parent/s want to cover (use minimal prompts to help the parent/s solve any problems):

04. Session Close

• Review the session
• Ask the parent/s to complete the Parenting Experience Survey and Client Satisfaction Questionnaire
• Discuss referral options as appropriate
• Congratulate and thank the parent/s for participating in Triple P

Session Notes

Additional Agenda Items

Signed: ___________________________ Date completed: ___________________________