THE MINISTRY OF PARENTING

Flash Triple A Report

2021

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Contents

Project summary

This report is on the FLASH Triple A project. This is a new pilot programme based on the FLASH *Families learning about self-harm* parent programme. In this project the programme content has been adapted to consider the issues facing parents of a young person aged 11-19 years old with mild/moderate Autism and/or ADHD and/or additional needs who are exhibiting self-harming behaviour. The project involved the delivery of 2 pilot parents' groups. Group 1) For parents with young people with additional needs ASD and Group 2) For parents of young people with no additional needs and additional needs together.

The objective was to find out if a separate group for parents with young people with additional needs was needed or if, with extra resources the needs of parents with young people with additional needs could be met in the standard FLASH parenting programme.

16 parents completed the pilot programme. All the parents who attended had a young person with a diagnosis of ASD. During the project we produced a set of professional protocols on how to adapt the FLASH programme for parents of young people with ASD who are exhibiting self-harming behaviours.

The evaluation from the pilot's outcome measures produced some very positive feedback showing that parents enjoyed the groups in terms of what they learnt (understanding more about self-harming behaviours), what they liked about the group, how they felt (more confident, able to communicate better, spending more quality time with their young person), what they had most benefited from and comments about the group's facilitators. In exploring the outcomes from the parents who had young people with ASD and the parents with young people ASD, there appeared to be no clinical difference.

The conclusion from the project experience and outcome was that the parents with young people with ASD benefitted from being in a FLASH group, whether it was solely for parents with young people with ASD or not. The most common feedback was that after the group parents did not feel alone anymore as they had met other people going through what they are going through. However, the additional ASD resources were essential is ensuring the parents could adapt and be mindful of extra needs of their young person.

On completion of the project, we created a set of professional protocols which can be used as the model for a implementing a FLASH ASD group for parents and carers with young people with ASD who self-harm, or a FLASH group leader can use the ASD information as additional information in a nonspecific ASD group if they have parents in the group whose young person has ASD and self-harms.

What is FLASH Triple A

FLASH Triple A is a new pilot programme based on the FLASH *Families learning about self-harm* programme. The content has been adapted to consider the issues facing parents of a young person aged 11-19 years old with mild/moderate Autism and/or ADHD and/or additional needs and who are exhibiting self-harming behaviour.

The programme aims to create better communication and personal relationships between parent/carers and young people. FLASH Triple A allows parents the opportunity to discuss the problem with people who understand and learn how to manage the concerns within their home.

<u>The project objective</u>

The objective was to find out if a separate group for parents with young people with additional needs was needed or, if with extra resources, their needs could be met in a standard FLASH parenting programme.

<u>The project had three main aims</u>

1) To pilot a FLASH (Families Learning about Self Harm) programme specifically targeting parents of young people aged 10-19 years with Additional needs (Autism, ADHD, and Additional educational needs). In this pilot adapted the current FLASH content and developed extra handouts to incorporate the needs of the young people. The programme was delivered as four Saturday workshops. The content topics:

- Exploring what self-harm is, what the risks are and what is the function of self-harm in relate to ASD, AHDH and additional educational needs
- Listening and self-esteem enabling skills
- Managing self-harm within the family environment
- How self-harm impacts on parenting and ways to manage under stressful circumstances
- Coping strategies for parents and carers

2) To run a second FLASH programme with parents of young people who self-harmed but had presentation of additional needs with parents whose young people had recognised additional needs together, using the adapted content and handouts produced from the pilot workshop.

3) Produce a set of professional protocols on adapting the FLASH programme for parents of young people with additional needs.

The pilot programmes were delivered in Colchester, Essex and run as a set series of 4 Saturday workshops. The project was open to all families in North East Essex.

Why the need for FLASH Triple A?

FLASH Triple A was developed from listening to the voices of parents who have attended previous FLASH programmes, those attending FLASH were asking for additional advice/information from as many of their young people also had additional needs. In researching this we discovered that 50% of people on the Autistic Spectrum will have self-harmed, also certain conditions such as ADHD, Tourette's, global delay, and OCD will heighten the likelihood of self-harming. In the UK 14.9 % (2019) of all pupils have special needs and one in ten young people self-harm.

There are many contributing factors why a young person self-harms i.e., Difficulty in articulating feelings, avoidance, attention, frustration, biochemical, repetitive behaviours, and sensory stimulation. What we do know is communication can be therapeutic, however many young people with additional needs have communication problems. By giving the parents the tools to help their young person feel listened to now, may prevent or reduce self-harming behaviours in adulthood.

Parenting a young person with autism or additional needs can be hard and providing support at the earliest opportunity can only benefit both the parent and the young person.

Having additional needs can make many situations a struggle. 'addition needs /learning disabilities' can cover a huge range of struggles; dyspraxia, dyslexia, autism, ADHD, down syndrome…..Whatever the struggle, behind that struggle is a real person who has humour, a smile, good days and sad days, perhaps though, the struggles are harder than many of us face.

Statistically those young people with additional needs will have higher rates of self-harming behaviour than those without any additional needs.

No two-young people with additional needs are the same, their needs may hugely affect their daily lives and their emotional ability to manage in many ways. For many parents, the impact of a young person who self-harms are considerable and its likely to result in a narrowing of horizons, restriction of activities, day to day adaptations and stresses over and above those required by other parents.

Self-harm is very common in people with Autism Spectrum Disorders. It is also common in people with learning difficulties and there are a lot of similarities between the two. Nationally and globally there has been considerable concern regarding the apparent increase in the number of young people under the age of 18 who self-harm. This is in comparison to rates of suicide in the UK which have which have remained fairly stable. For autistic children and young people there are concerns from parents, carers, and professionals that self-harm is an even greater problem, but the extent is unclear due to limited research. Significantly however there are reports that suicidal ideation and suicide attempts are 28 times more common in autistic children than in non-autistic children.

Even the terminology applied to autistic children can sometimes be confusing, with self-harm and self-injury being used interchangeably and no consistency in the definition within literature. According to NHS Choices:

"*self-harm is when somebody intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress".*

It is thought that between 20-30% of people with autism will self-harm in some way. However, this is often perceived differently from when we hear about someone cutting or burning as a coping mechanism. The medical profession appears to make the same distinction, it is usually referred to as "*self- injurious behaviour*" or SIB.

Self- injurious behaviour: *"Self- injurious behaviour is where a person physically harms themselves. This might be head banging on floors, walls or other surfaces, hand or arm biting, hair pulling, eye gouging, face or head slapping, skin picking, scratching, or pinching, forceful head shaking".* About half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages.

It can be treated as a challenging, unwanted behaviour which may also be part of a condition. This approach perhaps depends on the severity of the diagnosis though, which varies between individuals,

as described by the term “spectrum.” Some studies have shown that both the prevalence and the type of self-harm also differ according to severity.

What we did

Pilot groups

We delivered the 1st pilot of the adapted FLASH (Families Learning about Self Harm) programme, January to March 2021. In this pilot 7 parents whose young people were aged 10-18 years with Additional needs completed the programme. All the young people had a diagnosis of Autism (ASD).

We adapted the original FLASH programme content and developed extra handouts to incorporate the needs of the young people with ASD.

We 2nd pilot programme was planned to start in June 2020. Due to the COVID-19 and the National lockdown, we this was delayed until 24th of October 2020.

We had to change to a larger venue for the workshop in order to meet with Covid-19 government guidelines.

The 2nd pilot programme ran from October – December 2021. We targeted parents of young people with no additional needs and additional needs together. We used the adapted protocols, content, and handouts in this 2nd pilot programme. We had 9 parents complete the programme. The parents whose young people had additional needs; all had a diagnosis of Autism (ASD). Four of the parents in this pilot group also had young people attending the TEEN FLASH project.

Produce a set of professional protocols on the adapted FLASH programme

The standard FLASH workshops had to be adjusted to accommodate social distancing measures. Following the October workshop, we formalised the adaptations for social distancing working and made these available on our website for FLASH group leaders across the country to use.

As all the parents in the pilot groups had young people with a diagnosis of Autism (ASD) the protocols were ASD focused. We named them the FLASH ASD protocols.

On completion of the professional FLASH ASD protocols they were reviewed by FLASH facilitators in Essex, Berkshire, and Dorset.

The protocol design is based on the FLASH 10-week parenting programme. The protocols can be used as the model for a implementing a FLASH ASD group for parents and carers with young people with ASD who are self-harming, or a group leader can use the ASD information as additional information within a standard FLASH group if they have parents in the group with a young person who has ASD and self-harms.

An extra session was added (sensory processing). If the group is being run solely for parents whose young people have ASD, it is recommended that this session is added as an extra session. Alternatively, if only a few of the parents have a young person with ASD then there is the option of shortening one of the core sessions and adding in some of the sensory processing information.

What we learnt

In the 1st pilot programme, all the parents had young people with a diagnosis of ASD. Due to the age of the young people, it was surprising how little understanding of ASD some of the parents had. The reason from the limited understanding was due these parents had a recent diagnosis of their young

person, all of whom female. More men and boys are currently diagnosed ASD than women and girls. Research has shown that a ratio of three males for one female are diagnosed with ASD as such, research on ASD is mostly carried out on males. Such information has its consequences, because it is primarily male focussed, the way we diagnose, measure, and conceptualise ASD might be wrong. This results in girls being more likely to be diagnosed later in life than boys. Girls with ASD are more likely to be described as 'anxious' and a ASD diagnosis is often delayed or overlooked, since it appears to challenge gender stereotypes. To support the parents, we incorporated a higher amount of educational information on ASD and sensory processing.

The project conclusion

The conclusion from the project experience and outcome was that the parents with young people with ASD benefitted from attending a FLASH group, whether it was targeted solely for parents with young people with ASD or not. The most common feedback was that after the group parents did not feel alone anymore as they had met other people going through what they are going through. However, the additional ASD resources were essential is ensuring the parents could adapt and be mindful of extra needs of their young person.

On completion of the project, we created a set of professional protocols which can be used as the model for a implementing a FLASH ASD group just for parents and carers with young people with ASD who self-harming, or a FLASH group leader can use the ASD information as additional information in a standard FLASH group if there are parents in the group with a young person who has ASD and self-harms.

Continuation of the project post ending of the initial funding

The Ministry of Parenting CIC was awarded funding from the National Lottery in 2020 for a new pilot project called TEEN FLASH. TEEN FLASH supports the young people who self-harm. As part of this project parents are invited to attend an original FLASH programme. At the start of FLASH Triple A we felt the TEEN FLASH project should be kept separate from FLASH Triple A, due to the different needs of the young people. In the 2nd pilot programme, 4 of the parent's young people attended the TEEN FLASH workshops (2 of whom have ASD).

The last payment for this funding is August 2022 so, the project is funded until the end of 2022. We plan to offer FLASH to parents of young people with no additional needs and additional needs together, incorporating the FLASH ASD protocols to meet the needs of all parents attending.

The FLASH ASD protocols are in word format. We are exploring funding pathways to have these published in the same design format as the standard FLASH manual. This would look more professional and would be an additional resource for professionals trained in the FLASH programme. The graphically designed and published protocols would facilitate a professional training programme to enable FLASH trained professionals across the county to deliver the FLASH programme to parents of young people aged 10-18 years with ASD.

The parents

1st Pilot	2nd Pilot
• Seven parents were offered a place on programme (four workshops); all seven parents completed the programme.	• Twelve parents were offered a place on the programme; nine completed the programme.

• Two parents were unable to attend workshop four due to feeing unwell. A joint zoom online session was delivered so both parents were able to complete the programme content. • One young person was in an adolescent inpatient unit undergoing treatment.	• One parent, who was attending with his wife withdrew on the day of the first workshop due to childcare issues. The grandmother who was due to be their childcare had to self-isolate. • One parent withdrew after the first workshop. She gave a positive evaluation of the workshop session but spoke after the workshop that she did not agree that she should "stop" or change her daughter's self-harming; viewing it as a way for her daughter to manage her feelings. Her daughter was attending the TEEN FLASH workshop group and withdrew after attending the introduction session and the first workshop. Her daughter identified that she wanted to stop self-harming. • One parent had to withdraw to a recurring physical illness • Two parents were unable to attend workshop two due to having too self-isolate. Both were keen to continue with the programme, so individual evening zoom online sessions were delivered to both parents. They both were able to continue and finish the programme. • Two young people were in an adolescent inpatient unit undergoing treatment. One young person refused physical visits. The other parent had limited visits due to Covid-19.

<u>The parents who completed the group programme demographics</u>

Total No. of parents that completed the group programme in full	16
No. of fathers	4
No. of mothers	12
No. of grandmother	1
No of parents who came with a partner or supported adult	2
No married/living with partner	10
No single	6
Recorded ethnicity as white British	13
Recorded ethnicity as other	3
Parent employed full time	5

Parent employed part time	3
Parent self-employed full time	1
Parent self-employed part time	1
Parent full time in the home	5
Parent retired	1

The young people

Number of young people	15
No of young people with ASD as part of their **diagnosis**	10
No of young people with ASD & Sensory Processing Disorder (SPD)	1
No of young people with ASD & Anxiety	3
No of young people with ADHD & Obsessive-compulsive disorder (OCD)	1
Other diagnosis of young people	
Anorexia	1
Emotionally unstable personality disorder (EUPD)	1
Anxiety	2
No of young people in adolescent inpatient unit undergoing treatment	3
No of young people in in a Special needs school	0
No of boys	2
No of girls	13
Young people aged 12	4
Young people aged 14	6
Young people aged 15	1
Young people aged 16	2
Young people aged 17-18	2
Number of siblings indirectly affected by the intervention	28

Reasons why the parents wanted to attend FLASH

1st Pilot	2nd Pilot
• What to say … having the right words • Wait & see • To try to be receptive of this experience • Understand about behaviours and self-harm • Understand, idea, how to talk to my young person and learning from others • To get into my daughter's head • Learn from others	• Actionable learning • Information & support • Wider understanding of self -harm • Coping strategies • Confidence to challenge • Learn about the triggers and how to help • learn about my own behaviour/responses • Re-build relationship • Support for family

Workshop lunches and refreshments

We provided high quality refreshments to create an attentive environment within which everyone feels welcomed and valued. Conversations over refreshment breaks provide opportunities for the parents to bond, plan, connect, and learn from one another. In the 1st pilot we were able to provide the parents with lunch and we all sat around one large table to eat. This model's family communication by providing meals which parents share together.

In the 2nd pilot group, we were very mindful of the governments Covid-19 requirements, so we asked the parents to bring their own pack lunch. We encouraged the parents to sit around individual tables at lunch time, but within social distancing measures. It is felt that social distancing and the lack of 'shared food' did impact on the intimacy of the lunch time. However, in order that these parents felt special, professionally made individually wrapped cupcakes were provided each week. Each week's cupcake had a different message; these were made vegan to accommodate two parents who followed a vegan diet.

In-between workshop phone calls and emails

As workshops are fortnightly apart, we ensured that every parent was contacted in-between the workshops to provide the parents with some individual consultation.
Emails were sent weekly to all the parents.

Evaluation

Each of the pilot groups were evaluated.

Evaluation of the groups included short questionnaires at the end of each workshop session and a longer evaluation questionnaire at the end of the workshops.

- For a parent Case Study, please see Appendix 1
- For a full break down of the workshop Session by Session feedback parents please see Appendix 2
- For Overall Workshop Evaluation Appendix 3

For each workshop set we also conducted pre- and post-adolescent wellbeing scales as part of our outcome measures. The adolescent wellbeing scale was devised by Birleson to highlight possible

depression in adolescents. The score has 18 questions relating to the adolescent's life and how they felt. The scale was offered to the parents to complete on the young person they were concerned about. A score of 13 or more indicates likelihood of depression.

Scores on the 16 parents who completed the workshops in full. See Table A.

All the young people were scored above 13, indicating clinical depression levels. Range was

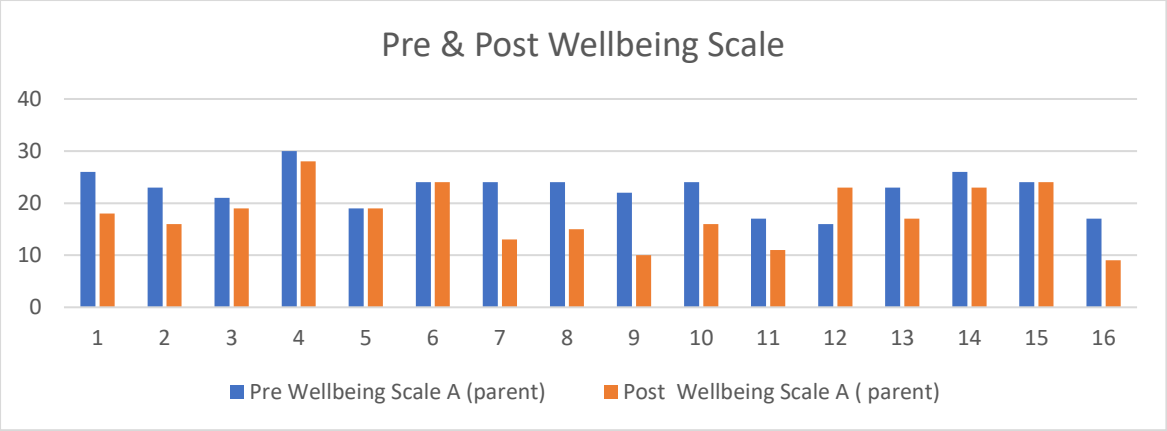
Pre- 16 to 30

Post – 9-28

The post workshop results show:

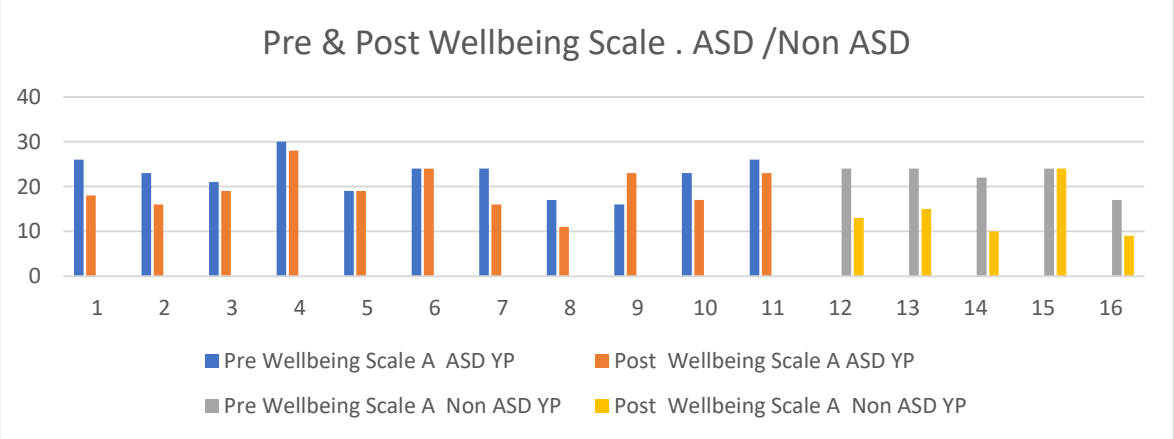
- 12 scores reduced
- 1 increased
- 3 remained the same

Table A



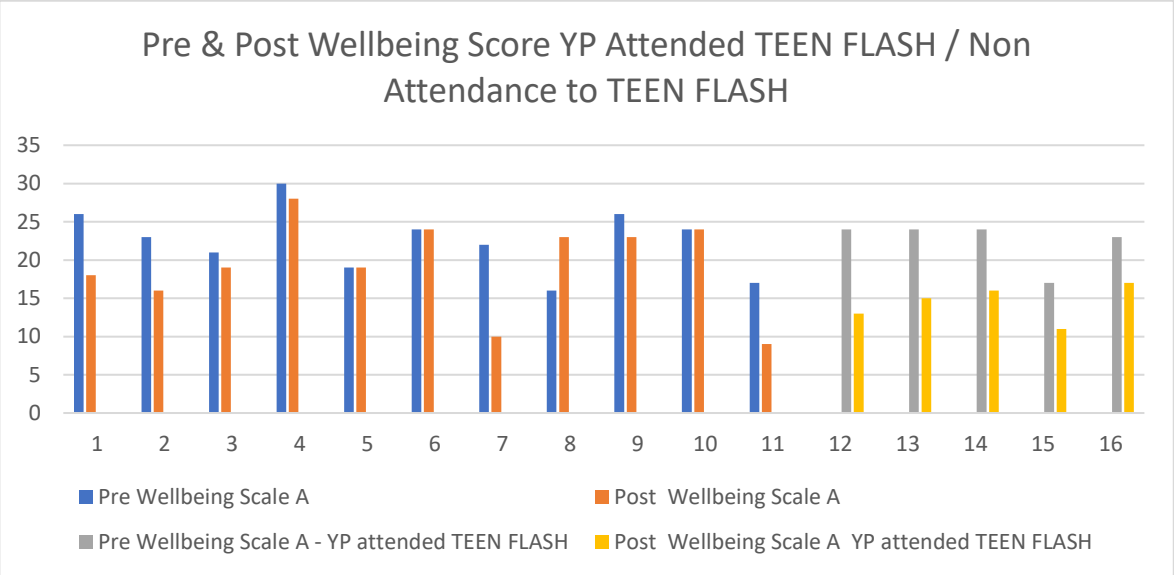
In exploring the results from the parents who had young people with a ASD diagnosis, there appeared no clinical difference. See Table B.

Table B



In exploring the results from the parents who had young people attend the TEEN FLASH workshops all the scores were reduced. See Table C.

Table C



The self-completion questionnaires produced some very positive feedback indicating that all parents enjoyed the groups in terms of what they learnt (understanding more about self-harming behaviours), what they liked about the group, how they felt (more confident, able to communicate better, spending more quality time with their young person), what they had most benefited from and comments about the group's facilitators. The most common feedback was that after the group parents did not feel alone anymore as they had met other people going through what they are going through. The self-completion questionnaires also provided some constructive criticism which will be used for future reference to improve the programme.

Changes in the young self-harming behaviours are harder to predict as the programme does not directly aim to reduce the self-harming behaviours. However, it is clear from the results that the programme did improve parent/young people relationships, thus supporting both during this difficult time, which has been shown to increase parental acceptance and empathy which in turn had a direct link to the reduction of the young person's self-harming behaviours.

Appendix 1 FLASH Triple A case study *Please note names have been changed for confidentiality.*

Parent case study interview. Case study written by Jeannie Gordon, project lead and FLASH Triple A facilitator.

Jenny is 42 and has two children. A son named Mark, is aged 9. Mark attends mainstream school but has additional support as he has speech and language difficulties. Jenny's daughter, Alice is 15. Alice has Autism (ASD) and depression. Alice was diagnosed with ASD at 12 years old. Alice has been self-harming for about 15 months. Jenny had only recently found out about the self-harm.

Jenny lives in the Colchester area. Jenny and her children's father are separated. Jenny works full time.

Jenny self-referred to the FLASH triple A project. She found out about the project though a health worker and emailed an enquiry about the workshops. Following a phone call Jenny said that she thought the Triple A FLASH workshops would be useful. Jenny would normally work over the weekends as the children went to their fathers. Jenny arranged to have annual leave on each of the Saturday workshops as she felt attending the workshops would be so important for herself and her daughter, as it would help her support Alice better.

Jenny's best hope at the start of the workshops was to understand more about self-harm and get ideas on how she can talk to her daughter about it. Jenny said, "*I just want to get into my daughters head".*

Jenny was very nervous when she arrived at the first workshop. Even though we had spoken many times over the phone she was apprehensive about meeting the other parents. She was worried that people would judge her, blame her for her for not be aware of her daughter's self-harm and for her daughter's depression.

At the end of the first workshop, she wrote "*I have learned more about where ASD difficulties lie compared to brain development and how it links to self-harm. I feel really empowered and have more confidence that I will be able to help my daughter by the end of the group. I am happy, I am not alone which has given me courage to carry on, my battle to keep my child safe, thank you".*

In the second workshop alongside learning about listening and self-esteem enabling skills, we also added in information on sensory processing. At the end of the workshop, she wrote this "*These sensory issues tacked in this session have been a revelation. I will practice tips on listening and communication, and I will use them to improve my relationship with my daughter which has been dominated by an array of emotions but little exchange of thoughts and experiences, thank you*".

The third and fourth workshops covered managing self-harm within the family environment, how self-harm impacts on parenting and ways to manage under stressful circumstances. At the end of the workshops Jenny wrote "*These sessions gave me more confidence in facing crisis and keep some control. I will practice I-statements which will help my parenting style in general*"

I asked Jenny "*what, for you, was the most useful about the workshops*? She said "*ASD and self-harm connections"*

As Jenny left the last workshop she turned and said to me "*I realise that I have most of the tools to help my daughter and now have the confidence to act on it"*

Appendix 2

Workshop Session by Session feedback

Feedback from workshop 1

I found this session to be

	Neural	Quite informative	Very informative
1st Pilot		2	5
2nd Pilot		2	9

I feel that the group facilitators were

	Neural	Quite informative	Very informative
1st Pilot		2	5
2nd Pilot			11

I would of like more information on

1st Pilot	2nd Pilot
• ASD developmental differences • Traditional mental health pathway and outcomes for young people • Coping strategies • All subjects will be covered in the coming weeks	• More science and research behind the practice • "normal" teenager difficulties (as opposed to autism) and how they differ/compare • Impact of eating disorders on the teenage brain • Sensory disorders

Further comments

1st Pilot	2nd Pilot
• *I have learned more about where ASD difficulties lie compared to brain development and how it links to self-harm. I feel really empowered and have more confidence that I will be able to help my daughter by the end of the group. I am happy, I am not alone which has given me courage to carry on, my battle to keep my child safe, thank you.* • *Found the session very informative. Knowing how a young person's brain develops has given me a much better understanding of why she feels the way she does and being able to meet others in the same/similar position in a small group made it more personal.*	• *Great session, enable me to feel at ease/ nurtured* • *I felt very comfortable with the setting* • *Very friendly and approachable hosts, comfortable venue, and great discussions.* • *I found the autism information really useful. I will read the extra material and hopefully that will help me a bit further.* • *Well planned and presented on what is a very difficult subject area.* • *I am new to the whole situation and found the section on the brain really informative.* • *Very well presented and very informative, thank you.* • *A very positive start*

• *Fantastic 1st session. Very relaxed and friendly* • *Informative but quite statistical so can be a bit awkward in knowing if correct or not* • *Excellent use of resources, the class dynamics work therapeutically as well at the theory. Presentation about the parts of the brain was very helpful to appreciate the perspective of the teenager.*	• *I feel the session was very friendly and informative. I felt in a safe environment to be able to share information*

Feedback from workshop 2

I found this session to be

Not informative	Neural	Quite informative	Very informative
1st Pilot		1	5
2nd Pilot			9 (Two parents had the sessions delivered online separately in online as they were self-isolating due to Covid-19)

I feel that the group facilitators were

Not informative	Neural	Quite informative	Very informative
1st Pilot			6
2nd Pilot			9 (Two parents had the sessions delivered online separately in online as they were self-isolating due to Covid-19)

I would of like more information on

1st Pilot	2nd Pilot
• Liaising with schools, getting more effective at communicating with the "system" • Sensory overload difficulties	• More ideas on how to increase self esteem

Further comments

1st Pilot	2nd Pilot
• *The sessions obviously need to assume that there are gaps in people's knowledge and experience, however it can be dispiriting to hear strategy after*	• *Brilliant! Very informative. Thank you* • *I particularly loved the praising section. It really does go a long way, and learning more specifics has been great*

strategy that you're already trying and/or have explored. • *These sensory issues tacked in this session have been a revelation. I will practice tips on listening and communication, and I will use them to improve my relationship with my young person which has been dominated by a array of emotions but little exchange of thoughts and experiences, thank you* • *Very good session, looking forward to 10 minutes a day me time.* • *Not really keen on role play but I understand the concept of it*	• *Really liked the practical/exercises which reinforce the messages* • *Made me think of things I can do with my daughter – how to show her how to relax and cope with stress.* • *Lots of useful information to improve skills*

Feedback from workshop 3

I found this session to be

Not informative	Neural	Quite informative	Very informative
1st Pilot			7 (One parent had the session delivered online separately in online as they were unwell)
2nd Pilot			9

I feel that the group facilitators were

Not informative	Neural	Quite informative	Very informative
1st Pilot			7(One parent had the session delivered online separately in online as they were unwell)
2nd Pilot			9

I would of like more information on

1st Pilot	2nd Pilot
• The I-statements and how we can link other family members to use statements too for support	• How to get husband/partners to do the strategies

Further comments

1st Pilot	2nd Pilot
• This session gave me more confidence in facing crisis and keep some control. I will practice i-statements which will help my parenting style in general. • Brilliant session, I-statements will be a good task this week. Loved the self-care bags, very good advice again this week	• Informative but difficult at times as lots to process. • The I-statements really helpful • Thank you for supporting me when I got a little upset, I felt really supported. The reality of the impact of the self-

which I am looking forward to putting into practice. • Thank you for the self-care bag. The physical bag brings into reality. • This week covered some emotive topics but broke down the element of our thoughts/feelings and behaviour to give objectivity to the emotive situation. As a professional I was quite overwhelmed by the other participant's personal experiences and the practical tasks gave me an insight into how it feels to have a child who self-harms and the impact it can have upon the responsible adult. Overall, I thought that session was very constructive and massively beneficial to the participant's and their families. The session was warm and caring.	harm on me and my daughter is heart breaking at times.

Appendix 3 Overall Workshop Evaluation

How did you hear about the workshops?

From family member (my daughter)

Was the time of the workshops ok?

	Yes	No
1st Pilot group	6	1 - Evening better
2nd Pilot group	9	

Was the number of workshops ok?

	Yes	No
1st Pilot group	7	
2nd Pilot group	9	

What, for you, was the most useful about the workshops?

1st Pilot	2nd Pilot
• *ASD and self-harm connections* • *Sharing ideas, trying different approaches under the guidance of processionals* • *Learning about different aspects and how to deal with it.* • *Lots of relevant information and strategies and meeting other parents and learning different perspectives.* • *Strategies to prevent self-harm, communication (how to improve)* • *How to understand the different ways to change the way to deal with a situation*	• *Understanding and support* • *Ideas for coping but a shame I could not try out during the course (daughter in hospital full time- cannot see due to COVID-19) learning how to look after yourself. Being with others who understood.* • *Found info around the brain development very helpful. Overall, I found all aspects helpful in giving an insight into self-harm and how I can help my daughter cope with it. Also found the re-assurances I was doing things right and that I need to look after myself important.* • *Bringing a deeper understanding of the teenager brain and the reasons for self -harm. A better understanding of how I can deal with my emotions around dealing with self-harm* • *Information and techniques to support young people in dealing with self-harm. Learning to look after yourself.* • *The science behind child brain development, shared experiences and teaching style* • *Having a safe and nurturing environment to talk honestly about self-harm and the impact on the family. Have constructive strategies that we can go away and model/practice with our individual families*

	• *Feeling that we were not alone. Learning strategies to cope, how to support our child.* • *Gaining a general understanding of self-harm and the many ways a family can work to make life better in this context* • *Everything. I learnt so much from all the topics that were covered. I learnt a lot self-harm and how much more that children do it then I realised found ways to help my daughter and understand her better.*

What, for you, was the least useful?

1st Pilot	2nd Pilot
• *Too "mum" centred (I was the only father)* • *Found it all useful* • *Found it all useful but how to improve my self-care was unrealistic at the moment.* • *I think everything that was presented was useful* • *N/A*	• *N/A* • *Some things I did already know because I have been doing it for such a long time.* • *Nothing* • *All useful but at different times* • *Every topic/issue discussed was extremely useful and delivered with amazing practical examples and activities to get the learning points across* • *I cannot think of any negatives* • *Cakes too delicious!! (not good for diet LOL!)* • *There was nothing that was the least useful*

Did the workshops meet your expectations?

	Yes	No
1st Pilot group	7	
2nd Pilot group	9	

One parent added – it exceeded them

Are there other topics/issue that it would have been useful to look at?

1st Pilot	2nd Pilot
• *Mental health outcomes* • *School refusal issues* • *Transition aged children from 17 years to adult*	• *Specifics for specific (personal) problems but understand there could be confidentiality problems*

• *More about helping people with planning and setting own boundaries or contribute to setting boundaries*	• *Would have liked a bit more around activities to distract around the type of self-harm* • *More on the impact of social media and help dealing with it* • *Cannot think of any* • *More science behind brain development* • *No- I think the topics covered were very thorough/huge amount of excellent information. If there is anything I want to know in the future – I feel I can always contact MoP for further information.* • *Not really- I think it was all covered* • *No, as I think there was so much that was covered*

How have the workshops changed you as a parent?

1st Pilot	2nd Pilot
• *I can now say I am more knowledgeable* • *More able or confident to try new ways of addressing the issues* • *To listen to child feelings* • *The workshops have given me more confidence* • *I have learnt to appreciate the importance of listening effectively* • *I am more in control of my own emotions and feel that makes me better equipped to deal with my daughters' issues*	• *Can now talk to my teenager with a better understanding of their feelings* • *Some confidence and hope* • *Unsure – daughter in-patient at moment* • *Yes* • *More thoughtful about my response and the importance of looking after myself to be effective as a carer. More awareness of the risks* • *Lots of achievable learning, practical tips, empathetic, better listener* • *Yes- it enabled me to regain confidence/positivity and manage very difficult situations more effectively* • *Made me less harsh/critical of myself and realisation of the importance of self-care and*

	language used in communicating with our teenager • *Made me stop and think about how I am parenting and how to do it better- in that sense the workshop seem a good idea for any parent of teenagers or children approaching the teens. I feel better equipped as a parent of teens.* • *The course has helped me to understand more and be more effective with listening. I have learnt that it is important to look after me too so that I can help my daughter more.*

Have the workshops made any difference to your teenagers' behaviour?

	Yes	No
1st Pilot group	4	2
2nd Pilot group	8	1-Unsure – daughter in-patient at moment

If yes, please describe or explain the change

1st Pilot	2nd Pilot
• *I think we are finding new ways to communicate* • *We are talking about feelings more* • *Using the techniques has helped her to calm down quicker*	• *Teenager seems more relaxed and able to talk about things* • *Made me more aware of my wording and need to praise. Also, around the need to involve/model behaviours* • *Yes, use of I-statements, but really too early to say what has changed (daughter in-patient at moment)* • *More willing to talk and engage, asking for help more.* • *More open to discussion about how they feel.* • *My daughter is definitely engaging and talking more, we are making more time for one-to-one activities that are chosen by her.* • *My daughter seems more at peace with herself and has been happier, spending more time having fun with/taking to friends* • *My daughter seems more open to our efforts to support her*

	• *My daughter says it has helped her to understand about self-harm more. She seems to be in a happier place and not as anxious as she was, Just happier in herself*

Have the workshops made any difference to your relationship with your teenager?

	Yes	No
1st Pilot group	5	1
2nd Pilot group	8	1- Unsure – daughter in-patient at moment

If yes please describe the change

1st Pilot	2nd Pilot
• *I am more careful to talk slowly and with thought* • *I feel as if I can get in her head and understand how she is feeling* • *I have been able to talk to her more productively* • *We are able to talk again which gives us a mutual understanding*	• *Feel closer* • *She (daughter) is more open to talking to me and actually comes down to talk and asks for a hug which she would never have done before* • *I say "yes" as I believe I will help my relationship with my daughters* • *Closer relationship, we talk more and spend more time doing activities* • *Able to spend more productive time e.g., issues at school, at home and other relationships* • *We are making more time to engage in quality time together. She is also engaging in activities having seen me model talking care of myself.* • *It's made me feel closer to my daughter and to make more time for her, more understanding and forgiving of her behaviour. The workshops have also re-opened lines of communication with each other* • *I think my daughter gets that we are here for her a bit more. She was doing the TEEN FLASH course at the same time. I think it's helped us to be closer on the issue.* • *I feel she is happy that I understand more than I did in the beginning. She has talked to me in a calmer manner without getting so angry. I think we both seem in a happier place with each*

	other, especially as we are both doing it together but independently

Was the best moment for you in the workshop?

1st Pilot	2nd Pilot
• *The games* • *Knowing I am not alone, and some parent's situations are worse than mine* • *The activities in group* • *I enjoyed all workshops and could not choose one specific moment* • *Meeting others who have same experiences* • *Realisation that I have most of the tools to help my daughter and now have the confidence to act on it*	• *Support from others participating* • *The Lego game and eating cakes!* • *Finding out that I am not alone, that this is more common than I thought. It was a lovely safety net type of feeling and I do worry about not having that to have going forward* • *Not one really, but empathy I received from Jeannie, Hannah, and Jacquie. Hannah's cakes too!* • *Was all good.* • *Being able to verbalise and acknowledge some good parenting practices* • *Lots of moments- learning other thoughts and experiences was always helpful* • *It was all good.* • *All of it. It provided a bit of light and positively so that we can keep moving forward* • *There was no one moment, the best for me was every workshop I felt supported and understood as the other parents felt the same, good not to feel on my own with it all.*

Did you feel supported in the group by the workshop facilitators?

	Unsure	Supported	Very Supported
1st Pilot group		3	3
2nd Pilot group		1	8

Any other comments about the workshops and/or the workshop facilitators:

1st Pilot	2nd Pilot
• *Brilliant workshop and facilitators who made me feel comfortable and welcome. Could not recommend enough* • *Can't praise enough. I felt listened to and understood.*	• *I'm so glad I attended this course; I have much better understanding of things and how to deal with the issues I am likely to face in the future – Thank you*

• *I feel that every new parent benefit from even a basic understanding of what is in the future. If we could have all the knowledge to start with, we wouldn't need to be trying to learn at the same time as dealing with tickly teenagers. Thank you so much*	• *Thank you for all the support and arranging for me to have a zoom catch up after I had to isolate (covid-19)* • *I cannot praise Jeannie, Hannah, and Jacquie enough for their help, empathy, and hard work in running such a fantastic course. I was also very touched with the support I received when I had a very difficult moment in workshop 3. Wonderful people.* • *Facilitators were excellent, with follow up emails and advice. Hannah makes excellent cakes* • *Very flexible and welcoming* • *An absolutely excellent workshop in term s of the quality of the information, provide, delivery and level of support. I would not hesitate to recommend to everyone. Thank you so much* • *I cannot recommend the course enough and have already recommended it to a friend who is in a similar position. Hannah, Jeannie, and Jackie are 3 of the loveliest people I have ever met! They are so supportive, fun, and friendly and the fact they said we can stay in touch with them has made me feel stronger after feeling a bit worried about the course ending. Thank you so very much!* • *I definitely feel my daughter attending the TEEN FLASH course has helped, so thanks.* • *If the end goal is to make better parents of a self-harming teen, then I think the course is spot on, was very good, well run. Thank you* • *Thank you to you all for your help and understanding and support. It was a wonderful group of people and a pleasure to meet everyone.* • *What amazing people run the course- you are fabulous… we got this!*