

# Parenting Use Case Scenarios

Below are examples of actual use cases for RethinkCare's parenting solution. RethinkCare's program can support all families and has even more focused content, training and supports for parents of children with learning, social and behavioral challenges, and developmental disabilities.

## Scenario 1

4-year-old boy, diagnosed with autism, has difficulty with basic language and social skills

Child has been approved for ABA services, however the wait list is at least one year. Due to the pandemic, his speech therapy is still conducted remotely and his mother has reported finding little value in the virtual format. RethinkCare is working with his mother bi-weekly via video calls to help her improve her skills to teach functional language, potty training, and appropriate sibling interaction such as sharing and taking turns. For this case, RethinkCare's clinical experts provide modeling and immediate feedback via synchronous video while we watch the mother work with her son directly (e.g., basic conversation, sibling play).

**Likely timeline:** Biweekly for several months, then reduce to monthly to troubleshoot.

## Scenario 2

14-year-old girl, diagnosed with ADHD, has difficulty handling the pressures of high school, mostly involving academics

Teenager has a 504 plan (supports and accommodations) at school, but she doesn't feel like it has been helpful for her. When she falls behind in school, she engages in avoidance behaviors with both her family and with schoolwork. RethinkCare developed strategies with her parents to help her become more organized, prioritize her tasks, ask for help, and set appropriate expectations (e.g., empowered

her to set her own timers, create a visual schedule of weekly tasks, organize her backpack and desk with color coding, work towards a cell phone through a grade improvement plan created together with her parents, etc.).

**Likely timeline:** continue every 3 weeks to troubleshoot ideas, increase temporarily if a new, acute issue arises.

## Scenario 3

12-year-old boy, diagnosed with autism, fully included in general education and having difficulty reintegrating after 1 year of remote learning

Recently, he has noticed he is the only one with added support in the classroom and says he engages in disruptive behaviors in an attempt to get his aide to go away. The school is asking the family for ideas. In consultation (the parents invite the teacher to join their RethinkCare Board Certified Behavior Analyst), we are helping his parents create and carry out a protocol they can collaborate with the school on together - when he uses correct language (e.g., "I need a break" or "I can do this on my own") and acts appropriately in class, the aide can fade back support during that class period. Additionally, the teacher can alert the parents via email of his appropriate behavior and he can earn extra video game time at home.

## PARENTING USE CASE SCENARIOS

**Likely timeline:** weekly for a couple months to troubleshoot school-to-home protocols, then bi-weekly as the protocol is implemented and faded out.

### Scenario 4

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5-year-old girl, with no diagnosis, is struggling to make friends and her parents are concerned her social skills are falling behind her peers

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We are suggesting the parents watch several of the Social and Emotional Learning lessons on RethinkCare's portal regarding relationships and friendship with their daughter, model and practice social skills before playdates, and give her feedback during and after playdates to coach her. Her parents film practice play sessions for us to view and provide feedback whereby they take turns playing and providing her with simple scripts (e.g., "You can say, 'I have those blocks at my house too! Can I play with the red ones?'").

**Likely timeline:** every 2 weeks to start, then monthly thereafter to troubleshoot.

### Scenario 5

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9-year-old boy, no formal diagnosis, who is having difficulty regulating emotions during transition times and when unexpected changes occur

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He is currently receiving occupational therapy (OT) services, and RethinkCare is assisting the family in ways to increase his self-awareness and cope with transitions (e.g., practice planned transitions, then transitions from a preferred to an unexpected but another preferred activity, etc.). The family's dedicated

Board Certified Behavior Analyst is also suggesting the parents participate in the OT sessions, if possible, to learn tools to incorporate at home for generalization purposes, which we can help them implement.

**Likely timeline:** every 3 weeks, then monthly thereafter to troubleshoot.

### Scenario 6

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A 3.5-year-old-boy, with Down syndrome, who consistently wakes up in the middle of the night and makes repetitive requests to get access to his mother/father

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RethinkCare's clinical experts are teaching the parents how to create a predictable, consistent bedtime routine (bathroom, nightlight, story, etc.), how to respond with the wake ups occur (quietly walking him back to bed without excitement), behaviors to teach their son to do when he wakes up (look at a picture of his parents, hug his stuffed shark, etc.), and ways to positively reinforce no "night wanderings" each morning (e.g., he earns special breakfast for staying in bed until his light-up clock illuminates).

**Likely timeline:** weekly until the wakeups subside, then monthly thereafter to troubleshoot.



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