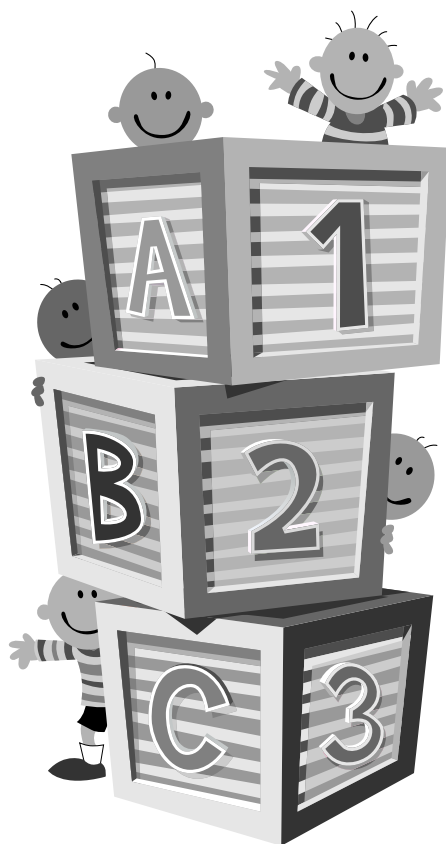# THE INCREDIBLE YEARS®
PARENTS & BABIES SERIES

Workshop Manual

2-day group leader workshop

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Seattle, WA 98119
www.incredibleyears.com

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Some General Guidelines:

• If your agency plans to implement an Incredible Years® Program, they must purchase the program set from The Incredible Years® office. A program set includes all the main components to run your groups. A leader's manual, DVD set with vignettes to show, and other "extra" items are included.

• In the leader's manual, you MAY photocopy the handouts and different evaluation forms for parents to use and fill out. You may keep the master copies in your leader's manual so that you can reuse them for each group.

• You may not make any alterations to these handouts, evaluations, or any of the other forms in the leader's manual. This includes removing copyright information, recreating materials without permission from The Incredible Years® and/or translating any of the materials without permission.

• You may not photocopy the entire leader's manual to create new manuals. If you need additional manuals, they can be purchased from The Incredible Years® office.

• You may access select materials from our website, in the "Group Leader Resources" section.

• The DVD set that comes with each program is copyright protected. Burning the dvd discs or making "back up" copies is not allowed. If a disc is lost or broken, replacements can be purchased from The Incredible Years® at a low cost. Full sets of the DVD are typically not sold separately from the full program set - if you require multiple DVD sets, we suggest purchasing multiple sets of the program, which qualifies you for discounting.

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Workshop Manual Contents

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4. Getting Started with Learning the Incredible Years® Programs

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9. Baby Program Session One Checklist & Handouts from the Baby Program Manual

10. Article: *The Incredible Years® Baby and Toddler Parent Programmes: Promoting attachment and infants' brain development* by Caroline White and Carolyn Webster-Stratton

The Incredible Years®

Child Dinosaur Classroom Prevention Program
Ages 3 to 8 years

Autism Spectrum & Language Delays Teacher Program
Ages 3 to 5 years

Autism Spectrum & Language Delays Parent Program
Ages 2 to 5 years

Advanced Parent Program
Ages 4 to 12 years

Incredible Beginnings Teacher/Child Care Provider Program
Ages 1 to 5 years

Attentive Parenting® Universal Program
Ages 2 to 6 years

School Age BASIC Parent Program
Ages 6 to 12 years

Child Dinosaur Treatment Program
Ages 4 to 8 years

School Readiness Parent Program
Ages 2 to 4 years

Preschool BASIC Parent Program
Ages 3 to 6 years

Teacher Classroom Management Program
Ages 3 to 8 years

Well-Baby Prevention Program
Ages 0 to 9 months

Toddler Basic Parent Program
Ages 1 to 3 years

Baby Parent Program
Ages 0 to 12 months

Parents Providing Physical, Tactile & Visual Stimulation

Parents Gaining Support

Babies' Emerging Sense of Self (6-12 months)

Babies as Intelligent Language Learners (3-6 months)

Parents Learning to Read Babies' Minds

Becoming a Parent - Getting to Know Your Baby (0-3 months)
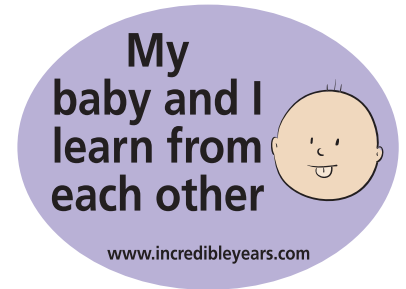
Parents and Babies' Building Blocks

Incredible Years® Parents and Babies Agenda

Day #1

Introductions and Goals of Participants
Review of Agenda
**Overview of Baby Group (DVD) Content and Methods**
Ground Rules for Workshop

Starting the Program
Part 1: Becoming a Parent - Getting to Know Your Baby (strengthening relationship neurons) (Session 1 & 2)
       Mediating Vignettes
       Buzz with Partner
       Practice with Babies
       Some Logisitcs

Part 2: Parents as Responsive Communicators and Babies as Intelligent Language Learners (Cognitive developmental neurons) (Session 2)
       Mediating Vignettes - Language Development
       Singing
       Closing Sessions - refrigerator notes, home activities, self-monitoring, evaluations
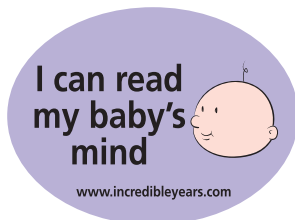
Day #2

Part 3: Providing Physical, Tactile, and Visual Stimulation
       Break out in buddy groups to plan questions
       Practice aerobics, massage, or reading with soft books
       Review leadership processes - principles, baby alerts, things I can do

Part 4: Parents Learning to Read Baby's Minds (Emotional development)
       Bedtime Rituals

Part 5: Gaining Supports

Part 6: Emerging Sense of Self (Feeding) (Session 8 or 9)
       Evaluations

Incredible Years® Parents and Babies Curriculum

The full curriculum set includes:

- 3 DVD set
- Babies Program: Parts 1-6 (3 DVDs) shown in 8-10 weekly 2-hour group sessions
- Comprehensive Leader's Manual
- Home Activities for Babies Series
- Incredible Babies: A Guide and Journal of Your Baby's First Year book
- Baby Building Blocks Poster
- Brain Development Refrigerator Magnet

There are also supplemental items available to support each of the programs. More information can be found on our website, here:
http://incredibleyears.com/programs/parent/babies-curriculum/

Overview of Incredible Years® Series Programs

1.   Program History and Rationale

2.   Theoretical Assumptions

3.   Expected Long-term Outcomes and Short-term Objectives

4.   Targeted Populations

5.   Contents and Program Mechanics

6.   Incredible Years® Parents and Babies Program

7.   Overview of other Incredible Years Parent Programs

8.   Effective Elements in all Incredible Years Parent Programs

9.   Certification/Accreditation

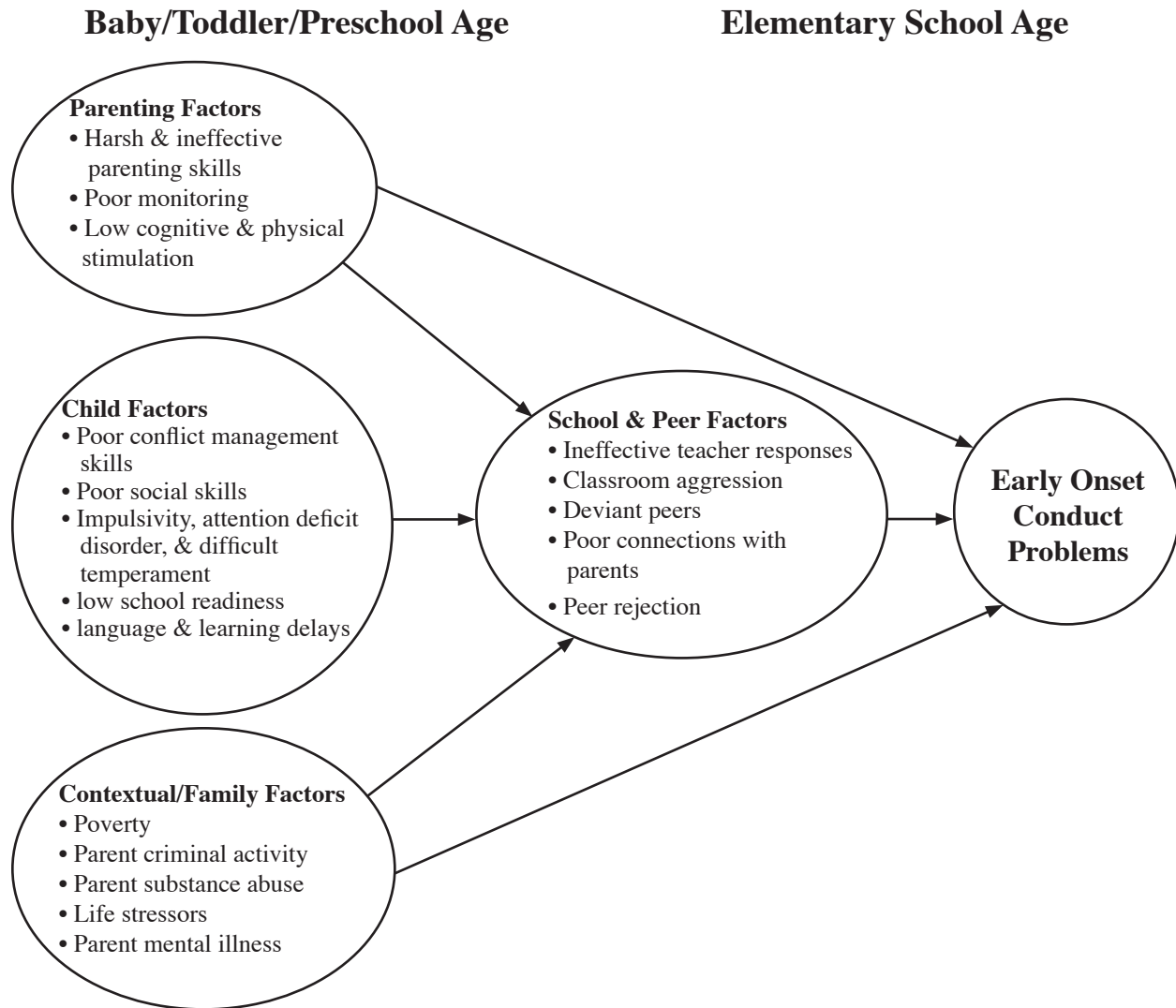# The Incredible Years®: Parents, Teachers and Children DVD Series

Program History and Rationale

The Problem: The incidence of aggression in children is escalating—and at younger ages (Hawkins, Catalano, & Miller, 1992). Studies indicate that anywhere from 7-20% of preschool and early school age children meet the diagnostic criteria for Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). These rates may be as high as 35% for very low-income families (Webster-Stratton, 1998; Webster-Stratton & Hammond, 1998). Research on the treatment and prevention of conduct disorders has been identified as one of the nation's highest priorities (NIMH, 1996). This agenda is vitally important because of the widespread occurrence of delinquency and escalating adolescent violence with its resulting high cost to society (Kazdin, 1985). Emergence of "early onset" ODD/CD in preschool children (in the form of high rates of oppositional defiance and aggressive and non-compliant behaviors) is stable over time and appears to be the single most important behavioral risk factor for antisocial behavior for boys and girls in adolescence (Loeber, 1991). Such behavior has repeatedly been found to predict the development of drug abuse in adolescence (Brook, Whiteman, Gordon, & Cohen, 1986; Dishion & Ray, 1991) as well as other problems such as juvenile delinquency, depression, violent behavior, and school dropout (Kazdin, 1985). Moreover, since conduct disorder becomes increasingly resistant to change over time, intervention that begins as early as possible with infants is clearly a strategic way to promote positive parenting interactions in order to optimize children's development and prevent behavior problems from developing. Ultimately this positive start will lead to a reduction in substance abuse, violence and delinquency.

Unfortunately, recent projections suggest that fewer than 10% of the children who need mental health services for ODD/CD actually receive them (Hobbs, 1982). Less than half of those receive "empirically validated" interventions (Chambless & Hollon, 1998).

Populations "At Risk": Children from low-income, low education, highly stressed or isolated families, single-parent families, and families where there is considerable discord, maternal depression, or drug abuse are at particularly high risk for developing conduct disorder (CD) (Webster-Stratton, 1990). Children whose parents' discipline approaches are inconsistent, physically abusive, or critical are also at high risk for CD (Ogbu, 1978) as are children whose parents are disengaged, neglectful and uninvolved in their children's school experiences. Children whose teachers' classroom management strategies are critical, emotionally distant, and lacking in clear rules and teaching in social skills and conflict management are more likely to become aggressive. Moreover, children who are temperamentally more impulsive, inattentive, and hyperactive are more likely to receive less encouragement and support and more punishment from teachers and to experience more peer rejection and social isolation at school (Field, 1991; Rutter, Tizard, Yule, Graham, & Whitmore, 1976; Walker & Buckley, 1973). Such responses on the part of child care providers and teachers and peers increase children's risk for developing conduct disorders. Furthermore, the risk of conduct disorder seems to increase exponentially with the child's exposure to each additional risk factor (Coie et al., 1993; Rutter, 1980).

Risk Factors Related to Conduct Problems

Baby/Toddler/Preschool Age   Elementary School Age

Parenting Factors
• Harsh & ineffective parenting skills
• Poor monitoring
• Low cognitive & physical stimulation

Child Factors
• Poor conflict management skills
• Poor social skills
• Impulsivity, attention deficit disorder, & difficult temperament
• low school readiness
• language & learning delays

School & Peer Factors
• Ineffective teacher responses
• Classroom aggression
• Deviant peers
• Poor connections with parents
• Peer rejection

Early Onset Conduct Problems

Contextual/Family Factors
• Poverty
• Parent criminal activity
• Parent substance abuse
• Life stressors
• Parent mental illness

In sum, there are multiple risk factors contributing to the development of CD in children and to the subsequent development of drug abuse. Nonetheless, it is evident from the research that there are no clear-cut causal links between single factors and the child's behavior. Most of these factors are intertwined, synergistic, and cumulative. Multiple risk factors result in an unfolding cycle of events over time with cumulative effects on a child's vulnerability (Rutter, 1980). Consequently, prevention programs need to target multiple risk factors at strategic time points, particularly those that offer potential for change. Enhancing protective factors such as positive parenting and teaching skills, parent involvement with day care centers as well as other support systems and interventions that strengthen children's social competence and school readiness will help buffer against the development of conduct problems.

Rationale for Preschool, Child Care Centers or School-Based Parent Programs: There are three important reasons for including parents, day care staff and teachers as partners in developing programs designed to prevent the development of conduct problems and eventual drug abuse. First, offering this training to parents, in day care centers or schools will be less stigmatizing than a clinic setting, and will make programs more available to parents of children from different cultural and socioeconomic backgrounds. Moreover, a related advantage is the sheer number of high-risk children and families that can be identified and offered additional support services in this

non-stigmatizing setting. Schools, nurseries and day care centers hold the potential for providing one of the most efficient and effective service delivery methods for gaining access to large numbers of high risk families with children who can benefit from early intervention. Preschools, day care and schools are ideally positioned to provide both parent and child care provider interventions.

Secondly, interventions offered in schools that promote collaboration between teachers and parents offer a greater chance of increasing consistency of approaches across settings (from home to school) and the possibility of sustained effects. Moreover a classroom-wide intervention (teacher, parent and child training) is preferable to "pull out" programs for high risk students because there are increased opportunities for more prosocial children to model appropriate social skills and to provide the entire classroom with a common vocabulary and problem-solving steps to use in resolving every day conflicts.
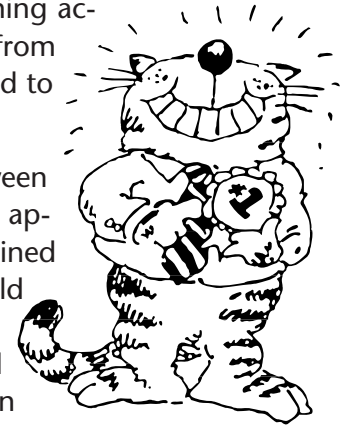
Thus social competence is strengthened for the lower-risk as well as the aggressive children and the classroom environment generally fosters appropriate social skills on an ongoing basis. Additionally, with a classroom-based model, while formal social skills training may consist of two to three sessions each week, teachers can provide informal reinforcement of the key concepts throughout the day as children encounter real problems. Thus, the dosage of intervention is greatly magnified. We conclude that school-based or day care-based interventions offer an opportunity for more accessible child, day care staff, teacher and parent preventive interventions that coordinate the efforts of families and school personnel to help children who are at high risk for developing CD.

A third reason for emphasizing the importance of training day care staff, teachers and other personnel (i.e., school psychologists and nurses) to deliver the parenting and classroom interventions is the variability in levels of training of staff and in the quality of parenting and classroom curriculums currently being offered. Many day care staff members, teachers and school counselors have had little formal training as parent educators or conducting groups or in parent counseling techniques. Classroom teachers often have little training in behavior management strategies and social skills curricula. The importance of training day care staff and teachers is emphasized by the clear consensus among child development experts that the essence of successful early school years resides in the quality of the child-teacher relationship and the abilities of teachers to provide a positive, consistent and responsive environment. In a recent national survey, Phillips et al. (Phillips, Voran, Kisker, Howes, & Whitebrook, 1994) reported that teachers serving predominately low-income children used significantly more "harsh," "detached," and "insensitive" behaviors with children than teachers serving middle- and upper-income children. Sadly, consistent and positive classroom experiences may be the least available for the children who are most at risk. Training day care staff and teachers in the effective delivery of empirically validated parenting and classroom social skills programs will enhance the quality of services that personnel deliver.

Finally, Gerald R. Patterson's theoretical work on childhood aggression strongly influenced the development of this series of parent and teacher training programs (Patterson, 1982). Patterson's social learning model emphasizes the importance of the family and teacher socialization processes, especially those affecting young children. His "coercion hypothesis" states that negative reinforcement develops and maintains children's deviant behaviors and the parents' and teachers' critical or coercive behaviors. The parents' or teachers' negative behaviors must therefore be changed so that the children's social interactions can be altered. If parents and teachers can provide positive nurturing interactions and appropriate problem-solving and discipline strategies, the children can develop social competence and reduce aggressive behavior at home and at school.
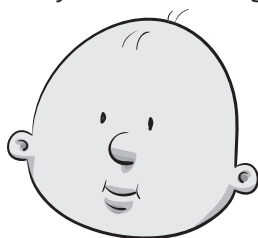
Rationale for Parent Programs in Multiple Settings: The parenting programs may be offered in a variety of settings such as day care centers, churches, mental health centers, pediatricians' offices, businesses, boys and girls clubs, sports clubs and health maintenance centers. In these settings parent groups can be supportive and ongoing, addressing the evolving challenges of parenting.

Theoretical Assumptions

The course is based on well-established behavioral/cognitive/social-learning, child development and relationship principles that describe how behaviors are learned and how they can be changed. At the core of this approach is the simple idea that people change as a result of the interactions they have on a daily basis with one another. One of the implications of this focus on interpersonal interactions is that, when children misbehave and families become disrupted, it is necessary to change the parents' behavior as well as the child's. This approach does not assume that the child is at fault (that is, he or she is a "bad egg"), or that the parent is inept. Rather, the emphasis is placed on helping parents' interactions with their children become more positive, responsive and nurturing and on helping parents understand their children's development cues, temperament and needs so that they can encourage their optimal development.

The Incredible Years®: Parent, Teacher & Child Training Series has been extensively researched and field-tested with over 2000 families, including typical and normally developing children and children with conduct problems. The data from nine randomized studies involving clinic families (with children that have conduct problems) and non-clinic families indicate that parents who have taken the IY Toddler and Preschool Program are able to significantly reduce children's behavior problems and increase prosocial behaviors. Moreover, parents report that they feel more confident and comfortable about their parenting skills after completing the program. In addition, one- and three-year follow-up assessments have indicated that more than two-thirds of the clinic-referred families have continued to maintain positive parent-child interactions and normal child behavior. Thus, the cycle of aggression and abuse appears to have been halted for the majority of treated families whose children once exhibited conduct problems. The data from all the studies suggest that parent-training discussion groups that include the Parents and Children video vignettes are a highly effective and cost-efficient method for improving parent-child relationships and reducing young children's conduct problems. See website library for updated articles and references: **www.incredibleyears.com/researchlibrary/**.

Please note: Most of the existing IY research is connected to the Toddler, Preschool and School-Age IY programs. Research on the Baby Program is underway with some published pilot studies. (See Jones, 2012; Jones 2013, Evans et al. 2015, Pontoppidan, Klest & Sandov, 2016; Gross et al., 2003; Hutchings, Griffith, Bywater, & Williams, 2016; Perrin, Sheldrick, McMenamy, Henson, & Carter, 2014). Until data from randomized controlled trials is avaiable, the evidence for the effectiveness of the Baby Program is still preliminary.
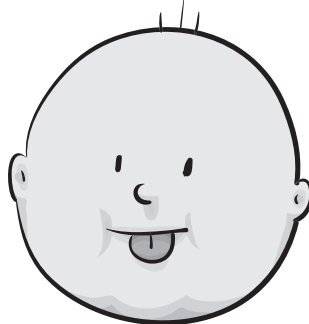
Why Offer Parent Training Programs for Parents of Babies? Webster-Stratton's Response

With a background as a pediatric nurse practitioner and clinical psychologist and after 30 years of developing, delivering and researching the Incredible Years Preschool and School-age parent prevention and treatment programs for parents of children ages 3 to 8 years, I decided to develop a program for parents of babies and toddlers. Since the early 80's a great deal of research has emerged regarding baby and toddler's brain development and how the environment and genes interact in a synergistic way. While parents can't change the genes or particular temperament their baby arrives with at birth, developmental research has made it clear that babies' brain wiring, circuitry, and eventual social, emotional, and academic competence is profoundly influenced by their environment, in particular by the way parents interact socially with them. Research and brain scans indicate that babies are incredible learners, primed by their brains to acquire information on their own, and they have an enormous curiosity to learn. However, they come to parents with "unfinished" and immature brains and while they have the full complement of neurons available at birth, the synapses or connections between the neurons are under massive construction and are flexible. In other words, babies are born with the raw brain structure material, but how it is put together in a healthy architectural form remains to be determined or sculptured by nurturing and responsive parenting interactions. I realized that for high risk parents it is too late to wait until their children are 3 years old to offer parent education and support, for by that age important baby neuron connections may have been lost. For example, by 3 years of age, the amount of language a baby has learned depends a great deal on how much language was spoken to them by their parents.

Babies' brain development seems to be a product of the "use it or lose it" principle; that is, neuron connections are strengthened by repetitive use and reinforcement and are weakened and may eventually disappear when they are not used. Parents and day care providers play a huge role in shaping babies' brain development by their consistent and responsive parental responses to their babies' cues. I think of the growth and development of healthy baby brains as similar to planting seeds in good soil and the gardener providing continual fertilization. As the plant grows, the weeds are removed and some scaffolding and pruning is provided in order to get optimal growth. One must be cautious against too much pruning for fear of destroying the plant. The same might be said about parenting, the task is for parents to help their babies develop a strong foundation in soil that is rich with love, nurturing, coaching and healthy nutrients. This will strengthen the development of their social, physical, emotional, and cognitive brain neuron connections as well as babies ability to form intimate, trusting relationships with others.
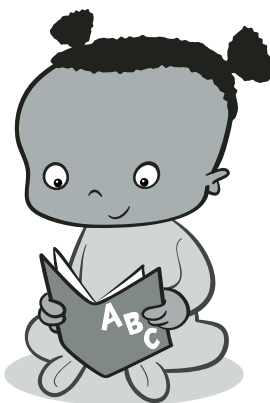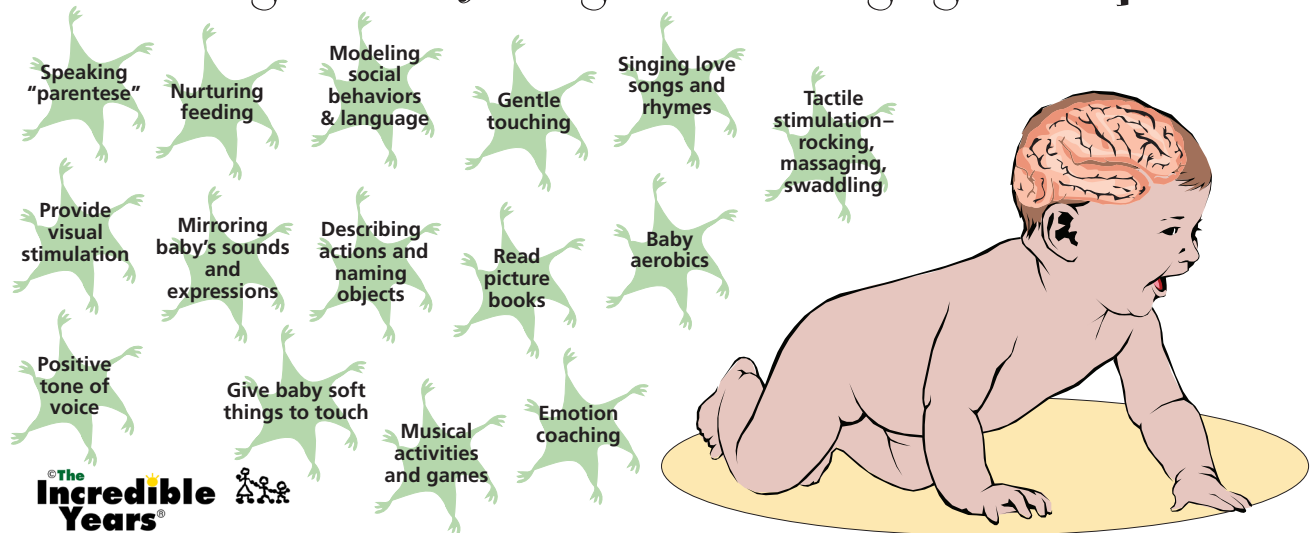
The Incredible Years Parents and Baby Series is designed to help parents and day care providers become baby scientists by careful observations of their babies and learning to read their baby's internal states and subtle cues. They will learn to adjust the optimal tactile, physical, visual and responsive stimulation according to their baby's developmental stage, temperament, responses and needs. They will learn the tango dance and rhythm and synchrony to the parent-baby interaction. Responsive

parents help their babies to develop a sense of self, to develop strong parent-child attachments and begin the on-going process of healthy emotional development. Through these crucial early life experiences, parents and day care providers can help babies lay down baby brain pathways that form the basis for later maturation of healthy social, emotional and language development.

It is my hope that parents of newborns who participate in this program will develop strong attachments with their babies and will feel confident about how to promote their baby's optimal social, emotional and cognitive development. For high risk families the hope is they will continue to be offered support through the Incredible Years Toddler's, Preschool and School Age Programs. It is my belief that by providing these families ongoing and consistent parent education and support and by helping them develop a parent support network it will be possible to reduce child neglect and abuse, strengthen children's social, emotional and academic outcomes and prevent the development in later life of child conduct problems, delinquency and violence.

Promoting Your Baby's Cognitive and Language Development

Speaking "parentese"

Nurturing feeding

Modeling social behaviors & language

Gentle touching

Singing love songs and rhymes

Tactile stimulation– rocking, massaging, swaddling

Provide visual stimulation

Mirroring baby's sounds and expressions

Describing actions and naming objects

Read picture books

Baby aerobics

Positive tone of voice

Give baby soft things to touch

Musical activities and games

Emotion coaching

©The **Incredible Years**®

Expected Long-term Outcomes and Short-term Objectives

First—to promote the social, emotional, physical and language development of babies and toddlers;

Second—to develop a cost-effective prevention parenting program which could be utilized by families of infants and toddlers to promote positive and nurturing parenting styles and supportive parenting networks.

The short-term goals of the baby series are to:

Promote infant development:

- Optimal social and emotional development.

- Secure attachment with parents.

- Optimal physical, language, and brain development.

- Healthy and safe baby sleep arrangements and feeding

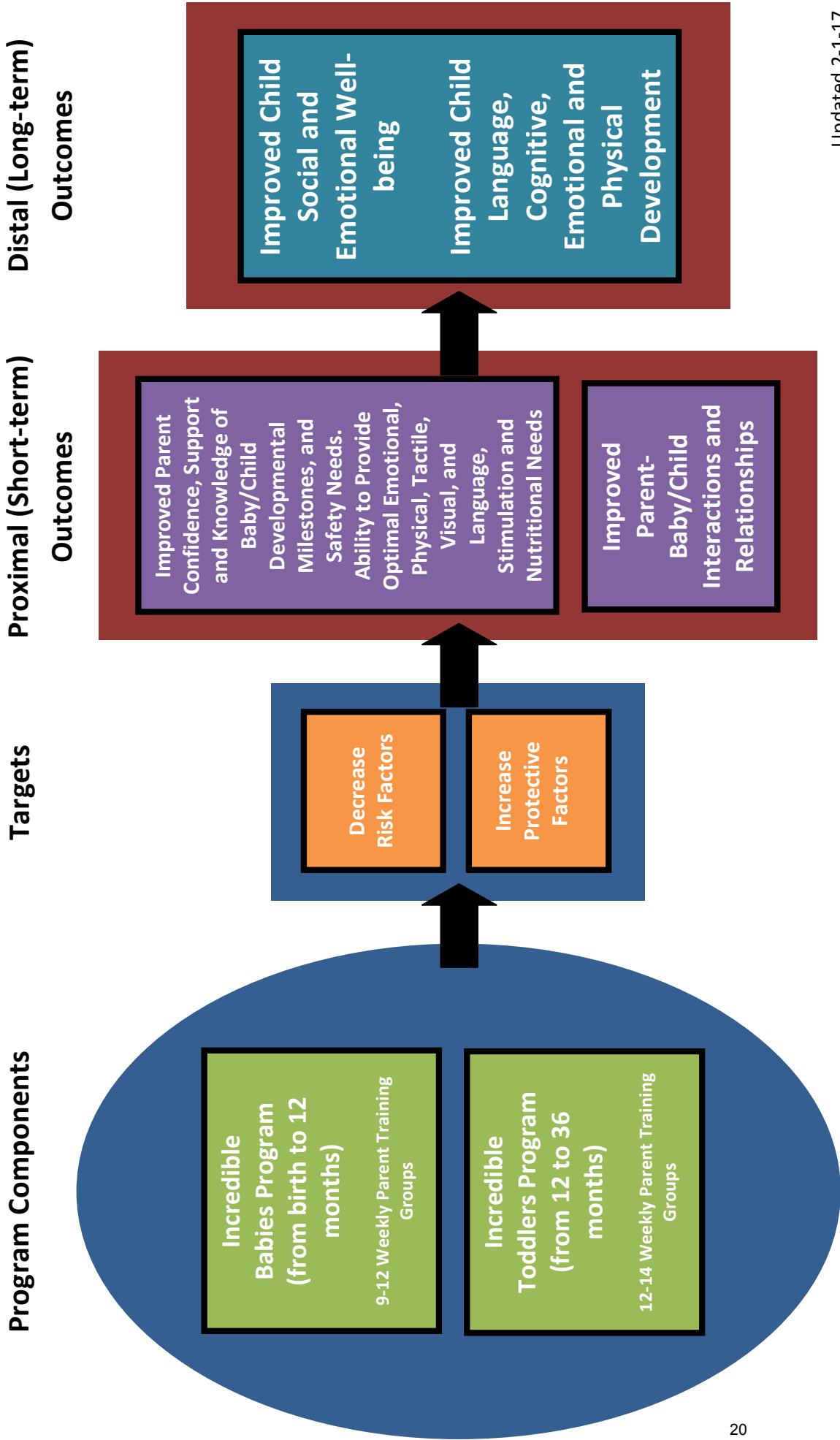### Promote parent competencies and strengthen families:

- Increase parents' positive relationships and bonding with their babies through baby-directed play times.

- Improve parents' understanding of babies developmental milestones including development of realistic expectations and appreciation of individual temperament differences.

- Increase parents' positive communication skills, such as speaking "parent-ese", and the use of social and emotion coaching skills, praise and positive feedback to children.

- Increase parent's ability to provide optimal physical, tactile, auditory and visual stimulation.

- Increase parent's ability to provide a safe sleep environment and responsive, baby-led feeding.

- Improve parents' understanding of how to develop positive attachment and responsive parenting.

- Strengthen parents' problem-solving skills, anger and depression management and emotional regulation when handling difficult situations.

- Increase support networks within the family and community.

- Increase parents' understanding of how to safety-proof their home and keep their baby in a safe environment.

The Incredible Years® Babies and Toddlers Programs

Programmes developed by Carolyn Webster-Stratton, Ph.D, M.S.N., M.P.H., Professor Emeritus University of Washington.

Logic Model created by the E-SEE Study process evaluation team and Prof Carolyn Webster-Stratton

The Incredible Years
Parents, teachers, and children
training series

Program Components

Incredible Babies Program (from birth to 12 months)
9-12 Weekly Parent Training Groups

Incredible Toddlers Program (from 12 to 36 months)
12-14 Weekly Parent Training Groups

Targets

Decrease Risk Factors

Increase Protective Factors

Proximal (Short-term) Outcomes

Improved Parent Confidence, Support and Knowledge of Baby/Child Developmental Milestones, and Safety Needs. Ability to Provide Optimal Emotional, Physical, Tactile, Visual, and Language, Stimulation and Nutritional Needs

Improved Parent-Baby/Child Interactions and Relationships

Distal (Long-term) Outcomes

Improved Child Social and Emotional Well-being

Improved Child Language, Cognitive, Emotional and Physical Development

The Incredible Years® Babies Program

Program developed by Carolyn Webster-Stratton, Ph.D, M.S.N, M.P.H, Professor Emeritus University of Washington.

The Incredible Years

Parents, teachers, and children training series

Distal (Long-term) Outcomes

Outcomes that the program is hypothesised to impact at long term follow-up.

Proximal (Short-term) Outcomes

Targeted outcomes that the program is hypothesised to impact *immediately following* program completion.

Targeted Risk and Protective Factors

Malleable risk factors are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

Program Modalities

Specific strategies, methods, and techniques are used to accomplish the program goals.

Program Description and Goals

Training
Facilitators attend 3-day training

Frequency and Duration (Dose)
9-12 weekly 2-hour sessions delivered to groups of 6-10 parents of babies – beginning at one to six months of age

Goals
To enhance:

Positive, responsive, confident parent-baby interactions

Secure attachment with children

Optimal growth and development

Improved Physical, Social, Emotional, Language and Cognitive Development

- Secure attachment
- Language and cognitive development
- Social competence
- Decreased Attachment Disorder

Improved Parenting

- Increased positive interactions and positive attachment with child (e.g. nurturing, responsive, with appropriate physical, tactile, visual and positive language interactions)
- Increased monitoring of children, flexible routines and safety proofing
- Reductions in parental stress, depression and anger
- Increased parent confidence
- Increased parent support systems
- Increased positive family communication and problem solving

Improved child emotions/ behavior at home

- Enhanced emotional self-regulation (reduced crying/fussiness)
- Developing sense of self: greater exploration and discovery
- Increased language, cognitive and social development, and responsiveness to parent
- Reduced separation anxiety

Risk Factors

- Ineffective, neglectful and harsh parenting skills
- Low sensitivity and responsiveness
- Lack of appropriate physical, tactile, visual and language stimulation for baby
- Numerous stressors (negative life events, socio-economic disadvantage, marital conflict and social isolation)
- Child biological factors (e.g. developmental language delays)

Protective Factors

- Positive, nurturing, and developmentally appropriate parenting skills
- Parent support for child social, emotional, physical and language development
- Parent support networks
- Parent effective communication skills, anger management, and problem solving
- Safe home environment

- IY collaborative process and principles
- Goal Setting and Self-Monitoring
- Narrative commentary, social and emotional coaching
- Video Modelling (mediated)
- Role Play and Behavioral Practice with baby in session
- Group Support, Discussion and Problem Solving
- Take home Practice and Reading Assignments

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Targeted Populations

The Parents and Children Baby Program is a practical and versatile program that can be used with many different types of participants.

1. **All parents with children 0–9 months of age.** The series was originally designed to teach parents how to foster positive child development and positive relationships and to give parents some effective techniques for dealing with common problems such as crying, sleeping, feeding and behavior issues. The series can be used as a preventive program that helps parents avoid behavior problems through early intervention.

2. **Prenatal classes.** The babies program is suitable for use in prenatal classes to teach parents how to care for their babies.

3. **Parents at risk for abuse or neglect.** The program is suitable for parents who are at risk for abuse and neglect because of their own childhood abuse, or because of minimal social and economic support. It is also appropriate for parents who have been reported for child abuse or neglect. (Parents of children who are highly aggressive have an increased risk of involvement with Child Protective Services for abuse or reporting feeling "out of control" when they discipline their children.)

4. **Teenagers taking baby-sitting classes or family life courses.** This program could be used to teach adolescents how to play and interact with babies. The program could also be an educational resource for groups of teenagers who are studying the normal growth and development of infants.

5. **Family therapists, social workers, child psychologists, teachers, nurses, health visitors, physicians, Child Protective Service workers, and day care providers.** The program has been used to teach parenting skills to child care workers and other professionalso who work with parents and babies. It has also been used to illustrate child-directed play skills as well as child development principles in early childhood programs for teachers and psychology students.

The video vignettes show examples of mothers and fathers who are of Caucasian, African American, Asian and Latino cultural backgrounds.

Babies Program Format and Content

The babies program is offered in 9–12 sessions in a two-hour group discussion format. The number of sessions offered should be expanded according to the risk level, educational background, amount of baby crying and whether translators are used. It is guided by research related to optimal infant development. There is a home coaching individualized method of offering this program for parents who cannot attend groups. (See website for more details.)

Contents and Program Mechanics

The parent training program materials include:

- **3 DVDs** for the infant program
- Comprehensive leader manual for each program (consisting of "how to" guide including leader questions for discussion, home activities, and interpretation of videos)
- Parent weekly "points to remember" (brief points to remember for the week)
- Parent assignments for home activities
- Book for parents titled *Incredible Babies: A guide and journal of your baby's first year*
- Refrigerator magnet
- Baby Building Blocks poster shows 6 blocks of the program content

The program uses multiple learning approaches: video modeling, group discussion and support, practice activities within sessions, home activities, baby book reading assignments (or audio), self-monitoring checklists and goals, and leader teaching and support. The program is highly interactive, collaborative, based on parent goals and led by a trained IY group leader.

Incredible Years® Parents and Babies Program

Part 1: Getting to Know Your Baby (0-3 months)

- Learning how to observe and read babies' cues and signals
- Understanding how to cope with babies' crying and fussy periods
- Learning about feeding and burping
- Understanding the importance of communication with babies
- Learning about babies' fevers and recognizing when to call the doctor
- Providing babies with visual, auditory and physical stimulation
- Learning about soft spots, baby acne, sleep habits, spitting, normal bowel movements and diapering
- Learning how to baby-proof a home
- Learning about babies' developmental milestones in the first three months
- Understanding the importance of getting rest and support and shifting priorities

Part 2: Babies as Intelligent Learners (3–6 months)

- Understanding "observational learning" or mirroring and how babies learn
- Learning about how to talk "parent-ese" to babies
- Learning songs to sing to babies
- Understanding the importance of parental communication for babies' brain development
- Understanding normal developmental landmarks (3-6 months)
- Learning ways to keep babies safe

Part 3: Providing Physical, Tactile and Visual Stimulation

- Learning about ways to provide physical and tactile stimulation for babies and its importance for brain development
- Understanding the importance of visual and auditory stimulation
- Modulating the amount of stimulation babies receive
- Understanding the importance of reading to babies
- Providing opportunities for babies to explore safely
- Involving siblings and other family members in baby play times
- Learning games to play with babies
- Learning to keep babies safe during bath times and other activities
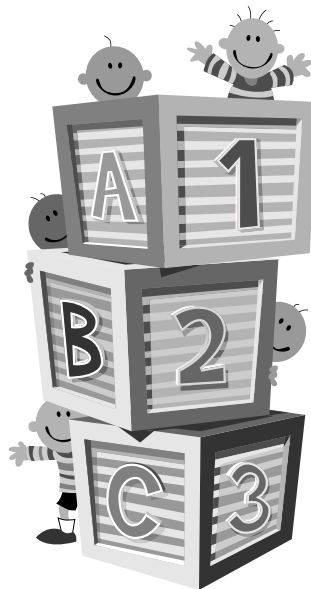
## Part 4: Parents Learning to Read Babies' Minds

- Learning how to read babies' cues and developmental needs
- Understanding how to respond to babies' crying and fussy periods
- Strategies to set up predictable routines and bedtime rituals
- Learning how to help babies feel secure and loved
- Understanding how babies can be over or under stimulated
- Learning strategies to help babies' calm down
- Knowing how to get support

Part 5: Gaining Support

- Understanding the importance of finding time for oneself to renew energy for parenting
- Understanding the importance of involving other family members and friends in your baby's life
- Learning how to get support from others
- Knowing how to inform other infant care providers or baby sitters of baby's needs and interests
- Knowing how to baby-proof house and review checklist
- Learning developmental infant landmarks (6–12 months)

Part 6: Babies Emerging Sense of Self (6-12 months)

- Understanding how babies learn–"observational learning" and modeling
- Learning how to provide predictable routines or schedules for babies
- Learning how to introduce solid foods in child-directed ways
- Knowing how to allow for babies' exploration and discovery
- Knowing how to talk to babies in ways that enhance language development
- Understanding how to make enjoyment of baby a priority
- Learning about visual and nonverbal communication signals
- Understanding about babies' development of object and person permanence
- Understanding how to baby-proof a home and completion of checklist
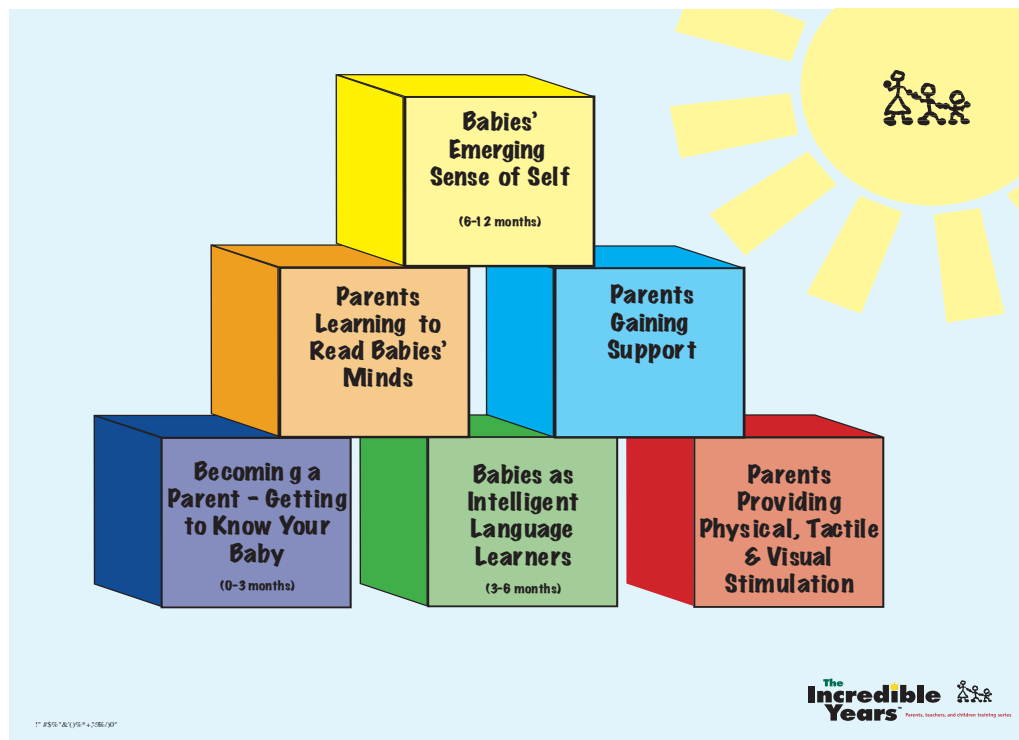
Overview of other Incredible Years Parent Programs

Parents and Toddlers Program

(Purchased separately or in combination with IY Baby Program)

Part 1: Child-Directed Play Promotes Positive Relationships

- Understanding the value of showing attention and appreciation as a way of increasing positive child behaviors
- Understanding the importance of showing joy with toddlers through songs and games
- Understanding how to promote imaginary and pretend play
- Learning how to be child-directed and understanding its value for children
- Learning how to end play successfully with toddlers
- Learning about toddlers' developmental needs and milestones
- Learning about the "modeling" principle
- Balancing power between parents and children
- Building children's self-esteem and creativity through child-directed play
- Understanding the "attention rule"
- Understanding normal developmental landmarks

### *Part 2: Promoting Toddlers' Language with Child-Directed Coaching*

- Understanding how to model and prompt language development
- Learning how to coach preschool readiness skills
- Learning about "descriptive commenting" and child-directed coaching
- Learning about "persistence coaching" to build children's ability to be focused, calm and to persist with an activity
- Learning about the "modeling principle"
- Understanding how to promote pre-reading and pre-writing readiness skills
- Appreciating differences in children's developmental abilities and temperament

Part 3: Social and Emotional Coaching

- Understanding how to use emotion coaching to build children's emotional vocabulary and encourage their expression of feelings.
- Understanding how to prompt social coaching to encourage children's social skills such as sharing, being respectful, waiting, asking, taking turns, etc.
- Learning the "modeling principle"—by parents avoiding the use of critical statements and de-mands and substituting positive polite language, children learn more positive communication
- Understanding how to coach sibling and peer play using modeling, prompting and praise to encourage social skills
- Learning how to apply coaching principles in other settings such as mealtimes, bath time, and grocery store trips

Part 4: The Art of Praise and Encouragement

- Labeling praise
- "Give to get" principle—for adults and children
- Attending to learning "process," not only end results
- Modeling self-praise
- Resistance to praise—the difficulties giving and accepting praise
- Promoting positive self-talk
- Using specific encouraging statements versus nonspecific
- Gaining and feeling support through praise
- Avoiding praising only perfection
- Recognizing social and self-regulation skills that need praise
- Building children's self-esteem through praise and encouragement
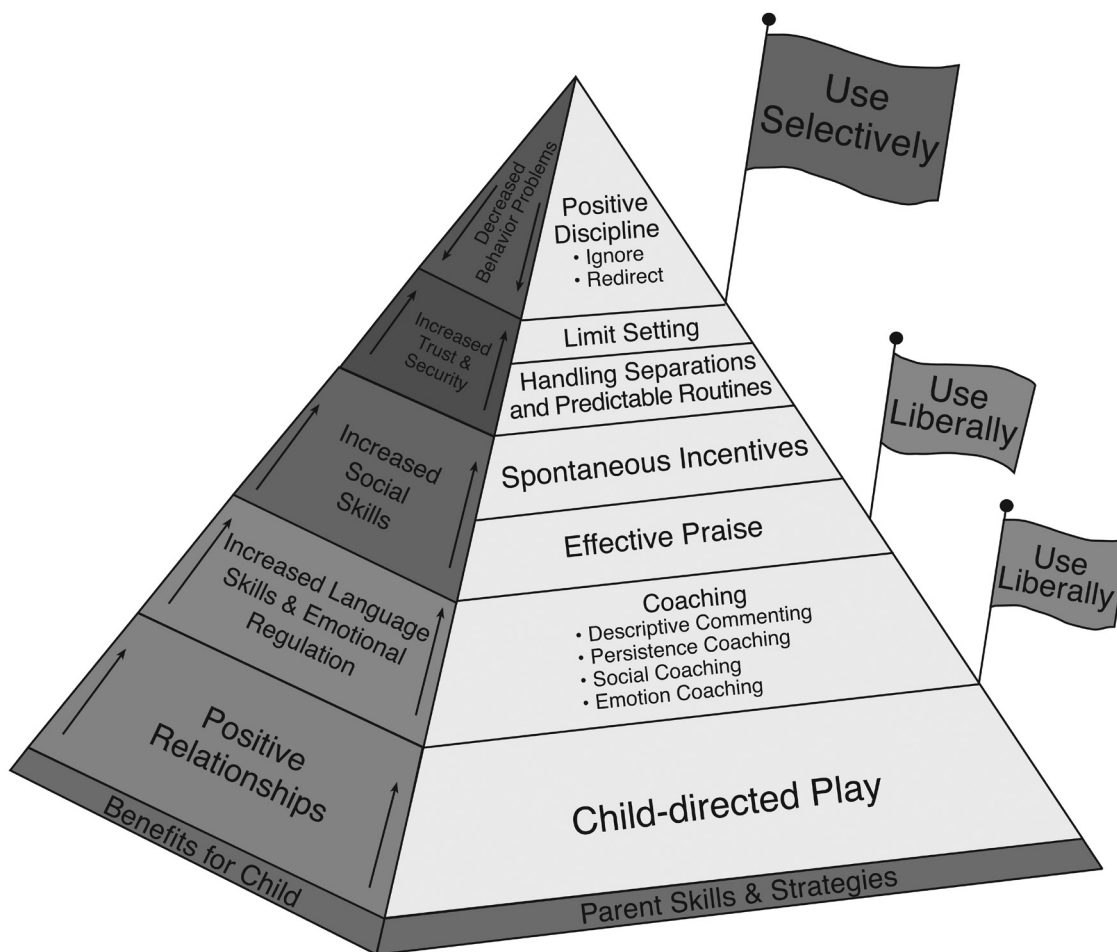
Parenting Pyramid®
Toddlers (1 - 3 years)

Part 5: Spontaneous Incentives for Toddlers

- Shaping behaviors in the direction you want—"small steps"
- Clearly identifying positive behavior
- Rewards are a temporary measure leading to child's competence
- What will reinforce one child will not necessarily reinforce another
- Value of unexpected and spontaneous rewards
- Recognizing the "first-then" principle
- Designing programs that are realistic and developmentally appropriate
- Understanding how to set up programs for problems such as dressing, compliance, sharing, eating, going to bed, toilet training and gentle animal care
- Importance of reinforcing oneself, teachers, and others

Part 6: Handling Separations and Reunions

- Establishing clear and predictable routines for separating from children
- Establishing routines for greeting children after being away from them
- Understanding object and person permanence
- Providing adequate monitoring at all times
- Understanding how peek-a-boo games help children
- Understanding how predictable routines for bedtime and schedules help children feel secure and safe
- Completing the toddler-proofing home safety checklist

Part 7: Positive Discipline—Effective Limit Setting

- Reduce number of commands to only necessary commands
- Learning about the importance of distractions and redirections
- Understanding the value of giving children some choice
- Politeness principle and modeling respect
- Clear and predictable household rules offer children safety and reduce misbehaviors
- "Monitoring Principle": Understanding the importance of constant monitoring or supervision of toddlers
- All children will test rules—don't take it personally
- Commands should be clear, brief, respectful, and action oriented
- "When-then" commands can be effective
- Distractible children need warnings and reminders

Part 8: Positive Discipline-Handling Misbehavior

- Understanding how to use distractions and redirections coupled with ignore
- Parents maintaining self-control using calm-down strategies and positive self-talk
- Repeated learning trials—negative behavior is a signal child needs some new learning
- Using the ignore technique consistently and appropriately for selected behaviors such as whining, tantrums
- Knowing how to help toddlers practice calming down
- Know how to handle children who hit or bite
- Understanding the importance of parents finding support

The Incredible Years®: BASIC Parent Program Preschool Version (ages 3–6)

The Preschool Basic Program is similar to the toddler programs in theoretical assumptions, objectives, training methods and qualifications. The content of these programs is very similar to the toddler program except it has more emphasis on the preschool age period. (See Table 3 in appendix for the contents and objectives of this program.)

The Incredible Years®: Advanced Parent Programs 5, 6 & 7 (Ages 3–12)

ADVANCE Parent Training Program. ADVANCE, a broader based family intervention, parallels the BASIC program theoretically. Based on cognitive social learning theory, the program consists of a leader's manual and DVDs divided into four segments: Personal Self-Control and Effective Communication Strategies, Problem Solving Between Adults, Helping Children To Problem Solve, and Family Meetings. Offered to groups of parents who have completed the BASIC program, the ADVANCE program takes 8–10 two-hour sessions to complete. It reviews the material covered in the BASIC program and helps parents understand how to apply the principles of communication and problem solving to other relationships.
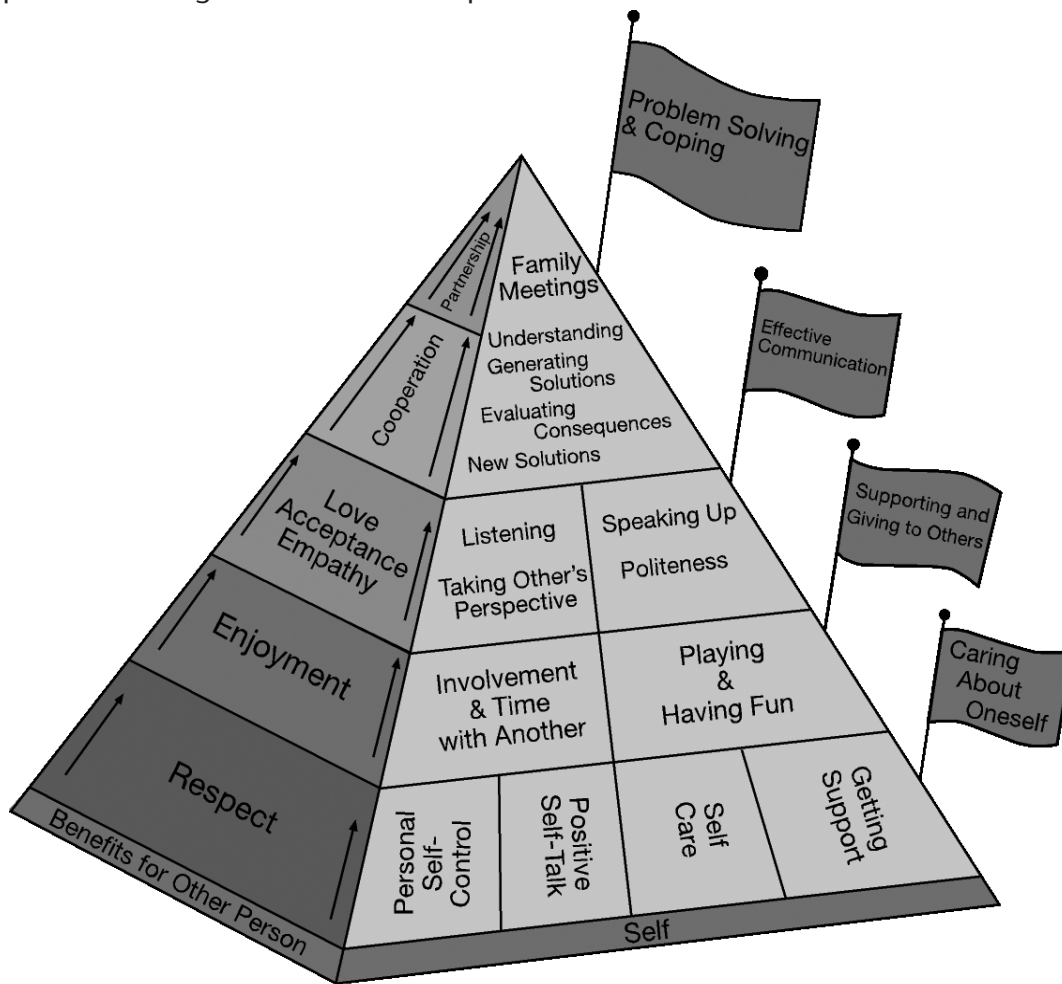
Pyramid for Building Relationships

©The Incredible Years, Inc.®

We have assessed the extent to which families maintain treatment effects and identified the characteristics of families who show treatment relapses or fail to show clinically significant effects. In several studies, we have shown that a family's ability to benefit from basic parent training is influenced by factors such as maternal and paternal depression, marital discord, single-parent status, negative life stressors, and socioeconomic status (Webster-Stratton, 1985a, 1990a, 1990b). These data point to the need to bolster the parent program for some parents by providing ongoing expanded therapy which focuses on parents' specific needs, including life crises management, depression management, problem-solving, and marital therapy, as well as on the child's needs for training in social skills, and emotional self-regulation. While therapy cannot pretend to alter a family's life stressors, it can help by teaching both parents how to cope more effectively in the face of stressful situations.

NOTE: Advanced Program (Programs 5 and 6) may be shown after the Toddler program for families who need more support regarding anger and depression management and communication and problem-solving skills.

Effective Elements in all Incredible Years Parent Programs

Training Methods

The parent programs are designed as group discussions with 10 to 12 parents per group and, ideally, two group leaders. The group format fosters a sense of community support, reduces isolation, and normalizes parents' experiences and situations. This cost-effective approach also allows for diverse experiences with problem solving in a variety of family situations. Each parent is encouraged to have a partner or close friend participate in the program.

Video modeling. Because the extent of baby and toddler problems have created a need for services that exceeds available personnel and resources, this intervention had to be cost-effective, widely applicable, and sustaining. Video modeling promised to be effective and cost-efficient. Modeling theories of learning suggest that parents can improve parenting skills by watching video examples of parents interacting with their children in ways that promote prosocial behaviors and decrease inappropriate behaviors (Bandura, 1977). This method of training is more accessible, especially to less verbally oriented parents, than other methods such as didactic instruction, written handouts, or a sole reliance on group or individual discussion. It promotes generalization and long-term maintenance of positive behaviors by portraying a variety of models in many situations. Furthermore, video modeling is cost-effective because it can be widely disseminated.
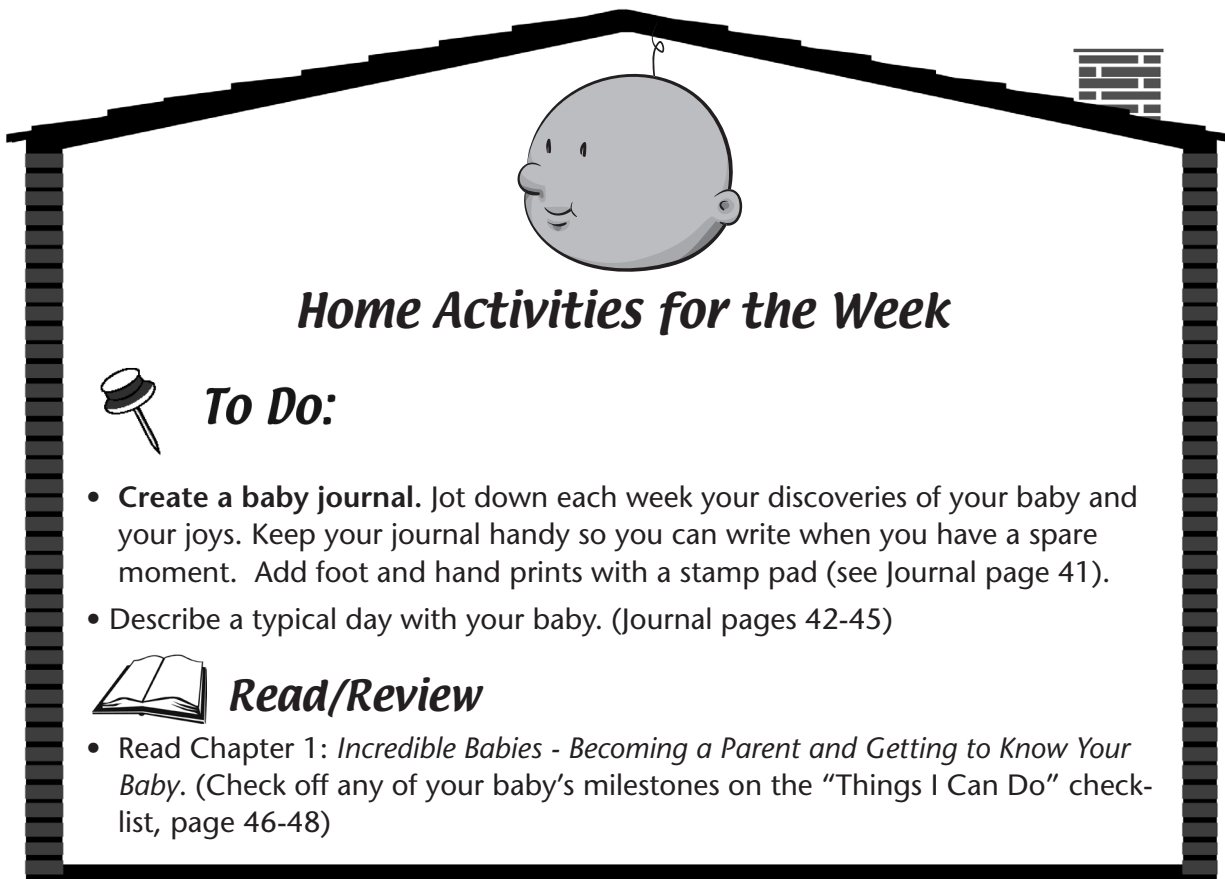
The program shows parents and children of different sexes, ages, cultures, socioeconomic backgrounds, and temperaments interacting with each other in common family situations, such as eating dinner, getting dressed in the morning, and playing. The leader uses these vignettes to trigger group discussion. Participants watch examples of interactions that are positive, negative, or neutral. The videos stimulate group discussion and problem solving, and the leader ensures that the discussion addresses the topic and is understood by all parents. After each vignette, the leader stops the video and asks open-ended questions about the scenes. Parents react to and discuss the episodes and develop alternatives.

Collaborative process. In this collaborative training model, the leader is not an "expert" who dispenses advice to parents. Meaning "to labor together," collaboration implies a reciprocal relationship that uses the leader's and parents' knowledge, strengths, and perspectives equally. In this

nonblaming and nonhierarchical model, the leader promotes collaboration through reflection, summary of points made by parents, reframing, reinforcement, support and acceptance, humor and optimism, encouragement of each member's participation, teaching of important concepts, and role-playing exercises. By using a collaborative process the program becomes culturally sensitive as each individual's personal goals and values are respected and "connections" with the past are relevant to current perspectives and attitudes. Approximately 60 percent of a session is group discussion, problem solving, and support; 25 percent is video modeling (25 to 30 minutes of video); and 15 percent is teaching. More information about collaborative process can be found in the group leader textbook, *Collaborating with Parents to Reduce Children's Behavior Problems* (written by Carolyn Webster-Stratton). This is recommended for all group leaders who deliver any of the IY parent programs.

Weekly home activities. Every session also involves a home practice assignment or activity, which should be presented as an integral part of the learning process. The home activities help transfer the learning that takes place in group sessions to real life at home and stimulate discussion at later sessions. Home activities also convey the message that passive involvement in the group will not work magic; parents must work at home to make changes. For the baby program, parents are provided with a copy of the book *Incredible Babies,* which has weekly reading and journal activities. Parents are also asked to observe their babies at home, record their thoughts and feelings, or try out a parenting strategy. At the start of each session, the leader asks parents to share their experiences with their home activities and reading. The leader can then assess whether parents are integrating the material into their daily lives. Parents are more likely to take the home activities seriously if they know the leader is going to review them each week.

Sample of Homework Activities

Home Activities for the Week

To Do:

- **Create a baby journal.** Jot down each week your discoveries of your baby and your joys. Keep your journal handy so you can write when you have a spare moment. Add foot and hand prints with a stamp pad (see Journal page 41).
- Describe a typical day with your baby. (Journal pages 42-45)

Read/Review

- Read Chapter 1: *Incredible Babies - Becoming a Parent and Getting to Know Your Baby*. (Check off any of your baby's milestones on the "Things I Can Do" checklist, page 46-48)

Each week, when parents arrive at the group, they put the week's assignment in a folder, check off whether or not they were able to complete the assignment, and pick up the leader's comments on the previous week's assignment. These folders offer quiet group members another opportunity for communicating with the leader and provide a private place for questions and comments that parents do not want to share with the group. The checklists encourage parents to monitor themselves; parents often ask if they can get credit for a homework assignment turned in a week late. The leader's review of assignments often includes written feedback and stickers, sweets, cartoons, or cards to applaud the parents' achievement.

Weekly evaluations. Parents evaluate each group session by completing a brief weekly evaluation form, which gives the leader immediate feedback about participants' responses to the leader's style, the group discussions, and the content presented in the session. If a parent is dissatisfied or is having trouble with a concept, the leader may want to call that parent to resolve the issue. If the difficulty is shared by others, the leader can bring it up at the next session. (See Appendix for form.)

Resources needed: In order for parent groups to be well attended group leaders need to have available child care with qualified child care providers*, transportation for those who need it, healthy food and a room large enough for a circle of 12–14 people. Evening meetings are necessary in order to make it possible for two parents to participate. DVD players and blackboards or flip charts are needed for training.

*For any older siblings (parents bring babies to the group).

Program Features Leading to Ease of Replication/Independent Replications Studies

The media format of all these training programs increases the consistency, fidelity, and transportability of the program implementation, and makes it easier and less costly to implement and maintain in real-world settings. All the programs include detailed leader manuals, handouts, books, and DVDs and detailed information about the group process and activities which facilitates the replicability of the program. More than four independent studies have replicated our findings with the parent intervention program for toddlers and preschoolers (Spaccarelli, Cotler, & Penman, 1992; Perrin, 2014) with differing ethnic (Gross, Fogg, Webster-Stratton, & Grady, 1999) and cultural groups (Scott, 2001) and with both younger (Gross et al., 1999) and somewhat older children (Taylor, Schmidt, Pepler, & Hodgins, 1998). The collaborative process of working with parents lends itself to a culturally sensitive approach to training.

Training and Qualifications of Group Leaders

There are 2 group leaders for a group and they may come from many disciplines, including nursing, psychology, counseling, social work, education, and psychiatry. It is optimal to have a mix of a home health nurse/visitor and social worker or psychologist. Even though the program materials are extensive and comprehensive, we find that the program has a greater chance of being disseminated successfully if the group leaders receive training first. In this training we model the collaborative teaching process and help leaders understand the importance of group processes such as: identifying participants' personal goals, weekly home activities, effective use of role plays, use of metaphors, buddy calls, self-talk training, weekly check-ins, values exercises and methods of responding to resistance.

Certification/Accreditation

Group Leader Certification: We highly recommend certification for the group leaders in order to enhance the quality and integrity of the programs. This certification requires participants to attend authorized training workshops that are offered regularly in Seattle. Certified trainers are also available to go on-site to train leaders if there are a minimum of 10 participants. Additionally certified group leaders may become certified to coach new group leaders and to support fidelity implementation in their agency.

Group leader certification is required if the program is to be evaluated as part of a research program.

When applying for certification you are asked to hand in two sets of self and peer evaluation forms, which means four evaluations in total. When you and your co-leader fill in the self and peer evaluation forms, you need to focus on a specific session for each form. It is important to remember to allocate time for this process during each group. You need to fill out the forms with in depth comments in all the sections including specific examples from your session. At the same time, it is important to reflect upon what you would like to improve in future sessions.

Remember that you send your evaluation forms to IY in USA when you apply for certification. Therefore, it can be an advantage to fill out the forms in English right from the start. You can find an electronic version on The Incredible Years' website: www. incredibleyears.com/certification-gl/baby-program/. See more informaton about certification and forms for self and peer evaluation in Part 5 and on the website.

References

A detailed description of our dissemination strategies can be found in the following reference: Webster-Stratton, C. and K.P. McCoy, "Bringing The Incredible Years programs to scale, in The science and art, of program dissemination: Strategies, successes, and challenges." *New Directions for Child and Adolescent Development*, K.P. McCoy and A. Dianna, Editors. 2015. p. 81-95.

For updated references and randomized control group studies with the Incredible Years Programs please see the web site library for abstracts and articles: **www.incredibleyears.com/research-library/**

Map to Becoming Certified

Basic steps to become a certified IY Group Leader

©The Incredible Years®

START

1. Attend an IY training.

2. Acquire the appropriate program for your population.
(You may do this step prior to attending training.)

3. Self Study using Leader's Manual & DVDs (with coleader).
(You may begin self study prior to training if you have the program materials.)

4. Start recruitment and planning for your groups.

5. Implement first group & submit DVD of one session for feedback from IY mentor/trainer.
(If your agency has an IY Peer Coach, schedule video review meetings with them first.)

6. Obtain in-person, group, or phone consultation with Mentor/Trainer and engage in weekly peer review.

7. Implement second group & submit DVD for feedback from IY mentor/trainer. Continue participating in consultation.

8. Once DVD review passes, send all paperwork to IY headquarters.

9. Application is reviewed. Congratulations on becoming a certified group leader!

CERTIFICATION MAP — THE CONTINUED JOURNEY

Next steps once you have been certified as a group leader
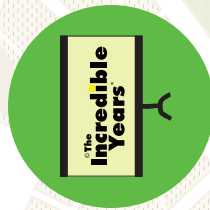**(Continued from "Map to Becoming Certified")**

10. Continue group leader peer review every 2 weeks.

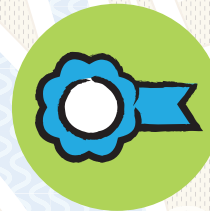11. Group DVD consultations yearly with IY mentor/trainer.

12. Support new group leaders by delivering groups with them.

13. In-person or telephone consultations with IY mentor/trainer as needed.

14. Consider attending an adjunct IY training for a different population or age range.
(see www.incredibleyears.com for all training options)

15. Consider learning more about peer coach certification.

Contact the Incredible Years® office and consult our website (www.incredibleyears.com) for more details on further training you can receive, how to access consultation, and applying for peer coach certification.

INCREDIBLE YEARS®: PARENTS AND CHILDREN TRAINING SERIES

Benefits of Certification As a Baby Parent Group Leader

We consider this certification process to be of value for the following reasons: First, the certification process maximizes the quality of the performance of the group leader. We believe certified leaders implementing the full program will achieve results similar to those in the published literature. The process of certification is considered part of the training process in that the leader will get feedback from parents and peers on his/her leadership ability. Second, certification allows the individual to be listed as a certified group leader at Incredible Years, Inc. This certification permits us to give out your name for possible employment as a leader of parent groups. Third, certified leaders will be invited to workshops updating our programs and sharing ideas with other group leaders throughout the country. Finally, certification permits the individual to be eligible to take the advanced course in parent group leadership and to take the course to be a certified peer coach and mentor of other group leaders.

Note: Certification is required for this program to be used as part of a research project.

Background Requirements to be Eligible for Certification

1. Extensive experience with babies and young children (this may include being a parent, working with babies as a health care provider, mental health provider, teacher, or parent educator). Two years experience minimum requirement.

2. Excellent interpersonal skills. Letters of reference attesting to your clinical experience working with individuals and groups (minimum two).

3. Experience with parenting skills and family interactions (this may include being a parent, working with families as a health care provider, psychiatrist, psychologist, social worker, nurse, teacher, or parent educator).

4. Involvement with group activities and awareness of group dynamics (ranging from having participated in PTA committee work to having led a group).

5. Educational course in child development required (credited course) (educational background in counseling helpful).

Requirements

Training

• Attend Approved Training Workshop

Only those candidates who have successfully completed the approved training qualify to submit a certification application. Approved training consists of a 2-3 day workshop for Baby Parent Group Leader offered by a certified mentor or trainer of group leaders.

Experience Requirements

• Conduct two (complete sets of) parent groups

   Conduct two parent groups utilizing the complete parent and baby video series (each group lasting a minimum of 9 weeks). It is optimal to have 8–10 participants. A list of dates, locations, and number of attendees will need to be submitted. It is required that a minimum of 6 parents complete the group.

• Submit session checklist for two complete sets of parent groups.

• Submit to the Certification Committee: weekly evaluations by each parent who attends each of the set of sessions for both groups (see Appendix).

• Submit to the Certification Committee: final program evaluations by each parent who attended the two groups (see Appendix).

Feedback and Evaluation

• Peer and self-evaluation from two sessions (see Appendix).

• Satisfactory completion of group leader self-evaluations for each group. (See Collaborative Process Checklist in Appendix.)

• Satisfactory completion of two co-leader peer evaluations for each group. (See Peer and Self-evaluation Form in Appendix). The Peer and Self-evaluation needs to be based on a whole videotaped session, which you have carefully watched and analyzed. In the Peer and Self-evaluation Form you need to give concrete examples. Self-reflection about your own practice is important as well.

• Passing DVD review of session by certified mentor or trainer:

   Receive a satisfactory DVD review for a complete group session. This review may be done on-site by a certified mentor or by submitting a DVD to the Certification Committee. Most people usually submit two DVDs before they obtain approval. Two DVD reviews are covered in the initial fee, however if you are asked to send additional video for review there is additional fees due to the time involved for conducting a DVD review and writing up a report.

Certified group leaders are expected to attend a one-day renewal or consultation workshop every every 18 months.

Application Process

Checklist of Items Submitted for Certification

_____ Letter discussing your interest in becoming certified; your goals, plans, and philosophy of effective parenting and your clinical experience (one page).

———— Background Questionnaire.

———— Application form. (See attached form.)

———— Two letters of professional reference.

———— Parent weekly and final evaluations for two groups (min. 6 final eval's per group).

_____ Attendance Lists for two groups (minimum 50% retention)

———— Session checklists for all sessions from two groups.

———— Two co-leader peer evaluations.

———— Two self-evaluations.

———— Passing DVD review by certified trainer/mentor.

There is a certification fee. Please check IY website or all or email IY office in Seattle for certification costs. The fee includes full DVD review, registration process, and certificate of certification. Contact IY for current fee. If the supervisory report has been approved by a certified mentor (rather than an Incredible Years Trainer) then the cost of certification is less.

All documents have to be sent to the US, and must be translated into English:

> Incredible Years, Inc.
> Certification Committee
> 1411 8th Avenue West
> Seattle, WA 98119
> Email: incredibleyears@incredibleyears.com

See **www.incredibleyears.com/certification-gl** for more information about certification application process.

APPLICATION FORM FOR
CERTIFICATION AS A BABY PARENT GROUP LEADER

NAME: _____

HOME ADDRESS: _____

_____

_____ZIP: _____

HOME PHONE: _____ WORK: _____

EMAIL: _____

OCCUPATION: _____

EDUCATION: _____

Month/Year of Baby Training:_____

_____

Trainer: _____

COURSE(S) TAKEN IN CHILD DEVELOPMENT_____

_____

_____

_____

_____

_____
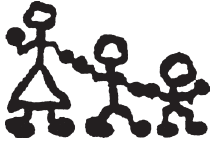
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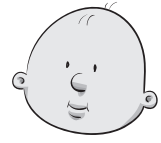## Please attach a one-page letter describing:
• Your experience with babies and parents.
• Your experience with groups.
• Your goals, plans, philosophy of parenting.

Please provide two letters of reference attesting to your clinical skills in working with individuals, groups and babies.

Incredible Years® Parent Group Peer and Self Evaluation Form*

Please ask your co-leader to comment on your group leader skills for one of your group sessions, using this form. Also use this form to self-evaluate your session. Afterwards talk about these evaluations together and make goals for your next session. Reviewing video of your own group leader skills is a valuable learning experience and part of continuing to learn to deliver the program with high fidelity. Please see website for editable version of this form: **www.incredibleyears.com/certification-gl/babyprogram**

Leader's Name _____

Please describe with examples on the parent group leader's session(s) based on the following criteria:

I. Leader Group Process Skills	Comments
Builds rapport with each member of the group and their babies	
Encourages everyone to participate	
Models open-ended questions to facilitate discussion	
Reinforces parents' ideas and fosters parents' self-learning	
Encourages parents to problem-solve when possible	
Fosters idea that parent will learn from each others' experiences	
Helps parents learn how to support and reinforce each other	
Views every member of group as equally important and valued	
Identifies each family's strengths	
Creates a feeling of safety among group members	
Creates an atmosphere where parents feel they are decision-makers and discussion and debate are paramount	

*You can find an electronic form at www.incredibleyears.com

II. *Leader Leadership Skills*	*Comments*
Ground rules posted for group and reviewed	
Started and ended meeting on time	
Explained agenda for session and invited input	
Emphasizes the importance of homework	
Reviews homework from previous session	
Summarizes and restates important points	
Focuses group on key points presented	
Imposes sufficient structure to facilitate group process	
Prevents sidetracking by participants	
Knows when to be flexible and allow a digression for an important issue and knows how to tie it into session's content	
Anticipates potential difficulties	
Predicts behaviors and feelings	
Encourages generalization of concepts to different settings and situations	
Encourages parents to work for long-term goals as opposed to "quick fix"	
Helps group focus on positive	
Balances group discussion on affective and cognitive domain	
Predicts relapses	
Reviews handouts and homework for next week	
Evaluates session	

III. Leader Relationship Building Skills	Comments
Uses humor and fosters optimism	
Normalizes problems when appropriate	
Validates and supports parents' feelings (reflective statements)	
Shares personal experiences when appropriate	
Fosters a partnership or collaborative model (as opposed to an "expert" model)	
Fosters a coping model as opposed to a mastery model of learning	
Reframes experiences from the baby's viewpoint and modifies parents' negative attributions	
Strategically confronts, challenges and teaches parents when necessary	
Identifies and discusses resistance	
Maintains leadership of group	
Advocates for parents	

IV. Leader Knowledge	Comments
Demonstrates knowledge of content covered at session	
Explains rationale for principles covered in clear, convincing manner	
Prepares materials in advance of session and is "prepared" for group	
Integrates parents' ideas and problems with important content and child development principles	
Uses appropriate analogies and metaphors to explain theories or concepts	

V. Leader Methods	Comments
Uses video examples efficiently and strategically to trigger group discussion	
Use role plays and spontaneous practices and interactions between parents and babies to reinforce learning.	
Review homework and gives feedback	
Uses modeling by self or other group members when appropriate	

VI. Parents' Responses	Comments
Parents appear comfortable and involved in session	
Parents complete homework, ask questions and are active participants	
Parents complete positive evaluations of sessions	

Summary Comments:

Check:

_____ Leader (Self-Evaluation)

Name of Evaluator _____

_____ Co-Leader

_____ Peer Coach

_____ Mentor/Trainer

Date: _____

Incredible Years®
Baby Parent Group Leader
Collaborative Process Self-Reflective Checklist

This checklist is designed for group leaders to complete together following a group session, or for a group leader to complete for him/herself when reviewing a video of a session. By watching the video of a session, and self-reflecting on the following points, a leader can identify specific goals for future progress. This checklist is designed to complement the more specific checklist for each session, which lists the key content and vignettes that should be covered.

Leader Self-Evaluation (name):_____

Co-leader Evaluation (name): _____

Certified Trainer Evaluation (name): _____

Date: _____

SET UP	YES	NO	N/A
Did the Leaders:			
1. Set up the chairs in a semicircle that allows everyone to see the TV/monitor?	_____	_____	_____
2. Have several large, clean blankets or large, plastic, soft pads on the floor where babies can be put down. Also provide a variety of toys, extra diapers, a place for diaper changing and a rocking chair.	_____	_____	_____
3. Write the agenda on the board and review verbally?	_____	_____	_____
4. Have handouts and home activities ready for review during the session (if possible provide *Incredible Babies* book/journal)?	_____	_____	_____

I can read
my baby's
mind

www.incredibleyears.com
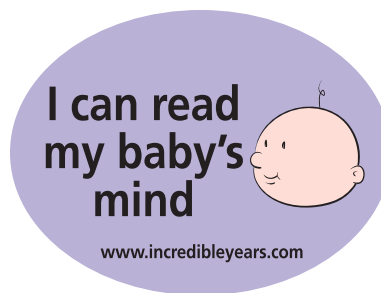
See **www.incredibleyears.com/certification-gl** for more information

Leader Collaborative Process Checklist, Continued

REVIEW PARENT'S HOME ACTIVITIES   YES   NO   N/A

Did the Leaders:

1. Begin the discussion by asking how assigned home activities went _____   _____   _____
   this week? (e.g., baby proofing, singing, playing, using baby massage,
   providing visual stimulation, speaking parent-ese, coping with
   crying, getting support, self-care, etc.) (Some example open-
   ended questionsthe leader can ask are included in the manual.)

2. Give every parent the chance to talk about their week (level of _____   _____   _____
   fatigue and availability of support) and share their babies' new
   developmental changes (Things I Can Do Handout)?

3. Praise parents' discoveries and learning about their babies _____   _____   _____
   during the week (likes and dislikes)?

4. Highlight key principles parents' examples illustrate? _____   _____   _____
   (e.g., "Wow! You are really learning to read your baby's
   cues. I am giving you the "I can read my baby's minds" sticker."
   Or, "You have learned the tango dance by the way you are
   interacting and being so responsive with your baby. You get
   Tango Dance principle.")

5. Start the session with parents playing with their babies and giving _____   _____   _____
   them feedback on their responses and/or talk about their baby's
   responses to them?

6. Use the neuron cards and baby brain poster to reinforce parent's _____   _____   _____
   discoveries and highlight the impact they have on their
   baby's development.

7. If a parent's description of how they applied the skills makes it _____   _____   _____
   clear that he/she misunderstood, accept responsibility for the
   misunderstanding rather than leave the parent feeling responsible
   for the failure? (e.g., "I'm really glad you shared that, because
   I see I completely forgot to tell you a really important point
   last week. You couldn't possibly have known, but when you
   do that, it's important to…" vs. e.g., "You misunderstood the
   assignment. Remember, when you do that, it's important to…")

8. Allow for some discussion of issues beyond the immediate topic _____   _____   _____
   at hand? (E.g., other concerns with baby not related to today's
   topic, or non-parenting issues that are of concern such as marital
   issues, how to deal with in-laws, depression, stress level, death
   in the family.) Praise and encourage parents for what they did
   well and recognize their beginning steps at change, rather than
   correct their process?

9. Make sure that the discussion is brought back to the specific _____   _____   _____
   topic at hand after a reasonable time, without letting free-flowing
   discussion of other issues dominate?

Leader Collaborative Process Checklist, Continued

WHEN BEGINNING THE TOPIC FOR THE DAY	**YES**	**NO**	**N/A**

Did the Leaders:

1. Begin the discussion of new topic with open-ended questions to get parents to think about the importance of the topic? (Some example open-ended questions the leader can ask are included in the manual at the beginning of each session.)   _____ _____ _____

2. Paraphrase and highlight the points made by parents—writing key points on the board?   _____ _____ _____

I can do the baby tango!

www.incredibleyears.com

WHEN SHOWING THE VIGNETTES	**YES**	**NO**	**N/A**

Did the Leaders:

1. Begin by showing DVD narration and pausing narration periodically to clarify terminology or meaning or narrator's comments, or so parents can ask questions?   _____ _____ _____

2. Introduce vignettes by telling parents what to watch for in the vignette regarding parenting skills or baby's responses.   _____ _____ _____

3. Pause vignettes to ask what parents notice in vignette, what they might do differently or how they would respond?   _____ _____ _____

4. Paraphrase and highlight the points made by parents – writing key points and principles on the board next to parents' names?   _____ _____ _____

5. Integrate the baby brain/neurons discussion by referring to the posters to highlight the importance of a specific parenting approach for babies' development.   _____ _____ _____

6. Move on to the next vignette after key points have been discussed, rather than let discussion go on at length? (This ensures that the leaders will have sufficient time for role-playing and for showing all vignettes.)   _____ _____ _____

7. Allow for discussion following each vignette? (If vignettes are played one after another, parents may not catch the key points illustrated.) Additionally, they won't have an opportunity to process emotional reactions they may have to vignettes. **IF** the group is clearly behind schedule, it is okay for such discussions to be to be somewhat briefer by asking parents to highlight key points in a sentence. However, be strategic about the need to allow longer discussions around important emotional topics.   _____ _____ _____

8. Pause as needed during discussion if babies are crying to sing songs and help babies regulate?   _____ _____ _____

Leader Collaborative Process Checklist, Continued

PRACTICE AND ROLE PLAYS   YES   NO   N/A

Did the Leaders:

1. After pulling out key points from vignettes, explore how these   _____ _____ _____
    ideas can be used at home with their baby?

2. Stop periodically to play with babies to practice a skill such as   _____ _____ _____
    reading to the baby, singing, playing with hand puppets, talking
    to baby using parent-ese voice, feeding babies, playing peekaboo
    or a game, diapering, etc?

3. Process practices asking parents what they noticed about their   _____ _____ _____
    baby's response and how they felt. Discuss the rationale for this
    approach for their baby and its impact for their relationship
    with their baby.

4. Occasionally do practices that allow parents to be in role as baby   _____ _____ _____
    so as to experience world from baby's perspective (e.g., being
    fed by a parent, being yelled at)?

My home
is baby
proofed

www.incredibleyears.com

OTHER TOPICS   YES   NO   N/A

Did the Leaders:

1. Integrate "baby alerts" about safety proofing one's home through   _____ _____ _____
    out sessions (e.g., how to put baby to sleep, how to make bed
    safety proof, ways to feed babies safely, etc.)?

2. Discuss how parents are finding support so they are rested and   _____ _____ _____
    how they are building a support team? (gradually complete
    support team handout)

3. Review with parents ways they can use positive self-talk, coping   _____ _____ _____
    self-statements and relaxation methods to stay calm when
    frustrated with babies crying? Refer to baby brain neuron poster.

4. Discuss baby's brain development and the impact regarding   _____ _____ _____
    scaffolding and strengthening baby's neuron connections?

5. Summarize key points of discussion ideas and principles   _____ _____ _____
    derived periodically? The impact of the parenting approach
    regarding scaffolding and strengthening their baby's social,
    emotional, cognitive and language neuron connections.

6. Adapt home activities depending on whether parents have custody   _____ _____ _____
    of their babies or have weekly visitations?

Leader Collaborative Process Checklist, Continued

7. Discuss parents self-care to keep themselves rested and relaxed?   _____   _____   _____

8. Pause to sing songs or rhymes periodically throughout session   _____   _____   _____
    or when babies are unsettled?

REVIEW POINTS TO REMEMBER, HOME ACTIVITIES   YES   NO   N/A
JOURNALS AND WRAP UP

Did the Leaders:

1. Begin the ending process with about 15 minutes remaining?   _____   _____   _____

2. Review or have parents review each point on Points to Remember   _____   _____   _____
    out loud, commenting on why each point is important?

3. Review or have parents review the home activity sheet, including   _____   _____   _____
    why it is important, and how they will try to do it? Ask them to
    commit to a goal for the week.

4. Have parents complete the session evaluation form?   _____   _____   _____

5. End the session on time?   _____   _____   _____

I
speak
"parent-ese"

www.incredibleyears.com

REMEMBER: Your goal in the group sessions should be to draw from the parents the key ideas, insights and management principles so they can self-reflect as well as learn from each other. When possible, parents should be the ones who generate the principles, describe the significance for achieving their goals, highlight what was effective or ineffective on the video vignettes, and practice how to implement the skills in different situations. These sessions should be relaxed, fun, and include practice interactions with babies and singing. People are far more likely to use new behaviors when they have seen them being used successfully (video and live modeling) and when they have practiced them with support and feedback than when they simply hear about them in a didactic way. Try to provide special stickers or prizes for parents and their babies, when applicable.

Promoting Quality Incredible Years® Program Delivery by Building a Supportive Infrastructure in Your Agency

Training Process: It is the goal of Incredible Years Inc. to provide quality training, consultation, and support to sites that are implementing the program so that the fidelity of the program can be maintained. There is a training process and progression that allows sites to support group leaders to achieve accreditation/certification in the program at multiple levels. See web link **http://www.incredibleyears.com/certification-gl/** and **http://www.incredibleyears.com/certification-gl/application-information/**. Through this process sites can work towards having an accredited coach and mentor in their agency. Coaches provide individual peer review and feedback to group leaders in their agency. Mentors are able to deliver training to their own agency employees or within a tight geographic zone (to be determined with the Incredible Years headquarters). The goal of a mentor is to provide local support with in an agency or small geographic zone and to keep in close contact with the Incredible Years headquarters so that on-going fidelity can be maintained. It typically takes 4-6 years for an agency to develop a mentor. There are yearly mentor meetings which alternate between US and Europe designed to keep mentors up-to-date with latest research, new IY program developments and training methods.

Training New Group Leaders: Sites that have an existing mentor onsite at their agency or in their immediate geographic area may work directly with the mentor to set up group leader trainings. Typically, new sites do not have access to a local mentor, so would contact The Incredible Years Inc. in Seattle, Washington, USA to set up an initial training. The IY office will arrange to have an accredited trainer deliver this training to group leaders at the site. On-going consultation and video review for this site would also be contracted through The Incredible Years headquarters in Seattle.

Group Leader Accreditation: Sites are encouraged to support new group leaders through video review and consultation with accredited peer coaches (described below), mentors, or trainers. This ongoing training after the workshop helps assure quality program delivery and support. New group leaders are expected to pursue accreditation in the particular program they are leading. This accreditation process involves video review from an IY trainer or mentor who has been selected via inter-rater reliability tests to do video reviews for accreditation. Group leaders should consult with IY in Seattle to determine who is authorized to review their videos.

Peer Coach Accreditation: Peer coaches are experienced group leaders who are trained to deliver coaching and support to new group leaders in their own agency. To become a peer coach, an accredited group leader is nominated by an IY mentor or trainer and attends training and goes through an accreditation process. Training and accreditation are supported through the IY office in Seattle. See link **http://www.incredibleyears.com/certification-gl/incredible-years-peer-coach-certification/**

Mentor: Mentors are able to deliver official IY trainings to new group leaders within their own agencies (or designated small geographic areas). Mentors must complete the peer coach accreditation process and be invited by the Seattle IY office to participate in the mentor-in-training program. Mentors receive training and support in all aspects of mentoring (how to train and support the group leaders and peer coaches in their area).

Trainers: Trainers are able to train internationally and provide training and support to sites that do not have access to a mentor. Trainers also support agencies that are building their capacity and offer consultation to group leaders, peer coaches, and mentors-in-training until the site is

able to provide this support internally. These trainings are arranged through the Incredible Years office in Seattle.

Mentors training out-of-area: Most mentors do not train outside their own area. Typically, an agency has invested considerable resources in training and supporting their local mentor and the mentor then supplies the training and supervision for that host agency. It is the intent of the mentor arrangement that mentors can provide on-going support after the workshop is delivered. This support becomes harder and less frequent when they are too busy or are working far away from their sites. IY has contracted with a few very experienced mentors to occasionally do train-ings outside of their areas. For these mentors, their primary responsibility is to their own areas, and if asked to do an out-of-area training, they consider whether they have time to be away from their sites for this work and if their agency will support them.

When any site that does not have a local accredited mentor contacts the Seattle IY office to ask for training, IY considers many variables before selecting and scheduling a trainer/mentor. These variables include: which trainer or mentor is accredited in the particular IY program being re-quested; whether the population being served is treatment or prevention in focus (some mentors are more prevention than treatment oriented) ; who is available and interested to train at the requested time; and geographic and practical factors. Mentors doing this out-of-area work are contracted through Incredible Years headquarters and the agency works with IY for all aspects of determining whether they are ready for hosting an IY training workshop, setting up the training venue and handouts, invoicing and other logistics. When working in-area, a mentor sets up their own training arrangements and registers the training with IY. The agency pays Incredible Years a small workshop participant fee for those who attend the training. See link about mentors which includes a document about the role of the certified mentor **http://www.incredibleyears.com/certification-gl/certified-mentors**/

Incredible Years staff are happy to talk to agencies about IY programs, training and to help agencies determine if they are ready for delivery of these programs. See agency readiness questionnaire and other information about starting up programs on our web site. http://www.incredibleyears.com/programs/implementation/starting-the-programs/

Certified Trainers

Certified trainers are individuals who are able to offer authorized workshops (beyond their agency) in the Incredible Years program in which they are certified. These individuals have demonstrated exceptional skill as group leaders and in mentoring others. Individuals enter this position by invi-tation only. These individuals have a contractual agreement with Incredible Years, attend regular training updates and have ongoing contact with Dr. Webster-Stratton to retain this certification. They are available to provide ongoing supervision and consultation, assist with dissemination plans and program evaluation.

Evaluation of Quality of Supervision or Mentoring

Name of Organization/Agency: _____

Your Name: _____

Date:_____

We are asking you to complete this questionnaire about the quality of mentoring or supervision you are receiving from your mentor or trainer. This information helps mentors and trainers to continually improve the way they provide supervision. Thank you for taking the time to complete this form.

Incredible Years Mentor/Trainer Support

1. How supportive does your mentor seem in helping you to deliver this program?

Extremely		Not at all		Somewhat helpful
1	2	3	4	5

2. Does your mentor make time available for ongoing supervision with you for delivering the Incredible Years intervention if you ask for it?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

3. How satisfied are you with the amount of your current supervision/mentoring?

Not at all Satisfied	Not very Satisfied	Satisfied	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

4. How satisfied are you with the quality of your current supervision?

Not at all Satisfied	Not very Satisfied	Satisfied	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

5. When your mentor recommends changes, does s/he provide the rationale for the recommendation in terms of social learning or relationship building principles?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

6. Does your mentor ask you to support your hypotheses about individual families or babies in the group, their strengths and the barriers to change for each family in the group?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

7. Does your mentor use a collaborative and problem-solving approach during supervision?

Not at all	Very little	Some	Quite a bit	Extensive

Incredible Years Mentor/Trainer Support Evaluation, Page 2

1	2	3	4	5

8. Does your mentor encourage you to do live role plays during supervision sessions?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

9. Does your mentor invite you to share portions of DVDs of your group sessions for review?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

10. Does your mentor invite you to think about goals for your group leadership skills?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

11. Does your mentor use the Group Leader Collaborative Process Checklist to give you feed-back?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

12. Is it easy for you to acknowledge frustrations, mistakes or failures with your mentor?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

13. Does your mentor ask questions to determine your approach with an individual family or group?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

14. Does your mentor refer to "principles" that families have learned or that you are using to assist families?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

15. Does your mentor review your session protocols and session evaluations with you as part of supervision?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

16. How skilled do you think your mentor/supervisor is in delivering the IY program?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

17. Does your mentor "model" ways to respond to parents, teachers or children by doing live role plays or by showing you DVDs of their own sessions?

Not at all	Very little	Some	Quite a bit	Extensive
1	2	3	4	5

Incredible Years Mentor/Trainer Support Evaluation, Page 3

18. What recommendations do you have for improving the way supervision is done?

19. What is most helpful about the supervision you have received?

20. What changes would you make in the way you get supervision?

Baby and Toddler Song Lyrics

Frère Jacques - Are You Sleeping

	English Version	**Frere Jacques (Version 2)**
Frère Jacques,		
Frère Jacques,	Are you sleeping	I am peaceful,
Dormez vous?	Are you sleeping,	I am peaceful
Dormez vous?	Brother John?	I am calm, I am calm,
Sonnez les matines,	Brother John?	I can calm my body,
Sonnez les matines,	Morning bells are ringing,	I can calm my body
Din, din, don!	Morning bells are ringing,	And my mind,
Din, din, don!	Ding ding dong.	and my mind.
	Ding ding dong.	

Baa Baa Black Sheep

Baa, baa, black sheep,   Baa, baa, black sheep,
Have you any wool?   Have you any wool?
Yes sir, yes sir,   Yes sir, yes sir,
Three bags full.   Three bags full.

One for my master,   One for my master,
One for my dame,   One for my dame,
And one for the little boy   And one for the little boy
Who lives down the lane.   Who lives down the lane.

The Farmer in the Dell

The farmer in the dell   The child takes a nurse
The farmer in the dell   The child takes a nurse
Hi-ho, the derry-o   Hi-ho, the derry-o
The farmer in the dell   The child takes a nurse

The farmer takes a wife   The nurse takes a cow
The farmer takes a wife   The nurse takes a cow
Hi-ho, the derry-o   Hi-ho, the derry-o
The farmer takes a wife   The nurse takes a cow

The wife takes a child   The cow takes a dog
The wife takes a child   The cow takes a dog
Hi-ho, the derry-o   Hi-ho, the derry-o
The wife takes a child   The cow takes a dog
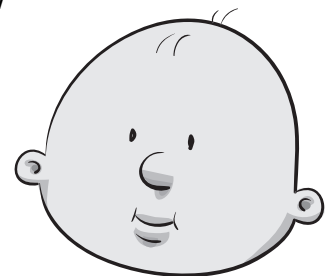
The dog takes a cat
The dog takes a cat
Hi-ho, the derry-o
The dog takes a cat

The cat takes a rat
The cat takes a rat
Hi-ho, the derry-o
The cat takes a rat

The rat takes the cheese

Five Little Monkeys

Five little monkeys jumping on the bed
One fell off and bumped his head
So Momma called the doctor and the doctor said
No more monkeys jumping on the bed!

Four little monkeys jumping on the bed
One fell off and bumped his head
So Momma called the doctor and the doctor said
No more monkeys jumping on the bed!

Three little monkeys jumping on the bed
One fell off and bumped his head
So Momma called the doctor and the doctor said
No more monkeys jumping on the bed!

The rat takes the cheese
Hi-ho, the derry-o
The rat takes the cheese

The cheese stands alone
The cheese stands alone
Hi-ho, the derry-o
The cheese stands alone

Two little monkeys jumping on the bed
One fell off and bumped his head
So Momma called the doctor and the doctor said
No more monkeys jumping on the bed!

One little monkey jumping on the bed
He fell off and bumped his head
So Momma called the doctor and the doctor said
No more monkeys jumping on the bed!

No little monkeys jumping on the bed
None fell off and bumped his head
So Momma called the doctor and the doctor said
Put those monkeys back in bed!

Hush, Little Baby

Hush, little baby, don't say a word,
Mama's going to buy you a mockingbird.

If that mockingbird won't sing,
Mama's going to buy you a diamond ring.

If that diamond ring turns brass,
Mama's going to buy you a looking glass.

If that looking glass gets broke,
Mama's going to buy you a billy goat.

If that billy goat won't pull,
Mama's going to buy you a cart and bull.

If that cart and bull turn over,
Mama's going to buy you a dog named Rover.

If that dog named Rover won't bark,
Mama's going to buy you a horse and cart.

If that horse and cart fall down,
You'll still be the sweetest little baby in town.

So hush little baby, don't you cry,
Daddy loves you and so do I.
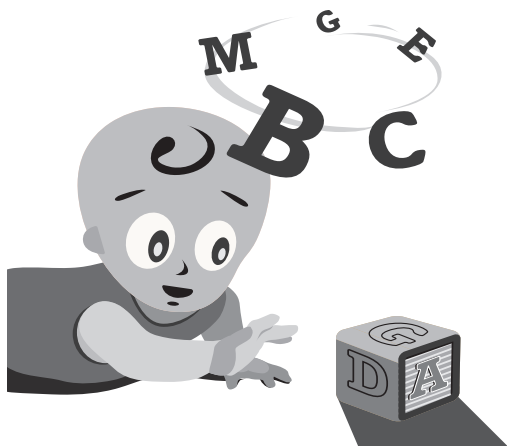
O Susanna

I came from Alabama
With my banjo on my knee,
I'm goin' to Louisiana
My true love for to see;
It rained all night the day I left,
The weather it was dry;
The sun so hot I froze to death; Susanna, don't you cry.
(Chorus)
I had a dream the other night
When ev'rything was still;
I thought I saw Susanna
A-comin' down the hill;
The buckwheat cake was in her mouth,
The tear was in her eye;
Says I, I'm comin' from the south,
Susanna, don't you cry.
(Chorus)

(Chorus)

O, Susanna,
O, don't you cry for me,
I've come from Alabama
With my banjo on my knee.
O, Susanna,
O, don't you cry for me,
'Cause I'm goin' to Louisiana,
My true love for to see.

59

If You're Happy and You Know It

If you're happy and you know it,
Clap your hands
(Clap hands twice)
If you're happy and you know it,
Clap your hands
(Clap hands twice)
If you're happy and you know it,
Then your face will surely show it
If you're happy and you know it,
Clap your hands.
(Clap hands twice)

If you're happy and you know it,
Tap your toe
(Tap toes twice)
If you're happy and you know it,
Tap your toe
(Tap toes twice)
If you're happy and you know it,
Then your face will surely show it
If you're happy and you know it,
Tap your toe.
(Tap toes twice)

If you're happy and you know it,
Nod your head
(Nod head)
If you're happy and you know it,
Nod your head
(Nod head)
If you're happy and you know it,
Then your face will surely show it
If you're happy and you know it,
Nod your head.
(Nod head)

If you're happy and you know it,
Clap your hands
(Clap hands twice)
If you're happy and you know it,
Clap your hands

(Clap hands twice)
If you're happy and you know it,
Then your face will surely show it
If you're happy and you know it,
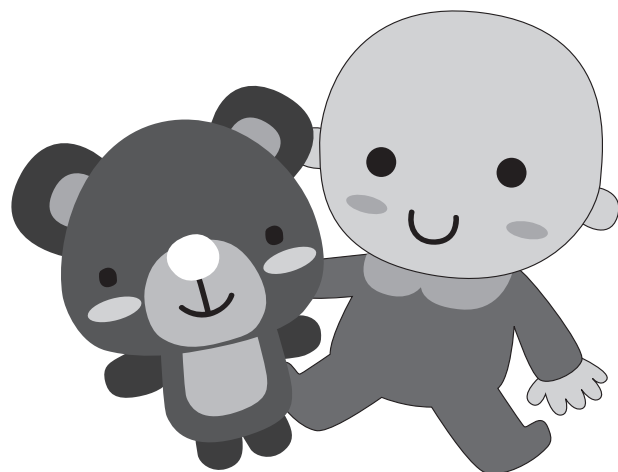Clap your hands.
(Clap hands twice)

If you're happy and you know it,
Then your face will surely show it
If you're happy and you know it,
Clap your hands.
(Clap hands twice)

I've Been Working on the Railroad

I've been workin' on the railroad,
All the live long day.
I've been workin' on the railroad,
Just to pass the time away.
Don't you hear the whistle
blowing?
Rise up so early in the morn.
Don't you hear the captain
shouting
"Dinah, blow your horn?"

Dinah, won't you blow,
Dinah, won't you blow,
Dinah, won't you blow your
horn?
Dinah, won't you blow,
Dinah, won't you blow,
Dinah, won't you blow your
horn?

Someone's in the kitchen with
Dinah.
Someone's in the kitchen, I
know.
Someone's in the kitchen with
Dinah
Strumming on the old banjo.

Fee, fie, fiddle-e-i-o.
Fee, fie, fiddle-e-i-o-o-o-o.
Fee, fie, fiddle-e-i-o.
Strumming on the old banjo.

Jack and Jill

Jack and Jill went up the hill
To fetch a pail of water.
(Hold thumbs straight up,
alternating them upward)

Jack fell down and broke his
crown,
(Wiggle one thumb and wrist downward)

And Jill came tumbling after.
(Wiggle other thumb and wrist downward)

Then up got Jack and said to Jill,
(Bring one thumb up, then the other)

As in his arms he took her,
(Cross thumbs)

"Brush off that dirt for you're
not hurt,
(Brush one thumb with the other)

Let's fetch that pail of water."
(Continue brushing)

So Jack and Jill went up the hill
To fetch the pail of water,
(Thumbs straight up, alternating upward)

And took it home to Mother
dear,
(Bring thumbs slowly together)

Who thanked her son and
daughter.
(Thumbs meet)

Name: _____
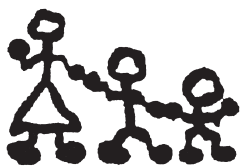
Incredible Years®

Self-Monitoring Checklist for Parents

Parents and Babies Program (0–9 months)
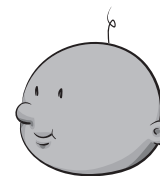
Please fill out this checklist each week indicating your personal goals for what you would like to achieve. The following week check if you have achieved your personal goals and make your new goals for the week.

Sessions 1 & 2: Introductions, Goals, Getting to Know Your Baby

My goal for the coming week:

_____

	Goals I met
_____ Review Coping With Crying handouts.	
_____ Start baby journal & complete "Things I Can Do" handout.	_____
_____ Complete Typical Day Sheet.	_____
_____ Review my goals for myself and my baby.	_____
_____ Read Chapter 1 of "Incredible Babies"	_____

Session 3: Babies as Intelligent Learners

My goal for the coming week:

_____

	Goals I met
_____ Review handouts on speaking parent-ese & developmental milestones.	_____
_____ Practice speaking parent-ese during the day.	_____
_____ Singing to my baby.	_____
_____ Complete "Things I Can Do" handout.	_____
_____ Complete Baby Journal	_____
_____ Read Chapter 2 of "Incredible Babies"	_____

Session 4: Providing Physical, Tactile and Visual Stimulation

My goal for the coming week:

_____

	Goals I met
____ Review handouts on stimulating babies' brain and reading to babies.	____
____ Do some baby exercises.	____
____ Make buddy call.	____
____ Complete "Things I can do" Checklist	____
____ Complete Baby Journal	____
____ Read Chapter 3 of "Incredible Babies"	____

Session 5: Providing Physical, Tactile and Visual Stimulation, cont'd.

My goal for the coming week:

_____

	Goals I met
____ Review handouts.	____
____ Read to my baby.	____
____ Do some baby exercises.	____
____ Make buddy call.	____
____ Review Chapter 3 of "Incredible Babies"	____

Session 6: Parents Learning to Read Babies' Minds

My goal for the coming week:

_____

	Goals I met
____ Review handouts about sleep habits.	____
____ Write out bedtime routine and daily schedule.	____
____ Do temperament questionnaire.	____
____ Make buddy call	____
____ Read Chapter 4 of "Incredible Babies"	____

____ Doing something special for myself will include:

_____

_____

Session 7: Gaining Support

My goal for the coming week:

_____

_____ | *Goals I met*

____ Identify a support person who can help.   ____

____ Complete baby-proofing safety checklist.   ____

____ Update "Things I Can Do" checklist.   ____

____ Make buddy call   ____

____ Read Chapter 5 of "Incredible Babies"   ____

____ Doing something special for myself will include:

_____

Session 8: Babies Emerging Sense of Self (6–12 months)

My goal for the coming week:

_____

_____ | *Goals I met*

____ Read handouts feeding and solid foods.   ____

____ Play peek-a-boo.   ____

____ Make buddy call   ____

____ Read Chapter 6 of "Incredible Babies"   ____

____ Special times this week will include:

_____

Session 9: Babies Emerging Sense of Self, Continued

My goal for the coming week:

_____

_____ | *Goals I met*

____ Read handouts.   ____

____ Complete baby safety-proofing.   ____

____ Make mealtimes fun.   ____

____ Set up follow-up meeting with parent support group person.   ____

____ Make buddy call.   ____

____ Review Chapter 6 of "Incredible Babies"   ____

Agendas and Checklists for Each Session

The content covered in each session needs to be paced according to each parent groups' particular needs for discussion and content, level of participation, and prior familiarity with the parenting concepts. In general we suggest that you try to cover 5–7 vignettes per two-hour session. You do not need to complete one entire part or topic in one session. Rather, pace yourself according to questions and interest in group. The subsequent session is used to troubleshoot any questions or problems and show the remaining vignettes on that topic as a review.

The following outline is a suggested guideline for completing the entire baby program in 9–12, 2-to 2^1/$_2$-hour weekly sessions. If you do not complete all the vignettes in a session, you can continue showing them in the next session. For large or very talkative groups you might find it takes longer to complete the program.

Parents and Babies Series Outline

The following outline is a suggested guideline for completing the program in 9–12, 2-hour weekly sessions. If you do not complete all the required vignettes in a session, you can continue showing them in the next session.

Sessions One & Two: Introductions, Goals & Getting to Know Your Baby
Vignettes: Part 1, 1–13

Session Three: Babies as Intelligent Learners (3–6 months)
Vignettes: Part 2, 1–11

Session Four: Providing Physical, Tactile and Visual Stimulation
Vignettes: Part 3, 1–8

Session Five: Physical, Tactile and Visual Stimulation, cont'd.
Vignettes: Part 3, 9–16

Session Six: Parents Learning to Read Babies' Minds
Vignettes: Part 4, 1–7

Session Seven: Gaining Support
Vignettes: Part 5, 1–5

Session Eight: Babies' Emerging Sense of Self (6–12 months)
Vignettes: Part 6, 1-8

Session Nine: Babies' Emerging Sense of Self & ending the program
Vignettes: Part 6, 9–16

Incredible Years® Babies Program
Outline–Sessions One & Two
Introductions, Goals & Getting to Know Your Baby

I. Welcome

Greet each parent.

Leaders introduce themselves.

Establish yourself as part of "team" collaborating with parents.

II. Introductions

Find out group members' names, ages of babies, and personal goals.

Write parents' goals on board or poster so you and group can refer back to them.

III. Ground Rules

Ask for parent ideas on group rules and why they think they are important (confidentiality, respect for others, being positive, right to pass, equal time to talk).

Adopt rules for group.

Post rules each week.

IV. Program Goals and Topics

Give an overview of the program, its general goals, topics and format.

V. Topic of Day: Becoming a Parent–Getting to Know Your Baby

A. Sharing about parents' experiences with their babies.

B. Vignettes: Part 1: 1–13

Key Concepts

- Learning how to observe and read babies' cues and signals
- The importance of communication with babies—speaking "parent-ese"
- Learning about feeding and burping
- Learning about coping with babies' crying and fussy periods
- Understanding the importance of getting rest and support and shifting priorities
- Providing babies with visual, auditory and physical stimulation
- Know when baby is sick and when to call the doctor
- Learning about soft spots, baby acne, sleep habits, spitting and normal bowel movements
- Learning how to baby-proof a home
- Learning about baby development in the first three months

C.   Brainstorm or "Buzz" Activity about Crying.

D.   Brainstorm or "Buzz" Activity about Getting Sleep and Support.

E.   "Buzz" babies likes and dislikes.

VI.   Group Practice with Babies

Ask parents to hold their baby facing them, let the baby feel the flow of their parents' breathing on their face. Let babies touch their lips. Or, lie on floor with babies lying on their stomachs and encourage infant to lift his head to look at them. Or, watch for babies response to talking to them and engage in interaction dance.

Ask parents to trade their baby with another parent (buddy) and to observe any differences in the way another baby responds to their voice. Afterwards, talk about their feelings about doing this.

VII.   Second Group Practice With Babies

Ask parents to present their babies with a rattle, black and white visual object, colored object or object with texture, and observe the babies' responses. Contrast the response with the response to parents' voices and talking to them.

VIII.   Review Home Activities

Summarize Key Points (Points to Remember)

Pass out home practice forms.

Read aloud and make sure parents understand the home activities.

Let them know that you will be asking about their experiences at the beginning of the next session.

IX.   Parent Evaluation

Remind parents of the importance of parent feedback for the group leader and the entire program.

Collect evaluation forms before parents leave.

X.   Closing

Take this time to formally close the group. Recap the learning.

Thank parents for coming; praise their willingness to participate.

Remind them of any details they need to know for the next session.

!   **Note: This protocol takes 2 sessions to complete.**

LEADER CHECKLIST
Sessions One & Two

Topic: **Introduction, Goals, & Getting to Know Your Baby**
Vignettes: **Part 1: 1–13**

SITE: _____ DATE: _____

LEADER NAMES: _____TIME: _____

VIGNETTES COVERED: Part 1:
Intro 1A 1B 2 3 4 5 6 7 8 9 10 11 12 13
Summary
(Circle vignettes shown.)

DID I	**YES**	**NO**
1. Write the agenda on the board	_____	_____
2. Welcome and make introductions	_____	_____
3. Determine parents' goals	_____	_____
4. Brainstorm group ground rules	_____	_____
5. Present program goals	_____	_____
6. Brainstorm benefits of communicating with babies	_____	_____
7. Buzz about feelings regarding crying	_____	_____
8. Buzz/Brainstorm about getting rest and support	_____	_____
9. Buzz/Brainstorm about babies likes/dislikes	_____	_____
10. Practice with babies observing how s/he responds to parents' voices and actions and/or objects	_____	_____
11. Explain importance of home activities	_____	_____
12. Assign this week's home activities (self-monitoring checklist)	_____	_____

Handouts to copy:
Home Activities for the Week–Getting to Know Your Baby
Create a Baby Journal
"Things I can Do" developmental milestones
A Typical Day handout
Refrigerator Notes about Getting to Know Your Baby
Refrigerator Notes about Taking Care of Yourself
Refrigerator Notes about Coping With Crying

Self-Evaluation
"Gems" of Session—Reminder of things to pursue next session

Incredible Years Buzz!

I can read my baby's mind
www.incredibleyears.com

What we've accomplished!

Parent Goals Addressed

Getting to Know Your Baby

Developing a Support Team

Attending to Self-Care & Getting Enough Rest

Calming Babies & Coping with Crying

Breast Feeding

Baby Sleep Routine

Speaking "Parent-ese" & Singing

"Things I Can Do" Handout Review

Physical, Tactile & Visual Stimulation

Reading to Baby

Baby Massage & Exercise

Reciprocal Play Interations

Temperment Questionnaire

Baby-Proofing Safety

Baby-Led Feeding & First Foods

Summary of Session
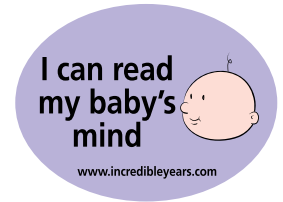
Principles

Goals and Activities

The Incredible Years

www.incredibleyears.com

Parents Thinking Like Scientists

Goals

Baby Problems

Baby Strengths
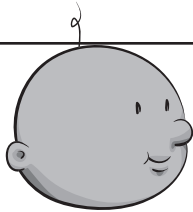
Things I Can Do (0-3 months)

Activity	Date/Check	Observations/Comments
I follow objects with my eyes		
I do gurgles, oohs and ahs		
I smile and laugh and squeal		
I found my hands today		
I look at my parent's face		
I have a favorite toy or activity		
I can recognize my parent's voice		
I can hold my head up in shorter period of times		
I sit in a wobbly way but need support		
I know my name		
I can say baba		
I like being read to		
I react when you are happy		
I love to be sung to		
I am imitating sounds		
I know when it is not you taking care of me		
I love to explore with my mouth		
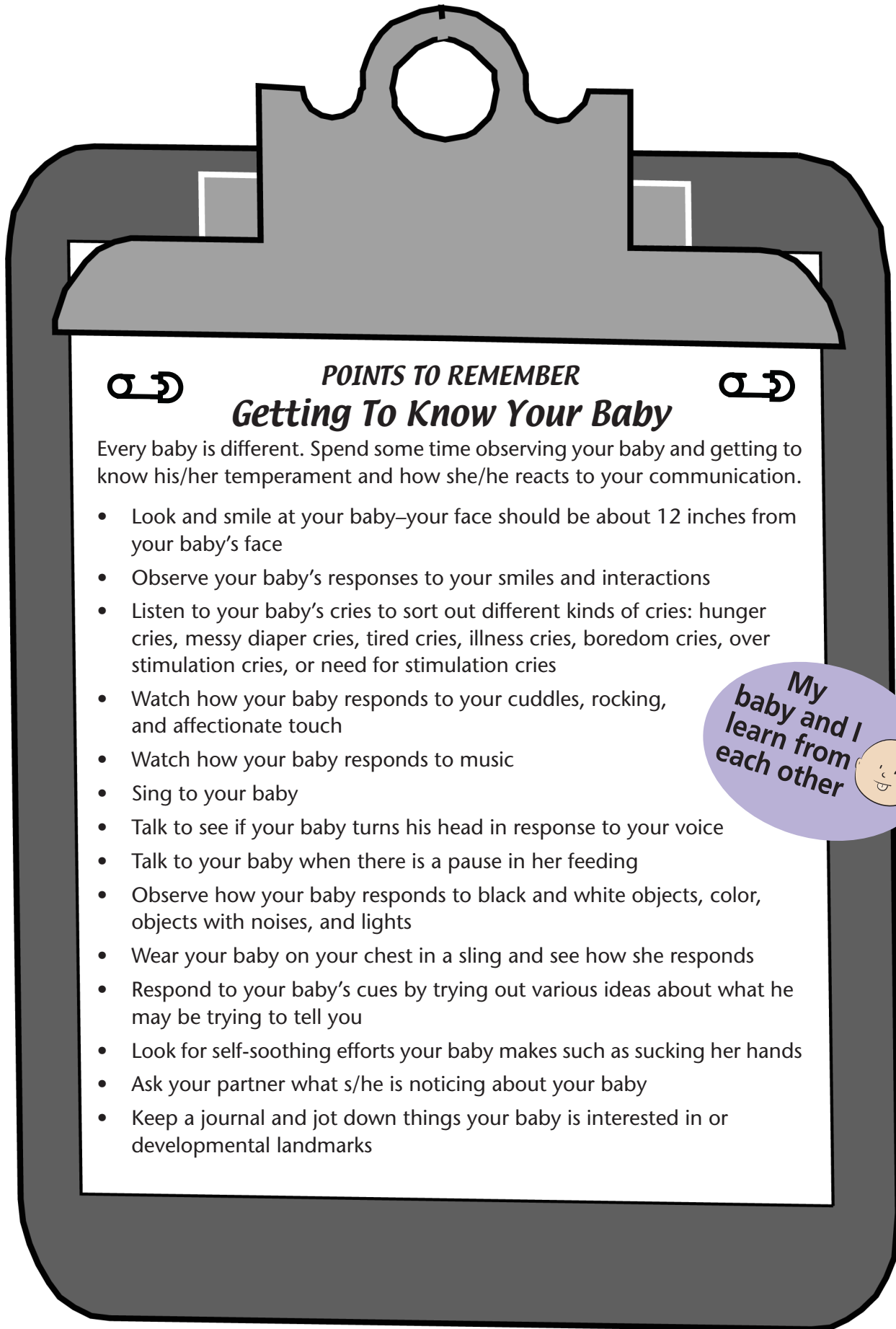
POINTS TO REMEMBER
Getting To Know Your Baby

Every baby is different. Spend some time observing your baby and getting to know his/her temperament and how she/he reacts to your communication.

- Look and smile at your baby–your face should be about 12 inches from your baby's face

- Observe your baby's responses to your smiles and interactions

- Listen to your baby's cries to sort out different kinds of cries: hunger cries, messy diaper cries, tired cries, illness cries, boredom cries, over stimulation cries, or need for stimulation cries

- Watch how your baby responds to your cuddles, rocking, and affectionate touch

- Watch how your baby responds to music

- Sing to your baby

- Talk to see if your baby turns his head in response to your voice

- Talk to your baby when there is a pause in her feeding

- Observe how your baby responds to black and white objects, color, objects with noises, and lights

- Wear your baby on your chest in a sling and see how she responds

- Respond to your baby's cues by trying out various ideas about what he may be trying to tell you

- Look for self-soothing efforts your baby makes such as sucking her hands

- Ask your partner what s/he is noticing about your baby

- Keep a journal and jot down things your baby is interested in or developmental landmarks
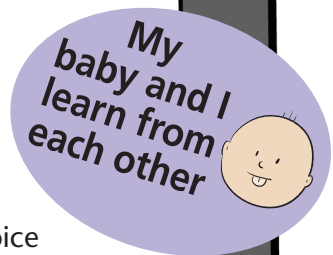
My baby and I learn from each other

Take Care of Yourself

- Get as much rest as possible

- Take naps—try to sleep when your baby sleeps

- Give yourself a break–ask someone to watch your baby so you can nap

- Do something nice for yourself such take a long bubble bath or walk with a friend

- Share your joys and difficulties with another parent

- Tell yourself you are doing a good job learning from your baby

- Keep a log of the fun moments

- Don't worry about a messy house or making fancy meals

- Accept a meal from a friend

- Use take-out for a special treat

- Keep life simple

- When you are breast feeding successfully, you can think about expressing a bottle of milk from time to time so that a partner or babysitter can take over the feeding when you need a break.

I'm keeping life simple

Write your own favorite self-care activities here:

POINTS TO REMEMBER
Coping With Crying

If you know your baby's hunger and diaper/nappy needs have been met and you've tried to soothe and cuddle your baby but she is still crying and inconsolable, it's time to take care of yourself so you don't get too frustrated. Take a few minutes to calm yourself.

• Put your baby in a safe place and let her cry for a few minutes

Stay nearby, but calm yourself:

• Put on quiet music to distract yourself

• Take deep breaths

• Remind yourself nothing is wrong with your baby–crying is normal and is her release as well as how she organizes herself

• Tell yourself, "It will get better in a few months"

• Tell yourself "I can cope with this"

• Don't take your frustration out on your baby by shaking her; you might hurt her and make her feel unsafe because she cannot understand your reaction.

• Call someone for help if you feel your frustration building

• Remember the crying or fussy period will usually end in 1–2 hours

After a few minutes of relaxing, go back in to your baby and rock and soothe your baby for a while, then put her down and repeat the above. Usually you won't have to do this more than 3 or 4 times before your baby has calmed down.

I help my baby feel secure and safe
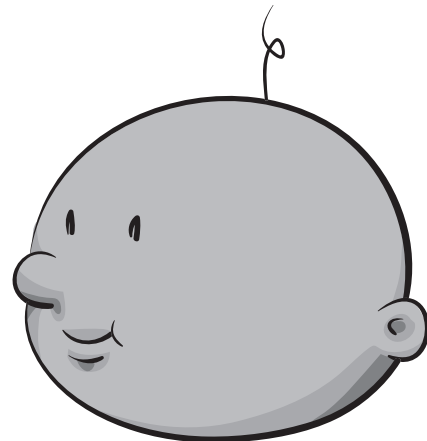
Keeping My Sleeping Baby Safe

- Put baby to sleep on his/her back

- Be sure there are no blankets, pillows, stuffed toys or bumper pads in the crib/cot

- Be sure your baby's mattress is firm, tight fitting and has a fitted sheet

- Check that bassinett or portable crib meets approved government safety standards

- It is recommended that your baby sleep in the same room as you for the first 6 months. You can put your baby's sleep crib close to your bed. This is much safer than bed sharing (which is not recommended) and will make it easier for you to feed, comfort and watch your baby.

- Only bring your baby into your bed to feed or comfort and then return to put on back in his/her separate sleep space when you are ready to go to sleep. This is recommended for at least the first 6 months to reduce risk of Sudden Infant Death Syndrome (SIDS)

- Consider offering a pacifier/dummy at the start of nap time and bedtime

- Be sure there is no smoking in your baby 's bedroom

- Never sleep with a baby on a sofa or arm chair; if you fall asleep when cuddling be sure to return baby to his/her bed

- Don't let your baby get too hot or cold

Note: Avoid too tight swaddling as this may overheat your baby and restrict your baby's natural movement and comfort. Modern safe swaddling calls for freedom of the legs and hips to avoid risk to hips.
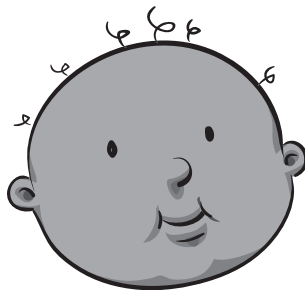
Parent Support Network

Who can lend a helping hand?

Think about people in your support network. Each hand represents a different group of people. Write in each hand specific people from that network who can help provide support to you and your baby! You can draw or paste of picture of your family in the "My Support Network" circle! Come back to this handout throughout the duration of the course.

My Support Network

Neighbors/Coworkers

Others/Childcare/Babysitters

Parent and Baby Groups

Friends/Family

Health Care Providers

Your Baby's Temperament

Temperament is a behavioral style that refers to the natural way a person reacts or behaves in response to their environment. In the late 1950s, researchers Thomas, Chess, Birch, Hertizig and Korn identified nine traits or characteristics that are present at birth and are felt to influence development in important ways throughout life. While environment can modify these physical traits to some extent, the basic traits of a person are felt to be inborn and stable and do not result from the way a baby is parented.

Here are nine traits proposed by Thomas *et al.* that describe a baby or child's reactivity to his or her environment. Think about where your baby is on each of these traits. Each trait is a continuum so your baby may be very much like one of the traits, but he or she may also be in the middle:

My Baby's Temperament

My baby's activity level:

Is your child active and curious or is your child calm and prefers quiet activities

Very Active   **Quiet and Relaxed**

1   2   3   4   5

The regularity of my baby's bodily functions:

This is the predictability of his or her sleep times, appetite, and bowel movements.

Mostly Regular/Predictable   **Mostly Irregular/Unpredictable**

1   2   3   4   5

My baby's adaptability:

This is how s/he adapts to changes in routine, new food, new people, or new places.

Adapts Quickly   **Slow to Adapt**

1   2   3   4   5

My baby's approach:

This is how eager s/he is to try something new versus how fearful or shy s/he is when presented with a new situation or person.

Eager Initial Approach   **Initial Withdrawal or Reluctance**

1   2   3   4   5

My baby's physical sensitivity:

This is how sensitive s/he is to noise, tastes, textures, bright lights, touch or temperature.

Not Sensitive   **Very sensitive**

1   2   3   4   5

My baby's intensity:

This is how intensely he or she reacts emotionally to things, even minor events.

High Emotional Intensity   **Mild Calm Reaction**

1   2   3   4   5

My baby's distractibility:

This is the degree to which s/he is distracted by sounds, sights, or things in the environment versus how much s/he can shut out external stimuli and pay attention.

Very Distractible   **Not Distractible**

1   **2**   **3**   **4**   **5**

My baby's mood:

This is the degree to which s/he is happy or positive versus negative.

Positive Mood   **Negative Mood**

1   **2**   **3**   **4**   **5**

My baby's persistence:

This is the degree to which s/he can persist or sustain his or her attention versus how easily s/he gives up in the face of obstacles.

Long Attention Span   **Short Attention Span**

1   **2**   **3**   **4**   **5**

Easy and Flexible Temperament Baby

If your baby is mostly regular, adaptable, positive, calm and has a moderate activity level you have an easy temperament baby; about 40% of children fall into this category.

Slow to Warm Up and Cautious Baby

If your baby is slow to adapt, initially withdraws and has moderate activity and intensity, your baby will have a slow to warm up temperament; about 15% of children fall into this category.

Challenging Temperament Baby

If your baby has a high activity level, is unpredictable, poor adaptability, and is intense and negative you have a more challenging temperament aby; about 10% of children fall into this category.

About 35% of children are a combination of these patterns.

Parenting Approaches: A Temperament Focus

Since parents can't change their baby's temperamental style, parenting approaches must be accepting and responsive to the unique temperament or cues of each baby. It is important for parents to try to get a reasonable "fit" between their baby's temperament and their parenting style. This can be done by parents observing and learning about their baby's internal state and behavioral style and then altering or adapting their parenting expectations, encouragement, and responses to suit their baby's unique needs.

Remember, it is important not to label your baby or child as easy, shy, or difficult. These labels can damage your child's self-esteem and perhaps set up a self-fulfilling prophecy that prevents your child from expanding his or her behavioral repertoire. Perhaps, your baby's temperament may develop differently in subsequent years and this can be influenced by the environmental responses.

However, knowing what kind of temperament your baby has may make the difference between a happy or a troubled child and between an accepting or a frustrated parent. Understanding your baby's temperament can improve your relationship with your baby because you will learn how to bring out the best in your baby within the limits of his temperament. It is within your power as a parent to help your baby cope with his temperament, to build his self-esteem and eventually come to understand himself better.

For example, parenting the easy or flexible temperament baby will demand somewhat less parental time or attention because the baby will adapt easily to changes in routines, and may not express his or her individual wants. Because of this easy style, parents will need to make special efforts to find out about their baby's frustrations and hurts and interests and assess what he or she is thinking and feeling and why that is. Otherwise, such a child may become invisible in the family, insecure, and not be helped to develop his uniqueness.

I recognize my babies' cues

On the other hand, the inflexible, hyperactive, inattentive, unpredictable, or easily frustrated baby may seem to have an insatiable need for attention. Babies with these challenging temperaments often leave their parents exhausted because of the amount of monitoring and attention that they require. These babies will need predictable routines, help in preparing for transitions, and outlets for their high level of energy. Parents can work to recognize cues and triggers for their baby's intense emotions and be proactive by prompting a self-calming activity, or changing to a soothing activity such as a story or warm bath. Parents of intense babies will strive to be tolerant, patient, and model appropriate responses. It is important to remove competing distractions when possible, make sure there is not too much stimulation causing them to dysregulate, provide frequent breaks, and try to respond calmly to the baby's intense reactions. Parents of intense babies will need to get support for themselves so they can rest and refuel their energy.

On the other hand, the cautious, slow to warm up baby will be relatively inactive, reluctant to explore, and may withdraw or react negatively to new situations. These babies will also need clear routines as well as encouragement to try new activities and ample warm up time to meet or be held by new people and eventually to enter new situations such as day care or preschool.
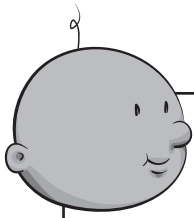
Goodness of Fit—Managing Your Baby's Temperament

Even if parents have different temperaments than their children, they can still strive for a good fit with their baby and child. A good fit is when parent's demands and expectations are compatible with their baby's temperament, abilities and characteristics. The goal is always to manage rather than to squelch or change temperament.

Here are some tips for achieving a good fit and managing your baby's temperament.

• Realize that your baby's temperament style is not your "fault" because temperament is something biological and innate, not something that is learned from parents. Your baby is probably not purposely trying to be difficult or irritating. Don't blame him or yourself.

• Respect your baby's temperament without comparing to other siblings or trying to change his or her basic temperament.

• Consider your own basic temperament and behavior and tailor your parenting responses when they clash with your baby's responses to encourage a better fit.

• Remember what you model for your children is what they learn from you.

• Try to consider and anticipate your baby's adaptability, activity level, sensitivity, biological rhythms and ability to sustain attention when planning activities that are most suitable for your baby.

• Try to focus on the issues of the moment. Do not project into the future.

• Review your expectations for your baby, your preferences and your values. Are they realistic and appropriate?

• Anticipate high risk situations and try to avoid or minimize them.

• Enjoy the interactions and the differences in each of your children.

• Avoid labeling your baby as bad or difficult as this may lead to negative self-image and further compound his difficulties.

• Try to distinguish between a tantrum that is temperamentally induced (reaction to disappointment) versus one that is manipulative (designed to get parent to give in).

• Help your baby feel special.

• Find a way to get relief for yourself and your baby by scheduling some time apart.

Remember above all temperament qualities can be shaped to work to a baby's advantage if they are sensibly managed.

I make my baby feel special
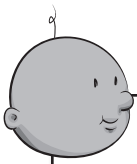
Baby-led Feeding Solids

I am baby-directed in my feeding approach

- Baby can sit in your lap or in a high chair with back support
- Allow your baby to explore the food (by touching, smearing, smelling)
- Remember at first your baby needs to learn about how to chew, use her tongue and swallow;
- Don't expect your baby to swallow new foods at first (or even second or third try); s/he may only take a few spoonfuls in the beginning
- Allow your baby some independence such as holding her spoon, or tippy cup, or feeding herself.
- Show your baby that you like the food. Make sounds like " Uhmm" and "Ahh" when she eats; model appropriate eating behaviors yourself (let your baby feed you)
- Speak "parentese" to your baby during feeding and name the foods your baby is eating
- Show a joyful face and take turns feeding and talking
- Praise social behaviors and model them (say thank you for sharing)
- Respond to your baby's cues. Follow your babies lead and let her set the pace, choose foods to try and decide when she is done
- Combine nonverbal signals to help your baby communicate "all done" or "more"
- Don't get into food fights by forcing your baby to eat
- Make eating an enjoyable family time: have your baby take part in your own meals so s/he can copy your eating behaviors and always stay with your baby while s/he is eating
- Put an underlay of plastic under the chair of your baby – so it does not matter if your baby spills.

Baby Alert

Breast milk or first infant formula will still be your baby's primary source of nutrition for several more months, so don't worry if your baby does not eat very much. At this stage he is just learning how to chew, what foods feel like, how they taste, and how to swallow.
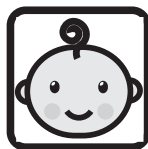
Baby Alert

Avoid offering highly processed foods and foods with added salt or sugar, but check the most recent guidelines or with your health visitor or primary care provider for the latest research on what foods you should avoid in the first year of life.

Baby-Led Introduction of Solid Foods (6 months)

- Right from the beginning at 6 months you can start by introducing a variety of savory foods representing a range of textures. Follow your baby's cues as to what she wants to eat and let her explore different tastes. Continuing to breast feed will increase your baby's immunity for a year.

- Your child is ready for solid food when he has head control, can sit upright, and when the tongue is no longer used to shove the food out of the way. Moreover, your child looks curiously at the food and opens her mouth when she sees the spoon.

- Let your baby eat in the high chair with your family whenever you can–not in front of the television or on the run. Be sure to do up the baby chair safety straps.

- Introduce solids at 6 month starting with a small amount of food once a day. Until then, breast milk or formula is all your baby needs. Waiting for solids until 6 months has been shown to reduce the risk of your baby getting allergies and, if you are breastfeeding, it will also increase your baby's immunity for the rest of the first year.

- Feed your baby in a high chair or let your baby sit in your lap – not in front of the television or while moving about. Be sure to do up the baby chair safety straps

- Check out the latest guidance on introducing solids from your health visitor, Ministry or World Health Organization web sites.

- Begin once a day feeding at a time where your baby is comfortable and not too hungry

- Do not worry if your baby does not seem interested in eating off the spoon. Let him smell and taste and touch the food, and eat with his fingers.

- Let your baby have his own spoon and model feeding yourself with a spoon.

- If your baby leans back or turns his head away from food he has probably had enough or is bored with the food game.

- Remember, babies first need to learn how to chew and swallow and your baby's nutrition is still mostly from milk. This will gradually change by 1 year, when your baby will now be getting most of their nutrition from solid foods. You can think of the offering of first solid foods as play time and practice for learning how to eat. By 7-9 months babies manage to eat very well and you will be offering 3 meals a day.

- Start with food that is finger-shaped so your baby can hold it and always try to stay with your child, when s/he eats, so you can take action if necessary.

Nurturing feeding
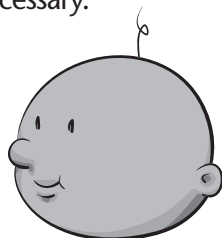
POINTS TO REMEMBER

Baby-led Introduction of Solid Foods (9-12 months)

- Continue to offer a variety of flavors and textures in food choices.

- Let your baby choose what foods he wants to try to eat. Allow for choice.

- Be prepared for messes by putting a plastic sheet or clean cloth under his high chair and dress him a short sleeve shirt. Remember food tastes, smells, and texture is all part of the learning process.

- Offer chunky, stick-shaped pieces of healthy food (vegetables, fruits, chicken) that your baby can hold on to. Soft, somewhat firm, lightly cooked vegetables are great for baby munching and tasting. Toast is easier to eat than soft bread and bread sticks are great for dipping.

- Stay with your baby whenever he is eating. Preferably, have your family meal at the same time to promote modeling eating behaviors.

- Most of all be baby-directed with feeding and let your child be in control of his own eating. Make this a time for fun, good exploration, and discovery. This will prevent many future problems over food.

Note: there is no need to puree or mash the food, even for spoon feeding. Continue to offer a variety of flavors and textures. Self-feeding allows babies to explore, taste, texture, and smell and encourages hand-eye coordination.
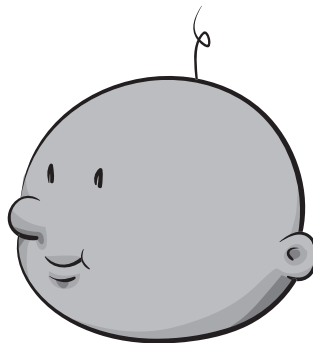
POINTS TO REMEMBER
Paced Bottle Feeding

- Feed by following your baby's lead and invite your baby to use the bottle rather than forcing nipple/teat into baby's mouth

- Make sure the teat/nipple hole isn't too small or too big. A small hole will frustrate the baby and make her swallow air. A large hole will result in the baby gulping milk too quickly

- The teat/nipple does not need to be full of milk or the flow will be too quick; instead, hold bottle at a lower angle, so the baby can control the amount s/he takes in

- Allow your baby to control the milk intake and have natural pauses during the feeding so there is no pressure to finish the bottle and opportunities for burping

- Don't worry if your baby doesn't burp every time you pat her, she probably doesn't need to

- Stay calm and minimize distractions during feeding

- Minimize the number of people feeding the baby to provide predictability to the routine and secure bonding

- Keep your baby calm and up right for 20 minutes after she feeds and avoid too much activity
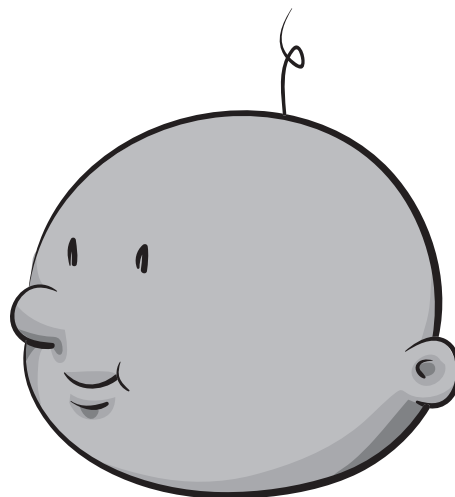
The Incredible Years® Baby and Toddler Parent Programmes: Promoting attachment and infants' brain development

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The Incredible Years® (IY) parent series provides an interlocking, comprehensive and developmentally based set of programmes for parents of children from birth to 12 years of age. The newest addition to this evidence based programme series is the IY Babies programme (for 0-1 year) and the IY Toddler programme (for 1-3 years). These programmes aim to promote a positive attachment between parents and their babies and toddlers so children feel loved, safe and secure. Parents learn optimal ways to enhance their babies' emotional, social and language development; how to help their toddlers handle separations and emotional regulation issues by using predictable routines, clear limit setting, distractions and redirections and how to coach toddlers' school readiness skills. The parent group format fosters peer support networks and shared learning. Trained group facilitators use video clips of real life situational vignettes of multi-ethnic families to support the training and stimulate parenting group discussions, problem solving and practice exercises.
Keywords: infant, attachment, parent programme, brain development

The evidence for investing in early intervention is overwhelming. There is a wealth of research evidence showing that environmental influences from birth to three years of age impact significantly on a child's academic, language, social and emotional development. Poor early life experiences can permanently impair the healthy growth of very young children's brains; while positive experiences can have the opposite effect, promoting healthy brain development. The central tenet of early intervention is that by preventing problems arising in the first place and identifying and remedying problems as early as possible, families can be supported to help their children develop to their full potential. A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at age 26 years (Allen, 2011a).

Alongside the scientific case to be made for early intervention and the significant potential to improve outcomes for children, economists and politicians are increasingly recognising the financial case for early intervention too. Allen (2011b) argues that early intervention has the potential to reap massive savings in public expenditure by preventing the necessary expensive provision that is required when families experience difficulties later on in life. The cost of not intervening has also been demonstrated, with one study demonstrating the cumulative costs to public services of conduct disorder to age 28 as much higher than providing services to someone without those difficulties (Scott, 2001).

BRAIN DEVELOPMENT

Babies are born with trillions of nerve cells but if the cells fail to make connections with each other they die and are never replaced. In order to establish these connections, babies need repeated, good quality and sensitive responses from caregivers. It is these interactions, when repeated many times, that form the brain connections required for optimal brain function. The first three years of life are therefore a critical period of growth and provide a window of opportunity for optimal intervention. By age three, a toddler's brain is 90% of its size as an adult, highlighting the rapid development which occurs during the first three years of life.

> The first three years of life provide a window of opportunity for optimal intervention.

Furthermore, if a baby is exposed to high levels of stress or anxiety, this can lead to an over developed stress response and higher levels of cortisol, which are toxic to brain development. The longer term implications of this include problems such as poor impulse control, difficulties learning, extremes of emotion, poor understanding of social cues, lack of emotional literacy and eventual school drop out

and delinquency (Webster-Stratton & Taylor, 2001).

ATTACHMENT

There is longstanding evidence that a baby's social and emotional development is affected by the quality of their attachment to their parents (Belsky & De Haan, 2011). Attachment is not just an interaction between individuals but a bond that exists between them. Early experiences are therefore key to the development of attachment and form a crucial foundation for all future relationships.

Evidence repeatedly demonstrates that infants under three years of age who do not form strong bonds with their mother or father are more likely to suffer from aggression, defiance and hyperactivity when they are older. Insecure attachment is associated with poorer language development and higher rates of misbehaviour in school. The effect also continues throughout the lifespan, with insecure children more likely to leave school without further education, training or employment. Furthermore, there is evidence that the quality of parent care and attachment in the first year of life is a strong predictor of school success, with one study finding a 77% accuracy rate in whether children graduated from high school (Moullin et al., 2014).

The significance of this early period is also dramatically highlighted by the fact that babies are disproportionately vulnerable to abuse and neglect, with babies in England being seven times more likely to be killed than older children (Leadsom et al.,2013). In the UK, around 26% of babies are estimated to be living within complex family situations, which can heighten the risks for the infant's wellbeing, including parental mental health problems and substance misuse. The case for intervening early is very strong, with good evidence to support interventions which target infants and promote attachment by helping parents to be responsive and sensitive. It is often assumed that parents automatically know how to do this, but this is simply not the case. The actions of holding a baby lovingly, responding to their needs appropriately, and talking to babies which are key to the development of attachment, often need to be learned, especially for parents who have not experienced this in their own childhood. The NICE (National Institute for Health and Care Excellence) Guidance for England and Wales on 'Social and Emotional Wellbeing: Early Years' (2012) highlights the need for services to identify early those under five year olds most at risk of developing problems later in life, and to provide evidence based interventions to promote parental sensitivity and positive parenting skills.

Babies are disproportionately vulnerable to abuse and neglect.

PARENT TRAINING: INCREDIBLE YEARS® PARENT PROGRAMMES

Behaviour problems in young children are very common and there is strong evidence that parent training programmes are effective in managing these difficulties for children between the ages of two to twelve years. One of the most effective of these interventions is the Incredible Years® parent series (Kazdin, 2010), with multiple, independent, randomised controlled trials across diverse populations demonstrating its effectiveness in the treatment and prevention of conduct disorder and attention deficit hyperactivity disorder (Brestan & Eyberg, 1998; Mentinga et al., 2013); Trillingsgaard et al., 2014). Over three decades of research have shown positive outcomes for families who participate in the IY toddler, preschool or school age programmes, including improvements in children's social and emotional competences, school readiness skills and reductions in their aggressive behaviour and internalising problems. These changes have been brought about by improvements in parental stress and depression, as well as by improvements in parenting interactions with their children (Beauchaine et al., 2005). Long term follow-up research has demonstrated that IY parent programmes have prevented and treated conduct disorders, promoted sustained positive parent relationships with children and positive academic outcomes (Webster-Stratton et al., 2011; Scott et al., 2014) . There is also evidence that styles of parenting taught in the Incredible Years® Basic Parent Programme impact on parental responsiveness, a key component of the measurement of attachment (O'Connor et al., 2013).

IY parent programmes promote sustained positive parent relationships with children.

INCREDIBLE YEARS® BABY AND TODDLER PROGRAMMES

A more recent addition to the series of these evidence based programmes is the IY Baby and Toddler programmes (Webster-Stratton, 2008) which have been translated into Danish and Spanish. In line with the other programmes, the emphasis is on strengthening parent-child interactions, attachment and children's safety, reducing harsh discipline and fostering parents' ability to promote children's social, emotional and language development. In both programmes, trained facilitators use video vignettes to structure the content and trigger group activities related to parents' goals and build parent support networks. Both programmes have comprehensive group facilitator manuals with suggested facilitator questions for group discussions, session protocols, handouts for home activities and summaries of key points. For the IY Baby Programme it is

recommended that the parents be provided with Incredible Babies: A Guide and Journal for Your Baby's First Year and for the Toddler Programme, with Incredible Toddlers: A Guide and Journal of Your Toddler's Discoveries. Additionally for both the baby and toddler programmes, there are home coaching manuals with protocols that help clinicians know how to deliver the programme at home with families. While the group model is highly recommended because of the value of group support for parents, the home-based version can be used for parents who miss group sessions, or, are unable to attend groups, or need coaching in addition to the group training. For child-welfare families, it is recommended to add several home coaching sessions to the group model.

Parents start the 2-hour weekly IY Baby Programme when their babies are 6 weeks to 2 months old. Ideally parents are recruited during their prenatal visits so they can begin as soon as possible. They bring their babies to the group sessions for 10-12 weeks or more for child welfare referred families. With the babies present, they are able to engage in baby practice time allowing group facilitators to support and encourage their responses and learning. Parents learn how to help their babies feel loved and secure, how to provide a safe environment and how to encourage their babies' physical and language development. The parent group format normalises their experiences, fosters peer support networks and promotes shared learning.

The sessions cover the following topics:
• Getting to know your baby (0-3 months)
• Babies as intelligent learners (3-6 months)
• Providing physical, tactile and visual stimulation
• Parents learning to read babies' minds
• Gaining support
• Babies emerging sense of self (6-12 months)

There are currently research trials of the IY Baby Programme taking place in Norway, Denmark and Ireland. A small pilot study recently conducted in Wales has shown positive feedback from families and would suggest potential as a cost effective intervention (Jones et al., 2012).

The IY Toddler Programme is designed for parents of children aged one to three years. Parents do not bring their toddlers to this 12 week, 2-hour weekly programme but day-care is provided for their children. In this programme, parents learn how to help their toddler feel loved and secure and how to ensure safety at a time when toddlers are driven to explore and resistant to limits set. They learn how to use child-directed play, and social and emotional coaching to encourage their toddler's language development and beginning self-regulation and friendship skills. They also learn how to establish clear and predictable routines, handle separations and reunions, and use positive discipline to manage misbehaviour.

The curriculum covers the following topics:
• Child directed play to enhance relationships
• Promoting toddler language and child directed coaching
• Social and emotion coaching
• Praise and encouragement
• Spontaneous incentives for toddlers
• Handling separations and reunions
• Positive discipline – effective limit setting
• Positive discipline – handling misbehaviour

There currently exist several randomised control group trials evaluating the IY Toddler Programme. The first study (Gross et al, 2003) was conducted with parents and teachers of 2-3 year olds in day care centres serving low-income, ethnically diverse families. Results showed parents who participated in the programme to have higher self-efficacy, and use less coercive discipline and more positive parenting, while their children showed reductions in behaviour problems. Most effects were maintained 1-year later. The most recent study tested the efficacy of the programme in eleven diverse, primary care rural and urban paediatric practices. Parents in this study were selected based on their toddlers being at high risk or showing clinical levels of behaviour problems. They were randomly assigned to the parent programme or a waiting-list control condition. Results showed reductions in negative parenting and child misbehaviours that were sustained at 1-year follow up (Perrin et al, 2014).

IMPLEMENTATION FIDELITY
There has been a huge shift in recent years for public services to commission and deliver evidence based interventions that have demonstrable outcomes for families. However, all too often these outcomes are not replicated once delivered within services and programmes are abandoned as 'not working' for that population. There are many factors which can affect outcomes but one extremely common problem is that of intervention programme fidelity. This means delivering the intervention exactly as in the original research, with all of the content and group process components that make it effective. For example, video modelling, role play practices, group discussion, a collaborative approach and session protocol adherence including number of vignettes shown: all of these are core clinical delivery components along with the minimum recommended number of sessions and are vital to ensure positive outcomes for families.

One factor affecting outcomes is programme fidelity.

To ensure the IY programmes are implemented with high fidelity, there are proven accreditation and supervision processes in place to ensure

group facilitators are delivering the intervention to the same standards as conducted in the original research, ensuring the same outcomes are obtained in practice. Research has shown that when IY group facilitators are trained by accredited trainers and mentors and provided with on going coaching and support as they start up new programmes, the quality of their programme delivery is much higher and their participant drop-out is lower (Webster-Stratton et al., 2014).
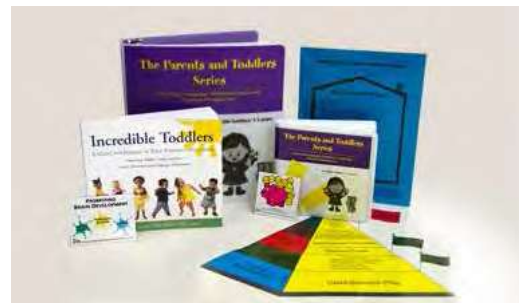
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CHILDREN'S AND PARENTS' SERVICE
Manchester, UK

Manchester has a population of approximately half a million people and has the highest ranking for child poverty in the UK. The Children And Parents' (CAPS) Service is a city-wide, multi-agency early intervention service in Manchester, providing evidence based interventions to pre-school children and their families. The service is jointly funded by health and local government, is led by the Child and Adolescent Mental Health Service (CAMHS) and employs clinical psychologists and family support workers. CAPS has been established for over 15 years and has an excellent track record of delivering the Incredible Years parent programmes in community settings across the city to diverse and multi-cultural populations, demonstrating effective parent and child outcomes using standardised, valid and reliable measures.

Manchester has recently implemented a new Early Years pathway with a recommended blueprint for all 0-5 year olds to give them the best start in life. The model provides eight points for assessment throughout the pre-schooler's life with assessment tools and care pathways to ensure families get the right intervention at the right time and at the earliest appropriate point for intervention. Baby and Toddler Incredible Years parent programmes are evidence based interventions commissioned as part of the model and CAPS has been successful in establishing them in Manchester.

Working with a diverse, and in many cases, hard to reach populations, CAPS has established a number of key principles to ensure successful recruitment and retention of parents throughout delivery of the Incredible Years parent courses. Many parents of babies and toddlers can be chaotic, feel depressed and overwhelmed or not want to receive help for fear of negative appraisal. The following factors are seen as crucial in the engagement of parents to Incredible Years Baby and Toddler parent courses:

STAFF
• Highly trained and skilled, collaborative group leaders (all are accredited Incredible Years group leaders and receive weekly clinical psychology supervision)
• Specific requirement to attend accredited Incredible Years video supervision
• Job descriptions re-written to include requirement to collect standardised measures in relation to IY programmes
• Regular audit cycle to maintain and improve standards

REACHING OUT
• Close working with midwives and health visitors
• Assertive outreach approach to engage families, including home visits
• Provision at Incredible Years sessions of high quality crèche and translators when needed

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