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PARENTS, TEACHERS, AND THERAPISTS USING CHILD-DIRECTED PLAY THERAPY AND COACHING SKILLS TO PROMOTE CHILDREN'S SOCIAL AND EMOTIONAL COMPETENCE AND BUILD POSITIVE RELATIONSHIPS

CAROLYN WEBSTER-STRATTON AND M. JAMILA REID

If left untreated, early-onset conduct problems (e.g., high rates of aggression, noncompliance, oppositional behaviors, emotional dysregulation) place children at high risk of recurring social and emotional problems, underachievement, school dropout, and eventual delinquency (Loeber et al., 1993). The development of emotional self-regulation and social competence in the early years plays a critical role in shaping the ways in which children think, learn, react to challenges, and develop relationships throughout their lives (Raver & Knitzer, 2002). Thus, early intervention efforts designed to assist parents, teachers, and child therapists to promote children's optimal social and emotional competencies and reduce behavior problems can help lay a positive foundation and put children on a trajectory for future success.

The Incredible Years (IY): Parents, Teachers, and Children Training Series is a set of three separate but interlocking evidence-based programs designed to prevent and treat conduct problems and promote social and emotional competence in young children (Webster-Stratton, 2005). First is the IY Parent Training Program, which consists of three basic programs, one for parents of babies and toddlers (ages 6 weeks to 3 years), one for parents of children in the early childhood years (ages 3–6 years), and one for school-age children (ages 6–12 years). The length of these programs varies from 12 to 20 two-hour

sessions offered weekly to groups of 8 to 12 parents. The primary goals of these programs are to strengthen parent–child attachment and nurturing and caring relationships, increase positive discipline (rules, predictable routines, effective limit setting), and decrease critical or harsh parenting (consequences, problem solving). The foundation of the program is parents' investment in continual use of play and coaching strategies with their children throughout the program. Through child-directed play interactions, parents strengthen their relationships with their children and learn to coach them in ways that promote their social, emotional, and academic growth.

The second program is the IY Teacher Training Program, a 6-day training program for teachers of students ages 3 to 8. This training is offered monthly to groups of 10 to 15 teachers, who complete classroom assignments between trainings. Some individual teacher consultation is provided, as needed, for children with specific behavior problems. The goal of the training is to promote positive teacher classroom management skills and nurturing relationships with students, including training in social, emotional, academic, and persistence coaching as well as praise and encouragement during child-directed play interactions, circle times, small group work times, and unstructured play times.

The third program is the IY Child Training Program (also known as the Dina Dinosaur curriculum), which is a 20-week treatment program offered in 2-hour sessions to groups of six children with conduct or social problems or attention-deficit/hyperactivity disorder (ADHD). A prevention and therapeutic classroom version of the dinosaur curriculum is also available for teachers to use in 40 to 60 lesson plans offered two to three times a week. Topics include teaching children how to play with other children, including learning social skills (turn taking, waiting, asking, sharing, helping) as well as ways to talk with peers, express their feelings, solve problems, and manage anger. Material is taught to the children during circle time, small-group activities, and free play. Therapists use child-directed play and coaching throughout the session to enhance children's social, emotional, and academic goals. Large puppets are also incorporated into the learning and play interactions to provide another teaching and relationship-building tool to use with the children.

All three programs (parent, teacher, and child) rely heavily on performance training methods and group support, including presentation of video vignettes and observational learning through modeling, assigned home and classroom practice activities, and live feedback and coaching from trained group leaders and other participants. For further information and description of these programs, please see Webster-Stratton (1999) and Webster-Stratton and Reid (in press).

Each of these three separate parent, teacher, and child programs has been researched in numerous randomized control group trials by the developer Carolyn Webster-Stratton as well as by independent investigators and has been

shown to improve parent–child, teacher–student, and peer interactions and to be effective in reducing children's conduct problems and promoting social and emotional competence and school readiness (for research reviews, see Webster-Stratton et al., 2001; Webster-Stratton & Reid, in press). These interventions have been evaluated as treatment programs by therapists in mental health clinics for children with early-onset conduct problems, ADHD, and internalizing problems (Beauchaine, Webster-Stratton, & Reid, 2005; Webster-Stratton & Herman, 2008) as well as evaluated as selective and indicated prevention programs in Head Start and schools with socioeconomically disadvantaged families and higher risk children (Webster-Stratton, 1998).

Prevention and treatment studies demonstrating the added impact of combining the IY parent program with the teacher classroom management program and/or with the child Dina Dinosaur program have shown that these teacher and child programs significantly enhance the outcomes for children in terms of peer relationship improvements, school readiness outcomes, and reduction of aggressive behaviors in the classroom (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). In our prevention studies, the highest risk children were reported to make the greatest improvements, but generally all the children in the classroom showed improved social competence and school readiness (Reid, Webster-Stratton, & Hammond, 2007; Webster-Stratton, Reid, & Stoolmiller, 2008). In treatment studies, conditions combining parent, teacher, and child programs showed the most sustained effects for child outcomes at 2-year follow-up assessments (Webster-Stratton et al., 2004).

One of the key therapeutic aspects of all three of these interventions is training for parents, teachers, and therapists in child-directed play interactions using academic, persistence, social, and emotional coaching skills. At least half of all the content and time spent training in each of these programs is focused on therapeutic play interactions and specific coaching skills. These play interaction skills form the foundation for building children's relationships with their parents, teachers, and peers. It is noteworthy that our programs have only been evaluated as a complete intervention that includes the play interaction coaching skills in combination with the limit setting and positive discipline components. In fact, no research has been done that evaluates shorter versions of the program, using either the play and coaching skills or the limit-setting sections separately. It is our belief that teaching the play interaction, relationship building, and coaching components before training in the discipline components is essential to the therapeutic behavior change model, and we do not recommend shortening or using the discipline parts of the programs in isolation from the child-directed play training. It is noteworthy that parent–child interaction therapy, which was developed by Sheila Eyberg and which also emphasizes both the child-directed play and the discipline components and has theoretically compatible origins to the

IY program, has also had very positive outcomes in randomized trials (Eyberg et al., 2001; Funderburk et al., 1998).

In this chapter, we focus primarily on describing the child-directed play interaction and coaching sections of each of the three IY programs, describing their rationale, theories, and practical uses and how we adjust our approaches to meet the particular developmental needs of each child and family. More information on the full program, including the praise, incentives, discipline, and problem-solving sections, can be found in other chapters and articles (Webster-Stratton, 2006; Webster-Stratton & Herbert, 1994). See Figure 12.1.

THEORETICAL UNDERPINNINGS

The use of child-directed play and coaching strategies with children draws from underlying social learning theory, modeling, and relational theories such as attachment and psychodynamic theories. In addition, extensive

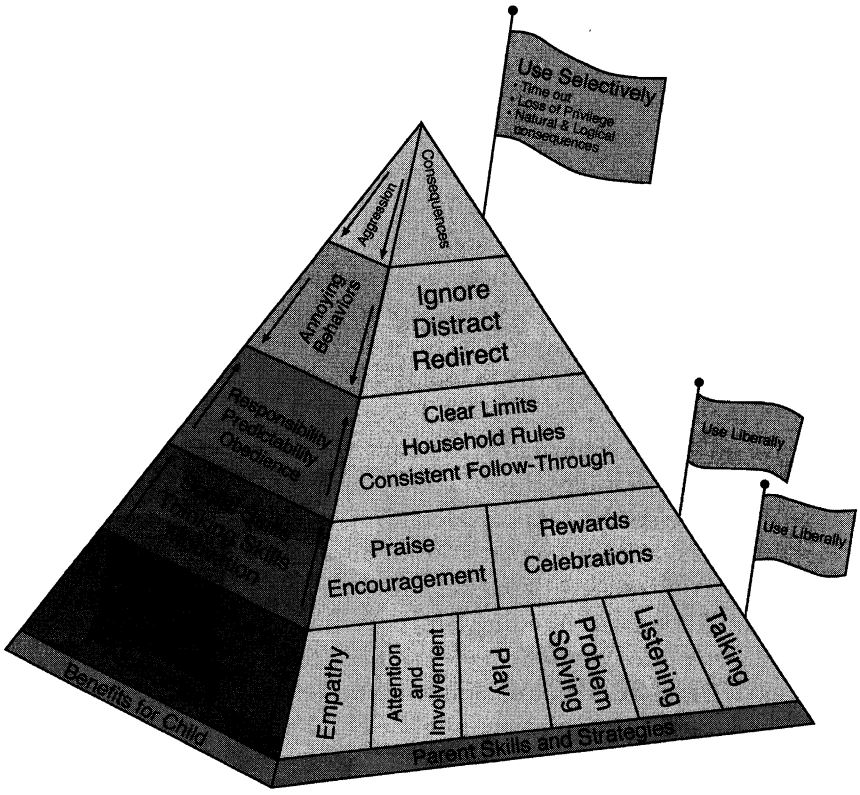

Figure 12.1. Parenting pyramid. Copyright by C. Webster-Stratton.

research regarding children's social, emotional, and cognitive development has provided our interventions with a framework of empirically based models of normal and pathological child development.

Contributions From Social Learning Theory

Our child training philosophy has its roots in applied behavior analysis, models of operant behavior (Baer, Wolf, & Risely, 1968), and cognitive social learning theory (Bandura, 1989). A key assumption is that children's behaviors are learned from their interactions with significant people in their lives, particularly their parents, teachers, and peers. Child problem behaviors—be they internalizing problems, such as fears and anxieties, or externalizing problems, such as defiance and aggression—are believed to be maintained by environmental reinforcers. The focus of training from this perspective is on changing maladaptive child behaviors by changing the environmental contingencies that maintain them. For example, in the case of an internalizing problem such as a social phobia or separation anxiety, research has suggested that family interactions play a role in the development and maintenance of these fears (Kendall, 1993); parents may inadvertently reward anxious behavior by their attention, remove aversive stimuli by permitting a child to stay home from school, or both (King, Hamilton, & Ollendick, 1988). In this example, parents would learn to use child-directed play and social coaching skills with the goal of promoting a secure parent–child relationship, building their child's self-confidence, encouraging and giving attention to brave behavior, and improving positive peer interactions. In addition, they learn the importance of avoiding giving undue attention to their child's fears and avoidant responses and coaching their child successfully so that he or she attends school. This conceptualization is also useful and relevant for externalizing conduct problems. Research has demonstrated that when parents or teachers interact with aggressive children, they may engage in practices that promote aggressive behavior (through attention and compliance to child coercive strategies) and suppress prosocial behavior (by ignoring or even providing aversive consequences; Hinshaw & Anderson, 1996; Patterson, Reid, & Dishion, 1992). Through child-directed play and social and emotional coaching, parents, teachers, and therapists learn how to give attention to and coach prosocial behaviors while ignoring the inappropriate behaviors. (This is described in more detail later in the case illustrations.)

Social learning theory (Bandura, 1977) posits that children learn a behavior not only by experiencing its direct consequences but also by observing similar behavior and its consequences. Research supporting this modeling theory has shown that children with high levels of fears and anxieties are more likely than nonfearful children to have anxious or fearful parents (Kendall,

1992). Studies have also shown that aggressive children are more likely than nonaggressive children to have parents who use aggressive discipline or who are antisocial themselves (Patterson & Capaldi, 1991). Our program incorporates modeling theory by emphasizing the importance of parents', teachers', and therapists' modeling appropriate social interactions, emotional regulation, and appropriate expression of emotions for their children.

In accordance with a social learning model, then, each of the three IY intervention programs is aimed at helping parents, teachers, and therapists identify and isolate children's prosocial (or appropriate) and maladaptive (or inappropriate) behaviors and change the reinforcement contingencies by reinforcing positive behavior and instituting brief consequences for negative behavior. From this perspective, the purpose of the child-directed and coached play approaches is to alter the interactions so that parents, teachers, and therapists are modeling social skills and emotional regulation in their interactions with the children as well as prompting, coaching, and reinforcing their social and self-regulatory behavior whenever it occurs. Methods of teaching parents, teachers, and children are also based on social learning theory using video modeling, role play practice and rehearsal, weekly practice activities, and direct reinforcement (social and tangible) given to parents and teachers and children for their achievements.

Contributions From Relational Theories

The IY programs also draw from relational approaches of attachment and psychoanalytic theory because of their central concern with emotion, affective processes, and the quality of relationships. Social learning and behavioral theory suggest that a more positive child relationship will occur when parents and teachers use child-directed and coaching skills with children because their use of attention and praise makes them more reinforcing. However, we believe that using child-directed play and coaching strategies with children influences the affective and relational aspects of adult–child interactions as separate from behavioral management. Within a relational focus as espoused by Axline (1969), child-directed play is seen as a way to promote positive parenting and adult–child bonding or attachment and is a goal in itself. Developmental psychology has demonstrated a strong relationship between parental nurturance (and positive limit setting) and positive child outcomes (Baumrind, 1995). Thus, the IY programs emphasize the importance of parents', teachers', and therapists' increased expression and communication of positive affect, including love, affection, acceptance, enjoyment, and empathy during their play interactions. Another therapy component that grows out of relational theory is training parents, teachers, and therapists to label, encourage, and respond to children's expression of emotions, including

a focus on teaching adults and children to process and manage strong emotions. This renewed interest in affective processes reflects a growing recognition that a parent's or teacher's emotional expression and self-regulation ability are likely to affect the quality of children's emotional expression, which in turn affects the quality of their social relationships and ability to self-regulate in the face of conflict.

PLAY INTERACTION AND COACHING SKILLS

In this section, we describe how the IY programs use various types of play and develop coaching skills for adults.

Child-Directed Play

The IY: Parents, Teachers, and Children programs start by building a foundation of positive adult–child relationships through child-directed play interactions together. This style of interacting during play means that parents, teachers, and therapists avoid giving unnecessary commands or corrections or asking questions during play. Instead, these adults follow children's lead and ideas, enter into their imaginary and pretend world with them, express their joy and playfulness with them, and help them feel special by being an appreciative audience to their play. Parents, teachers, and child therapists are helped to understand the value of this focused attention and encouragement during play times for promoting children's self-confidence, self-esteem, and security in their relationships and for encouraging their creativity and independence (Webster-Stratton, 1999). Because one of the major developmental tasks for preschool children is to become more autonomous and to develop an individual sense of self, parents come understand how time spent playing with their children in child-directed ways is valuable in helping their children feel more securely attached to them. This secure relationship eventually leads to fewer difficulties separating from parents and easier transitions to preschool. When teachers also use these child-directed play strategies, it helps them to build positive relationships with their students and helps children to feel they are in a safe environment in the classroom. Strong teacher–child bonds set in motion a positive school experience and an environment conducive to learning.

Descriptive Commenting

Parents, teachers, and therapists are taught how to coach children during child-directed play times using descriptive commenting (Hanf & Kling,

1973). *Descriptive commenting* is a running commentary during play describing the children's behaviors and activities. It often sounds like a sports announcer's play-by-play description of a game. It includes describing children's actions as well as the objects they are playing with and their positions. This form of descriptive commenting not only indicates to the child how focused the parent, teacher, or therapist is on what she or he is doing but is also an invaluable teaching tool. It bathes the child in language, providing the child with direct important verbal information about his or her behavior or objects that she or he is touching. It also provides positive attention to (and reinforcement of) whatever aspect of play on which the commenting is focused. Thus, descriptive commenting can be delivered strategically and tailored to meet a number of academic, social, and other behavioral goals according to children's needs and developmental levels. Children in Level 1 play are still in parallel play. Children in Level 2 play are beginning to be interested in other children but lack the social skills to initiate and sustain these interactions on their own. Children in Level 3 play have progressed to some sustained interactions with other children but still need coaching to maintain these interactions in a positive way and to solve interpersonal peer issues during the play. (See Tables 12.1–12.3 for more information.)

Academic Coaching

In academic coaching, parents and teachers focus their comments on academic skills, including the names of objects, shapes, colors, sizes, number, textures, and position (e.g., *on, under, inside, beside, next to*). For example, when the parent or teacher says, "You have three yellow rectangles on top of the red fire truck," the child is learning about shape, colors, and number and the language to describe these concepts.

Persistence Coaching

Persistence coaching is when the parent, teacher, or therapist comments on the child's cognitive and behavioral state while she or he is playing. For example, a teacher interacting with a student working on a project will comment on the child's being focused, concentrating well, trying hard, or persisting and staying patient even though the activity is difficult. Recognizing the child's internal state of mind as well as the physical behaviors that go along with that state is especially important for children who are inattentive, easily frustrated, impulsive, or hyperactive. Labeling the times a child is focused and persisting patiently with a difficult task enables the child to recognize that internal state, what it feels like, and put a word to it.

TABLE 12.1
Parent–Child Social Coaching: Child Developmental Level 1

Social and friendship skills	Example
Parent models	
Sharing	"I'm going to be your friend and share my car with you."
Offering to help	"If you want, I can help you with that by holding the bottom while you put another on top."
Waiting	"I can use my waiting muscles and wait until you're finished using that."
Suggesting	"Could we build something together?"
Complimenting	"You are so smart in figuring out how to put that together."
Behavior to feelings	"You shared with me. That is so friendly and makes me feel happy."
	"You helped me figure out how to do that. I feel proud that you could show me that."
Parent prompts	
Self-talk	"Hmm, I really wish I could find another piece to fit here."
	"Hmm, I'm not sure I know how to put this together."
Asking for help	"Can you help me find another round piece?"
	"Can you share one of your cars with me?"
Parent response	
Praise child when she or he shares or helps.	"That was so helpful and friendly to share with me."
Ignore or model acceptance when child does not share or help.	Continue to use descriptive commenting.
	"I can keep trying to find that round piece." (model persistence)
	"I can wait until you're finished playing with the cars." (model waiting)
	"I know it is hard to give up that car, so I will wait to have a turn later."
Puppet or action-figure models	
Entering play	"Can I play with you?"
	"That looks like fun. Can I do that with you?"
Being socially friendly	"I'm being friendly. I'd like to play with you."
Ignoring aggression	"I want to play with a friendly person. I think I will find somebody else to play with."

Note. Parent–child play: Parents can use social coaching in one-on-one interactions with their children to help them learn social skills and emotional language before they begin to play with peers. A great deal of children's learning will occur by modeling and by the parents' descriptive commenting, which will enhance the children's language skills as well as help them recognize their social skills.

This attention and coaching help the child stick with the task longer than he or she might have otherwise, but it also helps the child learn an important life message. That is, the child learns that it is normal to find it hard to learn a new skill, but that with patience and persistence he or she will be able to eventually accomplish the task.

TABLE 12.2
Parent–Child Social Coaching: Child Developmental Level 2

Social and friendship skills	Examples
Parent coaches	
Asking for what they want	"You can ask your friend for what you want by saying, 'Please can I have the crayon?'"
Asking for help	"You can ask your friend for help by saying, 'Can you help me?'"
Asking a friend to wait	"You can tell your friend you are not ready to share yet." If your child responds to your prompt by using his or her words to repeat what you said, praise this polite asking or friendly helping.
Parent prompts	
Noticing other child	"Wow, look what a big tower your friend is building." "You are both using green markers."
Initiating interaction with other child	"Your friend is looking for small green pieces. Can you find some for him?" "Your friend has no cars, and you have eight cars. He looks unhappy. Can you share one of your cars with your friend?"
Giving child a compliment	"Wow! You can tell your friend his tower is cool." If your child does repeat this, you can praise him or her for a friendly compliment. If child does not respond, continue descriptive commenting.
Parent praises	
Behavior to feelings	"You shared with your friend, that is so friendly and makes her feel happy." "You helped your friend figure out how to do that; she looks very pleased with your help."
Playing together	"Your friend is enjoying playing these Legos with you. You look like you are having fun with your friend. You are both very friendly."
Puppet or action figure models	
Sharing or helping	"Wow! Do you see the tower that Nancy is building?" "Can either of you help me find a red block to make this truck?" "Could I help you build that house?" "Do you think we could ask Freddy if he'll share his train?"

Note. Children in parallel play: Young children start out playing with other children by sitting next to them and engaging in parallel play. In the beginning, they do not initiate interactions with other children or seem to notice that they are even there. They may not talk to them or offer an idea or interact with them in any way. Parents can help promote peer play by prompting their children to use social skills or to notice their friends' activities or moods. Providing children with the actual words for interactions or modeling social behaviors will be important because children may not yet have these skills in their repertoire.

TABLE 12.3
Child–Peer Social Coaching: Child Developmental Level 3

Parent-coached skills	Example
Social and friendship skills	
Asking in a friendly voice (polite, quiet)	"You asked your friend so politely for what you wanted and he gave it to you; you are good friends."
Giving help to friend	"You helped your friend find what she was looking for. You are both working together and helping each other like a team."
Sharing or trading	"That's so friendly. You shared your blocks with your friend. Then she traded with you and gave you her car."
Asking to enter play	"You asked kindly to play and they seemed happy to have you join in."
Giving a compliment	"You gave a compliment to her; that is very friendly."
Agreeing with or giving a suggestion	"You accepted your friend's suggestion. That is so cooperative."
Self-regulatory skills	
Listening to what a peer says	"Wow, you really listened to your friend's request and followed his suggestion. That is really friendly."
Waiting patiently	"You waited and asked first if you could use that. That shows you have really strong waiting muscles."
Taking turns	"You are taking turns. That's what good friends do for each other."
Staying calm	"You were disappointed when she wouldn't let you play with her, but you stayed calm and asked someone else to play. That is really brave."
Problem solving	"You both weren't sure how to make that fit together, but you worked together and figured that out—you are both good problem solvers."
Empathy	
Behavior to feelings	"You shared with your friend; that is so friendly and makes her feel happy." "You saw that she was frustrated and helped her put that together. That is very thoughtful to think of your friend's feelings." "You were both frustrated with that but you stayed calm and kept trying and finally figured it out. That is real teamwork." "You were afraid to ask her to play with you, but you were brave and asked her, and she seemed really pleased that you did."
Apology and forgiveness	"That was an accident. Do you think you can say you're sorry?" or "Your friend seems really sorry he did that. Can you forgive him?"

Note. Children who initiate play: Young children move from parallel play to play in which they are initiating interactions with each other. They are motivated to make friends and interested in other children. Depending on their temperament, impulsivity, attention span, and knowledge of social skills, their interactions may be cooperative or at times conflictual. Parents can help promote social skills during peer play by prompting and coaching them to use skills or by praising and giving attention to social skills.

Emotion Coaching

A second major developmental task for young children is the development of emotional self-regulation skills such as the recognition and expression of emotions, the ability to wait and accept limits, the development of empathy, and self-control over aggression. Emotion coaching by parents, teachers, and therapists helps children with this because once children have words to express their feelings, it is easier for them to self-regulate. *Emotion coaching* is when parents or teachers label children's emotions during play, including times when they are happy, confident, surprised, curious, proud, excited, frustrated, sad, lonely, tense, or angry. Labeling these feelings when children experience them helps children link a word to a feeling state, which helps them develop a vocabulary for recognizing and expressing emotions. Once children are emotionally literate, they will be able to express their feelings to others and more easily regulate their emotional responses. In addition, they will begin to recognize emotions in others—the first step toward empathy.

Parents, teachers, and therapists are encouraged to give more attention to positive emotions than to negative emotions. However, when children do exhibit negative emotions such as anger or fearfulness, the adult playing with them will coach them by pairing the negative emotion with the positive coping response. For example, a teacher might say to a child whose tower is knocked over, "You look frustrated about that, but you are staying calm and trying to solve the problem," or to a fearful child, "I could tell that you felt shy about asking her to play; it was really brave of you to try it!" In this way, the teacher validates the angry or shy feeling without giving it too much attention and also expresses faith that the child will be able to cope with the positive opposite feeling to produce a positive outcome. This may even preempt an escalation of an angry tantrum.

Following is a case example demonstrating the ways in which academic, persistence, and emotion coaching are used to meet a particular child's goals. In all the case examples included in this chapter, parents were in the IY 20-week parenting group and their children were in the IY 20-week small-group social and emotional skills training (treatment model). School consultation was also provided for teachers. In this way, the child's and family's goals were worked on by parents, therapists, and teachers.

Case Example: Tony

Tony is a 4-year-old boy with developmental and speech delays. At the onset of therapy, he was difficult to understand and had limited ability to express his needs verbally. He exhibited considerable oppositional behavior and frequent temper tantrums, often at times when he was unable to find the words to express his wishes or needs. He quickly became frustrated with tasks

or games and moved rapidly from one activity to another, often in a somewhat destructive whirlwind. When asked questions, Tony would often shut down and refuse to respond, even to questions for which he may have had the words to answer.

One important aspect of Tony's treatment plan was academic descriptive commenting to provide words that would help increase his vocabulary and confidence in using language. Tony's mother (at home) and therapist (in the child group) each worked to surround Tony in language that would provide him with words for objects that he commonly used. At the same time, they worked hard to limit their questions to Tony so that he would not feel pressured to have to provide verbal information, for example,

> Wow, Tony is rolling that train up the hill. Now his train is going under the track. Tony has a long track, and he is adding, one, two, three pieces to it. Now the track is even longer. He's pushing that blue engine around the corner.

Tony seemed to enjoy the use of this language and would often look up with interest as his therapist was commenting. Occasionally, he would even hold up a particular toy for her to identify and would then resume his play. He also began to imitate some of the descriptive commenting and label some of the objects on his own. In this way, his vocabulary began to increase, and he seemed more confident in his ability to communicate verbally.

Persistence and emotion coaching were also an important part of Tony's treatment plan. To gradually increase the amount of time that Tony spent on a given activity, Tony's mother and therapist worked hard to identify times when Tony was focused, calm, working hard, working carefully, and sticking with an activity. Tony's attention span was immediately longer whenever descriptive commenting was used, most likely because he enjoyed the attention and wanted it to continue. This provided many opportunities to comment on his persistence. Because Tony was also easily dysregulated and quick to get angry, attention was given to times when he was calm, regulated, and content. When Tony started to become angry, his feelings were labeled, and the therapist would then predict that he would be able to stay calm and try again. (If he tantrumed, he was ignored.) Tony gradually began to label his own emotions ("I frustrated!" or "I happy") and to use simple calm-down techniques when he was dysregulated (e.g., taking deep breaths).

One-on-One Social Coaching

A third major developmental task for young children is the development of social and friendship skills that include beginning to share, help others, initiate conversations, listen, and cooperate. *Social coaching* involves playing with children in a way that models, prompts, and reinforces these skills. The

first step in social coaching is for the teacher, parent, or therapist to model and label appropriate social skills whenever they occur in the child. For example, a teacher or parent might model social skills by saying, "I'm going to be your friend and share my truck with you." Next, the teacher can prompt a social behavior by asking for the child's help in finding something or asking the child for a turn. If the child does share or help, then the teacher responds to this behavior by describing it and praising, for example, "Thank you! You found the blue Duplo I was looking for. That was so helpful. You are a good friend!" However, if the child does not share or help when prompted by the teacher, parent, or therapist, the adult models waiting and being respectful by saying, "I guess you are not ready to share, I am going to wait for a turn and do something else right now." Through modeling, prompting, and scaffolding social skills with social coaching and praise during one-on-one play times with parents or teachers or therapists, children learn positive play social interactions.

Case Example: Tony

Tony's social skills were also extremely delayed, and his play was most often parallel (see Table 12.1). At times when he came into contact with other children during play, he screamed or had a tantrum because he believed that they were going to take away his toys. If another child had a toy that he wanted, he would grab, hit, or scream in an attempt to get the toy for himself. Social coaching was integral to Tony's treatment plan. Because he had extreme difficulty playing near other children, the therapists began using social coaching in their individual play with Tony. The therapists would model and label skills for him. If they saw that he was interested in something they were holding, they would say, "Tony, I'd like to share this block with you." After Tony became used to the idea that adults would share with him, the therapists began to prompt him to use words to ask when he wanted something, for example, "Tony, I see that you want this train. You can say, 'Please can I have the train?'" At first, they did not ask Tony to reciprocate because the idea of giving up something he was holding was so difficult for him. However, they involved Tony in simple turn-taking activities, for example,

> Tony, would you like to help me build a tower? I'll wait while you put the first piece on. Wow! Now you're waiting while I add a piece. You and I are sharing these blocks and are really taking turns!

Peer Social Coaching

Next parents, teachers, and therapists learn to do social coaching with several children playing together at the same time. This time the adult prompts, models, and describes the social skills that occur between the children. For example, they comment on times the children share, wait, take turns, say

thank you, help each other, ask before grabbing a toy, and give a friendly suggestion. They also facilitate interactions between children by providing words for a child to use to ask for something she or he wants or by praising a child who is waiting when another child is not ready to share.

Individual or *peer social coaching* strengthens children's friendships and makes it clear what the desired social skills are. However, it is important to assess children's developmental readiness for social play with peers. Children who are primarily engaged in parallel play and who do not initiate play with peers or seem very interested in peers will benefit from individual practice with an adult before entering into situations with a peer (see Table 12.1). Then, when they do play with peers, intense scaffolding by adults will be necessary for them to be successful. Children who are interested in playing and motivated to play with other children but who lack the impulse control or skill to do so successfully will also benefit from individual coaching because an adult can patiently help a child to practice and fine tune social skills (see Table 12.2). Then, when playing with peers, the adult can continue to prompt and praise social behaviors as they happen. For example, the teacher might say, "You shared with Mary. That was so friendly! Look at how happy your friend seems now." Helping children make the connection between their positive social behavior and another child's feelings is important for them in developing peer relationships. See Tables 12.1 through 12.3 for descriptions of how this coaching differs depending on the child's developmental level of play.

METHODS FOR TEACHING AND COACHING NEW SKILLS

In IY treatment groups for the child training program (Dina Dinosaur curriculum), therapists combine child-directed play and social coaching with direct instruction in new skills (Webster-Stratton & Reid, 2005). This process involves three steps:

1. Children watch video vignettes of children playing with peers in friendly ways with a variety of toys (blocks, make believe, puzzles, art projects, etc.) and in a variety of settings (playground, classroom). While children are watching these video vignettes, the therapists enhance the modeling effect by pausing the video scenes to prompt and cue the children to notice how the children on the video scenes wait, take turns, share, and are friendly.
2. After the video scene is shown, each child practices and rehearses the play skill modeled in the video scene with one of the puppets and is reinforced by the therapist for this practice.

3. Next, children are paired with another child to play while the therapist prompts, coaches, and reinforces them for using these friendly play behaviors. Once the child is doing well with one peer, a second peer may be added to the play interactions. Therapists also use emotion coaching to help children learn to self-regulate when they are getting overly excited. They model and prompt ways to calm down, such as taking deep breaths, practicing positive self-talk, and thinking of happy and calm images in their minds.

ADAPTING CHILD-DIRECTED PLAY TO MEET CHILDREN'S DEVELOPMENTAL AND BEHAVIORAL NEEDS

Adults need to adapt child-directed play to meet children's needs. This section describes how caregivers can use such adaptation to deal with several different types of child behavior.

Children With Oppositional Behavior

Children with conduct problems are difficult because they are noncompliant and oppositional to adult's requests. When adults cannot get children to do what they want, they cannot socialize or teach them new behaviors. Sometimes parents, teachers, and other caregivers respond to this defiant behavior by criticizing, yelling, or hitting children to try to make them comply. Sometimes the intensity of a child's response causes adults to give in to children's demands. This results in inconsistent responses or a lack of follow through with discipline. These unpredictable responses lead to children feeling insecure in their relationships. In addition, hitting or yelling at a child models aggressive behavior and gives the child's oppositional behavior powerful emotional attention, thereby reinforcing its occurrence.

Child-directed play can be used with oppositional and noncompliant children to model compliance with children's ideas and requests as long as they are behaving appropriately. This gives the children some legitimate opportunities to exercise control and to observe their parent or teacher being compliant and respectful. Child-directed play with an oppositional child helps promote a more positive attachment or relationship between the child and the adult. Often parents or teachers of such children feel angry with them because of their disruptive behavior, and they have experienced very few positive times together. These play times will begin to build up the positive bank account in the relationship between the parent and child. When this bank account of positive feelings is full, then discipline is more likely to be effective.

Children who are oppositional with adults are usually aggressive with peers and have few friends. Other children do not like to play with them because they are uncooperative, bossy, and likely to criticize their ideas and suggestions. These negative responses and rejection by peers further compound the oppositional child's problems, reinforcing his or her negative reputation. The resulting social isolation results in even fewer opportunities to make friends, low self-esteem, and loneliness. Social coaching can be used with oppositional children to help them use appropriate friendship skills with peers. The teacher may comment on how the target child is sharing, being a good team member in play, or helping another. The teacher can also help the oppositional child to use coping strategies when he or she is frustrated, which will help the child solve peer problems in a more positive way. This teacher praise for the target child in the classroom not only reinforces the appropriate social behavior for the child with behavior difficulties but also helps to change his or her negative reputation with peers. As the teacher comments on the target child's friendly behaviors and points out how he or she is working hard to help or share with others, peers will begin to see the child as more friendly.

Case Example: Dylan

Dylan, age 5, is a child with oppositional defiant disorder. At the onset of therapy, he was noncompliant with approximately 90% of parent or teacher requests; he had multiple tantrums each day, at home and at school; and his parents felt as though they were held hostage to his behavior. He was aggressive with adults and peers. He was extremely volatile and easily irritated and had dramatic mood swings during which he became enraged with very little provocation or warning. Teachers and parents reported that they walked on eggshells around Dylan because they were afraid of his extreme reactions. His parents alternated among using punishment, nagging, and bribes to try to get his cooperation and found themselves structuring their whole lives around his behaviors and moods. Dylan's parents reported that they had begun to resent the negative impact that he was having on their family, their relationship, and their younger daughter. Although they loved their son very much, they felt as though they no longer enjoyed him.

Because almost all adult–child interactions with Dylan involved a power struggle and because his negative behaviors had placed such great strain on the parent–child relationship, the first goal of therapy was to use child-directed play to begin to change the dynamic of this relationship. Dylan's parents were encouraged to experiment with play sessions where they sat back and let Dylan orchestrate the play. Their job was to be an appreciative audience, follow his lead, and not make demands or even ask questions as long as he was

appropriate. Using this style of play with Dylan was intended to give him some power in the relationship in an appropriate setting, to show him that his parents valued him, and to give his parents a time when they could just enjoy his creativity and playfulness without feeling as though they had to make him behave in a certain way. At first, Dylan's parents reported that he rejected even their attempts to play with him. They were encouraged to be persistent and to make regular attempts each day to engage with him in this way. Gradually, Dylan became used to these interactions, first tolerating them, and then looking forward to this time with his parents. Dylan began to invite his parents into his play and seemed excited that they were willing to play on his terms. Although much of Dylan's behavior outside of the play sessions continued to be negative and challenging, his parents reported that he seemed calmer after play sessions and that they had moments of feeling connected and appreciative of his strengths.

Children With Attention-Deficit/Hyperactivity Disorder

Children with attention-deficit disorder with or without hyperactivity also have difficulty playing with peers and making friends (Coie, Dodge, & Kupersmidt, 1990). Because of their impulsivity and distractibility, it is hard for them to wait for a turn when playing or to concentrate long enough to complete a puzzle or game or building project. They are more likely to grab things away from another child or to disrupt a carefully built tower or puzzle because of their activity level and lack of patience. In fact, research has shown these children are significantly delayed in their play skills and social skills (Barkley, 1996; Webster-Stratton & Lindsay, 1999). For example, a 6-year-old with ADHD plays more like a 4-year-old and has difficulty focusing on a play activity for more than a few minutes, sharing with peers, or even being aware of a peer's requests for help, suggestions, or feelings. Such children are more likely to be engaged in solitary or parallel play (Table 12.1). Other typically developing 6-year-olds will find such children annoying to play with, so these inattentive children frequently experience peer rejection—a problem that further compounds their social difficulties and their self-esteem. Persistence coaching is key to helping children with ADHD sustain focus or attention for longer periods of time, emotion coaching is crucial in teaching them to regulate strong emotions, and social coaching helps to build their friendship skills. These coached play interactions not only enhance children's skills but also have the added advantage of helping parents and teachers understand and accept the developmental, temperament, and biological differences in these children such as variation in their distractibility, impulsiveness, and hyperactivity. Previous research has also shown that teaching children how to play games that are developmentally appropriate has been effective

in successfully treating children with ADHD as well as those with conduct problems (Reddy, Spencer, Hall, & Rubel, 2001; Reddy et al., 2005).

Case Example: Kevin

Kevin is a 6-year-old boy with ADHD. He was adopted at birth by a single mother, Julie, and has a younger sibling who is also impulsive. At home, Julie is able to manage Kevin's behavior in most areas by being very consistent and also adjusting her expectations to match his developmental level. Her biggest area of concern at home is Kevin's behavior with his brother. The two boys play together much of the time but are in constant conflict. At school and with his peers, Kevin has much more difficulty. Kevin is eager to please adults, but he is not able to wait for the teacher's attention, blurts out answers, has trouble sitting still in class, and is very easily drawn into others' off-task behavior. With friends, Kevin is eager to play and has many friendly social skills in his repertoire. He knows how to share, ask, trade, and even make suggestions and negotiate with friends (Table 12.3). However, he has difficulty sustaining play because of his impulsivity. For example, he inadvertently messes up the play with expansive body movements, has difficulty waiting for a turn, impulsively grabs toys, and sometimes cannot maintain attention long enough to listen and respond to peers' ideas. He is also occasionally aggressive, usually in reaction to something another child says or does.

For Kevin, the first emphasis during child-directed play was on persistence and emotion regulation. Kevin's mother and therapists used focused coaching to comment when they saw Kevin being persistent, calm, or patient with an activity. For example, they learned to say such things as "You are really concentrating and working hard on that puzzle; you just keep trying and are going to figure it out." Emphasis was placed on helping Kevin become aware of the state of his body, particularly at times when he was moving slowly and calmly: "Wow! Your body is so slow and calm right now. You're able to stack all those blocks so high because you are moving so carefully!" "I can see that you are really thinking about where your body is moving, and you are being careful to step over that railroad track." Kevin's teachers and therapists extended this commenting to times when he was engaged in academic tasks (circle time and seat work): "Kevin, I see that you are sitting patiently in your spot on the carpet! You are waiting so patiently." "Kevin, I know that you want a turn to talk. I'm proud of you for waiting till I call on you." "I think that you're frustrated with that math problem, but you are staying so focused and you are trying to figure it out."

Persistence, social, and emotional coaching were also used with Kevin's peers and sibling. The key in these situations was to monitor carefully and notice when Kevin was beginning to become dysregulated. At these moments, Kevin's therapists, teacher, and mother would intervene with reminders of

how his body could stay calm: "Kevin, I see that you want to use that toy too. I think you can stop your body and take a deep breath." Then they would provide Kevin with words to use to facilitate the interaction: "Can you ask Bill if you can borrow it?" Kevin was very responsive to this type of coaching. Because he already had many of the skills in his repertoire, these simple prompts were enough to keep his play on track. In addition, emphasis was placed on describing times when he was waiting, listening to a friend, playing calmly, and keeping his body slow and careful. Kevin continued to be quite impulsive and needed much structure in his school and play environments. However, with this coaching his behaviors at school and with peers and his brother became more controlled and manageable. After a time, Kevin's therapists, teachers, and mother were able to make their verbal reminders briefer, and he was able to respond to some nonverbal cues as a trigger for exerting impulse control in challenging situations.

Children With Attachment Problems

Children with conduct problems, ADHD, or both may also have ambivalent or avoidant attachment patterns with their biological, foster, or adoptive parents for a variety of reasons (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003). Insecure attachment may develop because children have experienced abandonment, neglect, death of a parent, trauma, or physical abuse during their early childhood years. It may also occur because parents' or caregivers' responses have been unpredictable, inconsistent, harsh, neglectful, and dismissive of children's emotional needs. Children who have experienced such stressful, inconsistent, and non-nurturing parenting learn not to trust the world or their relationships with others. Their insecure attachment, in turn, affects how they process information, solve problems, and behave with others. For example, children with insecure attachment may be angry with adults and oppositional, suspicious, or rejecting of caregiver nurturing. Children may also experience sadness, anxiety, and withdrawal. In some cases, these feelings have been ignored or invalidated by caregivers, and consequently children may not be able to label or discuss their feelings easily and may not believe that it is safe to share these feelings with others. Children may have an insatiable need for adult attention and be resentful and clingy whenever adult attention is given to someone other than themselves. Still other children with insecure attachment may be frightened of adults and become emotionally absent or disassociated as a way of escaping their fears. Children's attachment classifications are not permanent and may become more secure if parent and other adult relationships become more predictable and consistent, sensitive to their cues, calming and nurturing when they are distressed, and accepting of their emotions (Van IJzendoorn, Juffer, & Duyvesteyn, 1998).

Case Example: Michelle

Michelle is a 4-year-old girl who lives with her single mother. Michelle's father left when she was 2 years old, and Michelle's mother is clinically depressed. She tries to meet Michelle's needs, and there are times when she lavishes attention on Michelle. However, she treats Michelle like a peer, engaging in activities that are age inappropriate (e.g., makeovers, adult music, watching adult movies, sharing personal aspects of her adult life). At other times, she does not have the energy to engage with Michelle at all. She may go to bed in the afternoon and leave Michelle to entertain herself, eat dinner, and go to bed alone. Michelle's mother is also erratic in her discipline, sometimes letting Michelle do whatever she wants and at other times yelling or sending her to her room for long periods of time. At times, she has threatened to send Michelle to her father, believing that she is an unfit mother. At the onset of treatment, Michelle had difficulty separating from her mother at the beginning of each Dina Dinosaur small-group therapy session, and she was then clingy and almost inappropriately attached to the two child group therapists whom she had just met. At times she was withdrawn and sad, and at other times she seemed angry, defiant, oppositional, and noncompliant. She was interested in other children and seemed to want to make friends, but was easily jealous of any attention that other children were getting from the therapists. She had little sense of appropriate physical boundaries and hugged and kissed therapists and other children without tuning in to their responses. She was often pouty or weepy when she did not get her way.

Therapy for this family involved using the parent group to help Michelle's mother provide regular and predictable child-directed play times during which she consistently gave Michelle positive attention, consistent responses, and positive emotional coaching. The goal of providing this predictable, undivided, focused attention was to help Michelle feel valued, respected, and more secure in her relationship with her mother. Michelle's mother was also encouraged to let Michelle be a child and to follow her daughter's lead in imaginary play. This allowed Michelle's mother to develop empathy and learn to appreciate Michelle's ideas, feelings, and fears and the point of view of a 4-year-old. It also provided a new and more age-appropriate way for Michelle and her mother to interact. As Michelle's mother continued these parent group sessions, her confidence in her skills as a parent began to increase. She was helped to develop more positive self-talk and to learn how to provide herself with some pleasurable activities. She reported that for the first time in her life, she believed that she had good things to offer Michelle. Although she still struggled with her own depression and with Michelle's behavior, she felt more hopeful about her ability to cope.

Therapists also played with Michelle in ways that would model healthy relationships. Using puppets, therapists modeled setting boundaries on physical

touch by teaching Michelle how to ask before hugging or touching someone else. They paid little attention to Michelle's sulky or pouty behavior but continued to encourage her to engage in activities with other children. For example, if Michelle was sulking, no direct attempts were made to cajole her out of her mood. Rather, therapists might say, "John, I'm really enjoying working on this art project with you. I bet that when Michelle is ready to join us, she'll have some great ideas about what we should add to our drawing. She's a great artist." Puppets were an important part of Michelle's treatment plan. She seemed much more willing to share feelings and experiences with the puppets than directly with the therapists. Through puppet play, Michelle also began to establish close and healthy relationships with the therapists. Therapists also showed Michelle that they would continue to be positive and engage with her, even after she had rejected their attention or been oppositional. This attention was always given strategically so that Michelle received little attention when her behaviors were negative, but was quickly reinforced as soon as she was neutral or positive. Gradually, Michelle began to seem happier and more secure in the group.

Children With Internalizing Problems Such as Anxiety and Depression

In our studies of young children with conduct problems, we have found that more than 30% of the children are also comorbid for internalizing problems (generalized anxiety disorder, social or school phobia, separation anxiety disorder, obsessive–compulsive disorder, or depression; Beauchaine et al., 2005). Our research using the IY parent program has shown not only changes in externalizing problems but also significant changes in internalizing problems (Webster-Stratton & Herman, 2008). Young children may not recognize these feelings or be able to talk about them with others. Consequently, their anxieties may be expressed in a variety of symptoms including crying, clinging behavior, stomachaches, headaches, irritability, and withdrawal. Depressed children may misbehave or even express their sadness in the form of aggressive behavior and angry talk in their interactions with others.

The goal of treatment is to help parents and teachers understand how they can help children manage their distress by teaching them social skills, problem solving, and emotional vocabulary so that they can recognize and cope successfully with their uncomfortable feelings. Child-directed play and social coaching can help to meet these goals by strengthening children's positive relationships and teaching them the emotion language they need to express their feelings. It can also increase children's feelings of self-confidence and provide them with coping skills to manage their strong feelings.

A focus on social, emotion, and problem-solving coaching during play interactions is important for children with anxious or depressed affect. Very

often these children have received a lot of adult concern and recognition around their fearful and sad behaviors. Although it is important to ensure that children have the vocabulary and awareness to recognize and discuss these feelings, these negative feelings should be cues for them to implement anxiety management and coping strategies. These coping strategies will be both behavioral (e.g., find a friend, take a deep breath, find something fun to do, use a muscle relaxation strategy, give yourself a reward for trying) and cognitive (e.g., stop the negative self-talk, think of a happy or relaxing thought, give yourself a compliment, tell yourself that you can change your feelings, change anxious self-talk to a coping thought). The emphasis should be on the power that children have to make themselves feel better. Children who are socially phobic or are just fearful of interactions with other children need help in making friends and knowing how to enter into play or to play cooperatively with another child.

Case Example: Michelle

As noted earlier, Michelle exhibited both externalizing and internalizing behaviors. Her internalizing behaviors included separation anxiety and depressed affect. Child-directed play sessions included emotion coaching to help Michelle identify and cope with a variety of different feelings. Care was taken not to dwell on her expression of sad or anxious feelings but rather to identify those feelings and then provide her with a coping strategy, for example, "I'm glad you told me you're sad. I wonder what activity you could choose to make yourself feel better." In addition, therapists looked for opportunities to praise and give Michelle attention and affection when she was happy, brave, calm, or relaxed (e.g., "Wow! I'm so impressed with you. You are so brave to come to group all by yourself, and you even look very calm! You must be so proud of yourself to be able to do that. Can I give you a hug?"). As Michelle learned that she could cope with her anxious and sad feelings, she seemed to have increased self-confidence and did not need to seek as much adult reassurance to regulate these feelings. Michelle's mother also encouraged these behaviors in her play sessions at home. Because Michelle's mother also struggled with depressed mood, she was encouraged to use modeling and positive self-talk to let Michelle know her own coping strategies (e.g., "You know, I was feeling a little sad this morning, so I decided to go for a walk, and now I'm feeling better"). She was also encouraged to label her positive feelings out loud (e.g., "I'm feeling excited today because after school you and I will go get hot chocolate") and to avoid depressive talk with her daughter.

Michelle was also sometimes reluctant to initiate play with other children and held back, watching, rather than join in their play. She seemed fearful of rejection and unsure of how to involve herself in the game. In the child

dinosaur group, social coaching was used to provide Michelle with the scaffolding to feel more confident in her peer interactions. Therapists began by labeling friendly behaviors so that Michelle would begin to see other children as friends rather than as threats (e.g., "Michelle, Miguel is asking you to play. He wants to be your friend." "Look, all these friendly kids are having a good time. I bet that they would like to play with you"). Then therapists provided Michelle with modeling, prompting, and support to ask to play and to accept an invitation to play. Initially this was done with puppets, and Michelle was very responsive to these nonthreatening role plays. After she was successful with puppets, she was encouraged to try playing with peers. At first, therapists carefully paired Michelle with other children who were likely to be responsive and positive so that her efforts to interact would be reinforced. Therapists provided prompting and support as she played, continuing to give more attention to positive than to negative emotions (e.g., "I see that you're feeling a little sad right now because Josh is using the toy you want, but I bet you'll be able to find something else to do while you're waiting. Wow! You are waiting so patiently, and it looks like you're having fun with the book that you picked.")

CONCLUSIONS

In this chapter, we highlighted how the IY: Parents, Teachers, and Children programs use child-directed play and four types of coaching during play as integral components in the treatment of child behavior problems. We believe these play interventions are a necessary or key ingredient of the IY program's successful outcomes because they build a more positive and loving relationship between the parent, teacher, therapist, and child and set the foundation for later success with the program's discipline components. We also believe that these play interactions have the additional advantage of teaching children (through modeling and guided practice) key social skills such as how to take turns, wait, share, make a suggestion, give an apology or compliment, share a feeling, or learn to cooperate and compromise. In our case examples, we have shown how important it is that these play interventions be tailored to each child's particular developmental level, target each child's specific goals, and take into account the parents' particular needs and issues.

As with any therapy, there is no "magic moondust," and changing behavior is hard work for parents, teachers, therapists, and children. Progress is often measured in small steps, and parents, teachers, and therapists are counseled to expect setbacks as well as improvements. At any time throughout the program, adults who are working with children are encouraged to go back to child-directed play when they are feeling stuck or frustrated with the

progress that the child is making. Reconnecting by strengthening the adult–child relationship is often the key to making progress in difficult areas. A final case example follows.

In the 19th week of therapy, Tony arrived first at the group. He came in the door with a smile on his face and said, "Is my friend Grant here yet? I want to play with him!" He waited eagerly for Grant to arrive, and then said, "Hi, Grant. Do you want to play with me?" For Tony, a child who could not even play near another child at the beginning of the group, this was a huge developmental leap. He had now experienced the concept that playing with another child was fun and rewarding, and he even had the social skills to initiate this interaction. He had successfully moved from parallel play to social interaction. He continued to have difficulty with sustained play because it was hard for him to accept when the play did not go the way he wanted it to. Therefore, new therapy goals were formulated to focus on coaching social and emotional responses to his peers.

There are numerous randomized control group studies using the IY: Parents, Teachers, and Children Training Series with children with conduct problems (e.g., Webster-Stratton et al., 2004), children with internalizing problems (Webster-Stratton & Herman, 2008), and children who are at risk because of socioeconomic disadvantage, parental neglect, and foster care (Hurlburt, Nguyen, Reid, Webster-Stratton, & Zhang, 2008; Hutchings et al., 2007; Linares, Montalto, Li, & Oza, 2006; Miller Brotman et al., 2003; Raver et al., 2008; Webster-Stratton et al., 2008), showing the programs' effectiveness in promoting children's social and emotional competence and more positive relationships with caregivers.

However, the process of behavior change is not well understood and deserves further research. For example, a critical ingredient of all three of these group-based training programs is child-directed play and coaching in supportive group settings; however, to date the IY interventions have been evaluated in their entirety without collecting outcome measures after each stage of therapy. To understand the impact of child-directed play with parents, teachers, and peers in terms of child outcomes, it would be helpful to evaluate outcomes after the first stage of therapy (child-directed play and parent–child relationship building) before moving into the more traditional parent training material (positive management, praise, incentives, limit setting, consequences) and problem solving. Moreover, our research has focused primarily on outcomes related to conduct problems at home and school and to peer relationships. Further research is needed to evaluate how child-directed play affects parent, teacher, or child attachment or bonding. The more we can understand the processes involved in bringing about improvement in children's mental health, the stronger our early intervention efforts will be in stemming the later development of school underachievement, depression, delinquency,

and substance abuse. Moreover, it seems clear that the power of group peer support, playful learning methods, and positive relationships is foundational to the success of all the programs, whether they be parent, teacher, or child training.

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