

## What is Parenting By Numbers?

Parenting by Numbers is an on-line web based behavior modification tool utilizing a token economy. A token economy is an environment where points (tokens) are used as a currency to purchase privileges within the home or school environment. Points are earned by meeting responsibilities and by behaving in desirable ways. Points are expended to “purchase” privileges and are lost when the child behaves in undesirable ways.

When a child has insufficient points to acquire a privilege, such as “going out with friends”, “driving” or “cell phone use” the parents restrict access to the privilege and encourage the child to earn sufficient points for future needs. Children and even older teens have been socialized to video games and fully understand the concept of earning points to gain rewards. If the child wants privileges, they must earn them. [This is the way the world works!](#)

This type of system has been used successfully in treating a variety of behavioral problems including ADHD and is used in many institutional and school settings. It is not often used in the home because of the great deal of expertise and effort required to setup and maintain such a system. The Parenting by Numbers system, with your clinician’s help and guidance, automates much of the setup and takes much of difficulty and drudgery out of recording behaviors.

Using the latest computer, Internet and interactive voice recognition technology, reporting target behaviors and privilege consumption is done by parents, teachers and other caregivers via an on-line web interface, phone or PDA/Blackberry device. Real-time reporting results in immediate, consistent and accurate consequences. Behavioral forecasting tools, child’s weekly schedule, automated transaction recording, email/cell phone reminder systems and various reporting instruments help to guide and monitor treatment. An allowance system with 3 fictitious accounts helps parents teach money management.

## Why Behavioral Treatment of ADHD?

“Psychosocial treatment is a critical part of treatment for attention-deficit/hyperactivity disorder (AD/HD) in children and adolescents. The scientific literature, the National Institute of Mental Health, and many professional organizations agree that behaviorally oriented psychosocial treatments — also called behavior therapy or behavior modification — and stimulant medication have a solid base of scientific evidence demonstrating their effectiveness. Behavior modification is the only nonmedical treatment for AD/HD with a large scientific evidence base.

Treating AD/HD in children often involves medical, educational and behavioral interventions. This comprehensive approach to treatment is called “multimodal” and consists of parent and child education about diagnosis and treatment, specific behavior management techniques, stimulant medication, and appropriate school programming and supports. The severity and type of AD/HD may be factors in deciding which components are necessary. Treatment should be tailored to the unique needs of each child and family.”

*Evidence-Based Psychosocial Treatment for Children and Adolescents with AD/HD — CHADD Fact Sheet #9 Children and Adults with Attention Deficit Hyperactivity Disorder CHADD National Resource Center on AD/HD*  
<http://www.chadd.org/fs/fs9.htm>

### Suggested Reading Resources for Parents:

Taking Charge of ADHD, by Russell A. Barkley, PhD. New York: The Guilford Press, 2000.

Skills Training for Children with Behavior Disorders, by Michael L. Bloomquist, New York: The Guilford Press, 1996.

## Psychosocial Treatment of ADHD and Behavioral Disorders in Children and Adolescents

On-Line Token Economy Behavioral Management System  
*helps parents develop and apply:*

Behavior Management Principles

Effective Command giving and Communication Skills

Effective Rewards and Consequences

Strategies for Working with Teachers and Other Caregivers

### Adolescent and Family

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# Parenting by Numbers™ On-Line Behavioral Management System

## How Can Parenting by Numbers™ Help?

### The Parenting by Numbers™ Behavioral Management System:

Provides an individualized, comprehensive, age appropriate token economy behavioral intervention that is quick and easy to setup and administer, convenient for data entry and does not require extensive parent training.

Increases parental monitoring of child/adolescent behavior.

Reduces conflict between parent and adolescent through documented expectations.

Aids parents in the application of discipline (rewards and consequences) through structure, accountability and the support of other caregivers with access to behavioral data.

Improves the accuracy and availability (to therapist, physician, parents, teachers, probation/diversion specialists) of behavioral data used in assessment and treatment of ADHD and disruptive behavioral disorders.

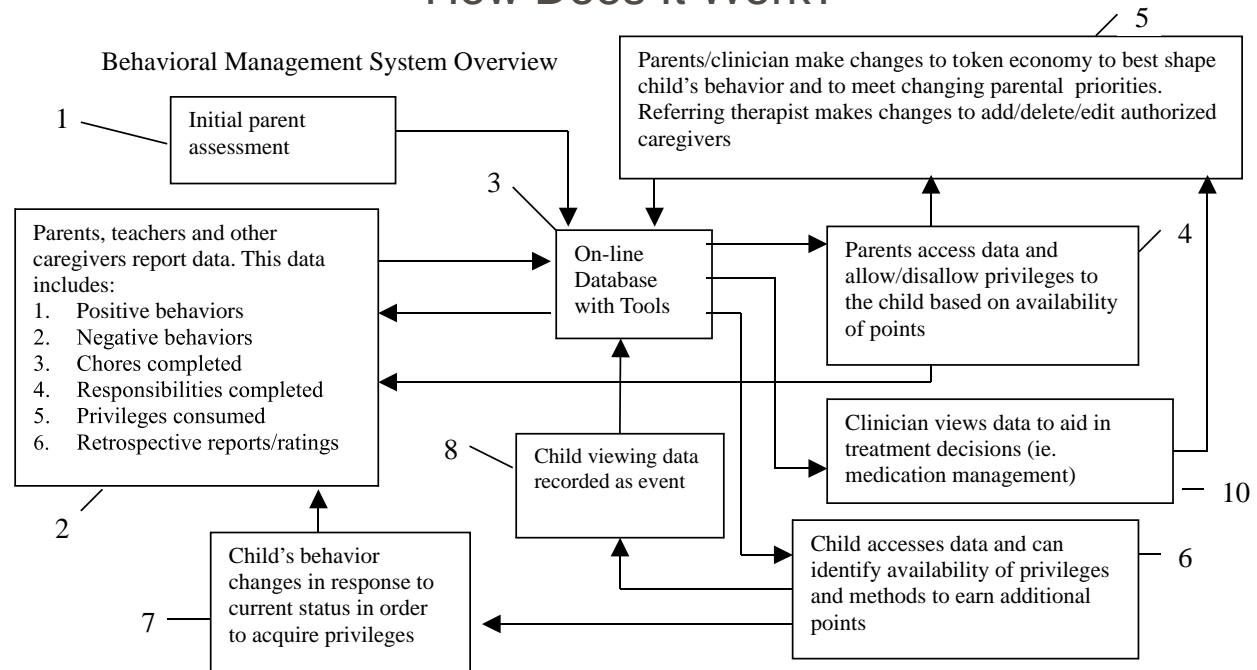
Aids divorced/unmarried parents with shared custody by providing an agreed upon documented structure with on-line data available across households.

Provides parents with an allowance, chore and reminder system to aid with various parenting responsibilities.

Automatic monitoring of treatment progress through reports derived from behavioral data and retrospective reporting instruments.

Reduces the amount of time required for parents to use behaviorally based parenting techniques. Parents will get on-the-job training as they apply the principles of the Behavioral Management

## How Does It Work?



The treatment process and use of the BMS is shown in figure above. Parents go on-line with the referring caregiver (therapist) and perform the initial assessment (1). This automatically sets up the accounts for the parents and creates all the data for the Allowed Transactions in the Client database (3). This database (3) can be accessed by parents, teachers and other caregivers using remote (web, email, phone) means. The data can be viewed, edited and transactions can be recorded (2) to the database (3). Parents may access data and then allow privileges to their child based on availability of points or client's privilege level (4). Further, parents and other caregivers/clinicians may make changes to the allowed transactions within the token economy to best shape the child's behavior (5).

The child may access the database through the web or through remote means (web, email, text messaging, phone) and view the data (6). The child identifies available privileges and methods to earn points. The child then works to respond to this information through behavioral change in order to acquire privileges (7) from parents or other caregivers as previously described. The child accessing the database in order to view data is recorded to the database (8) as this information is useful in assessing the child's motivation and compliance with the system. The clinician or other caregivers may view data at any time to aid in treatment or other care giving services (10).