THE INCREDIBLE YEARS®
Parents, Teachers and Children Series

Small Group Dinosaur Child Treatment Program
Workshop Manual

3-day group leader workshop
(for group leaders of children ages 4-8 years old)

Carolyn Webster-Stratton, Ph.D.

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You can also find us on YouTube for videos about programs, parent/teacher testimonials, and more!

Our website is full of information! You can find resources, program information, pricing, research articles and more.

Finally, check out our blog for information, tips and news for parents, teachers, and group leaders!

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The Incredible Years®
Child Group Leader Training

Day 1

Morning

Overview of the Incredible Years Dina Dinosaur child program
    Preview DVD
    Research findings
Content: Making new friends and learning school rules (Apatosaurus Unit)

Afternoon

Content: Dina Dinosaur teachers how to do your best in school (Iguanodon Unit)
Methods: Use of vignettes, activities, puppets, role playing & practice Coordination with parent and/or teacher program

Day 2

Morning

Academic, Persistence, Social & Emotional Coaching
Content: Detecting and Understanding Feelings (Triceratops Unit)

Afternoon

Methods: Ignoring, coaching, praise, incentives, small group practice

Day 3

Morning

Content: Problem Solving and Anger Management (Stegosaurus and T-Rex Unit)
Methods: Time Out, behavior plans, home activities, parent & teacher involvement

Afternoon

Content: How to be Friendly (Allosaurus & Brachiosaurus Units)
Ending Dinosaur School
Certification of group leaders
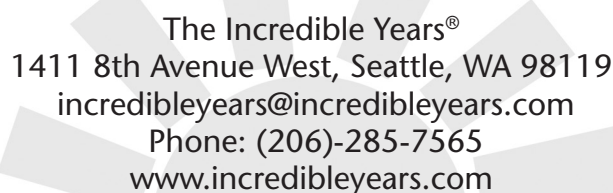Steps to implementation of new program

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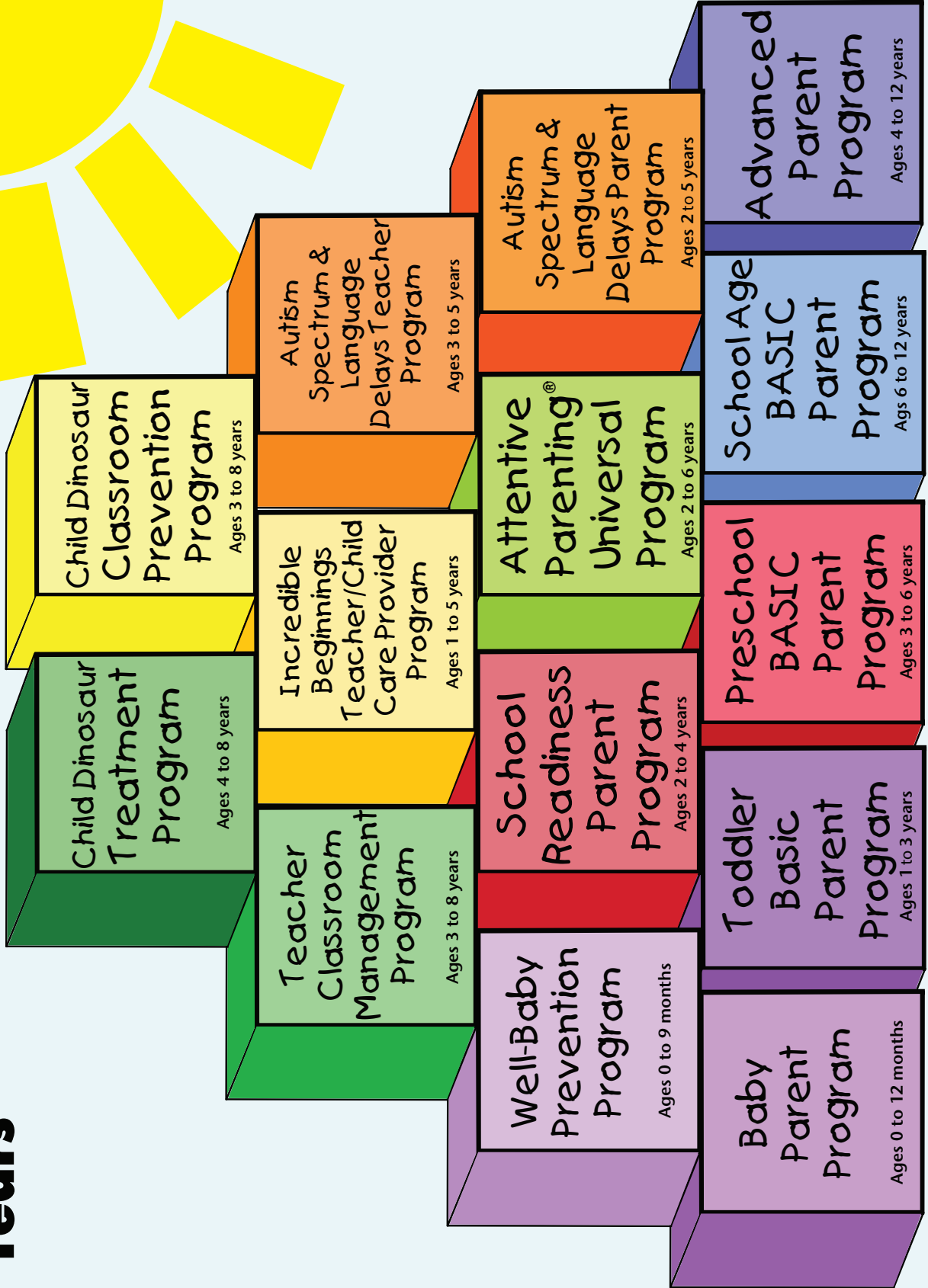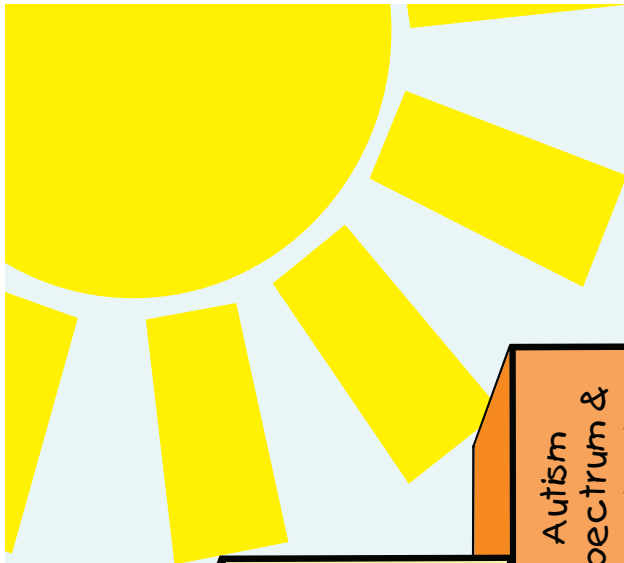
Because our materials are sold in such a way that some items may be photocopied and others may not, please review the following information to ensure proper use of materials. Please contact The Incredible Years® office with your questions - we are here to help!

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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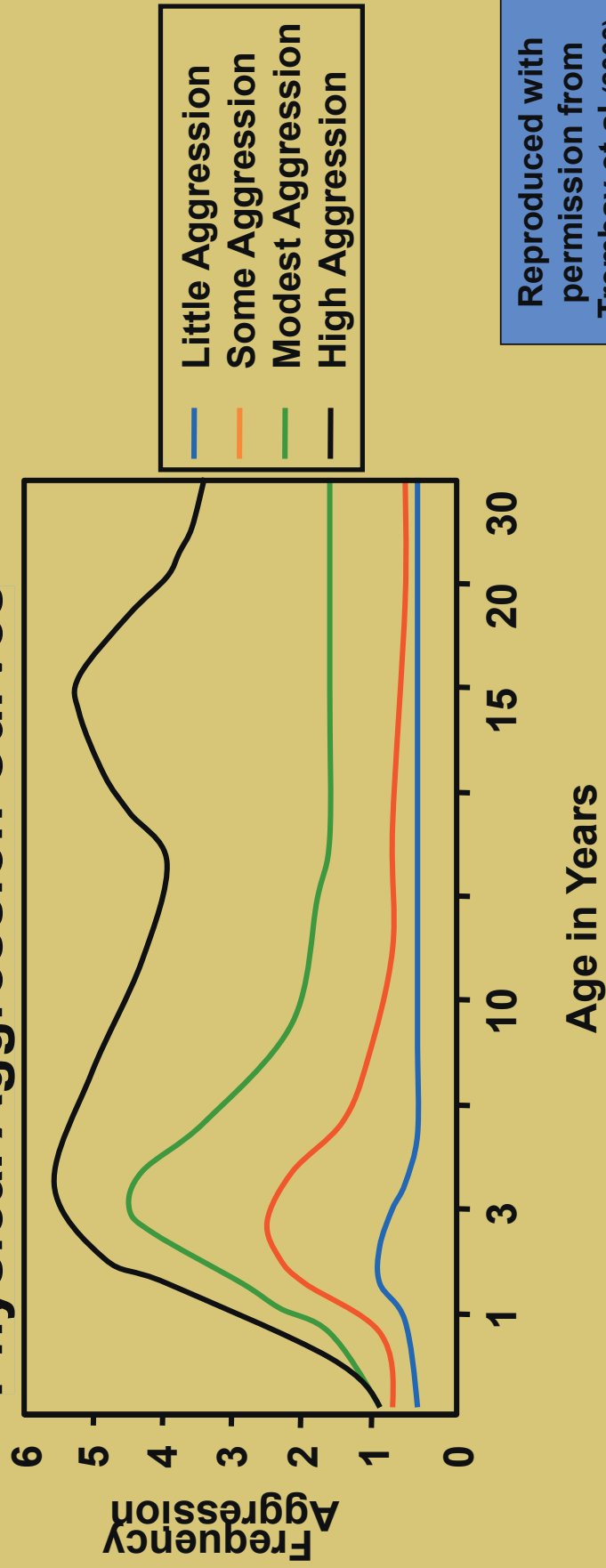
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Child Dinosaur Classroom Prevention Program
Ages 3 to 8 years

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

Child Dinosaur Treatment Program
Ages 4 to 8 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

Teacher Classroom Management Program
Ages 3 to 8 years

School Readiness Parent Program
Ages 2 to 4 years

Preschool BASIC Parent Program
Ages 3 to 6 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

Trajectories of Physical Aggression

Physical Aggression Curves

Little Aggression
Some Aggression
Modest Aggression
High Aggression

Frequency Aggression

Age in Years

Getting Started with Learning the Incredible Years® Child Dinosaur School Programs

(small group treatment and classroom prevention versions)

After you have completed your Agency Readiness Questionnaire, determined that you are ready to adopt the Incredible Years Programs, and secured your funding, you can get started learning the programs. The following checklist will help group leaders/therapists know what to do to set up a self-study training regime for learning the program, either before accessing training or as a guide following training before you begin groups.

Step # 1: Schedule Training Workshops	Contact Incredible Years (IY) to plan your training needs. On-site workshops need to be planned 6-9 months in advance. Workshops in Seattle are of-fered 1 to 3 times per year, depending on demand. IY staff will help answer questions and tailor the type of training according to your needs and the program you have cho-sen to implement.
Step # 2: Obtain IY Materials and Start Self-directed Peer Group Study	As soon as you have the materials you can set up your self-study program. You do not need to wait for a workshop to get started learning these programs. In fact, if you have prepared ahead of time and are familiar with the materials you will get more out of the training workshop.

On-going Self-Study Peer Group Study involves the following:

____ Set up weekly self-study meetings with co-leader and other staff who will be involved in delivering the IY child program.

____ Review the leader manual introductory materials.
For Classroom Dinosaur Leaders/Teachers – Overview Manual (Book 1 of the 5 Books).
For Small Group Dinosaur Therapists -the Introductory sections of the Leader's Manual.

____   Read overview chapters
Classroom Dinosaur Leaders/Teachers- Chapter on web site:
www.incredibleyears.com
Webster-Stratton, C., & Reid, M. J. (2004). Strengthening social and emotional
competence in young children—The foundation for early school readiness and
success: Incredible Years Classroom Social Skills and
Problem-Solving Curriculum. Journal of Infants and Young Children, 17(2).

Small Group Dinosaur Therapists- Chapter on web site:
www.incredibleyears.com
Webster-Stratton, C., & Reid, M. J. (2003). Treating conduct problems and
strengthening social emotional competence in young children (ages 4-8 years): The
Dina Dinosaur treatment program. Journal of Emotional and Behavioral Disorders,
11(3), 130-143.

____   View sample DVDs of actual child group sessions in your self-study meeting. This
will give you an idea of how the group operates, the leader's role and how the
vignettes or DVDs are used to stimulate discussion.

For Classroom Dinosaur Group Leaders: View One Sample DVD of Classroom Lesson
If you are a preschool teacher view How to Implement Dina in Preschool (purple
label) DVD #1 or, for teachers of early school age children view How to Implement
Dina in Primary grades (orange label) DVD number one, part two.

For Small Group Dinosaur Group Leaders: View Session One DVD of Opening
Session.
**Note: Only view one of these DVDs at this point. These DVDs are purchased
separately from the curriculum and can be ordered through The Incredible Years.**

____   Start by following the manual of the first session/lesson (Unit 1) and reviewing
DVDs. If you are doing this in a group, take turns practicing leading the group
(others pretend to be children), showing the vignettes and asking questions. Practice
using the puppets to become comfortable with using them.

____   At each meeting select the next program section to study.
Choosing a different person to be prepared to lead and present specified vignettes
each week can be helpful.

____   To prepare for each meeting, read the accompanying chapter in the book *Incredible
Teachers: Nurturing Children's Social, Emotional and Academic Competence.*
Eg., before reviewing Feelings Unit, read chapter 11 on *Helping Students Learn to
Handle their Emotions* in the book, or read chapter 12, *Teaching Students to
Problem Solve,* before the problem solving unit.

____ At your self-study meetings practice being leader with others taking the role of children to try out vignettes, questions and role plays. This will give you experience and more comfort with the materials.

Please note that steps 3 and 4 should be done simultaneously.

Step # 3: Start a Pilot Group

____ Begin a pilot child small group, or begin lessons in a classroom.
____ Continue to meet in your peer review group to consult with each other about progress and to get feedback on your lessons/sessions.
____ Video your group session for self-study. Use the *Collaborative Group Process Checklist* to reflect when you view your video.

Step # 4: View Sample Lessons/Session DVDs

____ After you have done some of your own sessions/lessons, viewing the DVDs of the sample lessons/sessions will be helpful in giving you new ideas about strategies to engage children, manage off-task behavior, or respond to behavior problems.
____ Show your own session DVDs to your peers for review.

Step #5: Attend Training

At some point during these steps you will attend your training. This may be delivered at your site or in Seattle. The more you understand the program ahead of training the more you will get out of it.

Step #6: Obtain Consultation and Supervision

Once you have started doing groups and have done some self-evaluations of your group DVDs or video footage using the *Collaborative Group Process Checklist,* you may request consultation from an IY mentor or trainer on one of your DVDs of your group.

Consultation Workshops given by authorized IY trainers or mentors may be requested by your agency or may be obtained in Seattle.

Step #7: Become Certified/Accredited. See certification information on web site.

PLEASE NOTE: We highly recommend that you have reviewed the Incredible Years Teacher Classroom Management Training Series prior to doing the Dinosaur Program and read the book, *Incredible Teachers: Nurturing Children's Social, Emotional and Academic Competence.*

Materials Needed:

For Preschool Teachers:
- Preschool Curriculum including 5 teacher manuals, children's books, DVDs (3) and materials for delivering Level 1 (ages 3-4) and Level 2 (ages 5-6) Lessons*
- Set of How to Implement Dina & Sample Preschool Lesson DVDs (purple labels)**
    - Strategies to Promote Problem-Solving and Anger Management,
    - Part one: Presenting and Practicing
    - Strategies to Promote Problem-Solving and Anger Management,
    - Part two: Promoting
    - Strategies to Promote Social Skills: "A typical day"
    - Sample Year One Lessons: Problem Solving and Anger Management
- Emotional Regulation DVD**

For Primary Grade Teachers:
- Primary Grade Curriculum including 5 teacher manuals, children's books, DVDs (3) and materials for Level 2 (ages 5−6) and Level 3 (ages 7-8) Lessons*
- Set of How to Implement Dina curriculum in Primary grades & Sample Classroom Lesson DVDs (orange labels)**
    - How to Implement Dina Classroom Curriculum in Primary Grades:
    - Part one: Understanding and Detecting Feelings &
    - Part two: Dina Dinosaur Teaches how to do your Best in School
    - Part three: Detective Wally Teaches Problem Solving Steps
    - Part four: Tiny Turtle Teaches Anger Management
    - Part five: Molly Manners Teaches how to be Friendly

    - Sample Lesson Plan DVDs for Primary Grades:
    - Sample Year one lessons: Problem Solving and Anger Management
    - Sample Year two lessons: Problem Solving Part one
    - Sample Year two lessons: Problem Solving Part two
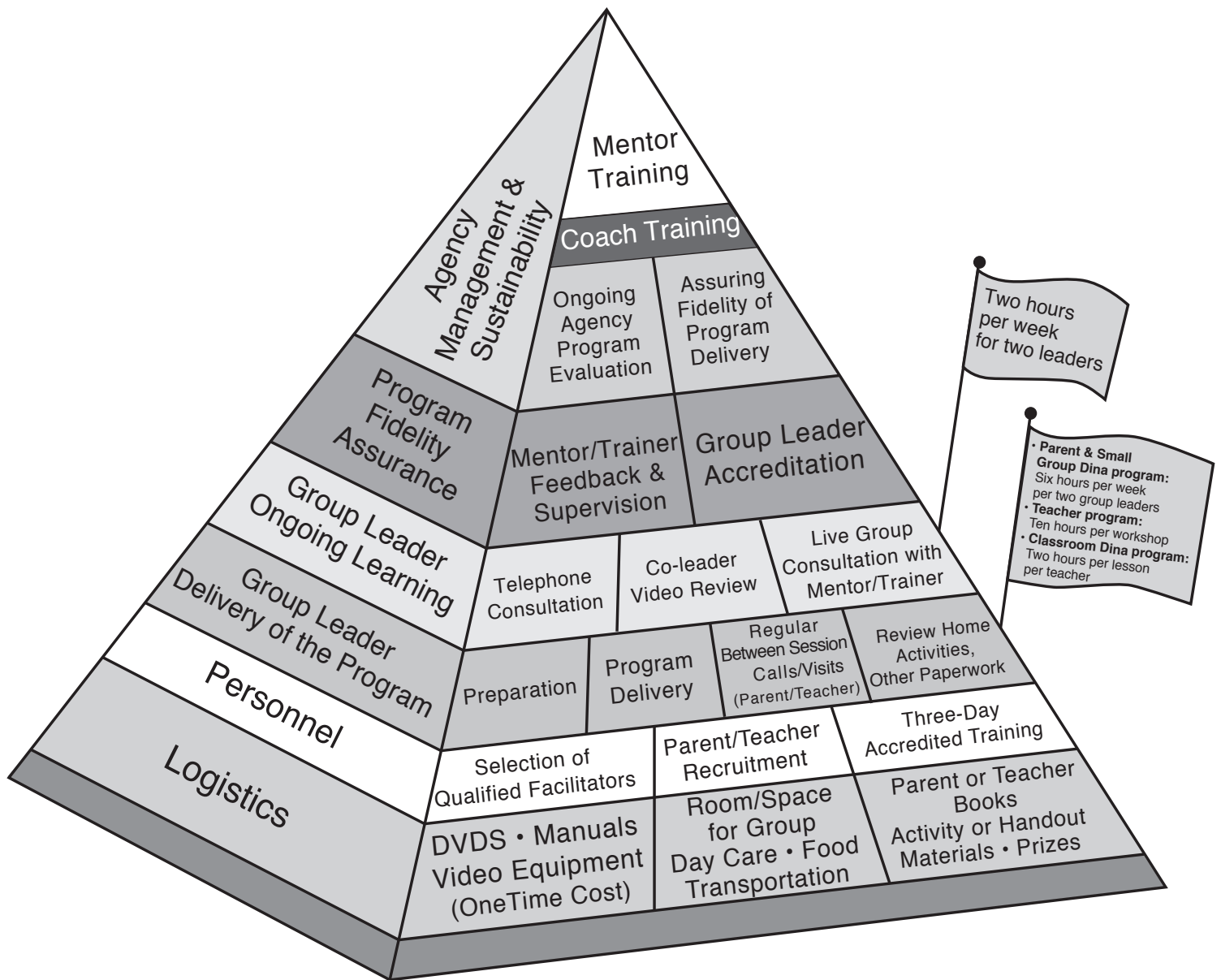   - Sample Year two lessons: Friendship

For Therapists:
- Therapists' Manual, books, DVDs (3) and materials for doing small group treatment program*
- Set of Sample Sessions of Small Group Therapy (7 DVDs)**

*Includes basic set of materials to deliver the programs. Puppets are sold separately, and supplemental materials are available to enhance implementation. It is vital that you have puppets that represent children, to model positive behaviors for the children.

** These "how to" videos show therapists and teachers actually delivering the programs in classrooms or small treatment groups. They are very helpful for self-study and learning to implement the programs.
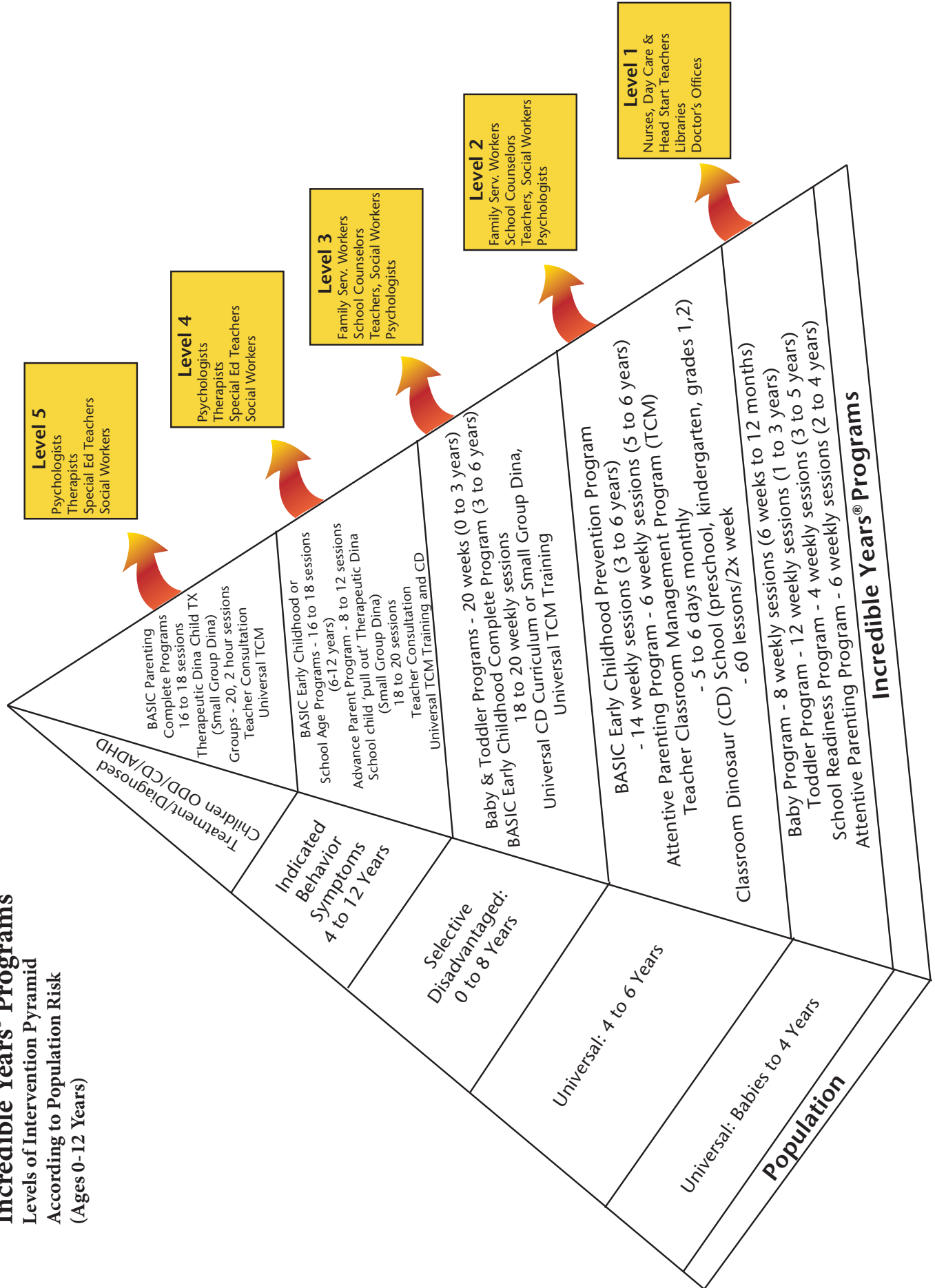
More information on www.incredibleyears.com

Pyramid tiers (top to bottom):

- Mentor Training
- Coach Training
- Agency Management & Sustainability
- Program Fidelity Assurance
- Group Leader Ongoing Learning
- Group Leader Delivery of the Program
- Personnel
- Logistics

Pyramid cell contents:

- Ongoing Agency Program Evaluation
- Assuring Fidelity of Program Delivery
- Mentor/Trainer Feedback & Supervision
- Group Leader Accreditation
- Telephone Consultation
- Co-leader Video Review
- Live Group Consultation with Mentor/Trainer
- Preparation
- Program Delivery
- Regular Between Session Calls/Visits (Parent/Teacher)
- Review Home Activities, Other Paperwork
- Selection of Qualified Facilitators
- Parent/Teacher Recruitment
- Three-Day Accredited Training
- DVDS • Manuals Video Equipment (OneTime Cost)
- Room/Space for Group Day Care • Food Transportation
- Parent or Teacher Books Activity or Handout Materials • Prizes

Flag 1:
Two hours per week for two leaders

Flag 2:
- **Parent & Small Group Dina program:** Six hours per week per two group leaders
- **Teacher program:** Ten hours per workshop
- **Classroom Dina program:** Two hours per lesson per teacher

IY Implementation Pyramid:
Assuring Fidelity of Program Delivery

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Incredible Years® Programs
Levels of Intervention Pyramid
According to Population Risk
(Ages 0–12 Years)

Level 5
Psychologists
Therapists
Special Ed Teachers
Social Workers

Level 4
Psychologists
Therapists
Special Ed Teachers
Social Workers

Level 3
Family Serv. Workers
School Counselors
Teachers, Social Workers
Psychologists

Level 2
Family Serv. Workers
School Counselors
Teachers, Social Workers
Psychologists

Level 1
Nurses, Day Care &
Head Start Teachers
Libraries
Doctor's Offices

Treatment/Diagnosed
Children ODD/CD/ADHD

BASIC Parenting
Complete Programs
16 to 18 sessions
Therapeutic Dina Child TX
(Small Group Dina)
Groups - 20, 2 hour sessions
Teacher Consultation
Universal TCM

Indicated
Behavior
Symptoms
4 to 12 Years

BASIC Early Childhood or
School Age Programs - 16 to 18 sessions
(6-12 years)
Advance Parent Program - 8 to 12 sessions
School child 'pull out' Therapeutic Dina
(Small Group Dina)
18 to 20 sessions
Teacher Consultation
Universal TCM Training and CD

Selective
Disadvantaged:
0 to 8 Years

Baby & Toddler Programs - 20 weeks (0 to 3 years)
BASIC Early Childhood Complete Program (3 to 6 years)
18 to 20 weekly sessions
Universal CD Curriculum or Small Group Dina,
Universal TCM Training

Universal: 4 to 6 Years

BASIC Early Childhood Prevention Program
- 14 weekly sessions (3 to 6 years)
Attentive Parenting Program - 6 weekly sessions (5 to 6 years)
Teacher Classroom Management Program (TCM)
- 5 to 6 days monthly
Classroom Dinosaur (CD) School (preschool, kindergarten, grades 1,2)
- 60 lessons/2x week

Universal: Babies to 4 Years

Baby Program - 8 weekly sessions (6 weeks to 12 months)
Toddler Program - 12 weekly sessions (1 to 3 years)
School Readiness Program - 4 weekly sessions (3 to 5 years)
Attentive Parenting Program - 6 weekly sessions (2 to 4 years)

Incredible Years® Programs

Population

The Incredible Years® Parent, Teacher and Child Programs Fact Sheet

Developer: Carolyn Webster-Stratton, Ph.D.; Seattle, Washington
Implemented: Widely within Canada, Denmark, England, Finland, Ireland, Australia, New Zealand, Norway, Portugal, Russia, Wales, Scotland, Northern Ireland, Sweden, the Netherlands, and USA. Currently there are 8 accredited trainers, 63 mentors and 52 peer coaches providing training and support in 15 countries.

The Incredible Years (IY) Training Series is a set of three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 0 to 12 years old.

Young children with high rates of aggressive behavioral problems have been shown to be at great risk for developing substance abuse problems, becoming involved with deviant peer groups, dropping out of school, and engaging in delinquency and violence. Ultimately, the aim of the IY teacher, parent, and child training programs is to prevent and reduce the occurrence of aggressive and oppositional behavior, thus reducing the chance of developing later delinquent behaviors.

Target Population
Incredible Years Series has been tested in multiple randomized control studies with 2- to 12-year-old children diagnosed with conduct problems (i.e., having high rates of aggression, defiance, oppositional, and impulsive behaviors) and attention deficit disorder. It has also been evaluated as a prevention program with children 2 to 7 years old, who are at high risk because of family or demographic factors such as poverty, parental mental health problems, or poor parenting skills. The new baby program (6 weeks to 18 months) is currently undergoing evaluations.

The Incredible Years curricula may be implemented by schools, school districts, and related programs (including Head Start, day care, and kindergarten) as early prevention programs for teachers, parents and children. Additionally, the child and parent programs may be used in mental health centers as a treatment for families with children who are diagnosed with Oppositional Defiant Disorder/Conduct Disorder (ODD/CD) and Attention Deficit Hyperactivity Disorder or for high risk families.

Proven Results for Children Diagnosed with ODD/CD
Multiple (over 9) randomized control group studies with diagnosed children have been conducted by the investigator and by independent investigators which have indicated:

- At least 66% of children previously diagnosed with Oppositional Defiant Disorder/ Conduct Disorder (ODD/CD) whose parents received the parenting program were in the normal range at both the 1-year, 3-year and 10-year follow-up assessments.

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• The addition of the teacher and/or child training programs significantly enhanced the results for diagnosed children, resulting in significant improvements in peer interactions and behavior at school.

Proven Results for Selective and Indicated Prevention Programs
Multiple (over 4) randomized trials have been conducted with high risk populations including Head Start (preschool) and schools with a high percentage of children living in poverty. These programs have shown success with culturally diverse groups, including Hispanic/Latino, Asian American, African American and new migrant families from many different countires. The programs have also been evaluated by independent investigators in many countries including United Kingdom, Canada, Norway, Holland, Russia and Portugal.

• Parent programs have resulted in increased nurturing parenting, decreased harsh discipline, more parent/school involvement and decreased behavior problems.

• The Classroom social skills and problem solving curriculum resulted in increased children's school readiness (defined as social competence, emotional regulation and parent involvement), increased problem-solving and decreased conduct problems.

• The Teacher Classroom Management program resulted in increased proactive teaching strategies including positive discipline and more focus on students' social and emotional competence. In turn, children in classrooms where teacher received training were more cooperative, on task, and showed fewer behavior problems.

How It Works – Program Content
This series of programs addresses multiple risk factors across settings known to be related to the development of conduct disorders in children. In all three types of training programs, trained facilitators use video scenes to encourage group discussion, problem-solving, and sharing of ideas. The BASIC parent series has three versions: baby/toddler (1 month to 2 years), preschool (3-5 years) and school age (6-12 years). The BASIC is "core" and a necessary component of the prevention program delivery. The other parent training components and the teacher and child components are strongly recommended with particular high risk populations.

Incredible Years Training for Parents. The toddler and preschool BASIC series emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, social, emotional , academic and persistence skills coaching, effective praise and use of incentives, establishing predictable routines and rules and promoting responsibility, effective limit-setting, strategies to manage misbehavior and teaching children to problem solve. The ADVANCE parent series emphasizes parent interpersonal skills such as: effective communication skills, anger and depression management, problem-solving between adults, ways to give and get support, and family meetings. The School Age BASIC series emphasizes many of the same skills as for the younger version of BASIC programs but also focuses on teaching children (6-12 years) more complex

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problem-solving, the importance of taking responsibility, how to implement logical consequences for misbehavior and parenting approaches designed to promote children's academic skills such as: reading skills, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers. The Attentive Parenting series is a universal prevention program for parents with children (4-6 years) without significant developmental or behavior problems and the Autism Program is for parents of children with Autism Spectrum Disorder or language delays (ages 2-6 years).

Incredible Years Classroom Management Training (TCM) for Teachers. The TCM series emphasizes effective classroom management skills for children ages 4-8 years such as: the effective use of teacher coaching skills, attention, praise and encouragement, use of incentives for difficult behavior problems, proactive teaching strategies, how to manage inappropriate classroom behaviors with discipline hierarchies, the importance of building positive relationships with students and with parents, and how to teach empathy, social skills and problem-solving in the classroom. The Incredible Beginnings Program is for day care providers and preschool teachers of children ages 1-5 years and focuses on managing separation anxiety as well as promoting language development, social and emotional development and managing misbehavior.

Incredible Years Training for Children. The Dinosaur Curriculum emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem-solving, school rules and how to be successful at school. There are two versions of this curriculum, one is a "pull out" treatment program for small groups of children (4-6 per group) presenting with conduct problems. The other is a classroom-based preventive program designed to be delivered to all students two to three times a week. For this program there are lesson plans for three grade levels.

Implementation Essentials
To successfully implement Incredible Years, the organization or school must be committed to excellence, evident in good administrative support and provide support for facilitator certification by certified trainers, as well as ongoing technical support and consultant workshops.

Each of the programs consists of DVDs, comprehensive facilitator manuals, books, take-home assignments, and handouts. It is recommended that all group participants (parents, teachers, children) have their own individual books and that facilitators have their own manuals. DVD equipment is necessary.

Each group should have two group leaders. Group leaders complete a certification / accreditation process that involves attendance at a certified training workshop, peer review, videotape feedback, and consultation.

Training and Materials
Certified trainers are available to train therapists, counselors, teachers, and others to run

parent, teacher, and child groups. Training sessions can accommodate 25 people, and run 3 days for group leaders of the Parenting Program, 3 days for treatment and classroom version for leaders of the Dinosaur Child Program, and 3 days for the Teacher Classroom Management Program.

The ADVANCE, Baby and Autism Programs are an additional 2 days of training.

President and Program Developer
Carolyn Webster-Stratton, MSN, MPH, Ph.D.
Dr. Webster-Stratton, is a clinical psychologist, pediatric nurse practitioner and Professor Emeritus at the University of Washington She developed and produced The Incredible Years Series. Her mission is to develop cost-effective interventions for parents and teachers to prevent and treat conduct problems and promote social and emotional competence in young children that can be widely disseminated. Dr. Webster-Stratton's programs have been extensively researched over the past 30 years in a series of randomized studies funded by the National Institute for Nursing Research, Head Start Partnerships Grants, and various agencies of the U.S. Department of Health and Human Services, including the National Institute of Mental Health, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. Independent replications of the programs have been conducted in England, Wales, Norway and Holland.

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Recognition
Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Model Program—Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice – a "Blueprints" program

National Registry of Evidence-Based Programs and Practices (NREPP)
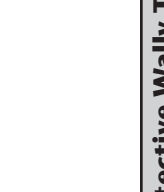
U.S. Leila Rowland National Mental Health Award

U.S. Department of Education What Works Clearinghouse (WWC)

Effective Social and Emotional Learning Programs Guide (CASEL)

Use Selectively
- Loss of Privileges
- Timeout
- Call Parent
- Work Chore

Consequences

Disruptive Behaviors

Reminder of Expected Behavior

Warning of Consequences

Non-Disruptive Behaviors

Non Verbal Cues

Positive Verbal Redirect

Distractions

Re-engagement Strategies

Responsibility
Predictability
Obedience

Clear Limits

Classroom Structures

Use Liberally

Use Liberally

Social Skills
Academic Skills
Motivation

Coaching

Praise

Encouragement

Incentives

Celebrations

Problem Solving
Cooperation
Self Esteem

Empathy

Attention and Involvement

Play

Problem Solving

Listening

Talking

Benefits for Child

Teacher Skills and Strategies
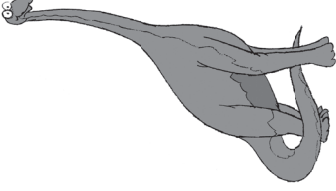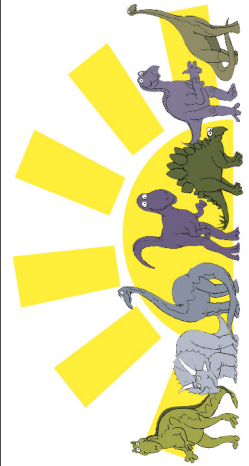
Teaching Pyramid®

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Table 1: Content and Objectives of the Incredible Years® Child Training Programs (aka Dina Dinosaur Social Emotional Skills and Problem-Solving Curriculum) for ages 4-8

Content	Objectives	Content	Objectives
Apatasaurus Unit: Making Friends and Learning School Rules		**Triceratops Unit: Understanding and Detecting Feelings**	
	• Understanding the importance of rules. • Participating in the process of rule making. • Understanding what will happen if rules are broken. • Learning how to earn rewards for good behaviors. • Learning to build friendships.	**Part 1:** Wally Teaches Clues to Detecting Feelings **Part 2:** Wally Teaches Clues to Understanding Feelings	• Learning words for different feelings. • Learning how to tell how someone is feeling from verbal and nonverbal expressions. • Increasing awareness of nonverbal facial communication used to portray feelings. • Learning different ways to relax. • Understanding why different feelings occur. • Understanding feelings from different perspectives. • Practicing talking about feelings.
Iguanadon Unit: Detective Wally Teaches Problem Solving Steps		**Stegosaurus Unit: Anger Management**	
Part 1: Listening, Waiting, Quiet Hands Up **Part 2:** Concentrating, Checking, and Cooperating	• Learning how to listen, wait, avoid interruptions, and put up a quiet hand to ask questions in class. • Learning how to handle other children who poke fun and interfere with the child's ability to work at school. • Learning how to stop, think, and check work first. • Learning the importance of cooperation with the teacher and other children. • Practicing concentrating and good classroom skills.	**Part 1:** Identifying Problems and Solutions **Part 2:** Finding More Solutions **Part 3:** Thinking of Consequences	• Learning how to identify a problem. • Thinking of solutions to hypothetical problems. • Learning verbal assertive skills. • Learning how to inhibit impulsive reactions. • Understanding what apology means. • Thinking of alternative solutions to problem situations such as being teased and hit. • Learning to understand that solutions have different consequences. • Learning how to critically evaluate solutions – one's own and others.

Table 1: Content and Objectives of the Incredible Years® Child Training Programs (aka Dina Dinosaur Social Emotional Skills and Problem-Solving Curriculum) for ages 4-8

Content	Objectives	Content	Objectives
Tyrannosaurus Rex Unit: Dina Dinosaur Teaches How to Do Your Best in School		**Allosaurus Unit: Molly Manners Teaches How to be Friendly**	
Part 4: Detective Wally Teaches How to Control Anger **Part 5:** Problem Solving Step 7 and Review	• Recognizing that anger can interfere with good problem solving. • Understanding Tiny Turtle's story about managing anger and getting help. • Understanding when apologies are helpful. • Recognizing anger in themselves and others. • Understanding anger is okay to feel "inside" but not to act out by hitting or hurting someone else. • Learning how to control anger reactions. • Understanding that things that happen to them are not necessarily hostile or deliberate attempts to hurt them. • Practicing alternative responses to being teased, bullied, or yelled at by an angry adult. • Learning skills to cope with another person's anger.	**Part 1:** Helping **Part 2:** Sharing **Part 3:** Teamwork and School **Part 4:** Teamwork at Home	• Learning what friendship means and how to be friendly. • Understanding ways to help others. • Learning the concept of sharing and the relationship between sharing and helping. • Learning what teamwork means. • Understanding the benefits of sharing, helping and teamwork. • Practicing friendship skills.
Brachiosaurus Unit: Molly Explains How to Talk With Friends			
	• Learning how to ask questions and tell something to a friend. • Learning how to listen carefully to what a friend is saying. • Understanding why it is important to speak up about something that is bothering you. • Understanding how and when to give an apology or compliment. • Learning how to enter into a group of children who are already playing. • Learning how to make a suggestion rather than give commands. • Practicing friendship skills.		

Puppet Practice in Small Groups

Introducing Puppet to Children
• Have each person practice with the puppets introducing him/herself to others in the group.
• Have puppet ask simple questions (e.g., what is your favorite color? How old are you? Do you have pet? What is your favorite dinosaur? What do you like to play with?).
• Respond with simple facts (e.g., my name is Wally. I am five years old and I love to play soccer).
• Take time to get used to the feel of the puppet and experiment with the puppet's voice and movements.

Try to See What Puppet is Feeling
• Take another turn with puppet and practice seeing if you can make the puppet express a variety of emotions.   For example, how could you make the puppet look sad, lonely, happy, excited, nervous, scared, and frustrated? Tips: try putting your hand in the puppet's hand-pocket to move his/her arm when you are talking. Also, remember if your own face is expressive, the puppet will seem even more expressive.

Responding to children who are afraid or aggressive with puppets
• Take another turn with the puppet and practice how to respond to a child who grabs the puppet, says something mean, or who is afraid of the puppet.

Tips for aggressive child: If a child is aggressive to the puppet, have the puppet first tell the child, "That hurts my feelings. I don't like it when you hit me (or tease me)." Try redirecting the child. "Could you shake my hand?" If the child continues to misbehave with the puppet, ignore and move on to the next child. Come later to the aggressive child and give another chance.

Tips for shy or fearful child: Label the child's feeling. For example, "it looks like you are feeling shy right now. I'll wave to you from here. I'd like to be your friend when you are ready!" Or, " you look scared. I am a friendly dinosaur but I will wave from here. Let me know when you want to say hi or touch my scales."

Small Group Practice—Rules Session
(Apatosaurus Unit)

• One person is group teacher/therapist and practices having Dina wake up and come out of her bag (kids call Dina and then sing to her, Dina wake up, Dina wake up ….).

• Have Dina greet the children. Assign one person to pretend to be a shy child, another to be a child who tries to poke Dina. Practice having Dina respond to these children.

• Dina asks the children to brainstorm the rules. Restate the rules positively: no hitting becomes keep hands to self, use gentle touch etc. Hold up cue card to demonstrate the rule and have children model that behavior that would exhibit the rule.

Tip for therapeutic groups: Do this practice with two group leaders and 2nd leader is process person who gives praise and chips to children who are listening, raising a quiet hand, thinking of rules, being gentle with Dina, waiting for a turn etc.

• Debrief and switch roles.

Small Group Practice — Concentration Session (Iguanodon Unit)
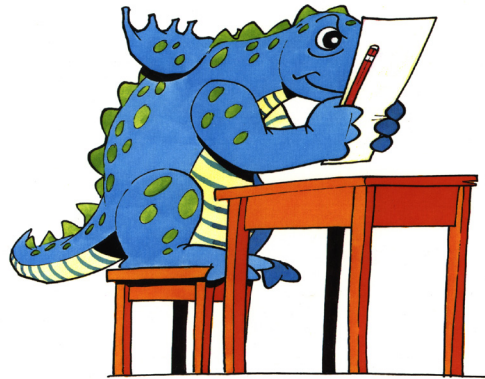
• One person is teacher/therapist using the puppet Wally and the rest of the group will be children (well behaved).

• The group leader explains what concentration means and Wally exclaims he can concentrate really well. Wally tries to do a math sheet connecting a number to the correct number of dots. He does it quickly and impulsively and makes a lot of mistakes. Then a child comes up and corrects his mistakes by modeling concentration. Review the "stop, look, think, check" steps on cue cards as children practice showing Wally how to concentrate.

Tip for therapeutic groups: Do this practice with two group leaders and 2nd leader is process person who gives praise and chips to children who are following directions, listening, ignoring, working hard etc.

• Process and switch roles.

Small Group Practice – Raggedy and Tense Wally Tin Man Session (Triceratops Unit)

Tense

• One person is teacher/therapist using the puppet Wally and the rest of the group will be children (well behaved). The teacher tells about Wally being on the playground where he was playing with some other children who got in to a fight over the ball. The teacher compliments Wally for not getting into a fight. She asks him how he stayed so calm when the other children were angry.

• Wally shares his secret to stay calm (relaxed) … "When I feel my body getting tense and my muscles tight, I take quiet deep breaths all the way down to my toes … and say, "I can calm down".

• Ask the children to practice with Wally. Then have them stand up and play the Raggedy Wally/Tin Man game. First pretend to be Raggedy Wally and have their bodies feel floppy and relaxed. Then practice what it feels like to be a Tense Tin Man. Try walking as a Tin Man with stiff legs. Switch back to Raggedy Wally by taking 3 deep breaths to calm down. The teacher checks to see if the children's arms and bodies are really raggedy and relaxed.

Tip for therapeutic groups: Do this practice with two group leaders and 2nd leader is process person who gives praise and chips to children who are following directions, listening, ignoring, working hard etc.

• Process and change roles and try again!

Small Group Practice – Feeling Wheel Activity (Triceratops Unit)

WALLY'S FEELING WHEEL

SHY

JEALOUS   NERVOUS

SCARY   TIRED

SURPRISED   MEAN

SCARED
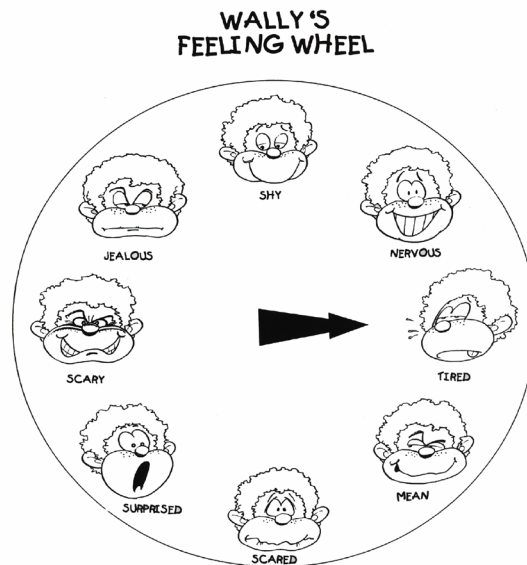
• One person is teacher/therapist and have the children take turns spinning the feeling wheel. As each child spins the wheel, help him/her practice different ways to review the feeling content. For example, ask the child tell a time she felt sad, show the face he would have if angry, think about a time she felt happy or loved, and show what an excited body would look like.

• Group leader praises children for waiting their turn, listening to their friends and saying friendly things to each other.

• Pick one child who is mildly off-task (wiggly, calling out for a turn, whining a bit). The teacher ignores this minor off-task behavior and uses proximal praise to reinforce the desired behavior. As soon as the off-task child is on-task again, the teacher praises him/her immediately and tries to involve him in the game.

• Process and switch roles.

Small Group Practice—Time Out Session
(Apatosaurus Unit)

Anger Thermometer
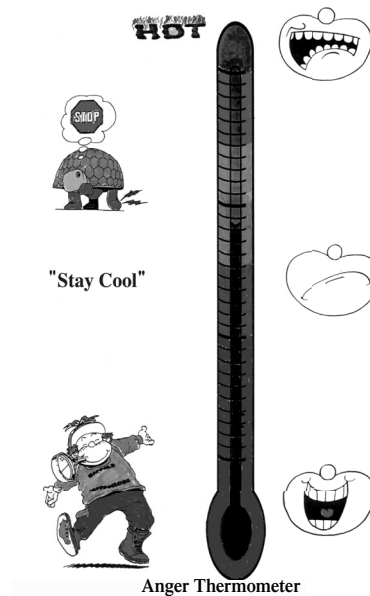
• One person is teacher/therapist without the puppet and the other person has Wally.

• Explain that if a child breaks the rule of "keeping hands to self" and hits or hurts another child s/he will go to Time Out to calm down. Then ask Wally if he will show the children how to go to Time Out so that they will know how to calm down in Time Out. Let the children and Wally know that this is just "pretend".

• Start the role-play by saying, "Wally you broke the rule and hit, you need to go to Time Out." Wally quietly goes to Time Out.

• While Wally is in Time Out he takes deep breaths and says to himself, "I can do it, I can calm down." Have the children listen to what he says and repeat the words themselves.

• Let the children know that when someone is in Time Out, their job is to give that child privacy to calm down. Tell them the word for this is to "ignore". This means they should look at the teacher, just like they are doing right now! Praise them for ignoring.

• Tell Wally he can come back from Time Out. When he returns, he looks sad. Have a child ask what is wrong. Wally says he feels ashamed because he got into trouble, and is worried the kids won't like him anymore. Wally asks the kids, "Are you still my friends even though I got into trouble?"

Have the children practice going to Time Out, just like Wally.

Small Group Practice — Anger Session
(Tyrannosaurus Rex Unit)
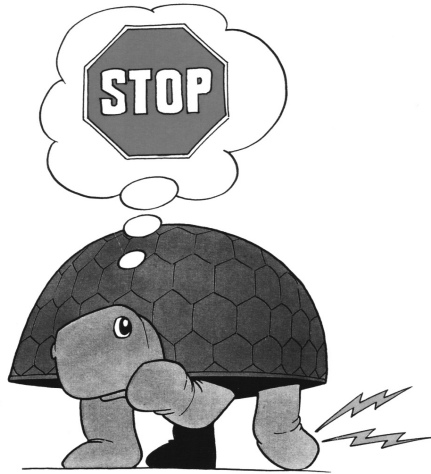
• One person is teacher/therapist with the turtle puppet and one person is 2nd therapist/teacher and children are well behaved.

• Tiny Turtle asks the children if they know his secrets. 2nd teacher asks him to share his secrets. He tells them the story of how he stays calm and the 2nd teacher shows the anger cue cards.

• Group leader may refer to the anger thermometer as well during this discussion.

• All the children practice taking deep breaths, saying, "I can do it, I can calm down" and going into their shells.

• Practice game with cue cards mixing them up and taking one away and getting the children to guess which one is missing.

• Explain small group activity.

Small Group Practice — Problem Solving Session (Stegosaurus Unit)

Pay Attention to Your Feelings
How do you feel when you have a problem?

• One person is teacher/therapist with Wally. Wally presents his problem to the children. He is very frustrated because he has tried to build a fort with two sticks and it kept falling down. The children are prompted to recognize and name his feelings.

• The group leader asks the children how they can help Wally to calm down and they practice deep breathing.

• As Wally feels better he asks the children to help him solve the problem of how to build his fort. The children come up with ideas, which are labeled as "solutions". For example, getting more sticks, taping them together, stapling, using string, or duct tape, getting a blanket etc. The group leader has some of these things and the children try out their solutions to see if they work.

• Group leader reviews the steps to problem solving with the first three problem solving cue cards.

• Group leader explains the small group activity (marshmallow forts).

Dinosaur Circle Time Songs (for opening, closing and breaks)

Everybody Sit Down
Everybody sit down, sit down, sit down.
Everybody sit down, on the floor.
Everybody sit down, sit down, sit down.
Everybody sit down, on the floor.
Not on the ceiling,
Not on the door.
Everybody sit down on the floor.
(sung to the tune of Mama's little baby loves shortening bread)

Shake Hands with a Friend
Shake Hand with f friend
And say hello,
Shake hands with a friend
And say hello,
Shake hands with a friend
And say hello,
It's dinosaur school today
You know.
(repeat with different words for hello such as 'bonjour')

Dina Wake Up
Dina wake up,
Dina wake up.
Dina wake up, wake up, wake up.
Dina wake up,
Dina wake up.
Dina wake up for us.

Dina Stomp "Cha, Cha, Cha" written by Kristen Peterson
Who's that stompin' around the bend?
Well it's Dina Dinosaur and she's bringing some friends
She's got a lot of lessons that are really cool
She's the principal of Dinosaur School

Ooh ah cha cha cha
Ooh ah cha cha cha
Ooh ah cha cha cha
Ooh ah cha cha cha

We're talking about feelings like happy and sad
And lots of things we can do when we're mad

Solving problems, making friends and more
With our fun new friends and Dina Dinosaur!

Ooh ah cha cha cha
Ooh ah cha cha cha
Ooh ah cha cha cha
Ooh ah cha cha cha

Wiggle Giggle Groove written by Kristen Peterson
Sometimes when I've been sitting
And my ears they have been listening
My body gets a sudden urge to move

So I slowly start to stand
And I stretch my legs and hands
Getting ready for the wiggle giggle groove

I wiggle really fast
I wiggle side to side
And then I try to wiggle really slow

I wiggle way up high
As I reach up for the sky
Then I slowly start to wiggle way down low

Now sometimes when I wiggle
I get the urge to giggle
And a little laugh comes bubbling from my lips

So I wiggle and I giggle
Up and down and all around
And I STOP and feeling better now I sit

I'm going to shake my sillies out
I'm gonna shake, shake, shake my sillies out.
Shake, shake, shake, my sillies out.
Shake, shake, shake, my sillies out.
Wiggle my waggles away.

I'm gonna jump, jump, jump my jiggles out….

I'm gonna stretch, stretch, stretch, my sleepies out….

Way Down In Dina's House written by Gail Joseph
Way down in Dina's house where she belongs.

When she's alone, she sings this song:
She says, ooh, ooh, aah, aah, aah,
She says, ooh, ooh, aah, aah, aah,
She says, ooh, ooh, aah, aah, aah.
And that's the song Dina sings when she's alone

Good-bye Dina
Good bye Dina,
Good bye Dina.
Good bye Dina,
We're glad you came to school.

Rules Apatosaurus Unit Songs

Ten Horses Galloped into Town
10 horses galloped into town.
Five were black and five were brown.
They galloped up.
They galloped down.
And then they galloped out of town.

Show Me Five Rap
Come on everybody get the beat
Clap your hands, stomp your feet
Here's a song about how it's cool
To "Show Me Five" in Dinosaur School!

Put your hands up in the air
Wave them here, wave them there.
The first rule of show me five
"Hands to my self" and that's no jive!

Now open wide those great big eyes
Look down low and look up high
Oh can you guess where those eyes should go?
"Eyes are on the teacher" yeah, you know.

Your feet can skip, jump or run
You dance and hop, have lots of fun
But when you are inside your school
"Walking feet" are the dinosaur rule!

There are many ways for us to us our voices
We can talk, sing and make funny noises
Put your thinking caps on because I bet you know

An "Inside voice" is the way to go!

(In a whisper)
Okay kids there's one last rule
It shows respect and it's pretty cool
The best way that you can hear
Is to "put on those listening ears"!

So now you know how to be cool
By learning Dina's basic rules
You've got the beat, you've got the jive
Now let's see if you can "Show me five"!

Feelings Triceratops Unit Songs

Rainbow of Feelings written by Kristen Peterson
I have a rainbow of feelings and they are all okay,
I can feel a lot of them on any given day.
Feelings come and feelings go, they're all inside of me
Everyone has feelings that's the way that it should be.

(Chorus)
I have a rainbow of feelings
A rainbow of feelings
I have a rainbow of feelings everyday.

I might feel happy it's my birthday
Then sad when it's done
Tired running in a race
Excited when I've won

I might feel frustrated
when I just can't get it right
Or lonely when I wake up
in the middle of the night
(chorus)

If You're Happy and You Know It
 If you're proud and you know it, say "I did it!
If you're angry and you know it, take a deep breath.
If you're frustrated and you know it, try again.
If you're lonely and you know it, find a friend.
If you're excited and you know it, say hooray!
If you're sad and you know it, think a happy thought.
Etc….

How Are You Feeling?
How are you feeling, how are you feeling,
Marsha and Sue, Marsha and Sue.
Show us how you're feeling, show us how you're feeling,
Today at school, today at school.
(Sung to Frere Jaques).

Problem Solving Stegosaurus Unit Songs

How Do You Know You Have a Problem? written by Kristen Peterson
How do you know you have a problem?
Pay close attention to how you feel.
If you're angry, frustrated or sad,
That could be a problem that is real

(Chorus)
Finding solutions to your problems
Finding solutions you and me
We'll feel better once we solve them
Finding solutions is the key.

Once you know you have a problem,
Then you can think of some ideas.
To help you with your situation
And change the bad way that you feel.

Talking:
Now if one solution doesn't work, don't worry.
Think of more solutions, try again.
You'll find one that leads to good feelings
You can do it, just keep trying, my friend.

Wally Had a Problem
Wally had a problem that he couldn't fix
So he looked inside the solution kit.
He picked a solution and he pulled it out,
And he looked at the picture to figure it out!

I Have a Problem: sung by Kristen Peterson and written by Lori Hoffman
I have a problem, a real big problem
I need my friends here to help me out
Turn on your lightbulbs
Think of solutions
That will help work my big problem out
(Tune – You are My Sunshine)

My Wally
My Wally's a Real Problem Solver
My Wally's a good friend indeed
My Wally really helps me
But I wonder where Wally could be?
I wonder where, I wonder where, I wonder where Wally could be/ (repeat two ti
(Tune – My Bonny Lies Over the Ocean)

Anger Tyrannosaurus Unit Songs

I'm a Little Feeling written by Lori Hoffman
I'm a little feeling stuck inside
Sometimes you see me, sometimes I hide
When I get all tensed up, I might blow out
So stop your train and check me out.
(Tune – I'm a Little Teapot)

Tiny Turtle written by Kristen Peterson
Our friend Tiny Turtle helps us to get through
Those times when we feel angry don't know what to do
If we follow these steps and know just what to say
It can help us to feel better, make the anger go away.

First you stop and you think then you go into your shell
You take 3 deep breaths until you're feeling well
You tell yourself "I can calm down"
I have the power, down dooby down

There will be those times when you are feeling mad
Maybe someone hurt you made you feel real bad
It's okay if you feel angry, it's a feeling we feel
But it helps to work through it, here's the secret, here's the deal

First you stop and you think then you go into your shell
You take 3 deep breaths until you're feeling well
You tell yourself "I can calm down"
I have the power, down dooby down

Friendship Allosaurus and Brachiosaurus Unit Songs

Compliment Song written by Kristen Peterson
I have a long word
That you may not have heard
And it always makes you feel good.

It's a c-o-m-p   l-i   m-e-n-t
It's a compliment
It's a compliment

It's when you say something nice
That makes someone smile
It's a compliment - you try!

Compliment a Friend and We'll Clap for You

There Are Many Ways to Be Friendly written by Kristen Peterson
There are many ways to be friendly
Try it and you will see
Friendly ways make for sunny days
It's the best way you can be.

If you see someone who looks lonely
You can ask if they want to play
Or say hello make a new friend
It will brighten up their day.

When you have toys you can share them
Or take turns with a friend
If you see someone having trouble
You can lend a helping hand.

I have a Friend at School*
I have a friend at school.
I have a friend at school.
His/her name is *child's name*
I have a friend at school.
(Farmer in the Dell Tune)

Facilitating Children's Academic Learning: Therapists as "Academic and Persistence Coaches"

"Descriptive commenting" is a powerful way to strengthen children's language and school readiness skills. The following is a list of academic concepts and cognitive behaviors and thoughts that can be commented upon when playing with a child. Use this checklist to practice academic and persistence coaching.

Academic Coaching	Examples
_____ Colors _____ Number Counting _____ Shapes _____ Sizes (long, short, tall, smaller than, bigger than, etc.) _____ Positions (up, down, beside, next to, on top, behind, etc.)	• "You have the red car and the yellow truck." • "There are one, two, three dinosaurs in a row." • "Now the square lego is stuck to the round lego." • "That train is longer than the track." • "You are putting the tiny bolt in the right circle." • "The blue block is next to the yellow square, and the purple triangle is on top of the long red rectangle."
Persistence Coaching	**Examples**
_____ Working Hard _____ Concentrating, Focusing _____ Persistence, Patience _____ Following parent's directions _____ Problem Solving _____ Trying Again _____ Reading _____ Thinking Skills _____ Listening _____ Working Hard/Best Work _____ Independence	• "You are working so hard on that puzzle and thinking about where that piece will go." • "You are so patient and just keep trying all different ways to make that piece fit together." • "You followed directions exactly like I asked you. You really listened." • "You are thinking hard about how to solve the problem and coming up with a great solution to make a ship." • "You have figured that out all by yourself."

Facilitating Children's Emotion Learning: Therapists as "Emotion Coaches"

Describing children's feelings is a powerful way to strengthen a child's emotional literacy. Once children have emotion language, they will be able to better regulate their own emotions because they can tell you how they feel. Use this checklist to practice describing a child's emotions while (s) he is working on a project. Be sure to describe more positive emotions than uncomfortable ones and be sure to combine a coping statement with a negative emotion.

Feelings/Emotional Literacy	Examples
_____ Happy _____ Frustrated _____ Calm _____ Proud _____ Excited _____ Pleased _____ Sad _____ Helpful _____ Worried _____ Confident _____ Patient _____ Having fun _____ Jealous _____ Forgiving _____ Caring _____ Curious _____ Angry _____ Mad _____ Interested _____ Embarassed	• "That is frustrating, and you are staying calm and trying to do that again." • "You look proud of that drawing." • "You seem confident when reading that story." • "You are so patient. Even though it fell down twice, you just keep trying to see how you can make it taller. You must feel pleased with yourself for being so patient." • "You look like you are having fun playing with your friend, and he looks like he enjoys doing this with you." • "You are so curious. You are trying out every way you can think that can go together." • "You are forgiving of your friend because you know it was a mistake."

Modeling Feeling Talk and Sharing Feelings
• "I am proud of you for solving that problem."
• "I am really having fun playing with you."
• "I was nervous it would fall down, but you were careful and patient, and your plan worked."

Facilitating Children's Academic Learning: Therapists as "Social Skills Coaches"

Describing and prompting children's friendly behaviors is a powerful way to strengthen children's social skills. Social skills are the first steps to making lasting friendships. The following is a list of social skills that you can comment on when playing with a child or when a child is playing with a friend. Use this checklist to practice your social skills coaching.

Social/Friendship Skills	Examples
_____ Helping _____ Sharing _____ Teamwork _____ Using a friendly voice (quiet, polite) _____ Listening to what a friend says _____ Taking Turns _____ Asking _____ Trading _____ Waiting _____ Agreeing with a friend's suggestion _____ Giving a compliment _____ Using soft, gentle touch _____ Asking permission to use something a friend has _____ Problem Solving _____ Cooperating _____ Being Generous _____ Including others _____ Apologizing	• "That's so friendly. You are sharing your blocks with your friend and waiting your turn." • "You are both working together and helping each other like a team." • "You listened to your friend's request and followed his suggestion. That is very friendly." • "You waited and asked first if you could use that. Your friend listened to you and shared." • "You are taking turns. That's what good friends do for each other." • "You made a friendly suggestion and your friend is doing what you suggested. That is so friendly." • "You are helping your friend build his tower." • "You are being cooperative by sharing." • "You both solve the problem of how to put those blocks together. That was a great solution."

Prompting
- "Look at what your friend has made. Do you think you can give him a compliment?" (praise child if s/he tries to give a compliment)
- "You did that by accident. Do you think you can say you are sorry to your friend?"

Modeling Friendly Behavior
- Teachers can model waiting, taking turns, helping, and complimenting, which also teach children these social skills.

Discipline Steps
For Nondisruptive & Disruptive Behavior

Step #7

Give Repeated Opportunities for New Learning Trials
- Model, coach & practice alternative desired behaviors
- Praise replacement behaviors

Step #6

Review Behavior Plan
- Check frequency of positive attention for prosocial behavior
- Check incentive program is motivating child
- Check that no attention is given during Time Out
- Conference with parent to coordinate home and school program - IEP

Step #5

Use Small Immediate Consequences for Aggressive Behavior
e.g.,
- 2 minute recess lost
- no computer time
- 2 minute loss of free play
- activity removed for few minutes
- 3 min of time away to Time Out or Calm Down place

Step #4

Ignore Non Aggressive Misbehaviors
e.g.,
- tantrums
- whining

Step #3

As child begins to get upset, coach calm down strategies
e.g.,
- deep breaths, talk about feelings, positive visualization, use turtle shell, positive self-talk

Step #2

Positive Verbal Redirect Distractions and Re-engagement Strategies

Step #1

Nonverbal Cues
Clear rules
Predictable Schedules
Transitions Clear

Foundation: "Massive" Attention/Praise/Encouragement for Prosocial Behavior

Always choose the lowest, least intrusive steps first

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Individual Assessment Behavior Plan Checklist

Step #1: Identify Negative Behavior (choose 1 or 2 to start)

Step #2: Ask Why is the Misbehavior Occuring? (Functional Assessment):
Formulate a hypothesis about why the child is misbehaving. The following checklist will help you to understand the child by thinking about why the child may be behaving in a particular fashion:

Understanding the Misbehavior	Yes	No
• Child uses the misbehavior in order to get attention.		
• Child is venting frustration with the misbehavior.		
• Child does not have the developmental ability to do other behaviors.		
• Child uses the misbehavior to avoid stress or some unpleasant task.		
• Child finds the behavior fun in and of itself.		
• Child is unaware of doing the behavior.		
• Child uses the behavior to obtain power over others.		
• Child uses the behavior to gain revenge.		
• Child has not been taught other more appropriate prosocial behaviors.		
• Child's home environment or past history has not taught the child predictability or the trustworthiness of adults.		
• Child's community endorses the behavior.		
• Child's behavior reflects child's feelings of inadequacy.		

Step #3: Target Desired Behaviors

Step #4: Select Proactive Strategies—Keep Records of Progress!
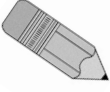
Encouraging Emotional Regulation Behavior Plan

• **Example of Behavior Plan: Ida (Age 4 years)**

Step #1 Negative behaviors	Step #2 Occasion	Step #3 Desired behaviors	Step #4 Proactive Strategies & Reinforcers to Use	Step #5 Consequences of Misbehavior
Cries and throws tantrums	When adult stops her from doing something	Stays calm when disappointed or prohibited from doing something	Label Ida's positive emotions (happy, calm, relaxed)	Ignore tantrums and crying
Hits other children when doesn't get own way	When peer refuses to share	Uses a cooperative strategy (e.g., ask, share trade, wait a turn)	Praise cooperative behaviors when she plays with peers	Put in Time-Out or calm-down chair when hits another child
Refuses to follow adult directions	When adult gives directions	Uses words to express feelings	Give hand stamp for waiting quietly	Physically help her follow through with instructions
Plays alone but not with others		Follows adult directions	Encourage her to ask for help when frustrated	Remove toy if used destructively
Negative classroom reputation (rejected by peers)		Plays more with peers	Praise Ida for following directions	
			Help Ida practice sharing	
			Praise peers for being friendly and playing with Ida	

• **Behavior Plan For:** _____

Step #1 Negative behaviors	Step #2 Occasion	Step #3 Desired behaviors	Step #4 Proactive Strategies & Reinforcers to Use	Step #5 Consequences of Misbehavior
1.				
2.				
3.				

Behavior Plan for: Cody

Cody is really enjoying Dinosaur school! He enjoys the puppets and he volunteers to participate in circle time activities. He is also making friends with the other children and is learning to wait, take turns, and share during play. He is a pleasure to have in our group.

Targeted Behaviors	Occasion	Desired Behavior	Proactive Strategies and Reinforcers to Use	Consequence of Misbehavior
1. In social contexts—Cody is very uneven in his ability to play in pro-social ways. At times, he can ask, share and wait for toys. At other times, he seems to forget his words and can grab toys, push his way into outdoor play, or use mean words with peers.	Play times	Use consistently use social skills to initiate and sustain positive play with other children. For example: To ask to play. To initiate sharing toys or share when asked. To use words to express wants and feelings. To wait for a turn. To listen to other children. To ask to play and to calmly accept no or wait a turn when appropriate	Use descriptive commenting for all these behaviors. Model, prompt and praise all these behaviors with other children. Teach and practice these through social coaching-comment on these as he plays during group—"You're really sharing." "I see you want to play with that. You can ask your friend if you can borrow it." "Let's see how patient you can be." "Your friend feels happy because you are playing with him." "You are a good friend when you share with him." "Can you trade that toy for the one that you want."	N/A
2. Sometimes gets frustrated and angry in circle time or play situations. If he gets too frustrated and doesn't have help, he may grab a toy that he wants, push another child, or knock something over.	Circle time, Play times	To use words to express frustration and stay calm when things don't go his way. To wait for his turn. To ask an adult for help.	Coach Cody on using his words and staying calm, remind him of calm down strategies (take three deep breaths, happy place, choose another activity). Coach him to wait when he wants something. Notice and praise Cody at times when he is calm and name these feeling states for him. Supervise his play interactions to help be proactive about sharing. Once Cody is upset, it is harder for him to practice these skills. Use a waiting bottle or timer to help him know when he can have a turn with something or when he needs to share something he has with a friend.	If Cody is aggressive, use a brief TO as a consequence.
3. At times Cody seems unaware of how is body is – he may be very wound up,	Can be at anytime	To be aware of how he is using his body. To be able to calm his body down and move in safe,	Coach Cody with specific comments about his calm body; "I see you are using your careful feet." "You are cleaning up the toys so gently	Prompt Cody to take deep breaths and calm down. Give him a direct command to stop

45

Behavior	Setting	Goal	Strategy	Support/Prompt
moving very quickly and seemingly unable to act calmly. E.g., throws toys into a bin at clean up time, grabs snack and knocks over containers in the process, runs across the room and bumps into things because he's not looking.		calm ways (e.g., clean up carefully, walk across the room, select a snack). To know that he does not need to race to clean up toys or accomplish other tasks.	now." Notice and praise Cody whenever his body is calm and safe. Get Cody to stop, look at your face and slow down. Ask him to take a deep breath. Challenge him to put toys away gently.	his body. Praise if he can do it, and then ask him to move more slowly. Prompt Cody to "rewind" – and try the behavior over again at a slower pace.
4. Wiggly or impulsive at circle time –can be loud or off task. Sometimes he initiates this behavior, but will also copy a disruptive peer.	Circle Time	To stay seated and engaged with circle time activities. To ignore distractions.	Seat him near teacher. Use touch and backrubs to keep him engaged. Ask him to return to his seat. Praise calm, focus, concentration and listening. Call on him often. Give him jobs to help or other ways to get him engaged in circle activities. He loves to answer questions and can give relevant answers when he is paying attention. Try to use a "sitting ball," which he can hold during circle time. Perhaps have a basket of these "fidgets" so any child in the class may try one. Allow Cody to use a "wiggle space" a few feet behind the circle where he can move but still is able to listen to school content. Use small incentives (sticker, hand stamp, pretzels). "Kids who are sitting in their seats will be able to earn a hand stamp."	Mostly ignore him when out of seat. Prompt him back. "I can call on you when you are in your seat." If he is noisy or if other children are involved in the off-task behavior, make a direct request asking him to use a quiet voice or sit in his spot.
5. Notices and comments on or copies misbehavior of other children and has difficulty staying focused if another child is not following the rules	Circle Time and sometimes small group activities	To learn to ignore and stay focused on learning even when another child is distracting.	Teach and practice ignoring. "You can ignore. Look at those strong ignore muscles." If he's in a situation where others are noisy or disruptive, help him move or find a quiet place to work or listen. With prompting, he can ignore for a minute or so, but not for long, so moving him or giving him something else to do is also a good strategy. Praise him for doing the right thing and following rules. Give Cody opportunities to be on "Compliment Patrol" - looking for positive things he can say to his peers.	N/A

Time Out for Aggression (In the Classroom)

Children Ages 3–6 Years

Scenario #1: Child goes to Time Out.

Child hits → Command → Child goes to T.O. → Child calm for last 1–2 minutes

"You hit. You need to go to T.O."

(on chair for 3-5 minutes)

↓

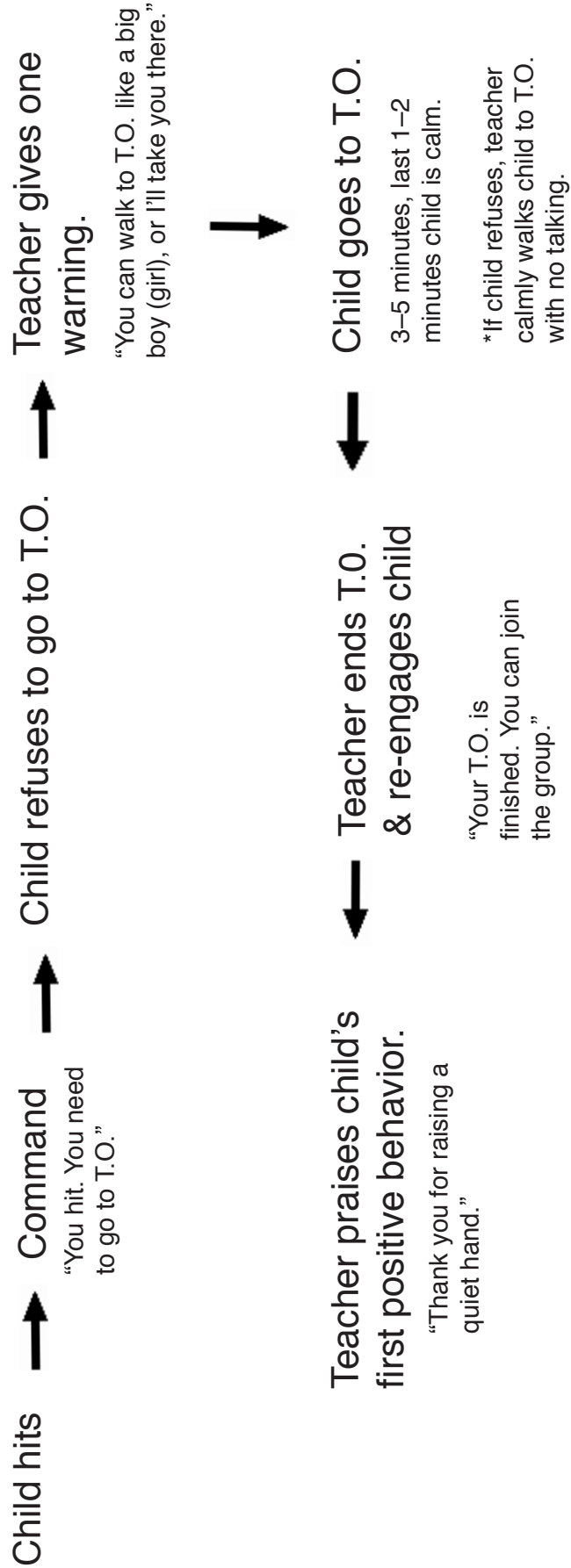Teacher praises child's first positive behavior.

"Thank you for raising a quiet hand."

Teacher ends T.O. & re-engages child

"Your T.O. is finished. You can join the group."

Young Child Resists Going to Time Out
(In the Classroom)
Children Ages 3–6 Years

Scenario #2: Child resists going to Time Out.

Child hits →

Command

"You hit. You need to go to T.O."

→ Child refuses to go to T.O. →

Teacher gives one warning.

"You can walk to T.O. like a big boy (girl), or I'll take you there."

→

Child goes to T.O.

3–5 minutes, last 1–2 minutes child is calm.

*If child refuses, teacher calmly walks child to T.O. with no talking.

↓

Teacher ends T.O. & re-engages child

"Your T.O. is finished. You can join the group."

↑

Teacher praises child's first positive behavior.

"Thank you for raising a quiet hand."

School Age Child Resists Going to Time Out

(In the Classroom)
Children Ages 6-10

Scenario #2B: Child initially resists going to Time Out.

Child hits → **Command** → Child refuses to go to T.O. → **Teacher adds 1-2 minutes**

"You hit. You need to go to T.O."

"If you don't go to T.O. now you will have an extra minute ."

→ → Child refuses to go to T.O.

→ **Teacher gives warning.**

"If you don't go to T.O. now, you will lose privilege of _____. (e.g. silent lunch, walk laps, computer time)

↓

Child goes to T.O.

5-7 minutes, last 1–2 minutes child is calm.

↓

Teacher ends T.O.& re-engages child

"Your T.O. is finished. you can join the group."

↓

Teacher praises child's first positive behavior.

"Thank you for raising a quiet hand."

School Age Child Refuses Time Out

(In the Classroom)
Children Ages 6-10

Scenario #2C: Child continues to refuse to go to Time Out.

Child hits → Command → Child refuses to go to T.O. → Teacher adds 1-2 minutes → Child refuses to go to T.O. → Teacher explains consequence → Child refuses to go to T.O. → Child refuses to go to T.O. → Teacher ends power struggle → Teacher follows through with consequence & ignores protests. → Teacher praises child's first positive behavior.

"You hit. You need to go to T.O."

"If you don't go to T.O. now you will have an extra minute ."

"If you don't go to T.O. now, you will lose privilege of _____."

"You've lost privilege of _____." (Time Out is dropped.)

Note: consequence should be carried out same day.

"Nice job getting started on your reading assignment."

Responding to Child Dysregulation and Teaching Self-Regulation

Carolyn Webster-Stratton, Ph.D.

My student is upset, angry, defiant & beginning to dysregulate

Teacher Self-Talk

"This child is upset because… and needs my help to self-regulate and problem solve."

"I can stay calm. This will help all my students to stay calm."

"I can ignore this behavior as long as he is not hurting someone or interfering with others' learning."

"I can be supportive without giving too much attention to this disruptive behavior."

"If my student is responsive and cooperative to my emotional coaching, then it's a good time to continue coaching.. If my coaching attention makes her angrier, then she needs space and privacy to calm down.

Teacher Response

• Model deep breathing, patience and being sympathetic to student.

• Help student use calm down thermometer and take deep breaths.

• Redirect student to another activity.

• Ignore student's dysregulated behavior as long as behavior is not unsafe.

• Label student's emotion and coping strategy: "You look angry, but you are trying hard to stay calm with breathing and remembering your happy place."

• Stay nearby and be supportive.

• Give attention and coaching to behaviors and thoughts that encourage the student's coping and emotion regulation.

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Think "Stop"

Take 3 deep breaths

Stay cool
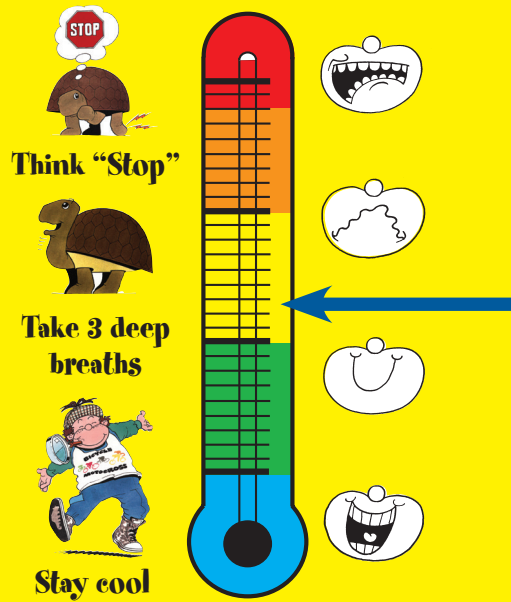
Slow Down

When students are angry and dysregulated, teachers may also feel angry, frustrated, and out-of-control and may respond by yelling, scolding, or criticizing. At these times, Time Out can provide time and space for the teacher, as well as the child, to self-regulate. Here are some tips for teacher self-regulation:

- STOP and challenge negative thoughts and use positive self-talk such as: *"All children misbehave at times. My student is testing the limits of his independence to learn that our classroom rules are predictable, consistent and safe.* This is normal for children this age and not the end of the world."

- Do some deep breathing and repeat a calming word: "relax," "be patient," "take it easy."

- Think of relaxing imagery or of fun times you have had with the student.

- Take a brief break by drinking some water, feeding the fish, or talking to another teacher or child. Make sure your student is safe and monitored.

- Focus on coping thoughts such as: *"I can help my student best by staying in control."*

- Forgive yourself and be sure you are building in some "personal time" for relaxation and refueling.

- Ask for support from someone else.

- Reconnect with your student as soon as you are both calm.

Like your student, you can get yourself into a "green" calm state and try again.

I WILL COUNT TO TEN *before I react*

My student continues to dysregulate and becomes aggressive

Teacher Self-talk

"My student is out of control and too dysregulated to benefit from prompts to calm down or to discuss solutions to problems."

"I need to give my student time away from attention to calm down so he doesn't hurt someone."

"I have taught my student how to use the Time Out or Tiny Turtle chair to calm down so I can do that now. "

"Time Out is a safe and respectful way for my student to learn to reflect and self-regulate."

Teacher Response

- I say, "Hitting is not allowed, you need to go to Time Out to calm down. "(This place has a calm down thermometer to remind my student of what to do in Time Out to calm down.)

- I wait patiently nearby to let him re-regulate and make sure others don't give this disruptive behavior attention.

- I give him privacy and don't talk to him during this calm down time. I help other students to give him privacy.

- When he is calm (3-5 minutes), I praise him for calming down.

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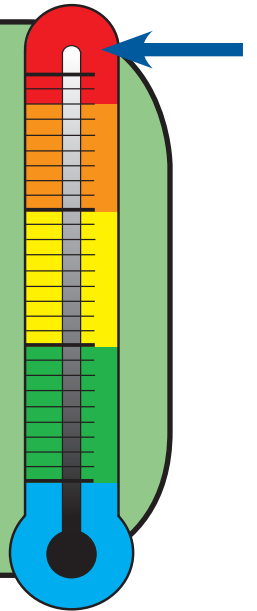
My Student Is Calm Now

Teacher Self-talk

"Now I can reconnect with my student and help her learn an alternative way to solve her problem."

"She is learning she gets more attention from me for positive behavior than inappropriate behavior."

"I can help her learn to express her frustration and anger in more appropriate ways."

Teacher Response

- I praise my student for calming down.
- I redirect my student to a new learning opportunity.
- I do not force my student to apologize because insincere apologies do not teach empathy.
- I engage her in something else so that we have positive Time In together and she feels supported.
- I start using social coaching in my interactions with my student.
- I look for times when she is calm, patient, happy, or friendly to give my positive attention to.
- I use emotion coaching to help my student understand these self-regulated feelings get my attention.
- If she starts to dysregulate again, I name her uncomfortable feelings, help her express these verbally, and prompt her to remember her coping strategies.
- During times when my student is calm, I use puppets, games, and stories to help her learn alternative solutions to common childhood problem situations.
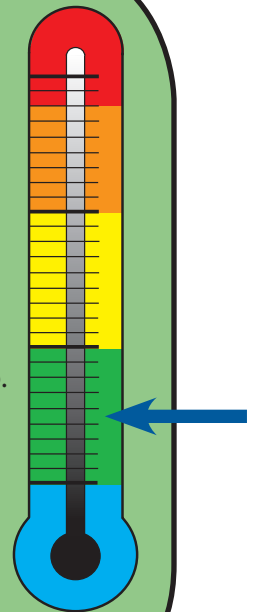
Bottom Line

My student learns that taking a Time Out feels like a safe and secure place to calm down; it is not punitive or harsh and isolating; my student understands that when he has calmed down, he can join in peer activities without blame and has a new opportunity to try again with another solution to his problem. He feels supported when this strategy has been used and has sometimes seen his peers or teachers use this same strategy when they are angry. My student gets far more Time In attention from me for positive behaviors than negative behaviors. He feels secure when using Time Out because it gives him time to re-regulate and try again in a caring environment. Time Out provides me with a chance to take a deep breath and calm down so I can respond to my student in a calm, firm, consistent, nurturing and caring manner.

Time Out is One of Many Tools in the Incredible Years® Tool Kit

Is Time Out used in the Incredible Years® Programs? Yes, *Time Out to Calm Down* is a non-punitive discipline strategy used strategically and sparingly in IY programs for parents, teachers, and children to promote and build children's emotional self-regulation skills. This building tool is reserved for times when a child is too physically angry or emotionally dysregulated to be able to respond rationally to other evidence-based behavior management approaches.

Are there alternatives to Time Out? In the Incredible Years® programs parent and teachers are taught a wide variety of relationship and behavior management tools. The training begins with a focus on relationship-building, child-directed play, social-emotional and persistence coaching, praise and encouragement, and incentives. These approaches build positive attachment and teach children replacement behaviors or "positive opposites" to inappropriate behaviors that adults want to reduce.

Next parents and teachers learn appropriate proactive behavior management tools such as clear rules, predictable routines, planned distraction, redirection, ignoring, logical and natural consequences, Time Out to Calm Down, and problem solving skills. Parents and teachers learn to choose strategies from this toolkit to set up environments that support children's social-emotional development and result in positive peer and adult relationships and optimal academic and language learning.

When is Time Out recommended? When children misbehave, parents may redirect, ignore, problem solve, set a limit, use a when/then, or give a brief consequence. For most misbehaviors, these tools work well. Time Out is reserved and used sparingly for targeted negative behaviors such as times when children are highly emotionally dysregulated and aggressive or destructive and are not able to cognitively process or respond rationally to other supportive management strategies or problem solving.

Won't children feel abandoned if parents and teachers use Time Out when children are upset? Time Out is not used in a vacuum! Children are taught about Time Out in a neutral context, when they are calm. They practice with puppets such as Tiny Turtle who teaches them how to go to Time Out, take rocket ship breaths to calm down, to go in their turtle shells, and think about their happy place. They learn about using a Calm Down thermometer to regulate their emotions from upset to calm. They are taught self-talk ("I can do it." "I can calm down."). They discuss with parents, teachers, and the puppets why Time Out is helpful. They learn what behaviors will result in their parents or teachers asking them to take a Time Out to Calm Down. They learn that parents and teachers also take Time Outs to calm down.
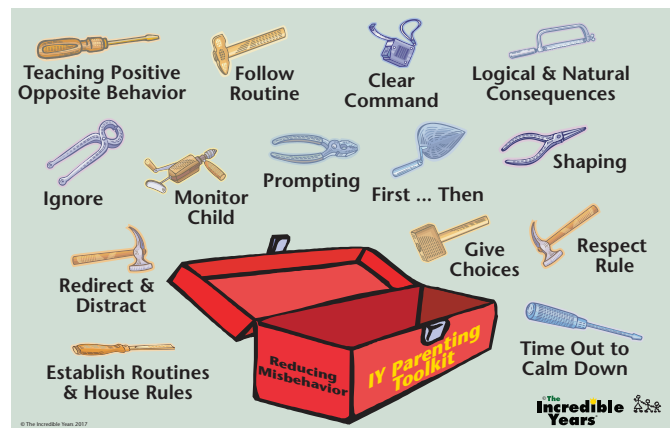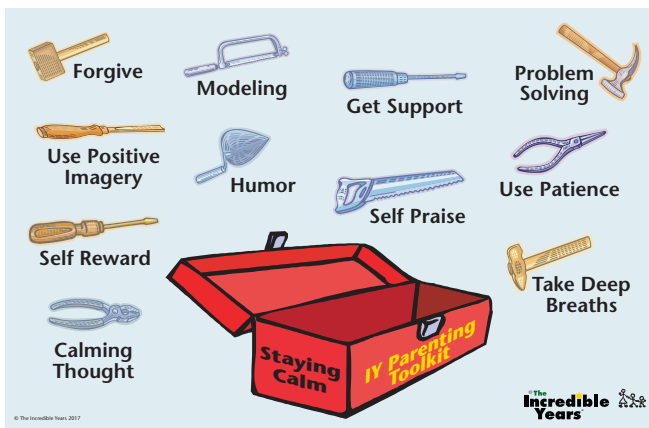
What does Time Out look like? Parents and teachers are taught that they need to be calm, patient, and caring when giving a Time Out. Time Outs are brief, 3-5 minutes, or until the child is calm. Time Outs are given in the same room as the parent or teacher so that the child can be monitored and will know that an adult is near. Support materials are available for children to use to calm down during Time Out (Calm Down Thermometer, Tiny Turtle puppet, or other calming objects). During Time Out, parents or teachers do not give attention, but at the end of Time Out, they reconnect with the child and the child is given a new opportunity to be successful. The focus is on the fact that the child calmed down and on ways for the child to positively re-engage in the environment. Children are not scolded or reminded about the reasons for the Time Out. When appropriate, parents and teachers may engage in positive problem solving with the child later when the child is calm and receptive.

Why do some people think Time Out is harmful? In some contexts, Time Out has been used in a punitive or isolating way. When the Time Out tool is misused, it can be harmful to children and to their relationships with adults. In some cases, misuse of this tool has led to school or agency policies against Time Out. It is always important that Time Out is used thoughtfully, caringly, with patience and as one small part of a positive, consistent, loving approach and a full toolkit with a strong relationship foundation.

Is there any evidence that Time Out works? Four decades of research has shown that, when done effectively, Time Out produces positive child outcomes in terms of reducing misbehavior and increasing children's sense of security in their relationships as well as preventing child maltreatment. Many parents have told us that it helps them to stay calm themselves because they have a predictable blueprint to follow that helps them maintain their positive, respectful, and trusting relationship. When adults use this tool appropriately, they are modeling a nonviolent response to conflict that stops the conflict and frustration, and provides a cooling off period for both children and parents. It gives children a chance to reflect on what they have done, to consider better solutions, and fosters a sense of responsibility.

What do children say about Time Out? The children who have experienced Time Out to Calm down in the Incredible Years® programs often recognize that it is helpful. Some learn to take a Time Out on their own, without an adult prompting the Time Out. Below are quotes from discussions with children about Time Out:

Child to Wally Puppet after practicing Time Out: *"Wally, it's okay if you have to go to Time Out. People will still like you. You can just say 'teacher, I've calmed down now.'"*

Child about Time Out and breathing: *"It calms you down. You breathe and you let it all out."*

Child about Time Out as time for self-reflection: *"You think about 'oh what have I done. I've made a bad mistake, and I can't do it again the next day.' Then you're feeling a little bit happy."*

Child about what he learned from Tiny Turtle: *"You go in your shell when you are angry and you take 3 deep breaths…..you have to calm down when you are angry or sad."*
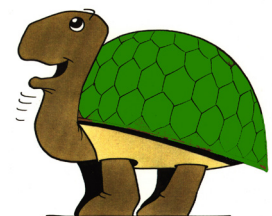
Handout on Using Time Out to Help Children, Parents, and Teachers Self Regulate:

This handout (see link below) describes how parents and teachers can support children to learn self-regulation skills. This teaching occurs outside of Time Out at times when children are calm and able to learn and practice. Gradually children will learn that they have the skills to do this self-regulation when they are upset: **http://www.incredibleyears.com/download/resources/parent-pgrm/Responding-to-dysregulation-and-teaching-children-to-self-regulate_parent_v4.pdf**

More detailed information about how to teach children to take Time Outs to calm down can be found in Chapter 9 of The Incredible Years parent and teacher books. **http://www.incredibleyears.com/books/the-incredible-years-a-trouble-shooting-guide-for-parents-of-children-aged-3-8-years-3rd-edition/**

http://www.incredibleyears.com/books/incredible-teachers-nurturing-childrens-social-emotional-and-academic-competence/

A Note About the Use of Manual-Based Treatments

Critics of manual-based treatments assume that manuals are rigid, inflexible, and offer little individual child variation. But just as a chef improvises and adapts recipes to create exciting, original meals, the experienced therapist will adapt a manualized treatment with sensitivity to meet the unique needs of each individual child.

Although the Incredible Years Small Group Child Treatment is a structured program with detailed manuals, protocols, home assignments, and handouts, its ultimate success is dependent on a skilled therapist who tailors it according to each child's temperament, developmental ability, attention span, and target behavior problems. **Therapy content can be manualized, but individualized, culturally sensitive, and empathic therapy cannot.** A high level of group process skills and coaching skills are necessary requirements for successful delivery of this program. Attending certified training workshops, arranging ongoing supervision and peer review, and becoming certified/accredited as an Incredible Years group leader will enhance the therapist's broader understanding of the treatment as a whole and how to implement it in a flexible, individual way.

A key element of this treatment is the collaborative group leadership style of the therapist.

Tips to Making Dinosaur Treatment Program Developmentally Appropriate

Tip #1: Tailor Sessions as Needed

Tailor sessions according to children's interests, attention span, and developmental abilities. Each therapy session provides a content theme (e.g., feelings or steps of problem solving) to be discussed with the children in the group, as well as suggested scripts using the puppets, role plays and video vignettes. Each session also includes three or four ideas for small group practice activities.

It is better to cover less material in a particular session, and do it well, than to rush through new content and lose the attention and understanding of the children. For some groups, breaking the session down to simplify the content or show fewer vignettes or talk about an important issue for a child will be needed. We do not recommend skipping content, as the sessions are carefully sequenced and build upon each other; rather some groups may take 22 2-hour sessions to cover the same material while others can complete it in 18 2-hour sessions.

Tip #2: Ensure Meaningful Small Group Discussions

Make the group discussions and role-plays relevant to the family background, culture, community and issues important to the children in your group. Sometimes therapists ask for scripts for each of the sessions. While we have provided some sample scripts, in general we prefer not to do this because we want therapists to feel they can be flexible and creative in the ways they present the core material to the children. For example, if bullying on the playground is an issue with one of the children in your group, then this issue will provide key thematic material for problem solving and friendship role-plays. If some of the children in your group have experienced some trauma (e.g., divorce or abuse) or loss (e.g., death of a family member) then content related to feelings of fear and sadness as well as ways to cope with these feelings will be important to weave into group discussions. On an individual child basis, topics such as divorce, moves, death of a parent, or medical issues (e.g., need to take insulin or wear a hearing aid or glasses) can be discussed and role-played by the puppets. Children can help the puppets identify the feelings associated with any of these problems and can help to role-play positive coping and problem solving strategies.

Tip #3: Maintain Order of Program

Do the sessions and small group activities in the order outlined in the manual. It is important to start with school rules and school study skills at the beginning of the school year because these units set the stage for appropriate classroom behavior. The feelings unit is next and provides the basis for all other programs. It is key to establish a feelings vocabulary before working on problem solving.

Try to use one or more of the small group activities recommended for each session. These activities have been chosen to complement and reinforce the group discussions and video vignettes shown. If you do choose to use an activity that is not recommended for the session, make sure that your children have all the necessary background for the session (e.g., if the small group activity requires identification of 10 feelings, make sure your children have already learned these feeling words). In addition, look ahead to make sure the activity is not more appropriate for an upcoming session.

Tip #4: Adjust Emphasis of Content According to Age of Children

For preschool and kindergarten children the emphases of the content in each unit will be on more basic skills (e.g. class rules, feeling indentification, or simple solutions). Pacing may be slower and emphasis is placed on practice and hands on activities.

For school age children the emphases will be on more advanced concepts including evaluation of solutions, anger management strategies, self-management approaches, and school study skills such as ways to concentrate, work hard, check work, and the importance of trying again when mistakes are made. Older students will also be introduced to simple cognitive strategies such as "self talk" and will be encouraged to share more examples from their own lives.

Tip #5: Plan for Variety and Novelty in Presentation

Vary your group discussion time presentation. For example, one session may center around showing 5-6 vignettes and role-playing scenes based on these vignettes. Another session may begin with a problem presented by the puppet that the children then help to solve and reenact. Other sessions on similar content might involve a group game (pass the hat), visualization, or presenting a play. Presenting the same content in multiple ways will ensure that all children have a chance to absorb and practice the new concepts. Small group activities should also be varied to include a mix of puppet plays, art activities, writing assignments, word searches or mazes, puzzles, bingos and so forth.

Tip #6: Selecting and Using Video Vignettes

Choose video vignettes for discussion that are relevant for the group. Prepare children for what they are about to see on the video vignette before it starts. Challenge them to look for a particular incident on the tape (e.g., "Okay detectives, show me a quiet thumb's up when you see the girl following the teacher's directions"). Then focus the group by saying: "ready, set, action" to signal start of vignette. Pause tape frequently to ask questions and to praise children who are attending. Whenever possible, after showing a vignette have children practice the skill demonstrated on the video (or role-play an alternative better response). This will help children move from watching to actual practice. In general, 6–8 vignettes per group with mediated discussions and role plays will be enough. Vignettes not shown can be shown in subsequent sessions. Distracted children can help by using the remote control or pressing the button to start the vignette.

Tip #7: Show Cue Cards of Key Concepts Being Taught in your Group Discussion

While showing video vignettes or discussing a topic in circle time, show the cue cards to highlight the key point. Children can be selected to hold these cards and show them around the circle. Pair the word on the cue card with the picture and encourage children to read the word. In addition, you can post the cue cards (e.g., quiet hand up, walking feet, hands to self, inside voice) in strategic areas. For example, put the "hands to self" cue card in front of a wiggly child's carpet square, or during practice times, put the "sharing" cue card in the play area. The Wally relaxing or Tiny Turtle cue cards can be hung in the Time Out or Calm Down area.

Tip #8: Use Prosocial Children as Models During Circle Time

Call on a child who will be able to model appropriate responses before calling on children with fewer social skills.

Tip #9: Modeling and Preparation for Small Group Activities is Key

Always describe and demonstrate the small group activity before the children go to their small group table. Seeing the puppets model how to do an activity will assure a successful small group activity .

Tip #10: Selecting Small Group Activities According to Children's Learning Needs

Some of the small group activities focus on pre-reading and pre-writing skills and are less complex. Other activities have more emphases on reading, writing and language skills. Choose activities according to each child's developmental abilities and your goals for them.

Tip #11: Adjusting Small Group Activity so that Every Child is Successful

For children with poor fine motor ability, adjust games to make the activity successful. This can be done by putting puzzles on felt boards, adding velcro game pieces to keep them from slipping, limiting the number of pieces of a puzzle, setting up a child's materials on a tray, using large pencils or chalk to write, providing special loop scissors, pre-cutting shapes for an activity, or taping down paper so it won't move.

For children with learning problems, simplify the small group activity or use a different activity from the same unit so that the child can be successful. For example, if a child is unable to write, you can transcribe his responses to the problem on the paper, or write a word or letter down for him to copy. Alternatively, you can encourage the child to draw a picture of his solution.

Use buddies. Children with special needs or younger children can be paired up with more skilled, older or more verbal "buddies" who can help them. Buddies play with the assigned child doing a pre-planned activity. Praise buddies for their friendly interactions with the designated child. Buddies can also be paired with a child who is learning disabled or has motor difficulties in the same way to help with an activity.

For children with English as a second language, use picture cue cards with every new concept taught, simplify your language and frequently model the behavior being taught.

Tip #12: Using the Wally Problem Solving Detective Books

Read these small books to children and limit story telling to two or three problems per session. For preschool children or children who can't read, shorten the stories at first and then gradually increase the length. These books can also be used as prompts for mini "plays" where children act out the solutions with small hand puppets. Read stories several times to increase children's mastery of the stories. Older children can read the stories to younger children and can write their own stories about problems that are encountered by Wally, Molly, Tiny, Oscar and their friends.

Promotion Activities

Tip # 13: Coach Children During Small Group Activities

During small group activities comment on how children are using friendly behaviors such as sharing, helping, taking turns, asking politely, waiting and so forth. When problems occur, encourage children to use Wally's Problem Solving detective kit to search for possible solutions. See coaching guidelines in Part 5.

Tip # 14: Use Developmentally Appropriate Group Management Strategies

Use positive and proactive group management strategies including lots of praise and encouragement as well as strategies designed to prevent problems such as redirection, warnings, reminders and so forth. **We recommend that therapists complete the Incredible Years Teacher Classroom Management DVD Series as part of the preparation for delivering this program.**

Tip #15: Involve Parents in Children's Dinosaur Homework and Review it Each Week

Be sure to send home letters to parents describing each of the dinosaur school sessions and how they can reinforce newly learned skills at home. Parent involvement is key to helping children use new skills beyond the therapy sessions. (See Parent letters in Home Activities manual.)

Children this age love the home activities, and it provides an opportunity for parents to be involved. It also provides support for developing these skills at home. Emphasize to parents that the point of the home activities is to spend positive time with their child reviewing the concepts. Parents should not worry about "right" and "wrong" answers, and should limit the amount of time spent on the assignments (unless the child is asking to work more). If children do not complete the home activities at home, provide time and support to do it before or after the group session. It can be helpful to meet with parents to practice how to do the homework with their children so they can be successful.

Tip #16: Send Letters to Teachers and Call Periodically

The manual also includes sample letters for each of the program components. These letters can be sent to the children's teachers to let them know what the children are learning and to suggest ways teachers can reinforce these skills at school. We also recommend a minimum of two phone calls to the teacher during the course of the therapy to coordinate behavior plans.

NOTE: If you are planning to use any of the Incredible Years programs as part of a research grant, we strongly recommend your leaders become certified as group leaders and that one of our certified trainers is involved in training your staff and providing ongoing consultation. We ask that you let us know about research projects and send us copies of the research results.

Children's Social Competence Helps Lay the Foundation for Children's School Readiness and Future Adjustment

Overall, national survey data suggest that the prevalence of problematic aggressive behaviors in preschool and early school-age children is about 10%, and may be as high as 25% for low-income children (Webster-Stratton & Hammond, 1998; Egger and Angold, 2006). Evidence suggests that without early intervention, emotional and behavioral problems (such as aggression, oppositional behavior, or conduct problems) in young children may become crystallized patterns of behavior by age eight (Eron, 1990), beginning a trajectory of escalating academic problems, school drop out, substance abuse, delinquency, and violence (Snyder, 2001; Tremblay, Mass, Pagani, & Vitaro, 1996; Durlak, Weissberg, Dymnick, Taylor, Schellinger, 2011). Clearly, treating aggressive behavior in its more malleable form prior to age eight, and thus interrupting its progression, is of considerable benefit to families and society.

The Importance of Parent Training Programs

Parent training programs have been the single most successful treatment approach for reducing Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) in young children (Brestan & Eyberg, 1998; Kazdin, 2005). (Hereafter these ODD/CD problems will be referred to as conduct problems because, although most young children with behavior problems meet the criteria for a diagnosis of ODD, many also exhibit the aggressive and antisocial features listed in the criteria for the diagnoses of CD, but are not old enough to exhibit the criminal behaviors.) A variety of parenting programs have resulted in clinically significant and sustained improvements for at least two-thirds of young children treated (e.g., for review, see Kazdin and Weiss, 2010). These experimental studies provide evidence supporting the social learning theories that highlight the crucial role that parenting style and discipline effectiveness play in determining children's social competence and reducing conduct problems (Patterson, DeGarmo, & Knutson, 2000).

Despite the clear evidence of the efficacy of parent training as a treatment approach, this approach does have some shortcomings. First, a number of studies have indicated that while parent training results in predictable improvements in child behavior at home, it does not necessarily result in improvements at school and with peers (Taylor & Biglan, 1998). In our own studies, teacher reports showed that approximately one-third of children with conduct problems whose parents received parent training continued to have clinical levels of peer problems, classroom aggression and noncompliance two to three years after treatment (Webster-Stratton, 1990b).

Second, some parents of children with conduct problems cannot, or will not, participate in parent training because of work conflicts, life stress, personal psychopathology, or lack of motivation.

Third, some parents are receptive to parent training but have difficulty implementing or maintaining the strategies taught in parent training programs due to their own interpersonal and family issues or because of the child's difficult temperament (Webster-Stratton, 1990c).

How Child Training Programs Help

These limitations of parent training have led to a second approach to treating conduct problems; that is, directly training children in social skills, problem solving, and anger management, (e.g., Bierman, 1989; Kazdin, Esveldt, French, & Unis, 1987a; Lochman & Dunn, 1993; Renko, White, Scott and Middletone, 2009; Shure, 1994). The theory underlying this treatment approach is the substantial body of research indicating that children with conduct problems show cognitive and behavioral social skills deficits with peers (Coie & Dodge, 1998; Dodge & Price, 1994; Eisenberg,

2006). In a study comparing clinic referred young children (ages four–seven) with conduct problems with a matched typically developing group, we found that the clinic children showed significantly more negative attributions, fewer prosocial problem-solving strategies, and a significant delay in social skills during play interactions with friends than the comparison group (Webster-Stratton & Lindsay, 1999).

The ability to form and maintain positive friendships involves a complex interplay of feelings, thoughts, and behaviors. Conversing with other children, solving interpersonal problems, entering into play with groups of peers, and regulating emotional responses to frustrating experiences are skills that contribute to success in making friends (Crick & Dodge, 1994, De City and Meyer, 2008). Socially competent children fairly easily learn strategies for interacting comfortably and positively with others during their everyday experiences at home and at school. Children with a more difficult temperament (e.g., hyperactivity, impulsivity, and inattention), biological factors (learning and language delays) and children from disadvantaged family backgrounds of environmental stress, abuse, and conflict may have particular difficulty learning anger management, social skills, emotional regulation, and friendship skills. Because development of these skills is not necessarily automatic for these children, it is important to identify and target them for additional intervention (Bredekamp & Copple, 1997).

Why Starting Early is Important

The preschool and first grades are a strategic time to intervene directly with children who have early onset conduct problems, before negative behaviors crystallize. Research has shown that a significant relationship exists between poor peer relationships in early childhood, early onset conduct problems, and long-term social and emotional maladjustment (Loeber, 1985). In the absence of intervention, child conduct problems intensify after the child begins school, putting the child at increased risk for peer rejection, poor social skill development and academic failure (Blair, 2002; Mabecki and Elliott, 2002; Loeber & Farrington, 2000). Before the middle grades, most children have had at least five to six years of experience with peer groups. Young aggressive children may have already established a pattern of social difficulty in the early elementary years that continues and becomes fairly stable by later elementary school. Many children with conduct problems have already been asked to leave four or five schools or group settings by the time they are six years old. By the middle school grades, the aggressive child's negative reputation and peer group and parental rejection may be well established (Coie, 1990). Even if the child learns appropriate and effective social skills during the middle grades, this pattern of rejection may make it difficult for the child to use these skills to change his or her image (Bierman & Furman, 1984). **Thus, intervening at a young age can help children develop effective social skills early and reduce their aggressive behaviors before these behaviors and reputations develop into permanent patterns.**

NOTE: References are at the end of Part One.

Leader Agenda Protocols and Checklists
18 Session two-hour Small Group Format

Note: It will take 18–24 weeks to complete this treatment protocol. The pacing of sessions and amount of content covered depends on children's developmental ability, attention span, age, and language skills. Eighteen sessions would be considered the minimum number of sessions to cover this material. The number of sessions can easily be expanded by reducing the number of vignettes shown per session and adding more small group activities. There are five times more activities listed than it is possible to cover in 18 weeks!

1. Apatosaurus–Making New Friends and Learning School Rules

2. Iguanodon–How to be Successful in School, Part 1: Listening, Quiet Hands Up

3. Iguanodon–How to be Successful in School, Part 2: Concentrating, Checking and Cooperating

4. Triceratops–Detecting and Understanding Feelings, Part 1: Wally Teaches Clues to Detecting Feelings

5. Triceratops–Detecting and Understanding Feelings, Part 2: Wally Teaches Clues to Understanding Feelings

6. Stegosaurus–Wally Teaches Problem Solving Steps, Part 1: Identifying Problems and Solutions

7. Stegosaurus–Wally Teaches Problem Solving Steps, Part 2: Finding More Solutions

8. Stegosaurus–Wally Teaches Problem Solving Steps, Part 3: Thinking of Consequences

9. T-Rex–Wally Teaches Problem Solving Steps, Part 4: Controlling Anger

10. T-Rex–Wally Teaches Problem Solving Steps, Part 5: Controlling Anger & Problem Solving

11. Session Eleven–Review

12. Allosaurus–Molly Manners Teaches How to Be Friendly, Part 1: Helping

13. Allosaurus–Molly Manners Teaches How to Be Friendly, Part 2: Sharing

14. Allosaurus–Molly Manners Teaches How to Be Friendly, Part 3: Teamwork at School

15. Allosaurus–Molly Manners Teaches How to Be Friendly, Part 4: Teamwork at Home

16. Brachiosaurus–Molly Explains How to Talk with Friends, Part 1: Tell, Listen, Ask

17. Brachiosaurus–Molly Explains How to Talk with Friends, Part 2: Tell, Listen, Ask

18. Review and Graduation

Roles of Dinosaur School Therapist/Group Leaders

Therapist #1-Responsible for Content, Agenda, and Puppet

One group leader/therapist holds and talks for the puppet and is primarily responsible for moving the group through the agenda. S/he, of course, participates in verbally reinforcing appropriate behavior.

Therapist #2-Responsible for Group Process and Positive Feedback

The second therapist is primarily responsible for praising and rewarding each child's appropriate behaviors by labeling the child's behavior and placing a dinosaur chip (token) into a dinosaur bag marked with the child's name. (Puppets should also get rewards.) This person will also give frequent verbal and nonverbal positive feedback about how each child is achieving his or her personal goals or how the group is achieving its goals. This person will assist a child who needs to go to Time Out.

Typically teachers alternate between content and process roles. One leader may take the content role for the first circle and then switch to process for the second circle.

NOTE: Depending on the age of the children, their activity level, attention span and developmental abilities, therapists will make choices as to the most appropriate vignettes and small group activities for each session. Successful activities may be repeated The number of vignettes shown will depend on children's attention span. For very young or inattentive and active children, it may be necessary to have shorter circle times interspersed with 2-3 different small group activities. All vignettes are appropriate for 6-8 year old children. Vignettes marked with an asterisk (*) are more relevant for school age children (ages 6-8 years) than for preschool children (4-5 years).

Apatosaurus Session One
Making New Friends and Learning School Rules

1. Greetings and First Circle

Wally teaches song that introduces Dinosaur School (*Shake hands with a friend and say hello.*)

Wally meets the children, learns their names, and shakes hands.

Children tell Wally something about themselves. They play the "animal game" or other acquaintance activity.

Children learn about earning prizes and what behaviors get a dinosaur chip. Therapist explains trade-in system (4 chips = sticker; 2 stickers = prize)

2. Show Video Vignettes (DVD #1)

Apatosaurus Unit 1: "Making New Friends and Learning School Rules" Vignettes S-1, 1, and S-4. Talk about what they are earning chips for and how to trade in for prizes.

3. Talk about Dinosaur School Rules

What are dinosaur school rules? Group discusses rules, and therapist writes them down.

BREAK AND SNACK (Review job list and bathroom rules.)

4. Second Circle: Dina comes out, meets children, and reviews rules.

Dina explains what happens when a child hits or hurts someone (Time Out).

Children watch Video of Time Out Vignettes S-5, S-6. Dina says good-bye.

5. Practice with Wally going to Time Out to calm down (for hitting).

Review self-talk while in Time Out and others ignoring the person in Time Out. When Wally comes back, he talks about his feelings–will they still like him? Leader explains that Time Out is a place to calm down. Each child may take a turn "going to Time Out," and the whole group practices the Time Out "script." Script for self-talk during Time Out–"I can calm down; I can think of a better way to handle this problem. I will take 3 deep breaths."

6. Small Group Activity

I–1   Detective Interview (school-age activity)

I–2   Draw a picture of puppets or family (any age)

I–3   Acquaintance Activities (any age)

I–4   Dinosaur School Rules Poster

Explain how a chip is earned for returning homework each week.

7. Ending the Group

Explain Homework Activity Book–Apatosaurus

Do Activity #7 in Apatosaurus section in class.

Trade in for stickers and prizes for each child with one therapist while other children in coached play with second therapist.

One therapist meets with parents and explains home activities.

Homework Activities

Apatosaurus Detective Club Activities #1-11. Send home one to three activities per week (choose developmentally appropriate homework)

Handout for parents

Parents: Read Chapter 1, "Play" in *The Incredible Years* book and Dinosaur Notes for Parents

To do list!

• Send letter #1 (Introduction to Dino School) to each child's teacher.

Leader Checklist-Session One
Making New Friends and Learning School Rules
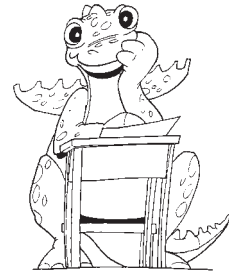
DVD #1, Vignettes 1-5

SITE: _____ DATE: _____

LEADER NAMES :_____TIME: _____

VIGNETTES COVERED: (Circle vignettes shown.)

DVD #1:
S-1   1   (2)*   (3)   S-2   S-3   S-4   (4)   (5)   S-5   S-6
Vignettes in brackets are optional. S-5 and S-6 are alternative vignettes and are recommended to replace Vignette 4 & 5.

* School age (6-8 years)

NOTE: If parent group offered in conjunction with child group, save Vignettes 2 and 3 (shown along with S-9) to be shown in Session 6, which is when parents will learn about incentive programs.

DID I	YES	NO
1. Greet parents individually	_____	_____
2. Welcome and play introductory game	_____	_____
3. Teach about behaviors that get chips	_____	_____
4. Open circle time with predictable routine	_____	_____
5. Talk about group rules	_____	_____

6. Role play some of the following rules (circled those covered):

   listening ears   eyes on teacher   hands to self   walking feet

   criss cross apple sauce   raise quiet hand   other _____

7. Explain Dinosaur School "jobs"	_____	_____
8. Explain Time Out to Calm Down	_____	_____
9. Practice Time Out to Calm Down	_____	_____

10. Do one or two of the following practice activities

(* recommended):

a. Rules Poster* (I-4)	_____	_____
b. An Acquaintance Activity* (I-3)	_____	_____

    c. Read Wally Meets Dina book (I-5)   _____   _____

    d. Wally and Molly Listening Color Game (II-1)   _____   _____

    e. Detective Interview (I-1)   _____   _____

    f. Others (please describe)   _____   _____

    _____

10. Explain homework detective club activities   _____   _____

11. Give letter #1 to parents & explain home activities   _____   _____

12. Send introductory letter to teachers #1   _____   _____

13. Promote Concepts by:

    a. Praising children who were following directions   _____   _____

    b. Praising children putting up quiet hands, listening in circle time, for Showing Me Five   _____   _____

    c. Coaching children during unstructured play time.   _____   _____

Homework Activities: (circle those given out)

1   2   3   4   5   6   7   8   9   10   11

(1—6 especially for preschoolers)

Self Evaluation and Notes

Session One: Apatosaurus Unit

Making New Friends and Learning School Rules

Wally Introduces Dinosaur School

Introduction

It has been suggested in literature that in order to be successful with children with behavior problems, social skills and problem solving training programs need to include consequences, behavioral control strategies and self-regulation skills to reduce negative behavior, as well as teaching and practice learning new prosocial behaviors. In this treatment program we include not only child-directed play, coaching, praise, and rewards for positive behaviors but also consequences for inappropriate behaviors. In the first session, the rules, rewards and consequences are carefully reviewed and discussed with the children. With aggressive children this process creates a sense of trust and predictability. Rules are posted and the children are prepared for what will happen if rules are broken through "dry runs." See references in *Incredible Teachers* book, 2012.

Objectives

- To introduce the children to each other.

- To get to know more about one each other, similarities and differences.

- To encourage group identity.

- To explain the purpose of the program.

- To help the children understand the importance of rules.

- To allow children to participate in the process of rule making and to come up with a set of rules for the group.

- To understand what will happen if rules are broken.

- To understand how to earn attention and rewards for positive behaviors.

Materials

- White board or poster board and markers

- Chips, stickers and small prizes

- Dinosaur cups (clear plastic) with children's names on them

- Attendance chart

- Chair in corner for Time Out

- Puppets and box for Dina to live in

- TV, DVD player, Remote control

- Small chairs or carpet squares set in a semicircle around TV

- Home Activities Detective Notebook for children (prepared with next week's home activities)

- Name Tags

- Dina's Greatest Hits Music CD

- Schedule chart for sessions

- Sticker charts for home (with stickers) (not needed if parents are in parent group)

- Parent handouts

- *Incredible Years* parent books or audio CDs for parents

These items and set up will be required for every session.

REMEMBER: PARENTS AND CHILDREN SHOULD EACH HAVE BEEN SENT A WELCOMING LETTER FROM THERAPISTS IN ADVANCE OF THE FIRST SESSION. (See sample introduction letter in Dinosaur School Notes to Parents in Home Activities Manual.)

Starting the Session
Involving the Parents

Therapists greet parents and children as they arrive. Children are directed to the Dinosaur School Play Room where there are some interesting toys and activities to play with while the parents meet in a separate room. In this first session it will be helpful to have a third person available to assist with the children in the playroom while one of the therapists meets with the parents.

The parents are given an outline of what will be covered in the children's sessions each week and encouraged to call if they have questions. They are asked to return to pick up their child 10 minutes before the end of the two-hour session so the therapist can fill them in on what the children learned in the session and what the dinosaur school home activities will involve. The importance of doing the home activities is emphasized. They are also given the *Incredible Years* book to read and encouraged to read Chapter 1 on Play.

> **NOTE: If this program is done as a "pull out" intervention in schools the Dinosaur School Notes to Parents can be sent home.**

Group Leaders and Puppet Meet the Children and Start the Group

Since all the children may not arrive at your clinic at the same time, it is helpful to have some interesting activities for the children to start playing with while others arrive. Ask the children to say their names and print it on their name tags. Once all the children are present, move to the small circle to begin discussions. Everyone introduces themselves by telling their name and age and something special about themselves or their family. Explore similarities and differences among children's interests and families. The therapists and puppet (Wally or Molly) also tell the children something about themselves and then explain what they will be doing each week in Dinosaur School. (Sometimes it can be helpful to have the puppet do the first introduction to model what is expected from the children.) It is important for leaders and puppet to emphasize that Dinosaur School is a fun program and that they will enjoy making new friends.

> **NOTE: One of the therapists is responsible for talking about the material being presented to the children and takes on the role of one of the puppets. The other therapist is the "process person" who praises children for following directions, participating and helping others. Be sure to read the introductory pages about using puppets and developing their "characters" in preparation for a group.**

Play one of the small group acquaintance games listed for this program. (See end of this section).

Sample Opening Script for Therapist and Puppet

Therapist: I'm glad everyone has come today to our Dinosaur School. We're going to be doing some fun things together such as playing games, watching DVDs, and talking with our puppets. We are learning how to be good friends, how to be good detectives and how to solve problems.

Do you know what a detective is?

Therapist: That's right! Let's see what detective skills we have by starting with a game. I want each of you to think of an animal and pretend to be that animal. Then we are going to try to guess what animal you are.

Therapist: I want you to meet Wally, he helps us in this school and has taught us a lot about how to solve problems.

Wally: Hi! I'm so excited to meet you. My name is Wally Problem-Solver, what is your name? (first child answers) Hi _____, I'm glad to meet you. You sure have a cool hat (etc.)... and what is your name? How old are you? What school do you go to? What things do you like to do?

(Introduce the concept of same and different by recognizing similarities and differences in the children present. Emphasize it is okay to be different and like different things.)

Now I want to teach you a song that we will sing to open Dinosaur School. "Shake hands with a friend and say hello. (repeat three times) Dinosaur School's today you know."

Well, now that I've met you all, I want to show you a movie I made–it is starring me and some children who are my friends.

Let's look at it now because I explain what we do in Dinosaur School.

DVD #1
Part One: Wally Introduces Dinosaur School

Earning Chips and Rewards

DVD Narration

Therapist: Welcome to Dinosaur School. I want you to meet my friend Wally Problem Solver .

Wally: Hi! I'm Wally Problem Solver and I'm glad to meet you.

Therapist: Would you like to explain to the kids what Dina Dinosaur's School is all about?

Wally: Sure. We're going to be doing all kinds of fun things together like playing games, talking and making friends and learning how to be good problem-solving detectives. Well, Dina Dinosaur's School is really "brilliant"–I learned a lot in this school and have met so many great kids. One of the great things about this school is you can earn chips–not potato chips!–these are dinosaur chips you earn for being friendly and helping out and for good thinking and listening–isn't that cool! Well, the best part is you can trade these chips in for prizes–all sorts of fun stuff, oh boy, oh boy! And you know what else? Sometimes I'll let you look in my magic magnifying glass so you can see what other kids are doing! Well, why don't I just show you some kids in Dinosaur School. They've just earned chips for doing well in our school and they're counting and trading in for stickers. Look right here in my magic glass.

Therapist: Watch what the children do to get ready for Dinosaur School.

Supplemental Vignettes

Note: Supplemental Vignettes (marked with an "S") were filmed more recently and fill in important topics missing from the original vignettes. They are outlined in this manual in the order in which they should be shown. On the DVDs they can be found in their own section, after the original vignettes.

Vignette S1 Following Directions and Earning Chips

The Scene: The children arrive and the puppet, Wally, is there to greet them. The children are reinforced for finding their chairs and putting on their nametags. The therapist gives them chips for helping and getting ready for dinosaur school to start. There is a high rate of praise and reinforcement from both therapists.

Questions to Facilitate Discussion

1. **What are the children doing to get ready for Dinosaur School? How are they being helpful?**
2. **What are they earning chips for?**
3. **What is the first thing you do when you come to Dinosaur School?**
4. **Can someone show me what you do when you first arrive at Dinosaur School?**

(Practice steps involve in arriving, hanging up coat, putting on name tag, and selecting seat.)

Considerations

After 2-3 sessions the children will understand the Dinosaur group rules and how the chip system works. At that stage you can begin to challenge the children with their own individual goals and incentive systems. In this case, several of the younger children still are learning about staying in their seat and putting up a quiet hand. The older children are ready to work on generating solutions to problems.

Vignette 1

Scene: Children in school counting the dinosaur chips and collecting smelly dinosaur stickers and recording them on their dinosaur cards. They get one smelly sticker for every four chips. Two smelly stickers earns one prize.

PAUSE VIDEO

Questions to Facilitate Discussion

1. **Did anyone hear how many chips these kids have to earn to get a sticker?**
2. **How may stickers do they need to get a prize?**

Video Narration

Wally: Wow, did you see how many chips and stickers those boys earned? Incredible, huh? Did you see they turned those stickers in for prizes?

Therapist: Well, one of the things we want these kids to do is to try to get their parents to set up sticker systems at home.

Wally: Really? For what?

Therapist: Well, I think you can think of some things they might like to earn stickers for.

Wally: Yeah, like for eating ice cream all day. (chuckles)

Therapist: No, Wally, you know what I mean.

Wally: I think I do. I think he'd really like it if I sat still at the table or stayed in my bed at night and helped clean up my room. How are those?

Therapist: I think those are great things. I bet your dad would really like it.

Wally: Well, why don't we look again in my magnifying glass at a boy who set up a program with his mother where he earned prizes from a surprise grab bag?

Vignette 2 (see Considerations below)

Scene: Mother and son talk about how the boy can earn a prize from the grab bag for sharing. The mother says every time she sees him sharing his toys with his friends, she will give him a star. When he gets 5 stars he gets to choose something out of the bag. He looks into the bag to see what is there and she reviews how many times he has to share in order to earn a prize.

PAUSE VIDEO

Questions to Facilitate Discussion

1. **What does this boy have to do to earn a prize?**
2. **What kinds of prizes would you like to earn?**

Considerations

Vignettes 2 and 3 relate to using a sticker system at home. If the child and parent group are done concurrently, wait to show this vignette until the parent session on incentives. If the child group is offered without the parent group, child therapist should work with parents to set up a simple positive behavior chart at home. These vignettes should be shown in conjunction with this home-group collaboration.
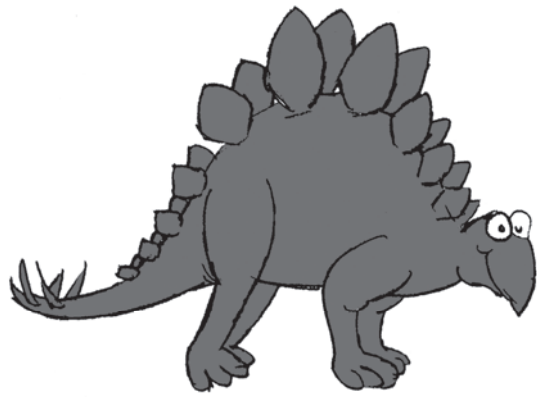
Stegosaurus Unit #4 Becoming a Problem-Solving Detective

Do_____ Activities in Unit #4 to earn a Stegosaurus Button

Stegosaurus Activity 1:

Color the first picture of Wally using step #1 and write or tell an adult how you know you have a problem. (Parent hint: if you have bad feelings you have a problem.)

1. What is my problem?

Child Name : _____

Adult Signature: _____

Stegosaurus Activity 2:

Write or tell an adult about two solutions to problems that you learned in Dinosaur School. (Parent Hint: share, take turns, say "please.")

1. _____

_____

_____

2. _____

_____

_____

Child Name : _____

Adult Signature: _____

Stegosaurus Activity 3:

Draw a picture of a solution you have used this week (or ask an adult to write it down).
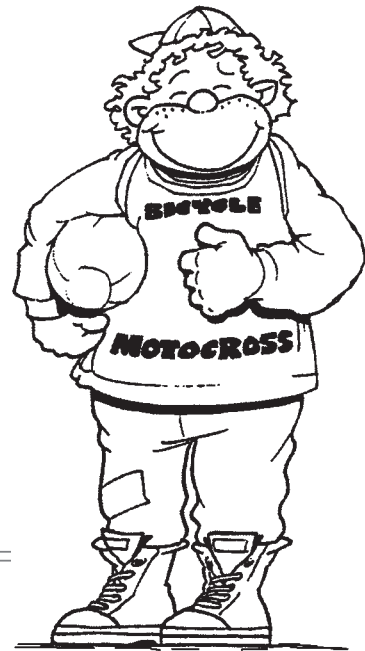
Child Name : _____

Adult Signature: _____

Stegosaurus Activity 12:

Make your own detective kit. Color pictures of you using some of the problem-solving solutions. (Parent Hint: share, take turns, get an adult, say "please.") Put them in a box and make your own solution kit.

Extra Bonus Award
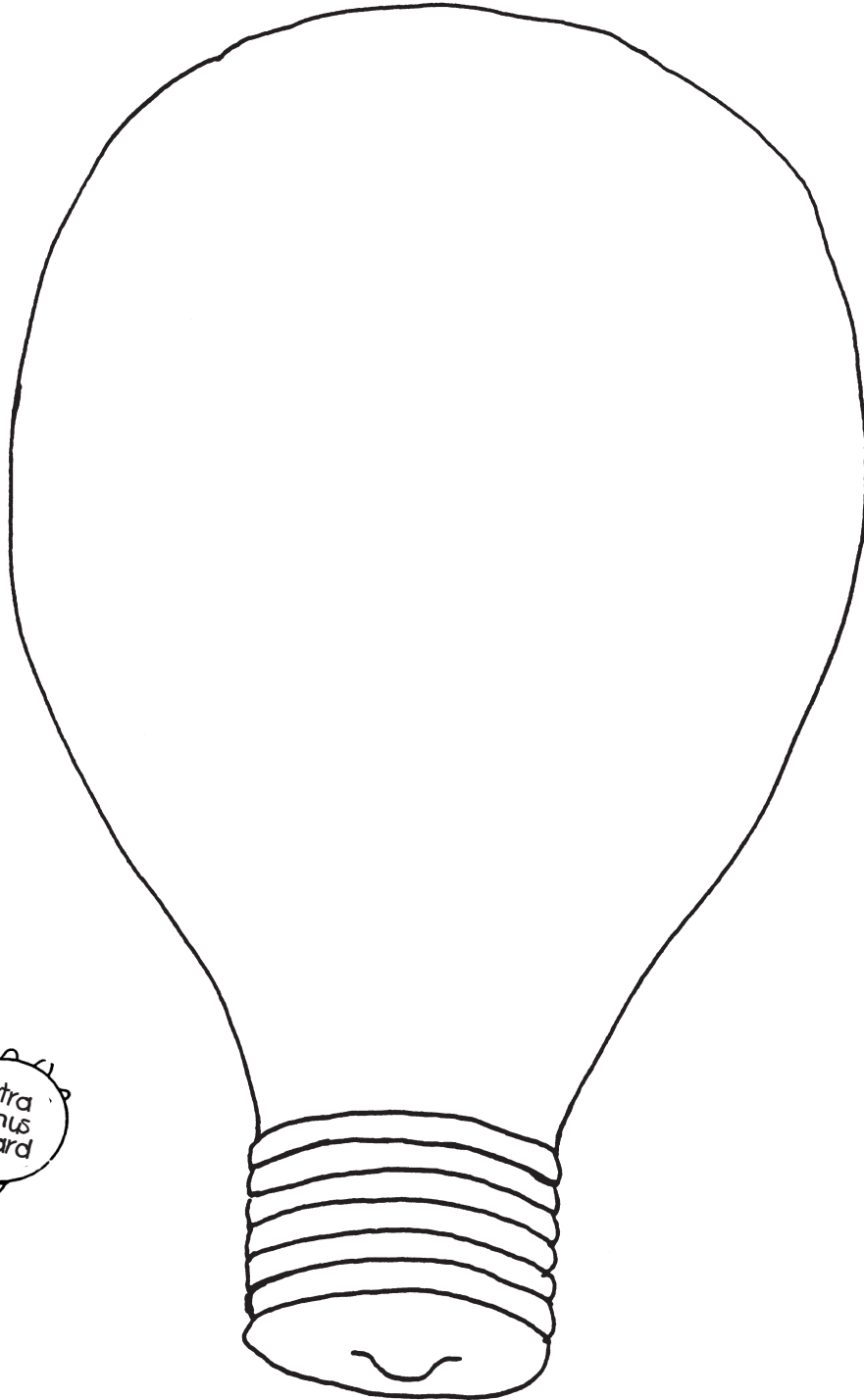
Child Name : _____

Adult Signature: _____

Dinosaur School Notes to Parents

Welcome to Dinosaur School,

We are excited to be working with your child. This program has been extensively evaluated and has been shown to promote positive social interactions between children, to increase cooperation with parents and teachers, and to reduce children's verbal and physical aggression. We will be using video examples, puppets, special activities, books, and games to teach your child the important skills needed to make friends and work well in the classroom. Two therapists/group leaders meet with the children in small groups (5–6 children per group) each week for two hours. The program lasts approximately 18–24 weeks.
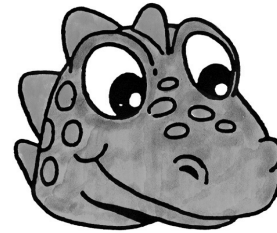
Your therapists'/group leaders' names are:

_____ and _____.

They can be reached at this number: _____

Parent Involvement: Collaborate With us in Making Dinosaur School Program Successful for Your Child

• Arrive five minutes early and take your child to the bathroom. Bring a small snack for your child to eat in the car if you are coming straight from school.

• Arrive ten minutes before the end of the group so therapists can tell you about the session and review the home activities with you each week.

• Have fun doing dinosaur detective home activities with your child.

• Let therapists know about issues that may have relevance for targeting your child's learning in dinosaur school (e.g., loss of a family member, divorce, illness in the family, school problem etc.).

• Read the notes we give you outlining the topics we are covering in sessions and follow the suggestions for teaching your child at home.

• Let us know about your child's interests and what is reinforcing for him or her.

Teacher Involvement

We will be sending out periodic letters to teachers telling them about the social skills your child is learning in Dinosaur School and asking them to reinforce those behaviors when they observe them in the classroom (and share this information with you). We will also phone your child's teachers to coordinate behavior plans so there is consistency in approaches from home to the classroom and to Dinosaur School.

Please let us know if you have any questions about the program. We are looking forward to getting to know you and your child!

Letter #1 — Sent in advance

Dinosaur School Notes to Parents

Iguanodon Unit:
Dina Teaches About Doing Your Best at School

Hi!

In this unit of Dina Dinosaur's curriculum, the children are learning about how to behave in school. For young children who are inattentive, hyperactive, and impulsive, it can be especially difficult to pay attention and follow directions, and they need help understanding and practicing these behaviors.

WHAT CHILDREN ARE PRACTICING AND LEARNING:

- Listening to the teacher.
- Following teacher's directions.
- Raising a "quiet hand" to ask a question.
- Showing the teacher "five". This means to keep your eyes on the teacher, your ears open, your hands in your lap, your feet on the floor, and your mouth closed.

The children practice all these things with the puppets "Wally" and "Molly," and other puppet friends. We also watch video vignettes of children listening, waiting for a turn, and paying attention to the teacher. We play games that help the children listen, follow directions, and wait for turns.

HOW PARENTS CAN HELP:

- Praise your child every time you notice him/her listening and following your directions.
- Praise your child for following family rules (or you can reward with a sticker).
- Do the Iguanodon Detective Home Activities with your child. Sign off the activities as "done" and send it back with the sticker chart to the next session (your child will get a bonus point for doing homework).
- See if your child can "Show You Five."

READ: Chapters 1 & 2, "How to Play With Your Child" and "Positive Attention, Encouragement and Praise" in *Incredible Years* Book.

Sincerely,

Dina Dinosaur and her friends

Letter #2

Ideas for Parents When Doing Home Activities
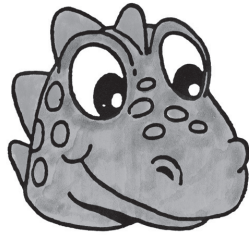
Dina's Tips for Academic and Persistence Coaching

- "You are working so hard on that puzzle and thinking carefully where that piece goes."

- "You are so patient and just keep trying to solve that problem. I think you will find a great solution."

- "You figured that out all by yourself. You were really thinking well."

- "You are really concentrating and taking your time with that project."

- "I see you are carefully organizing everything before you start working. That is a good thinking strategy and good planning."

- "Wow, that is difficult. You are staying so calm and just keep persisting. I'm sure you can figure that out."

Dinosaur School Notes to Parents

Triceratops Unit
Wally Teaches About Understanding, Detecting, and Talking About Feelings

Hi!

Right now in Dinosaur School we are talking about feelings. Helping children to express their own feelings and recognize feelings in other people is the beginning of learning how to manage emotions and develop empathy for others!

WHAT CHILDREN ARE PRACTICING AND LEARNING:

- Basic vocabulary for many different feelings: happy, sad, embarrassed, tired, angry, excited, scared, patient, calm, curious, and loved.

- Clues children can look for to determine how others are feeling. For example, children are encouraged to identify feelings by looking at people's faces, listening to their voices, or by looking at their body language.

HOW PARENTS CAN HELP:

- Use "feeling talk" with your child. Label your child's feelings, particularly when s/he is happy, calm, proud, sad, or excited. Focus on more positive feelings than negative feelings. "You look proud you read that whole page."

- Share your own positive feelings with your child. "I am pleased with how you did that project." Or, "I am enjoying playing with you."

- Do the Triceratops Home Activities with your child. Sign them off and bring them back to the next Dinosaur School session.

READ: Chapter 4, "Limit Setting" in *Incredible Years* book.

Don't hesitate to call us if you have questions or want to learn more about what we are teaching in Dinosaur School. You can reach us at _____ .

Sincerely,

Dina and her friends

Letter #4

Dinosaur School Notes to Parents

Triceratops Unit

Wally Teaches About Understanding, Detecting, and Talking About Feelings

We are still working on understanding feelings. This is a big job since there are so many different feelings people can have! Here are some things your children are learning:

WHAT CHILDREN ARE PRACTICING AND LEARNING:

- The names of lots of different feelings. Thinking of times when they have felt different ways and learning how people can have different feelings about the same event.

- Positive self-talk and how to change uncomfortable or sad feelings to happier ones. Every child picks a "happy" thought to think of when he or she is sad.

- Relaxation skills and thoughts. These are especially good to use when children are feeling angry.

HOW PARENTS CAN HELP:

- Continue labeling positive feelings such as happy, calm, relaxed, and proud.

- Share a time when you felt happy.

- Model your own positive coping thoughts. "I am frustrated, but I can calm down." Or, "I can be patient, it just takes practice."

- Praise your child when s/he successfully manages negative feelings (e.g., disappointment). "You are staying really calm, even though you didn't get a turn."

- Continue doing the Triceratops Detective Home Activities with your child.

A Caution: Be sure to model talking about positive feelings more than negative feelings with your child. It is also important not to blame your child for your negative feelings. For example, "You made me feel sad because you didn't obey me." Own your own feelings by saying, "I feel sad because you're not going to be on time for school."

READ: Chapter 5, "Ignore" in *Incredible Years* book.

Sincerely,

Dina and her friends

Letter #5

Dinosaur School Notes to Parents

Stegosaurus Unit
Wally Teaches Problem Solving Step #3
"What are some other solutions?"

Hi!
Today we talked about Problem Solving Step #3, "What are some more solutions?" We are helping the children learn there are many different solutions or choices they can make when there is a problem. Dina, Wally, or one of the other puppets come to Dinosaur School to talk about a problem he or she had. The children help the puppets think of solutions to the problems. We also practice the solutions many times using role-play/practice and problem solving games!

WHAT SOLUTIONS CHILDREN ARE PRACTICING AND LEARNING:

• Thinking of different solutions to problem situations. When children think of or learn a new solution, we add that solution to the children's Detective Kit. Some of the solutions we focus on include: IGNORING, SHARING, WAITING FOR A TURN, ASKING NICELY, SAYING "PLEASE DON'T," APOLOGIZING, AND GETTING AN ADULT TO HELP.

HOW PARENTS CAN HELP:

• Encourage your child to think of and try out as many solutions as possible with pretend or hypothetical problems.

   For young children it is helpful to play a game where you and your child brainstorm many different ways to solve a "pretend" problem. Then "act out" those solutions. Before children can solve real life problems, they need lots of practice using solutions.

• Continue to identify and solve problems as they come up (for you or your child). Once you point out that there is a problem, encourage your child to come up with possible solutions. Try to get your child to think of lots of different ways to solve a problem. If your child thinks of a negative or inappropriate solution, you might say, "That's a solution; can you think of another one?"

• Do the Stegosaurus Home Activities with your Child.

READ: Chapter 12, "Time Out from Stress and Anger" in *Incredible Years* book.

Remember: Don't try to problem solve when you or your child are angry or upset. Wait until you are both calm to talk about solutions.

Letter #7

Ideas for Parents When Doing Home Activities
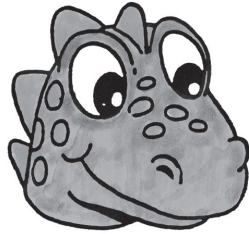
Wally's Problem-Solving Tips

Step #1:   Help children recognize problem feelings.
             "You look (frustrated, angry, sad, embarassed) about..."

Step #2:   Help children define the problem.
             "My problem is I want to play with that boy's car."

Step #3:   Encourage children to think of as many solutions as possible.
             Praise their efforts and avoid being critical of children's suggestions.
             Make your own suggestions if children are stuck.
             Stop problem solving if your child is very angry.

Step #4:   Pick a fair and safe solution to try.
             For example: wait, share, take turns, try again, trade, walk away, ignore, get help from an adult, find something else to do.

Step #5:   See if the solution worked. If not, try again!

Ideas for Parents When Doing Home Activities

Tiny Turtle's Secret for Calming Down
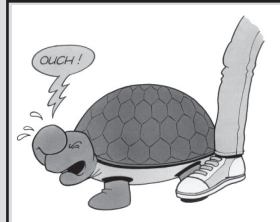
Step #1:
Encourage children to name the upset feeling.
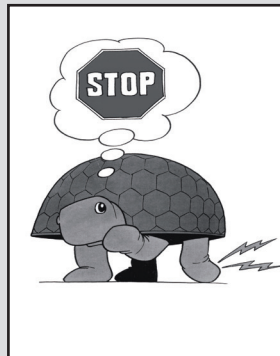
Step #2:
Prompt children to say, "Stop."
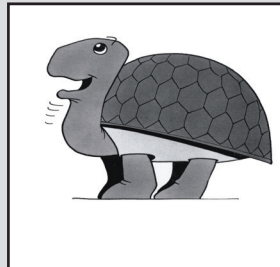
Step #3:
Ask children to take 3 deep breaths and say, "I can calm down."
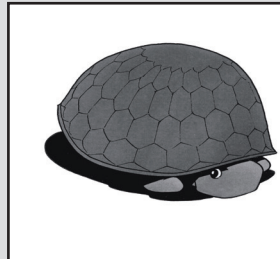
Step #4:
Coach children to go in their imaginary shells, and think of their happy place.
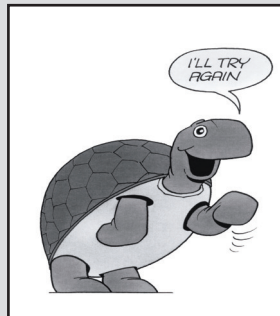
Step #5:
When calm, encourage children to "try again" with a solution.

Dinosaur School Notes to Parents

Tyrannosaurus Rex Unit
Tiny Turtle Teaches Anger Management
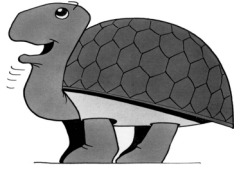
Hi!
We continued to practice Tiny's 5 steps to calming down and controlling angry responses.

HOW PARENTS CAN HELP:

• If your child calms down and takes deep breaths, praise his/her efforts at self-control.

• Do the T-Rex Detective Home Activities.

• Model using this "turtle technique" yourself.

Example:

Situation: Sally has been playing with her friend and having a lot of fun. Mother says it's time to go.

Mother: I know you're having a lot of fun with Amy, but in five minutes we have to go.

Sally: No fair.

[Amy and Sally resume playing for five minutes.]

Mother: Okay, Sally, get your coat—it's time to go.

Sally: [angry] I don't want to go. Please? I'm staying. Amy said I can.

Mother: You're getting angry. I think this is a good time to think about Tiny Turtle. What should you do?

READ: Chapter 6, "Time Out to Calm Down," in *Incredible Years* book.

Reminder: If your child seems too angry to use the Turtle technique, s/he may need some time alone or a Time Out before s/he is able to listen to your prompts. Later when everyone is calm, you and your child can talk about the situation and practice Tiny's secret for next time. Remember, maintaining self control is difficult for most adults, but it is even more difficult for children!

Sincerely,

Remember you can reach us at this number _____

Letter #10

Dinosaur School Notes to Parents

Allosaurus Unit
Molly Teaches How to Be Friendly
"Helping"

Today we started a new unit and talked about friendship skills and how to make and keep friends. Children who are aggressive, hyperactive, or socially withdrawn often don't know how to make friends, nor do they understand the principles of cooperation and balance in a give-and-take relationship.

WHAT CHILDREN ARE PRACTICING AND LEARNING:
Children learn the importance of helping someone in order to make friends with them. They play friendship games where children are helping each other.

HOW PARENTS CAN HELP:
• Invite a playmate over for a playdate. Praise your child for helping his/her friend by sharing toys or offering a snack, etc.

• Ask your child to help you with some household activity (garden, clean up). Praise your child's helping behaviors.

• Do the Allosaurus Detective Home Activities with your child.

READ: Chapter 10, "Teaching Children Friendship Skills," in *Incredible Years* book.

Sincerely,

Remember you can reach us at this number _____

Letter #12

Ideas for Parents When Doing Home Activities
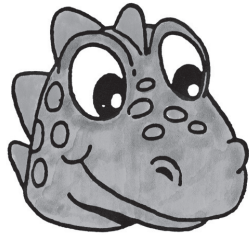
Molly's Tips for Encouraging Friendships

- Set up play dates for your children and consult with your child's teachers about good peer matches.

- Provide cooperative, unstructured play activities and use social and emotional coaching while children play.

- Praise children playing together for being friendly, helping each other, sharing, accepting a suggestion, and waiting their turn.

- Model friendly behaviors for your child such as asking politely to play or for a turn, waiting, asking for help and giving a compliment.

- Participate in pretend and make-believe play by using puppets or dolls.

- Laugh and have fun.
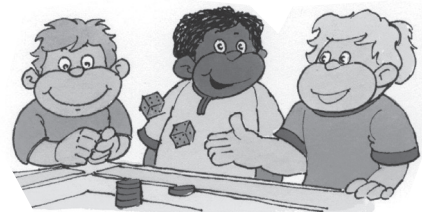
Dinosaur School Notes to Parents

Allosaurus Unit
Molly Teaches How to Be Friendly
"Teamwork at School"

Hi!
Today we reviewed and practiced helping and sharing skills and discussed the concept of teamwork at school.

WHAT CHILDREN ARE PRACTICING AND LEARNING:

• How to work in small groups or teams and help each other achieve a common goal.

• How to follow teacher's directions and cooperate in a group at school.

• What it means to be a "team player" or good sportsman.

HOW PARENTS CAN HELP:

• Continue to invite a playmate to play with your child.

• Play with your child and praise your child whenever s/he shares, waits, takes turns, or helps you with something.

• Read some more problems from the *Wally's Detective Book for Solving Problems at School*.

• Do the Allosaurus Detective Home Activities with your child.

READ: Chapter 12, "Time Out from Stress and Anger," in *Incredible Years* book.

Letter #14

Dinosaur School Notes to Parents

Allosaurus Unit
Molly Teaches How to Be Friendly
"Teamwork at Home"

Hi!

Today we talked about how there can be teamwork at home and how families are like teams. Children were asked about their jobs at home and how they help out.

WHAT CHILDREN ARE PRACTICING AND LEARNING:

• How to help out parents at home.

• How to help a younger sibling.

HOW PARENTS CAN HELP:

• Continue to set up playdates with a friend of your child's. Help your child plan for this visit.

• Play with your child and praise him or her whenever s/he shares, waits, takes turns, or helps you with something.

• Do a teamwork activity with your child such as a cooking project, setting the table, cleaning a room, or garden activity. Write down an example of this and bring to the next session.

• Do the Allosaurus Detective Home Activities with your child.

READ: Chapter 13, "Effective Communication Skills," in *Incredible Years* book.

Letter #15

Dinosaur School Notes to Parents

Brachiosaurus Unit
Molly Explains How to
Talk With Friends

WHAT CHILDREN ARE PRACTICING AND LEARNING:

Many children have difficulty knowing what to say to get a conversation going and do not know how to give positive feedback. Training in conversational skills has been found to enhance a child's ability to make friends and get along with others. In this last unit we teach effective communication skills, such as how to speak up, make suggestions, ask questions, and listen well.

HOW PARENTS CAN HELP:

Reinforce your child (with praise and/or stickers) when you see him/her doing any of the following behaviors with another person:

- listening or waiting to talk;
- taking turns talking;
- asking questions of a friend;
- telling or suggesting an idea to a friend;
- giving a compliment to someone;
- introducing him/herself to someone;
- sharing something about him/herself with someone;
- inviting another child to join in play;
- saying thank you;
- talking about a problem or a difficult feeling;

- Do the Brachiosaurus Detective Home Activities with your child.

READ: Chapter 14, "Problem Solving Between Adults," in *Incredible Years* book.

Thank you, parents, for participating with us in implementing the Dinosaur curriculum. We feel parent participation and encouragement at home has made all the difference!

Letter #16

Sample Circle Time Lesson Script: Ignore

Teacher: Well, Wally has a problem he wants to share with you to- day. Wally, can you let us know what happened?

Puppet: Well, I was sitting at circle at my school and it was so noisy. One of my friends kept talking to me and I couldn't hear the teacher. I asked him to stop but he kept talking.

Teacher: Wally, that sounds hard. How were you feeling when that hap- pened?

Puppet: I was really frustrated.

Teacher: You know, Wally, I do have an idea for you for this problem. When someone is distracting me I do something called ignore. Can you all say that word for me?

Puppet: Ignore?

Teacher: Yes, Wally ignoring is when you pretend that you can't hear or see someone. You can even turn your body away and focus on the teacher. Try it. Pretend I am the boy in circle time, and you are ignoring me. Pretend Kendra over there is your teacher. You can look at her while you ignore me. Ready?

Wally turns his body away and looks straight at Kendra.

Teacher: Wow! I see Wally turning his whole body away. His eyes are fo- cused right on his teacher and he isn't listening to anything I say! Wally has big ignore muscles! Who thinks they can try this too?

Next call a child to come up and act out the same scenario.

Teacher: Okay, Kendra, Wally is going to talk to you during circle time. You are going to ignore him.. You are going to keep your eyes on me and turn your body away. Class, do you see how Kendra is so strong (feel her mus- cles!) She is ignoring. She turns her body away. She keeps her eyes on the action. I don't even think she heard Wally! Now who else wants a turn?

Practice some more or break your teachers into small groups so they can try the lesson

Important note: Always have Wally act out the distracting behavior (do not put a child in this role). It is important that the children only act out positive behavior.

Sample Circle Time Lesson Script: Calm Down Thermometer

Teacher: Wally has a problem he wants to share with you today. Wally, can you let us know what happened?

Puppet: Well, someone knocked down my block tower when I was building and I was soooooooooo mad.

Teacher: Kids, how do you feel when that happens to you?

Child: Mad. That happened to me I was mad!

Teacher: That is so frustrating. You felt just like Wally did. I think Wally has a trick to share that can help you feel better. Wally, what did you do to stop your anger?

Wally: I have a special trick and it helps me to calm down. I take three deep breaths and then try to change my mad feelings. My mom showed me this thermometer that helps me remember how to do it. (Puppet models three deep breaths and how to say "I can calm down"

Teacher: Thanks Wally. Now lets take those breaths with Wally as he does it. (lead children in taking deep breaths and saying "I can do it, I can calm down"? Take a look at this thermometer, what do you notice?

(Children will answer with varied ideas, the colors, the pictures on it. Use this brainstorm to validate their ideas and teach them why thermometer looks how it does and how they can use it)

Puppet: Yeah it has lots of different colors on it. When I am mad I feel red hot! That's when I am mad or frustrated. At the bottom the thermometer is blue. It reminds me of cool water.

Teacher: And as you move down the thermometer, you can change your feelings back into happy ones trying Wally's trick. Okay, let's try it. Pretend your ice cream just fell off your cone and now you can't eat it. Show me on your faces how you might feel?

I see lots of angry faces. Your mouths are tight, you don't have any smiles at all.

Teacher: Francis, will you come up and show me where the arrow is on the thermometer when you feel mad. Like if your ice cream fell on the ground? Yes! Right at the top, mad and frustrated! Class, let's take three deep breaths and see if we can change our feelings just like Wally did in the block area.

(Encourage children to take three deep breaths along with you)

Teacher: Oh – I see some calm faces. How are you feeling now?

Child: Happy. Can I move the arrow?

Teacher: Sure!

(Continue practicing with new scenarios allowing kids to move arrow and then move to small group practice.)

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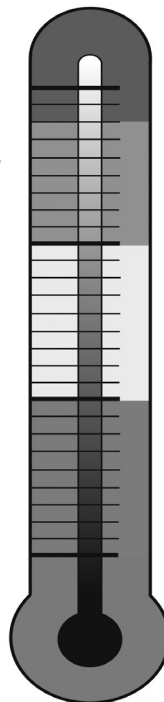
Sample Circle Time Role Play Script for Teachers to Explain Time Out using a Puppet

Teacher: Today we're going to talk about one of the important rules in this class. Do you remember the rule about "keeping hands and bodies to ourselves?" Does anyone know why this rule is important?

Child: To keep us safe!

Teacher: That's right! This is an important safety rule. We're going to talk about what happens when someone breaks this rule and hurts or hits someone else. You are all doing such a good job of being safe and gentle with each other, but sometimes children forget or get angry and hit someone else. When that happens, you'll need to take a Time Out until your body is calm and safe again. I'm going to use my puppet friend here to help show what that looks like. His name is Wally.

Wally: Hi boys and girls, I'm glad to be here.

Teacher: Wally, would you help the children by showing them how to go calmly to Time Out?

Wally: Sure, but this is just pretend because I didn't really hit anyone.

Teacher: That's right—this is just pretend. I'm going to tell Wally to go to Time Out and we'll see what he does. "Wally, you hit someone, you need to go to Time Out."

(Wally walks calmly to the Time Out chair and teacher narrates his actions).

Teacher: Do you see how calmly he is walking. Now his job is to calm down in the Time Out chair for 3 minutes (vary this depending on age). Let's see if he says anything to himself while he is in Time Out.

Wally: I can do it. I can calm down (also takes deep breaths).

Teacher: Let's say the same thing that Wally is saying and let's take some deep breaths. (children demonstrate). These things can help you calm down if you are in Time Out.

Teacher: Now there's one more thing to know. When a friend is in Time Out, we can help him or her by ignoring. That means that we don't look at or talk to him/her. This will give that friend the privacy to calm down. Then when Time Out is over, we can pay attention to our friend again.

Teacher: Wally, you look calm, you can come back now.

Wally: I'm embarrassed that I had to go to Time Out. I'm afraid that no one will like me now.

Teacher: Oh Wally, you just made a mistake. We still like you, don't we boys and girls.

Children Practice: Ask for volunteers from the class to practice taking a calm and quiet Time Out, just like Wally. Coach the child who is practicing to take deep breaths and use self talk (I can calm down). Coach the rest of the class to practice ignoring.

Sample Circle Time Lesson Script: Problem Solving Using the Wally Book

Teacher: Boys and girls, today I have a special book that can help us learn to solve problems we may have at school. I am going to share a picture and I want you to look for clues that Wally and his friend are having a problem. Can you see anything on their faces that tells you they are having trouble?

(Picture from *Wally's Detective Book for Solving Problems at School*)

Child: He looks mad.

Teacher. Wow! You are really looking carefully. Does anyone notice something on his face that tells you the boy with the red hair looks mad?

Child: His mouth looks mean. His eyebrows are pointy.

Teacher: Put your thumbs up if you agree. How about Wally? How is he feeling?

Child: He looks sad. He has no smile.

Teacher: Sounds like Wally and his friend are mad and sad. Those are feelings that let you know you are having a problem. Let me tell you what is going on in this picture. Bid Red here has been using the computer for a long, long time. Wally really wants a turn. What can Wally do?

Child: He can ask him for a turn.

Child: He can wait.

Child: He can find another toy.

Teacher: Okay, let's act that out. Charles and Tanisha I'd like you to show the class what that looks like. Charles, Tanisha is holding this car and you'd like to play with it. When we say ready, set, action you are going to ask for it. Tanisha, when Charles asks, you are going to share the car with him.

Teacher acting as Charles: Can I have the toy?

Teacher acting as Tanisha: Okay. (She hands toy to Charles.)

Teacher: Solutions that are fair and safe are thumbs up solutions! Put your thumbs up if you think asking is a fair solution. Looks like you all agree. Let's act out another one of your great ideas. Gina, you said wait. Let's see what that looks like.

(Children continue to act out solutions, such as wait, do something else, ask again, do together.)

CHILDREN'S SMALL GROUP TRAINING SERIES
Benefits of Certification as a Child 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 therapist/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 peers on his/her leadership ability. Second, certification allows the individual to be listed as a certified group leader with our center. This certification permits us to give out your name for possible employment as a leader of child 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 course to be a certified peer coach or mentor of other group leaders.

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 young children (this may include working with children as a health care provider, mental health provider or teacher). Two years experience minimum requirement.

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

3. Experience with parents (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 children's group activities and awareness of group dynamics.

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 three-day workshop offered by a certified trainer of group leaders.

Experience Requirements

- Conduct Two Child Groups

  Conduct two child groups utilizing the complete Dinosaur video-based curriculum (each group lasting 18-24, two-hour sessions or an equivalent time period). A minimum of four to six children per series is required. A list of dates, locations, and number of attendees will need to be submitted.

Feedback and Evaluation

- Self-evaluation and peer evaluation–one of each for each of two groups
- Satisfactory completion of protocols for group sessions – two groups. (See protocols for 18 sessions)
- Parent final satisfaction questionnaire from two groups
- Background questionnaire
- Feedback from certified mentor or trainer

  Receive a satisfactory supervisory report for a complete group session. This supervision may be done on-site by a certified mentor or by submitting a videotape to the Certification Committee. Most people usually submit two DVDs before they obtain approval. (There is a fee for this review because it involves three to four hours to review one two-hour tape and prepare a report.)

NOTE: DVD must meet minimal requirements for following session protocols. If it does not meet these requirements a second or third DVD will be requested.

Certified group leaders are expected to attend a one-day renewal workshop every five years.

Map to Becoming Certified

Basic steps to become a certified IY Group Leader

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!

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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.
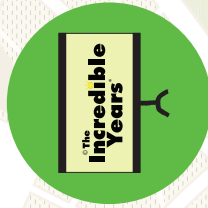
14. Consider attending an adjunct IY training for a different population or age range.
(see www.incredibleyears.com for all training options)
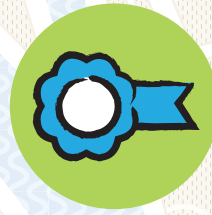
15. Consider learning more about peer coach certification.

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.

Application Form for Certification as a Group Leader Dinosaur Small Group Treatment Program

NAME: _____

HOME ADDRESS: _____

_____

_____Zip: _____

HOME PHONE: _____ WORK: _____

Email: _____

OCCUPATION _____

Month/Year of Training: _____
_____

Trainer: _____
_____

COURSE(S) TAKEN IN CHILD DEVELOPMENT_____

_____

_____

_____

_____

_____

_____

Please attach a one-page letter describing:

• Your experience with preschool and early school age children:

• Your experience with teaching.

• Your experience with groups.

• Your goals, plans, philosophy of teaching.

Please provide two letters of reference attesting to your teaching skills in working with groups of children.

CHILD TREATMENT
Attendance/Homework

Session	Date	Content	Attendance/Homework Subject number or name of child in each column							Parent letter sent	Teacher letter sent	Parent Book
												Chapters for Parents**
1		Apatosaurus Unit: Dina New Friends and Dina Rules								#1	#1	Intro & Ch. 1
2		Iguanodon Unit: School Part 1								#2	#2	Ch. 2
3		Iguanodon Unit: School Part 2								#3		Ch. 3
4		Triceratops Unit: Feelings, Part 1								#4	#3	Ch. 4
5		Triceratops Unit: Feelings, Part 2								#5	#4	Ch. 5
6		Stegosaurus Unit: Problem Solving Solutions, Part 1								#6	#5	Ch. 11
7		Stegosaurus Unit: More Solutions, Part 2								#7		Ch. 12
8		Stegosaurus Unit: Consequences, Part 3								#8	#6	Ch. 7
9		Tyrannosaurus Rex: Controlling Anger, Part 4								#9	#7	Ch. 8
10		Tyrannosaurus Rex: Controlling Anger, Part 5								#10		Ch. 6
11		Problem-Solving: Review, Part 6								#11		Ch. 9
12		Allosaurus Unit: Helping, Part 1								#12	#8	Ch. 10
13		Allosaurus Unit: Sharing, Part 2								#13		Ch. 10
14		Allosaurus Unit: Teamwork at School, Part 3								#14		Ch. 12
15		Allosaurus Unit: Teamwork at Home, Part 4								#15		Ch. 13
16		Brachiosaurus Unit: Tell, Listen, Ask, Part 1								#16	#9	Ch. 14
17		Brachiosaurus Unit: Tell, Listen, Ask, Part 2								#17		Ch. 15
18		Graduation/Party										

*Copies of parent and teachers letters in Leader's Manual and/or Home Activities Manual
**Incredible Years* book, Chapters for parents not in IY Parent Group

Therapist/Child Small Group Therapy Process Checklist
Dina Dinosaur School (rev. 2019)

This checklist is designed for group leaders/therapists to complete together following a session, or for a group leader to complete for him/herself when reviewing DVD of a group session. By watching the video of a session, and looking for the following points, a leader can identify specific goals for progress.

Leader (name): _____ Date: _____

Session Number:_____Topic: _____

Certified Trainer Evaluation (name): _____

ROOM SETUP	YES	NO	N/A

Did the Therapist/Group Leader:

	YES	NO	N/A
1. Set up the chairs (or carpet squares) in a semicircle that allowed everyone to see the TV? (name tags for first sessions)	_____	_____	_____
2. Sit on either side of the TV and flip chart?	_____	_____	_____
3. Have chips in visible and accessible spot? (sticker basket, prize box, chip cups with names)	_____	_____	_____
4. Have dinosaur schedule posted?	_____	_____	_____
5. Have healthy snack prepared?	_____	_____	_____
6. Have session materials ready? (home activities manual, cue cards, DVDs, prizes, puppets, stickers, rules poster, dina poster for coloring in total of chips earned each week, art supplies, markers and flip chart, TV & DVD Player, helper list, give me five card)	_____	_____	_____

Circle Time
REVIEW CHILDREN'S HOME ACTIVITIES & STARTING CIRCLE TIME DISCUSSIONS

	YES	NO	N/A

Did the Therapist/Group Leader:

	YES	NO	N/A
7. Have puppets arrive and greet children in a predictable and enthusiastic manner (e.g. "One, two, three, Dina!" or a greeting song?)	_____	_____	_____
8. Begin the discussion with brief review of home activities and ask what skills children remembered to use during the week.	_____	_____	_____
9. Give every child the chance to share?	_____	_____	_____
10. Enthusiastically praise whatever effort children made this week?	_____	_____	_____
11. Applaud successes and give stamps/stickers for home activity?	_____	_____	_____

REVIEW CHILDREN'S HOME ACTIVITIES, Continued	YES	NO	N/A

12. Explore with children who didn't complete the home activities what made it difficult and challenge them to a new goal for this week? Can do this individually during coached play time. _____ _____ _____

13. Have puppets talk about their issues/problems that week and things they need help with? _____ _____ _____

14. Establish individual goals/ personal challenges for individual children based on their developmental level? _____ _____ _____

15. Review learning from prior session? _____ _____ _____

WHEN PRESENTING THE NEW LEARNING IN CIRCLE TIME	YES	NO	N/A

Did the Therapist/Group Leader:

16. Begin the discussion of the topic with open-ended questions to prompt children to think about the importance of the topic? (e.g. What are some rules for the class? Or what are some friendly behaviors?) _____ _____ _____

17. Work to include all children in the discussion? _____ _____ _____

18. Paraphrase and highlight the points made by children? _____ _____ _____ (Reinforce their ideas by having them role-play or demonstrate, hold a cue card, or give them chips and praise for their ideas.) _____ _____ _____

19. Use puppets in lively and enthusiastic way as active participants in entire session? _____ _____ _____

20. Co-leader attends to group process by giving frequent verbal and nonverbal praise, nods, thumbs up for paying attention, participating with answers, helping others, etc.? _____ _____ _____

21. Uses picture cue cards as prompts to reinforce new behaviors being taught? _____ _____ _____

22. Use a style that is playful, engaging, fun, using songs, and paced at children's level of attention and developmental level? _____ _____ _____

23. Present clearly and model new behavior with puppets and role play practices? _____ _____ _____

24. Actively involve children by letting them hold cue cards, pause video, use smaller puppets, give out snacks, be line leader, etc.? _____ _____ _____

25. Provide legitimate opportunities for active children to move and stretch? (e.g., Group stretch break or wiggle space for a particular child.) _____ _____ _____

26. Set up activities during circle time such as songs, games, large group bingo, feeling dice, large turtle shell, pass the hat, practicing skill with puppets? _____ _____ _____

27. Take time to acknowledge disappointment at not being called upon? Provide children with coping strategies to manage this? (e.g. Self-pat on the back or "maybe next time.) _____ _____ _____

28. Take a group snack break and reinforce social behavior. Encourage children to share interests and experiences. Perhaps use puppets to model listening, asking questions, sharing. _____ _____ _____

WHEN SHOWING THE VIGNETTES *(Number of vignettes shown: _____)*

Did the Therapist/Group Leader:
		YES	NO	N/A

29. Focus children's attention before showing vignette? Give them a specific behavior or emotion to watch for? _____ _____ _____

30. Pause longer vignettes at least once to ask questions about segments of the vignette and to predict what happens next? _____ _____ _____

31. Begin by asking an open-ended question to children about what they thought was happening in the vignette? _____ _____ _____

32. Acknowledge, praise and non-verbally acknowledge children who are focused on a vignette? _____ _____ _____

33. Move on to the next vignettes after key points have been discussed and practiced? Pace material to maintain children's interest? _____ _____ _____

34. Allow for discussion following each vignette? _____ _____ _____
(If vignettes are played one after another, children may not catch the key points illustrated. Additionally, they won't have an opportunity to process emotional reactions, or practice. IF children are distracted vignette may need to be replayed.)

35. Use vignette scene to prompt a role play/practice of the skill viewed on the DVD? When setting up role play, select student strategically and coach them with script of prosocial behavior to practice. _____ _____ _____

36. Demonstrate and explain small group activity before leaving large circle discussion? _____ _____ _____

ROLE PLAYS *(Number of role plays done in session: _____)*

Did the Therapist/GroupLeader:
		YES	NO	N/A

37. Have children practice new concepts in circle time through puppet plays and role plays? _____ _____ _____

38. Role play practices are set up to practice positive - not negative - behaviors and are strategically set up according to children's development and behavior goals to promote a high rate of engagement? _____ _____ _____

39. Developmentally appropriate ole play practices are carefully set up to help children be successful? _____ _____ _____
(e.g. providing the words that they will say, prompting a behavior, setting up role play with a child and a puppet so that puppet can help guide the practice.)

SMALL GROUP PRACTICE ACTIVITIES　　　　　　YES　　NO　　N/A

Did the Therapist/GroupLeader:

40. Plan small group activity or game to reinforce new learning? _____ _____ _____
(e.g. cooperative art activity, feeling game, blocks, play dough, art activity, bingo, pass the hat, visualization)

41. Prepare small group activity materials ahead of time to minimize children's waiting time during transition from circle time to small group activity? _____ _____ _____

42. Participate in small group activity using acadmic, persistence, social and emotional coaching, prompting children to use new skills and praising newly taught skills when they occur?   _____   _____   _____

SMALL GROUP PRACTICE ACTIVITIES, CONTINUED

Did the Therapist/GroupLeader:

	YES	NO	N/A
43. Promote reading skills by associating printed work with language?	_____	_____	_____
44. Promote writing skills by taking dictations, writing words to be copied and reinforcing children's beginning attempts to write?	_____	_____	_____
45. Provide children with time for less structured peer play with legos, trains, dress-up materials, play dough, etc., and coach social interactions and problem solving during this time?	_____	_____	_____
46. Give as much time to small group activities as to circle time discussions?	_____	_____	_____
47. Make adaptations in small group activities in order to be developmentally appropriate for every child?	_____	_____	_____

BEHAVIOR MANAGEMENT AND RELATIONSHIP BUILDING SKILLS (DURING ALL SEGMENTS)

Did the Therapist/GroupLeader:

	YES	NO	N/A
48. Build relationship with individual children by asking personal questions about their experiences, listening to their stories using child's name, responding to them uniquely?	_____	_____	_____
49. Create a feeling of safety in the group?	_____	_____	_____
50. Promote optimism and show belief in children's ability to learn and be successful?	_____	_____	_____
51. Use physical touch (back rubs, hugs, lap time) appropriately?	_____	_____	_____
52. Share aspects of self when appropriate (e.g. something about your family or a mistake you learned from)	_____	_____	_____
53. Use proximal praise and labeled praise for prosocial behavior?	_____	_____	_____
54. Avoid making critical or negative statements about children's behavior?	_____	_____	_____
55. Act in a fun, playful and engaging way with children?	_____	_____	_____
56. Show respect, warmth and calmness with children?	_____	_____	_____
57. Involve children actively in learning through games, activities, stories, songs, fantasy?	_____	_____	_____
58. Use songs and movement activities strategically when children need to move or have a break?	_____	_____	_____
59. Have predictable routines for opening and closing circle time, bringing out and saying goodbye to puppets, transitioning to snack time or small group activities, saying goodbye?	_____	_____	_____
60. Ignore targeted misbehaviors or attention seeking behaviors? (blurting out, off seat)	_____	_____	_____
61. Use Time Out appropriately, for aggressive behavior or repeated noncompliance?	_____	_____	_____

Number of Time Outs given: _____

62. Use redirects and distractions to re-engage children who are off-task?   _____ _____ _____

63. Use warnings for disruptive behavior? (Warnings should let children know what will happen if they do not comply. If noncompliance continues, therapists should follow through with consequence.)   _____ _____ _____

64. Praise and give rewards (chips, hand stamps, stickers) to individual children who are following rules and showing appropriate behaviors?   _____ _____ _____

65. Use team incentive approach?   _____ _____ _____

66. Use emotion coaching?   _____ _____ _____

67. Use social coaching?   _____ _____ _____

68. Use academic and persistence coaching?   _____ _____ _____

69. Respond to individual and group developmental needs? (Change pace if children are restless, modify activities and questions depending on children's skill, adjust circle time content and length to children's attention span and level of engagement.)   _____ _____ _____

70. Prepare for transitions to new activities effectively? (visual or auditory cues)   _____ _____ _____

71. Give clear and simple directions and model expected behavior?   _____ _____ _____

72. Minimize amount of waiting time for children?   _____ _____ _____

73. Attend to and reinforce appropriate behavior much more often than attending to inappropriate behavior?   _____ _____ _____

REVIEW HOME ACTIVITIES AND WRAP UP   YES   NO   N/A

Did the Therapist/GroupLeader:

74. Begin the wrap up process with about 15 minutes remaining?   _____ _____ _____

75. Review Detective Home Activity for the week?   _____ _____ _____

76. Have children count chips and trade in for prizes?   _____ _____ _____

77. Conduct compliment circle time?   _____ _____ _____

78. Meet with the parents?   _____ _____ _____

79. End the session on time?   _____ _____ _____

CHILDREN'S RESPONSES   YES   NO   N/A

80. Children appeared engaged and on-task during session?   _____ _____ _____

81. Children were enjoying themselves during activities?   _____ _____ _____

82. Children were involved in asking questions, role plays and suggesting ideas?   _____ _____ _____

LEADER COLLABORATION   YES   NO   N/A

Did the Therapist/GroupLeader:

83. Did the two leaders have clear, complementary roles in each of the different activities? (take turns leading content and focusing on process)   _____ _____ _____

84. Did leaders work well as a team, reinforcing each other, while

attending to different roles with children? _____ _____ _____

85. Are leaders implementing behavior plans for each child tailored to developmental level and specific therapy goals? _____ _____ _____
    (editable behavior plans available at: www.incredibleyears.com/ download/resources/teacher-pgrm/individual-behavior-plan_editable.pdf)

86. Are leaders talking to parents about dinosaur home activities, behavior plans, and about how parents can reinforce children's learning at home? _____ _____ _____

ADHERENCE TO SESSION PROTOCOLS AND CONTENT	*YES*	*NO*	*N/A*

Did the Therapist/GroupLeader:

87. Followed session protocols for session? _____ _____ _____
88. Knowledgeable about content to be presented to children? _____ _____ _____
89. Showed the appropriate number of vignettes for age and temperament of children? _____ _____ _____
90. Modifications or adaptations were made when necessary to help keep children actively engaged and successful with activities? _____ _____ _____

REMEMBER: Your goal in the group sessions should be to draw from the children the information and ideas to share with each other. They should be given plenty of opportunities to practice new behaviors.

Summary Comments: _____

_____

_____

_____

_____

Candidate has satisfied video requirements for certification: _____ Yes _____ No

Session Reviewed by: _____Date:_____

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Treating Conduct Problems and Strengthening Social and Emotional Competence in Young Children:

The Dina Dinosaur Treatment Program

CAROLYN WEBSTER-STRATTON AND M. JAMILA REID

OVERALL, NATIONAL SURVEY DATA have suggested that the prevalence of problematic aggressive behaviors in preschool and early-school-age children is about 10% and may be as high as 25% for low-income children (Webster-Stratton & Hammond, 1998). Without early intervention, emotional and behavioral problems (e.g., aggression, oppositional behavior, conduct problems) in young children may become crystallized patterns of behavior by age 8 (Eron, 1990), beginning a trajectory of escalating academic problems, school dropout, substance abuse, delinquency, and violence (Snyder, 2001; Tremblay, Mass, Pagani, & Vitaro, 1996). Clearly, treating aggressive behavior in its more malleable form prior to age 8, and thus interrupting its progression, is of considerable benefit to families and society.

Parent training programs have been the single most successful treatment approach for reducing oppositional defiant disorder (ODD) and conduct disorder (CD) in young children (Brestan & Eyberg, 1998). (Hereafter in this study these ODD/CD problems will be referred to as conduct problems because although most young children with behavior problems

Young preschool and early-school-age children with early onset conduct problems are at high risk for school dropout, substance abuse, violence, and delinquency in later years. Consequently, developing treatment strategies for reducing conduct problems when aggression is in its more malleable form prior to age 8, and thus interrupting its progression, is of considerable benefit to families and society. This article describes a treatment program—the Dina Dinosaur Social, Emotional and Problem Solving Child Training Program—that was designed specifically with developmentally appropriate teaching methods for young children (ages 4 to 8 years) and based on theory related to the types of social, emotional, and cognitive deficits or excesses exhibited by children with conduct problems. The program emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship and communication skills, anger management, interpersonal problem solving, school rules, and how to be successful at school. Emphasis is placed on ways to promote cross-setting generalization of the behaviors that are taught by involving parents and teachers in the treatment. A review of two randomized trials with this treatment approach and long-term results are provided.

meet the criteria for a diagnosis of ODD, many of them also exhibit the aggressive and antisocial features listed as criteria for the diagnoses of CD but are not old enough to exhibit the criminal behaviors.) A variety of parenting programs have resulted in clinically significant and sustained improvements for at least two thirds of young children who are treated for these problems (for reviews, see Brestan & Eyberg, 1998; Taylor & Biglan, 1998). These experimental studies provided evidence supporting the social learning theories that highlight the crucial role that parenting style and discipline

effectiveness play in (a) determining children's social competence and (b) reducing conduct problems (Patterson, De-Garmo, & Knutson, 2000).

Despite the clear evidence of the efficacy of parent training as a treatment approach, the approach does have some shortcomings. First, a number of studies have indicated that although parent training results in predictable improvements in child behavior at home, it does not necessarily result in improvements at school and with peers (Taylor & Biglan, 1998). In our own studies, teacher reports indicated that approximately one third of the

children with conduct problems whose parents received parent training continued to have clinical levels of peer problems and classroom aggression 3 years after treatment (Webster-Stratton, 1990b). Second, some parents of children with conduct problems cannot, or will not, participate in parent training because of work conflicts, life stresses, personal psychopathology, or lack of motivation. Third, some parents are receptive to parent training but have difficulty implementing or maintaining the strategies taught in parent training programs due to their own interpersonal and family issues or because of their child's difficult temperament (Webster-Stratton, 1990c).

These limitations in parent training have led to a second approach to treating conduct problems, that is, directly training children in social skills, problem solving, and anger management (e.g., Bierman, 1989; Kazdin, Esveldt, French, & Unis, 1987a; Lochman & Dunn, 1993; Shure, 1994). The theory underlying this treatment approach is based on a substantial body of research indicating that children with conduct problems display cognitive and behavioral social skills deficits when interacting with peers (Coie & Dodge, 1998; Dodge & Price, 1994). In a study comparing clinic-referred young children (ages 4–7 years) with conduct problems with a matched group of typically developing children, we found that the former displayed significantly more negative attributions, fewer prosocial problem-solving strategies, and a significant delay in social skills during play interactions with friends than did the latter (Webster-Stratton & Lindsay, 1999).

The ability to form and maintain positive friendships involves a complex interplay of feelings, thoughts, and behaviors. Conversing with other children, solving interpersonal problems, entering into play with groups of peers, and regulating emotional responses to frustrating experiences are skills that contribute to success in making friends (Crick & Dodge, 1994). Socially competent children fairly easily learn strategies for interacting comfortably and positively with others during their everyday experiences at home and at school. Children with a more difficult

temperament (e.g., hyperactivity, impulsivity, and inattention); with problematic biological factors (learning and language delays); and from disadvantaged family backgrounds of environmental stress, abuse, and conflict may have particular difficulty in learning anger management, social skills, emotional regulation, and friendship skills. Because development of such skills is not necessarily automatic for these children, they need to be identified and targeted for additional intervention (Bredekamp & Copple, 1997).

The preschool and first grades are a strategic time to intervene directly with children who have early onset conduct problems, before negative behaviors crystallize. Research has shown that significant relationships exist among poor peer relationships in early childhood, early-onset conduct problems, and long-term social and emotional maladjustment (Loeber, 1985). In the absence of intervention, child conduct problems intensify after the child begins school, putting him or her at increased risk for peer rejection and poor social skills development (Loeber & Farrington, 2000). Before the middle grades, most children have had at least 5 to 6 years of experience with peer groups. Young children who are aggressive may have already established a pattern of social difficulty in the early elementary years that continues and becomes fairly stable by later elementary school. Many children with conduct problems have already been asked to leave four or five schools or group settings by the time they are 6 years old. By the middle school grades, the aggressive child's negative reputation, peer group rejection, and parental rejection may be well established (Coie, 1990). Even if the child learns appropriate social skills during the middle grades, this pattern of rejection may make it difficult for the child to use these skills to change his or her image. Intervening at a young age thus can help children develop effective social skills early and reduce their aggressive behaviors before these behaviors and reputations develop into permanent patterns.

A number of individual and small-group child-treatment programs designed to treat or prevent conduct problems by teaching social skills and problem solving

have been evaluated (Bierman, 1989; Lochman & Wells, 1996; Shure, 1994). Thus far, this treatment approach has been promising but less effective than the parent treatment approaches (Asher, Parkhurst, Hymel, & Williams, 1990; Kendall, 1993). Controlled trial evaluations with diagnosed children have demonstrated that teaching social skills, problem-solving, and anger-management strategies is effective in reducing conduct problems (Kazdin, Siegel, & Bass, 1992; Webster-Stratton & Hammond, 1997) in the short term (effect sizes ranged from .20 to .67). Some programs appear to be limited in the generalization of changes to other settings (Gresham, 1995; Schneider & Bryne, 1985), however, and long-term effects could not be confirmed in several recent meta-analyses (Beelmann, Pfingste, & Losel, 1994; Gresham, 1998). In fact, these reviews suggested a decrease in effect sizes during follow-up. Most of these studies have been conducted as preventive programs in schools with heterogeneous populations without diagnostic classifications (Kazdin, Esveldt, French, & Unis, 1987b), and less is known about the effects of such programs in mental health clinics with young children with conduct problems. Out of 49 studies reviewed in the Beelmann et al. meta-analyses, only 3 were conducted in a mental health clinic.

The failure of parent- and child-treatment programs to consistently produce cross-setting generalization and long-term improvements in some children may stem from the intervention's narrow focus on a single risk factor. Most parent programs exclusively focus on training parents to manage children's social behavior at home rather than helping them to address their children's academic problems at school or relationship problems with peers. Parent training programs often fail to involve teachers in the treatment plans. Pull-out treatment groups focusing on children's social skills, on the other hand, do address children's social and emotional deficits but are often delivered without input from, collaboration with, or training for the child's parents or teachers, making generalization of new skills across settings difficult. For generalization across settings or time to occur, treat-

ments must include parents and teachers so that they can take advantage of naturally occurring incidents at home and school to reinforce the appropriate social behaviors. In addition, treatments for young children may not have been effective because either they were too cognitive in orientation (with not enough behavioral practice) and not geared to the developmental level of children in the preoperational phase of cognitive reasoning or they were not tailored to the specific needs of children with a particular diagnosis.

This article describes a treatment program specifically designed with developmentally appropriate teaching methods for young children (ages 4 to 8 years) and with the goals of tailoring the intervention strategies to the particular types of social, emotional, and cognitive deficits or excesses exhibited by children with conduct problems. The small-group treatment program called The Incredible Years Dinosaur Social, Emotional and Problem Solving Child Training Program (Webster-Stratton, 1990a) was first published in 1989 and emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship and communication skills, anger management, interpersonal problem solving, school rules, and how to be successful at school. The intervention utilizes teaching methods that have been shown to be particularly effective for young children, such as puppet and videotape modeling, coaching and reinforcement during structured practice activities, visual imagery, fantasy play, and live role plays. In addition, efforts were made to carefully plan for generalization by asking parents and teachers to help by watching for and reinforcing specific skills whenever they noticed them at home or school.

PARTICIPANTS AND PROGRAM SETTING

Children who participated in the Dina Dinosaur Social Skills and Problem Solving Child Training Program (Webster-Stratton, 1990a) and its evaluation came from families who requested treatment at the University of Washington Parenting Clinic, a clinic in a large metropolitan area

that is regionally known for its 20-year history of treating young children with conduct problems. Families who requested treatment at the clinic agreed to random assignment to the parent-training, child-training, or waitlist control groups. About half the families seeking treatment were self-referred, and half were referred by professionals in the community. Eligibility criteria were as follows:

- The child was between 4 and 8 years old;
- the child had no history of psychosis and was not receiving any form of psychological treatment at the time of referral;
- the primary referral problem was child conduct problems (e.g., noncompliance, aggression, oppositional behaviors) for at least 6 months;
- the parents reported more than 10 child behavior problems (the recommended cutoff score for screening children for treatment of conduct problems) on the *Eyberg Child Behavior Inventory* (ECBI; Robinson, Eyberg, & Ross, 1980); and
- the child met the criteria for either ODD or CD from the *Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition (DSM-IV;* American Psychiatric Association, 1994).

An initial phone screening established that the parents reported more than 10 problems on the ECBI. Children meeting the *DSM-IV* criteria for attention-deficit/hyperactivity disorder (ADHD) were also included because of the high co-morbidity of ODD and ADHD. At baseline assessment, 17.4% were classified as ADHD.

The sample consisted primarily of boys (80%) who were Caucasian (86%), with a mean age of 70 months. School level broke down as follows: 26%, preschool; 29%, kindergarten; 27%, first grade; and 29%, second grade. The mean number of pretreatment behavior problems according to the mother's ECBI Problem Score was 21, indicating that the children were in the clinical range according to Robinson et al. (1980; for the normative sample nonclinic range, $M = 7.1$, $SD = 7.7$). On the ECBI Problem

scale, 80.9% of our sample had scores above the 90th percentile of the normative sample (> 16). Home observations prior to treatment confirmed the ECBI parent reports, with 51.6% of the children exhibiting one or more deviant and noncompliant behaviors every 3 minutes.

PROGRAM CONTENT AND GOALS

The Dina Dinosaur Treatment Program targets children with conduct problems, but it is also appropriate for addressing comorbid problems such as attention problems and peer rejection. The curriculum consists of 18 to 22 weekly 2-hour lessons. It can be delivered by counselors or therapists in a mental health–related field or by early childhood specialists who have experience treating children with conduct disorders or early-onset behavior problems. Therapists receive extensive training in the content and methods of the treatment program. They use comprehensive group leader manuals that describe each session's content, objectives, videotapes to be shown, and small-group activities. Treatment integrity is monitored through session-by-session protocols and unit checklists completed by therapists as well as by supervisor and peer videotape reviews. This program is an ideal companion to the Incredible Years parent programs. The 22-session parent group and the child training group can be offered concurrently. (This arrangement also helps with parents' childcare needs, so the parents can attend parent sessions knowing their children are well cared for.) In the material to follow, we provide a brief description of and rationale for each of the treatment components (see Note).

How to Do Your Best in School (Apatosaurus and Iguanodon Programs)

When working with children with conduct problems, gaining their cooperation and compliance is key to being able to socialize and teach them. Research has indicated that these children are noncompliant about 80% to 90% of the time a request is made of them by parents or

teachers (Webster-Stratton & Lindsay, 1999); therefore, one of the first tasks of this treatment program that is somewhat different from other social skills programs is teaching compliance training procedures. Initial group sessions focus on the importance of group rules such as following directions, keeping hands to selves, raising a quiet hand, using a polite and friendly voice, and so forth. Rules are demonstrated, role played, and practiced with the children using life-sized puppets. Incentives ("dinosaur chips") are given to the children for following the rules. The children also learn that a time out is the consequence for hitting or hurting someone else (two of the most important Dinosaur rules are "using words to express feelings" and "using gentle touch"). Therapists clearly describe the time out or calm down procedure for hitting, and the children watch a videotape scene of a child going to time out and staying calm. Next, the puppets are used to model all the steps involved in taking an appropriate time out, and the children practice the steps. The children are coached to use positive self-statements while in time out and are taught to help their friends in time out by ignoring them until they return to the group. Time out is framed as time away to think and calm down before trying again. When a child returns to the group after a time out, the therapists look for the first opportunity to reengage him or her and offer praise for appropriate behavior. Time out is conducted in the least restrictive way possible. Children are initially asked to go sit in a time out or calm down chair (or turtle chair) that is placed at the back of the group room (low-level whining and wiggly behavior are ignored as long as the child is in close proximity to the time out chair). Children who will not stay in the chair or who become very disruptive are given one warning before they are escorted to a separate room to complete their time out.

Understanding and Detecting Feelings (Dina Triceratops Program)

Once the group rules and expectations have been discussed, modeled, practiced,

and reinforced, the children are ready to move on to content on emotional literacy. Children with conduct problems often have language delays and a limited vocabulary for expressing their feelings, which contribute to their difficulties in regulating emotional responses (Frick et al., 1991; Sturge, 1982). They may also have negative feelings and thoughts about themselves and others and difficulty perceiving another's point of view or feelings different from their own (Dodge, 1993). They have difficulty reading facial cues and distort or underutilize social cues (Dodge & Price, 1994).

The Triceratops feelings program is designed to help these children learn to regulate their own emotions and to accurately identify and understand others' feelings. The first step in this process is to help children identify their own feelings and be able to accurately label and express these feelings to others. Therapists play a critical role in helping the children learn to manage their feelings of anger or disappointment by helping them to (a) talk about the feelings, (b) think differently about why an event occurred, (c) respond appropriately to situations that cause emotional arousal such as being teased or left out, and (d) employ self-talk and relaxation strategies to keep themselves calm. Through the use of laminated cue cards and videotapes of children demonstrating various emotions, the children learn how to discuss and understand a wide range of feeling states. The unit begins with basic feelings: *sadness, anger, happiness* and *fright* and progresses to more complex feelings such as *frustration, excitement, disappointment, loneliness, embarrassment*, and *forgiveness*. The children are helped to recognize their own feelings by checking their bodies and faces for "tight" (tense) muscles, relaxed muscles, frowns, smiles, and sensations in other parts of their bodies (e.g., butterflies in their stomachs). Matching the facial expressions and body postures shown on cue cards helps the children to recognize the cues from their own bodies and to associate a word with these feelings.

Next, the children are guided in using their detective skills to look for clues in another person's facial expression, be-

havior, or tone of voice to recognize what the person may be feeling and to think about why he or she might be feeling that way. Video vignettes, photos of sports stars and other famous people, and pictures of the children in the group are all engaging ways to provide experience in "reading" feeling cues. Games such as Feeling Dice or Feeling Bingo are played to reinforce these concepts. Nursery rhymes, songs, and children's books provide fun opportunities to talk about the characters' feelings, how they cope with uncomfortable feelings, and how they express their feelings. As the children become more skilled at recognizing feelings in themselves and others, they begin to learn empathy, perspective taking, and emotion regulation.

The children also learn strategies for changing negative (angry, frustrated, sad) feelings into more positive feelings. Wally (a child-sized puppet) teaches the children some of his "secrets" for calming down (take a deep breath, think a happy thought). Games, positive imagery, and activities are used to illustrate how feelings change over time and how different people can react differently to the same event (the metaphor of a "feeling thermometer" is used, and the children practice using real thermometers in hot and cold water to watch the mercury go from "hot and angry" to "cool and calm"). To practice perspective taking, role plays that use scenarios in which the child takes the part of the teacher, parent, or another child who has a problem are employed. The puppets are used to model how to talk about and cope with different feelings. This work on feelings is integrated into and underlies all the subsequent units in this curriculum.

Detective Wally Teaches Problem-Solving Steps (Stegosaurus Program)

Children who are hyperactive, impulsive, inattentive, and aggressive have been shown to have cognitive deficits in key aspects of social problem solving (Dodge & Crick, 1990). Such children perceive social situations in hostile terms, generate fewer prosocial ways of solving interpersonal

conflict, and anticipate fewer consequences for aggression (Dodge & Price, 1994). They act aggressively and impulsively without stopping to think of nonaggressive solutions or of the other person's perspective, and they expect their aggressive responses to yield positive results. There is evidence (Dodge, Pettit, & Bates, 1994) that children who employ appropriate problem-solving strategies play more constructively, are better liked by their peers, and are more cooperative at home and school. Consequently, in this next program of the intervention, therapists teach children to generate more prosocial solutions to their problems and to evaluate which solutions are likely to lead to positive consequences. In essence, these children are provided with a thinking strategy that corrects the flaws in their decision-making process and reduces their risk of developing ongoing peer relationship problems.

Children learn a seven-step problem-solving process:

1. How am I feeling, and what is my problem? (define problem and feelings)
2. What is a solution?
3. What are some more solutions? (brainstorm solutions)
4. What are the consequences?
5. What is the best solution? (Is the solution safe? fair? Does it lead to good feelings?)
6. Can I use my plan?
7. How did I do? (evaluate outcome and reinforce efforts)

A great deal of time is spent on Steps 1, 2, and 3 to help the children increase their repertoire of possible prosocial solutions (e.g., trade, ask, share, take turns, wait, walk away, take a deep breath). In fact, for the 3- to 5-year-olds, these three steps may be the entire focus of the unit. One to two new solutions are introduced in each session, and the children are given multiple opportunities to role play and practice these solutions with a puppet or another child. Laminated cue cards with pictures of more than 40 solutions are provided in Wally's "detective kit" and are used by the children to generate possible solutions

and evaluate whether they will work to solve particular problems. Children role play solutions to problem scenarios introduced by the puppets, the video vignettes, or the children themselves. In one activity, the children draw or color their own solution cards so that each child has his or her own detective solution kit by the end of the unit. The children are guided to consult their own or the group solution kit when a real-life problem occurs. Activities for this program include writing and acting in a problem-solving play, going "fishing" for solutions (with a magnetized fishing rod), and working as a group to generate enough solutions to join Wally's Problem-Solving Detective Club.

Detective Wally Teaches Problem-Solving Steps (T-Rex Program)

Aggression and inadequate impulse control are perhaps the most potent obstacles children with conduct problems face with regard to effective problem solving and forming successful friendships. Without help, these children are more likely to experience ongoing peer rejection and continued social problems for years afterwards (Coie, 1990). Such children have difficulty regulating their negative affect in order to generate positive solutions to conflict situations. Furthermore, there is evidence that aggressive children are more likely to misinterpret ambiguous situations as hostile or threatening. This tendency to perceive hostile intent in others has been seen as one source of their aggressive behavior (Walker, Colvin, & Ramsey, 1995).

Consequently, once the basic skills for problem solving have been acquired, the children are taught anger management strategies. Anger management programs based on the work of Novaco (1975) have been shown to reduce aggression in aggressive middle and high school students and to maintain gains in problem-solving skills (Lochman & Dunn, 1993). Clearly children cannot solve problems if they are too angry to think calmly. A new puppet, Tiny Turtle, is used to teach the children a five-step anger management strategy:

1. Recognize anger.
2. Think "stop."
3. Take a deep breath.
4. Go into your shell and tell yourself, "I can calm down."
5. Try again.

Tiny's shell is the basis for many activities: making a large cardboard shell that children can actually hide under, making grocery bag "shells" or vests, molding Playdough shells for small plastic figures (the children pretend the figures are mad and help them to calm down in the Playdough shells), and making teasing shields. Each of these activities provides multiple opportunities for the therapist to help the children practice the steps of anger management. Children learn to recognize the clues in their bodies that tell them they are getting angry and to use self-talk, deep breathing, and positive imagery to help themselves calm down. Therapists also use guided imagery exercises with the children (having them close their eyes and pretend to be in a cocoon or turtle shell) to help them experience the feelings of being relaxed and calm.

Videotapes of children handling anger, being teased, or being rejected are used to trigger role plays to practice these calming strategies. In addition, the puppets talk to the children about problems (e.g., a parent or teacher was mad at them for a mistake they made, they were left out of a birthday party, a parent is getting divorced or doing something that disappoints them). The situations that the puppets bring to the group are formulated according to experiences and issues relevant to particular children in the group. For example, if a child in the group is teased at school (and is reacting in an aggressive or angry way), Wally might tell the group that someone at school called him a name and Wally was so mad that he hit the person. Wally would then talk about the consequences of hitting (he felt bad afterwards, and he got in trouble). The group would then generate alternative solutions for Wally and would help him practice them. The child who has this same difficulty at school would often be chosen to act out an appropriate solution with Wally.

Throughout the discussion of vignettes and role-play demonstrations, the therapists and puppets help the children to change some of their attributions about events. For example, Molly Manners (Wally's sister) explains, "Maybe he was teasing you because he really wanted to be your friend but didn't know how to ask you nicely" or, "You know, all kids get turned down sometimes when they want to play; it doesn't mean they don't like you" or, "I think that it was an accident that he bumped into you." The Pass the Hat Detective Game is played to help the children determine when an event might be an "accident" versus when it might be done "on purpose" and how each event could be handled.

Molly Manners Teaches How to Be Friendly (Allosaurus and Brachiosaurus Programs)

Children with conduct problems have particular difficulty in forming and maintaining friendships. Our research, and that of others, has indicated that these children have significantly delayed play skills, including difficulties waiting for a turn, accepting peers' suggestions, offering an idea rather than demanding something, or collaborating in play with peers (Webster-Stratton & Lindsay, 1999). They also have poor conversation skills, difficulty in responding to the overtures of others, and poor group-entry skills. Consequently, in the friendship program we focus on teaching children a repertoire of friendly behaviors such as sharing, taking turns, asking, making a suggestion, apologizing, agreeing with others, and giving compliments. In addition, the children are taught specific prosocial responses for common peer situations. An example would be entering a group of children who are already playing:

1. Watch from the sidelines and show interest.
2. Continue watching and give a compliment.
3. Wait for a pause.
4. Ask politely to join in and accept the response.

As with other new material, the children see these friendship skills modeled by the puppets or in videotape examples and practice using them in role plays and co-operative games.

PRESENTATION METHOD FOR SMALL-GROUP PROGRAM

Methods and processes for teaching social skills to young children must fit with the children's learning styles, temperaments, and cognitive abilities. Within the 4- to 8-year-old age range, vast differences exist in children's developmental abilities. Some children in a group may be reading fluently, other children may not read at all. Some children will be able to grasp relatively complicated ideas, such as how to evaluate possible future consequences of an action, while others are operating in the "here and now," with little ability to predict results. The Dinosaur Program provides relevant content areas for the preschool to early-elementary-school group. A skilled therapist will then use developmentally appropriate practices to present the material to the child in any given group according to the goals for that child. The following sections provide guidelines for organizing groups and for tailoring the delivery of the program according to the needs of a particular group.

Selecting Children for Groups

Children's ages within the preschool and early-elementary-school groups can vary from age 4 to 8 years. We believe this mix is optimal because children who are more mature can model language for the younger children and can participate in leadership and helping roles. It also means that the entire group will not be composed of wiggly, nonverbal children. We suggest selecting pairs of children of similar age (or developmental level) so that each child has at least one peer who is performing at the same level. Mixed-gender groups work well; however, it is important not to have a group with only one girl (many more boys than girls exhibit the conduct problems used to select children for these groups, so most groups will be predomi-

nately made up of boys). For practical reasons, we also recommend that groups be composed of children who represent a mix of temperament styles and that each group have no more than 5 to 6 children.

Preparing for the Session

First, therapists plan and prepare each week's session, noting the objectives and tailoring role plays and teaching strategies according to the target goals for each child in the group based on functional assessment procedures, behavior plans, and targeted negative and positive behaviors (Bear, 1998; Wolery, 2000). Therapists also prepare activities that are designed to provide practice opportunities on the new skill for every child. The therapists communicate with their co-leader about which behaviors they will ignore and which they will praise or reward to promote specifically targeted social skills. The therapists think about whether the day's activity needs some adaptation for a child with more or less advanced developmental skills.

Schedule for Two-Hour Session

When children arrive, they share the dinosaur homework that they have done during the week (and receive compliments and dinosaur tokens for completing it). The opening discussion lasts 15 to 20 minutes. After this introductory time, new content is presented. Although the Dinosaur curriculum is child focused and individualized for different developmental levels or family situations, it is important that structured learning occur in each session. This learning is interactive, engaging, fun, and paced at the level of the children in the group. The goal is to present new ideas or content so the children begin to increase their repertoire of ideas and responses. This plan to present new material to children in a structured small-group circle time is paired with the idea of taking advantage of teachable moments that occur naturally among the children during the time they are in the group.

The videotapes and puppets are used to present content, which is then processed

during discussions, problem solving, role plays, and collaborative learning. After each vignette, the therapist solicits ideas from the children and involves them in the process of problem solving, sharing, and discussing ideas and reactions. To enhance generalization, the scenes selected for each of the units involve real-life situations at school (e.g., playground and classroom) and home. Some vignettes represent children behaving in prosocial ways, such as helping their teachers, playing well with peers, or using problem solving or anger management techniques. Other vignettes provide examples of children who are having difficulties in conflict situations, such as teasing, arguing, and destructive behavior. The videotapes show children of differing ages, genders, and cultures interacting with adults (parents or teachers) or with other children. After viewing the vignettes, the children discuss their feelings, decide whether the examples are good or bad choices, generate ideas for more effective responses, and role-play alternative scenarios. Although some mild negative videotape examples are shown so that children can show how they would improve the situation, the program uses a far greater number of positive examples than negative examples (about 5 to 1), and the children are coached to help solve or resolve any problems that they see in the vignettes. The children are *never asked to act out the inappropriate responses.*

After 50 minutes, the children take a snack break, which provides an opportunity for the therapist to coach and praise prosocial behavior and the use of new skills in real life. Therapists also model and coach appropriate social skills as they participate in the snack time. After snack time, the children participate in activities related to that session's content. They might work on a cooperative poster or play a board game that involves turn-taking and waiting patiently. During the last 10 to 15 minutes of the session, one group leader leaves the group to meet with the parents and give a summary of the session content for the day. Parents are given recommendations for home activities that will reinforce the child's new learning. During this time, another therapist helps

the children count their dinosaur chips, which are turned in for prizes from Dina's special box. This is followed by a compliment circle time and a review of homework activities. Each week, the children have Dinosaur homework activities to complete at home with their parents. The parents are asked to sign the home activities so the therapist knows that the parent is being exposed to the content and helping the child with the assignments.

Puppets as Models

The therapists use child-size boy and girl puppets to model appropriate child behavior. There is also a dinosaur puppet (Dina Dinosaur) who is the director of Dinosaur School, teaches school rules and rewards, and praises the children who are doing well. The puppets, Wally and Molly, help narrate the video vignettes and ask the children for help with common conflict situations they have encountered (based on the problems of the children in the group). Other puppets regularly visit the group (e.g., Oscar the Ostrich hides his head in the sand and has difficulty talking about his problems; Freddy Frog cannot sit still). Particularly when working with diverse populations, a variety of puppets representing the ethnicity and gender of the children in the group are used. The puppets are an integral part of the program's success because they evoke the children's imaginations. Young children are enthralled with the puppets and will talk about sensitive or painful issues with a puppet more easily than with adults. The puppets quickly become real to the children and are very effective models.

Live and Videotape Modeling and Role-Playing Methods

In accordance with modeling and self-efficacy theories of learning (Bandura, 1989), children using the program develop their skills by watching (and modeling) videotape examples of key problem-solving and interpersonal skills. Videotape provides a more flexible method of training than didactic instruction or sole reliance on role play; that is, it allows for portrayal of a wide variety of models, sit-

uations, and settings for the children to watch and discuss. This flexible modeling approach results in better generalization of the training content and, therefore, better long-term maintenance. Furthermore, it is an engaging method of learning for children who are less verbally oriented, younger children, or children with short attention spans. The program thus makes heavy use of modeling—live modeling, behavioral practice with the puppets, and videotape modeling.

Videotape scenes and puppet role plays serve as stimuli for the children to talk about, demonstrate, and practice different solutions or feelings or thoughts. Role playing provides opportunities to practice new skills and experience different perspectives. For example, a difficult situation involving being left out or teased may be role played with the puppet. The puppet will ask the children how to respond to this feeling or experience. When the children generate suggestions, they are asked to act them out with the puppet. The puppet then demonstrates what he or she has learned from the children to see if he or she has understood it correctly. One activity children play is the "Let's Suppose" Game or the Pass the Detective Hat Game. A variety of problems (selected on the basis of issues relevant to the group) are put in a hat, which is passed around the circle. When the music stops, the child holding the hat picks out the problem and suggests a solution. Someone else will try to act out that solution for all to see. For example, a problem situation might be the following: "Suppose you asked to play soccer with some kids and they wouldn't let you play. What would you do?" With children ages 4 to 6, the role playing can be acted out by a child and the therapist's puppet while the second group leader sits with the remaining children and helps them think of alternative responses. Older children put on skits in pairs, with one therapist acting as a coach.

Practice Activities— Coaching/Cueing/Reinforcing

For each of the sessions, choices can be made from a series of activities for practicing the skills targeted in that session.

For example, a friendship session about sharing might be paired with an art project where there are limited supplies and students have to figure out how to share. During a session on cooperation, children might be asked to design a dinosaur that incorporates everyone's ideas. In the problem-solving unit, children might be given a problem and asked to think of as many solutions as they can. The problems might be presented on a colorful cue card or in a problem-solving book. Children who are reading and writing can read the problem and write solutions; nonreaders could dictate or draw a picture of their solutions. Children might also look in the "detective kit" (a box that contains all the solutions that children have learned) for more solutions.

During the activity, children are usually divided into two groups of three children. For some activities, children might be divided along developmental lines, with more advanced children doing a harder version of the same activity than less advanced children. Other times, developmental levels may be mixed so that more advanced children can help the younger children. A therapist sits with each group of students, coaching and commenting on prosocial behavior. We often describe this kind of descriptive commenting as being like a "sports announcer." Dinosaur chips can often be earned for prosocial behaviors during these activities.

Most of the practice activities described in this program help strengthen writing, reading, sequencing, vocabulary, and discrimination skills, enhancing academic and social competence. For example, reading is enhanced through use of the laminated cue cards, the Wally problem-solving detective books, and homework activities books; activities promote communication, language, and writing skills through written stories, pictures of solutions, and play acting. Laminated cue cards are provided for all of the major concepts. These cards show a picture (e.g., sharing or quiet hand up) as well as the words that describe the concept. These picture cue cards are very helpful for children who cannot read and are useful nonverbal cues to remind children of a partic-

ular skill on which they might be working. For example, the therapist might point to a picture of Wally sharing to remind a child of the desired behavior in the group, or a child who is beginning to get angry might be prompted to use the Tiny STOP signal or the anger thermometer as a cue to use a self-calming activity. When the children respond to these visual cues, the therapist reinforces their accomplishment. The problem-solving unit provides an opportunity for a discussion of sequencing as the children learn the steps to solving their problems. All of the sessions offer opportunities for promoting effective learning behaviors, such as verbal and nonverbal communication skills that include collaborating, cooperating, listening, attending, speaking up, and asking questions. These are key skills for learning and attaining success in the classroom.

Integration of Cognitive, Affective, and Behavioral Components

Each unit uses this combination of cognitive, affective, and behavioral components to enhance learning. For example, the anger thermometer is used to teach children self-control and to monitor their emotional state. Children decorate the thermometer with pictures of feeling faces from "happy" and "relaxed" in the blue (or cool) section of the thermometer all the way up to "angry" or "stressed out" in the red (or hot) section of the thermometer. The therapist can then ask a child to describe a recent conflict, and together they retrace the steps that led to the angry outburst. The therapist writes down the child's thoughts, feelings, and actions that indicated an escalating anger pattern, for example, "He always takes my toys" (thought), "That really makes me mad" (feeling). "I got so mad that I kicked him" (action). The therapist and the child discuss thoughts, words, and actions that the child can use to reduce his or her anger. As the therapist retraces the steps of the angry outburst, she or he helps the child identify the place where the child was aware that he or she was getting angry. This is marked as the "Danger Point" on

the thermometer. Once the child has established this danger point, he or she chooses a name that will be the signal for reaching that point (e.g., chill out, cool down, code red, hot engine). This code word will be the teacher and child's signal that anger or stress has reached the threshold and will trigger the use of an agreed-upon calming strategy, such as taking three deep breaths.

Fantasy Play and Instruction

Fantasy play provides the context for this program because a high level of sociodramatic play in early-school-age children is associated with sustained and reciprocal verbal interactions and high levels of affective role taking (Connolly & Doyle, 1984). Fantasy play gives children the opportunity to develop intimacy and work out emotional issues (Gottman, 1983). For preschool-age children, sociodramatic play is an important context in which perspective taking, social participation, group cooperation, and intimacy skills develop. This important skill can easily be fostered through the use of the child-sized human puppets.

Promoting Skills Maintenance and Generalization

Because the children are learning these skills in a setting removed from the classroom and home environments, the therapists must do everything they can to promote generalization of skills to other settings. Therapists should look for opportunities to praise and coach prosocial behavior even during less structured times, such as in the waiting room before the group starts, snack time, bathroom breaks, and transitions. For each main intervention component, parents and teachers are sent letters explaining the content of the unit (e.g., expressing feelings, sharing, problem solving) and suggesting ways they can reinforce these behaviors at home and at school. Several times during the program, phone calls are made to parents and teachers to tell them about the children's successes, which behaviors to reinforce, and which ones to ignore. Parents

and teachers need to offer praise and reinforcement whenever they see the children using these prosocial behaviors in naturally occurring settings. The homework assignments, which children complete with parents each week, also reinforce these concepts and help parents to learn and understand the same terminology that their children are using in Dinosaur School so that there is cross-setting consistency in responses from therapists and parents.

Group Management

The implementation of the Dinosaur program is dependent on the variety of therapeutic processes and methods described in this article. A final key element of successful group therapy with children who have conduct problems is utilizing research-based group-management strategies (e.g., incentives and time out; Brophy, 1996). In order to be able to teach these difficult children and provide a safe environment for them, the therapists must manage oppositional and aggressive behaviors extremely well. Research has shown that when children with conduct problems are placed in groups, they may reinforce each other's antisocial behaviors and actually become worse instead of better if their negative behaviors are not managed well (Dishion, McCord, & Poulin, 1999). A well-managed group with consistent rules and limits can provide these children with one of the first opportunities they have ever had to be successful in a learning environment with their peers. In fact, after an initial testing period, most children with conduct problems who participate in these groups enjoy coming to group, follow the rules consistently, and make some of the first positive friendships they have ever had. Group leaders work together, and in consultation with parents and classroom teachers, to develop individual behavior plans for each child in the group. Thus, although all of the children are expected to follow basic group rules, one child may have a special program designed to decrease rude talk, another child might be working on remembering to think before impulsively blurting out answers, and a third child might be working

on listening carefully to adult instructions. In this way, the particular issues of each child can be addressed in a group context.

PROGRAM EVALUATION

The Dinosaur treatment program has established short-term and long-term effectiveness with clinic-referred young children (ages 4–8 years) with conduct problems in two randomized control group studies (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2001, 2003). In the first randomized trial with 97 clinic-referred children (ages 4–7 years), families were randomly assigned to one of four groups: child training only (CT), parent training only (PT), combined parent and child training intervention (PT + CT), or waiting list control (WLC). Children attended the Dinosaur program in small groups of six for 2 hours per week for 18 weeks. Parents in the PT condition attended 22 weekly parenting sessions. Parents in the combined programs attended parent groups while their children participated in the child training Dinosaur program. Families in the waiting list control condition waited 8 to 9 months and then were randomly assigned to one of the three intervention conditions.

Families were assessed at baseline, 2 months after the intervention was completed, and 1 and 2 years posttreatment. Assessments included parent and teacher reports of behavior problems on standardized measures, observations of parent–child interactions at home by observers who did not know what treatment condition families received, child problem-solving testing, and laboratory observations of children playing with a friend. There were no significant differences among the groups on variables at baseline.

At posttreatment, results showed that the combined parent and child training was more effective than parent training alone and that all three intervention conditions were superior to the control group. The CT program by itself resulted in significant improvements in observed peer interactions as well as number of different positive solutions on the WALLY social problem–solving test (Webster-

Stratton, 1990d). Children who had received the Dinosaur curriculum were observed to be significantly more positive and less negative in their social interactions with peers than children whose parents received PT only or than controls. Parents in the conditions that included PT demonstrated significantly more positive parenting behaviors (including praise and positive affect) and parent collaboration, and they reported fewer behavior problems than control families on the *Child Behavior Checklist* (Achenbach & Edelbrock, 1991). These parents also demonstrated significantly more mother praise and parent collaboration than families receiving only CT (see Figure 1).

One year later, all significant changes noted at posttreatment were maintained. All three treatment groups reported significantly fewer child behavior problems, fewer targeted negative behaviors, less spanking, more positive behaviors, better child problem-solving skills, and lower parenting stress levels compared to baseline. In addition, observers rated all the intervention children as demonstrating significantly less deviance and more positive affect at home, compared to posttreatment, indicating that the children continued to show improvements in the year following treatment. In addition, children in both the CT and PT + CT treatment groups showed maintenance over time in their ability to generate positive social problem–solving strategies in response to hypothetical conflict situations on the WALLY test. Analyses of the subsample of children who scored in the abnormal range on teacher reports at baseline ($n = 54$) revealed significant improvements for all treated children at the 1-year follow-up. Analyses of the clinical significance (measured by a 30% reduction in observed total child deviant behaviors at home) revealed that the PT + CT group showed the most sustained effects in child behavior, with 95% of the children demonstrating a clinically significant reduction in deviant behaviors, compared with 74% of the CT only condition and 60% of the PT only condition (Webster-Stratton & Hammond, 1997). The difference between the PT + CT and PT groups was significant ($p < .01$), indicating the additive

effects of CT. Consumer satisfaction continued to be high at follow-up for all treatment conditions, with 95% of mothers and 100% of fathers reporting improvement in their children's behavior.

Despite these positive changes in observed behavioral interactions with peers and in assessments of social problem solving by parents, the behavior changes in the classroom immediately posttreatment were nonsignificant according to teacher reports. This finding may have been due to limited power because only half of the sample of children had clinically significant problems at baseline according to the teachers (thus creating a floor effect). When we looked at the subsample of problem children separately, we did find significant effects. We postulated several other reasons for the teachers' modest effects as well. First, although the teachers were consulted by telephone, sent information about the program, and asked to reinforce specific prosocial behaviors, they received no direct training in behavior management or the curriculum, and they were not monitored in regard to whether they followed through with the program suggestions. As we have noted earlier, negative academic and social experiences in the school setting have been shown to contribute to the ongoing development of conduct problems. Teachers with poor classroom-management skills and low rates of praise have classrooms with higher levels of aggression and rejection, which in turn have been shown to influence the continued development of individual children's continued conduct problems (Kellam, Ling, Merisca, Brown, & Ialongo, 1998).

In light of these findings, our next evaluation of the child interventions included a teacher training component (Webster-Stratton & Reid, in press) targeted at specific classroom risk factors (classroom management skills, behavior plans, and collaboration with parents). This teacher training was offered in combination with small-group child social skills training for treating young children with ODD. No studies existed that examined the added benefits of pairing teacher training with child training to treat young children with ODD.

Effect Sizes by Treatment Condition for # of Positive Solutions on the Cognitive Social Problem-Solving Test
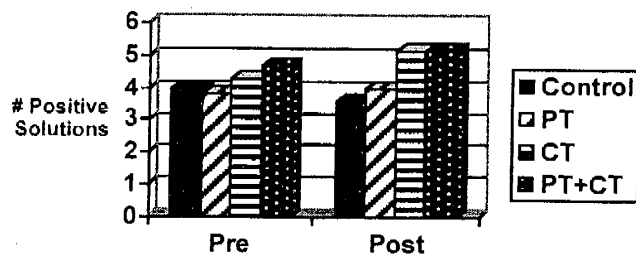
Effect Sizes by Treatment Condition for Laboratory Observation of Peer Interactions: Negative Conflict Management
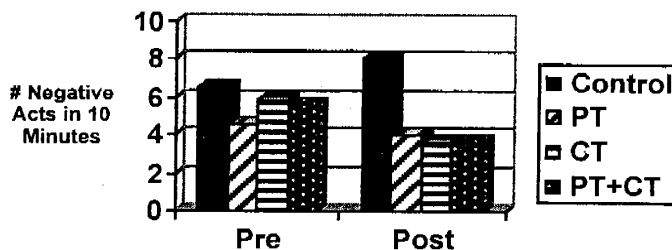
Effect Sizes by Treatment Condition for Mother Reports of Behavior Problems (CBCL)
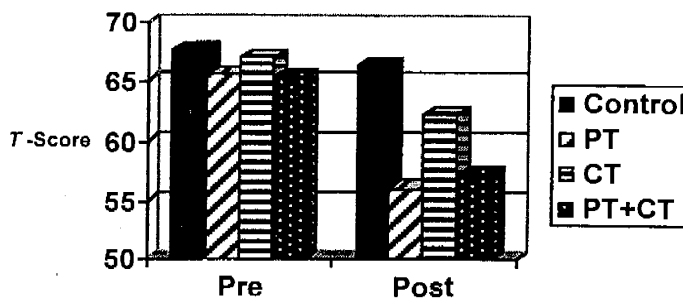
FIGURE 1. Graphs based on data from Webster-Stratton and Hammond (1997). Effect sizes (d):Top panel: CT versus Control, .79 (p < .05); PT + CT versus Control, .69 (p < .05); PT versus Control, .25. Middle panel: CT versus Control, .58 (p < .05); PT + CT versus Control, .54 (p < .05); PT versus Control, .46 (p < .05). Bottom panel: CT versus Control, .38; PT + CT versus Control, .73 (p < .05); PT versus Control, .89 (p < .05). CBCL = Child Behavior Checklist (Achenbach & Edelbrock, 1991).

% Change in Classroom Observations of Aggression From Baseline to Post Treatment
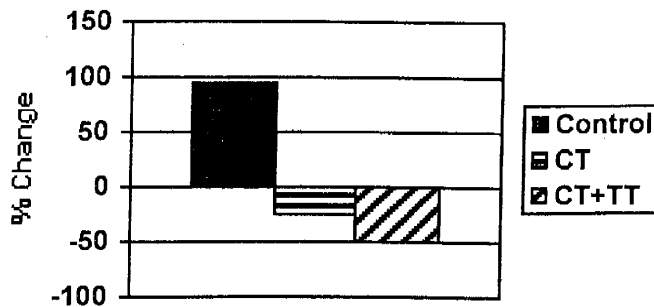
FIGURE 2. Data from Webster-Stratton, Reid, and Hammond (2003). CT versus Control, d = .50 ($p < .05$); CT + TT versus Control, d = .66 ($p < .05$).

TABLE 1
Effect Sizes (Cohen's d) for CT and CT + TT Groups Compared to Controls on Composite Scores

Composite domains	CT vs. control	CT + TT vs. control
Mother negative parenting	.51	.51
Child negative at home/mother	.41	.55
Child positive with peers	.35	.29
Child negative at school	.41	.41
Teacher negative	.35	.46

Note. CT = child training only; TT = teacher training; Cohen (1988) d = .2, small effect; d = .5, moderate effect; d = .8, large effect.

The Incredible Years child and teacher training curricula were evaluated in a randomized trial with 159 clinic-referred families with children (ages 4–8 years) who had been diagnosed with early onset ODD/CD (*DSM-IV*) according to the procedures outlined previously for the first study. Families (85% Caucasian) were randomly assigned to child training only (Dinosaur curriculum, CT), CT combined with teacher training (CT + TT), or a waiting list control (other conditions involving parent training also evaluated in this study are described elsewhere (Reid, Webster-Stratton, & Hammond, in press; Webster-Stratton et al., 2003). The 18-week child training program was identical to that described above. The TT compo-

nent consisted of four full-day workshops offered monthly and a minimum of two school consultations wherein the parents and the child's small-group therapist met with the child's teacher to plan an individual behavior plan. Regular calls were made to teachers to support their efforts and to keep them apprised of the progress of the child. Families in the waiting list control condition waited 8 to 9 months and then were offered treatment.

Assessments were conducted at baseline, 2 months after the intervention was completed, and 1 year and 2 years post-assessment. All of the same assessments from the study described earlier were used, along with independent school observations. All of the children were ob-

served at school on four occasions during structured and unstructured times at each assessment phase. Following the 6-month intervention, children in the CT and CT + TT conditions were significantly less negative at home and at school (with teachers and peers) according to parent and teacher reports as well as independent observations at home and in the classroom at school. Children in the CT and CT + TT groups showed more prosocial skills with peers than did children in the control groups. To our surprise, mothers and teachers of children in both the CT and CT + TT groups were also less critical in their interactions with the children. All TT conditions resulted in teachers who were significantly less critical, more nurturing, and more consistent compared to control teachers (Webster-Stratton et al., 2003). The graphs in Figure 1 represent composite scores for several domains of interest; these composite scores contain both report and observational data; consequently, they are a more robust measure of treatment effectiveness than single measures. In all of the results presented, CT and CT + TT are significantly different from control but not from each other (see Figure 2). Table 1 presents effect size comparisons for CT versus control and CT + TT versus control for all of the domains measured.

In an additional analysis, we combined the sample of children from both these studies to look at how biological risk factors (inattention, impulsivity, hyperactivity), parenting risk factors (critical and physically violent discipline), and family stress risk factors (marital conflict, social class, depression, negative life stress, anger) affected the CT group outcome. The only risk factor related to failure to improve problems of child conduct after CT treatment was negative parenting (i.e., critical statements and reports of physical force; Webster-Stratton et al., 2001).

SUMMARY

The results of these two studies indicated that of the two single risk factor interventions, the PT approach was superior to the CT approach in terms of child behavior improvements (as reported by parents), parenting behaviors (as observed by in-

dependent raters), and consumer satisfaction. Intervention involving CT was superior to PT in terms of child social problem–solving and conflict-management skills with peers (as tested and observed, respectively). Combining PT with CT (the two risk factors model) produced more significant improvements across a broader range of outcome variables. TT did appear to add significantly to CT in terms of reductions of observed physical aggression in the classroom. For the target child in school 6 hours per day, changes amounted to 25% (CT) to 50% (CT + TT) fewer physically aggressive acts with peers post-treatment, from a mean of 24 acts per day at baseline to 12 per day, whereas control group children increased by 100%. Moreover, one would expect that the trained teachers' responses would affect not only the target child but also other children in the classroom. It was encouraging to find that effects (maintained at the 1-year follow-up) were consistent in the CT condition as well as the PT condition according to parent and teacher reports and independent observations with peers and parents.

These findings related to the CT intervention are of particular interest because they indicate that the CT program not only enhanced parent training outcomes but by itself resulted in sustained improvements in conduct problems and social problem solving across time and settings (moderate effect sizes were found for child negative behavior at home and school). Our data indicate that the social problem–solving skills learned in the program and demonstrated by the children when tested were actually used when the children were faced with real conflict with a friend (effect size = .35). Moreover, improvements in child social skills and conduct problems at home were noted by both mothers and fathers, suggesting that the skills learned in the clinic generalized to the home and were maintained over time. These findings are important in light of earlier reviews of the social skills training literature that suggested that there is little empirical support for the efficacy of such training in terms of durable gains across situations and over time (Gresham, 1998). We postulate that the efforts in the CT program

to link the specific social skills deficits of each child to a particular intervention strategy and to share these strategies with parents and teachers paid important dividends. The significant findings with the CT and TT interventions are also important because it is undeniable that some parents will not be able to participate in parent training, for any number of reasons, and in such cases the CT and TT interventions are the only possible avenue for working with the child.

Finally we hypothesize that an even more effective model of treatment would be to offer the CT groups in the schools (in conjunction with TT training) rather than pulling out children to meet in a mental health center. In this way, we could take advantage of naturally occurring incidents by having teachers primed to reinforce specific behaviors. Nonetheless, it appears that the best approach is to use CT not as a stand-alone treatment for children with conduct problems but rather as an integral part of an intervention that involves parents and teachers. Although this article focuses on treating small groups of children with diagnosed behavior problems, we are also evaluating a classroom version of the Dina Dinosaur Social, Emotional and Problem Solving Child Training Program to be used by teachers. The classroom version is delivered to all children in the classroom, several times per week, throughout the school year. In this way, young children are provided with the language and skills to cope effectively with the emotions and problems that arise in their everyday lives. Preliminary results and experience with the program in more than 40 Head Start, kindergarten, and first-grade classrooms suggests the program is highly regarded by teachers, parents, and children.

Several recent reports, such as the Surgeon General's report on children's mental health (Office of the Surgeon General, 2000) and *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000), have highlighted the need for the adoption of evidence-based practices that support young children's social and emotional competence and prevent or decrease the occurrences of challenging behavior in

early childhood. Research in effective dissemination of empirically supported programs, such as the Dinosaur program, is now needed to understand how to best bring these effective programs into mental health and school settings where children, their families, and teachers will benefit from them.

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Authors' Notes

Note

Please see the book *How to Promote Children's Social and Emotional Competence* by Webster-Stratton (Sage Publications) for more details.

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Combining Parent and Child Training for Young Children with ADHD

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The efficacy of the Incredible Years parent and child training programs is established in children diagnosed with oppositional defiant disorder but not among young children whose primary diagnosis is attention-deficit/hyperactivity disorder (ADHD). We conducted a randomized control trial evaluating the combined parent and child program interventions among 99 children diagnosed with ADHD (ages 4–6). Mother reported significant treatment effects for appropriate and harsh discipline, use of physical punishment, and monitoring, whereas fathers reported no significant parenting changes. Independent observations revealed treatment effects for mothers' praise and coaching, mothers' critical statements, and child total deviant behaviors. Both mothers and fathers reported treatment effects for children's externalizing, hyperactivity, inattentive and oppositional behaviors, and emotion regulation and social competence. There were also significant treatment effects for children's emotion vocabulary and problem-solving ability. At school teachers reported treatment effects for externalizing behaviors and peer observations indicated improvements in treated children's social competence.

Attention-deficit/hyperactivity disorder (ADHD) in young children mark significant risk for later oppositional defiant disorder (ODD), which in turn confers risk for early-onset conduct disorder (CD; see Beauchaine, Hinshaw, & Pang, in press; Campbell, Shaw, & Gilliom, 2000). Early-onset CD exacts enormous costs on society in terms of adolescent school dropout, delinquency, substance abuse and dependences, and interpersonal violence. Moreover, early-onset CD is among the most refractory of all psychiatric

conditions, with interventions becoming increasingly less effective and more expensive if delayed until late childhood or adolescence (Offord & Bennet, 1994). These findings suggest that one effective means of preventing CD may be to target preschool children with ADHD before more serious conduct problems have escalated. Unfortunately, one limitation of the ADHD treatment-outcome literature is that comparatively little research has been conducted with samples of children younger than age 7.

LIMITATIONS OF PSYCHOSTIMULANTS FOR YOUNG CHILDREN WITH ADHD

Although research indicates that methylphenidate and other psychostimulants are effective in reducing core ADHD symptoms such as inattention and distractibility among preschoolers (see, e.g., Connor, 2002), there is little evidence to suggest that these medications prevent the escalation of ADHD to ODD and CD in later

childhood or adolescence (Hinshaw, 1994; Pelham, Wheeler, & Chronis, 1998). In the 14-month follow-up of the MTA trial, the largest intervention effect on oppositional/aggressive behaviors in school-age children with ADHD (7 years and older) was observed when a behavioral intervention was paired with medication (MTA Cooperative Group, 1999a, 1999b). Issues of efficacy aside, many parents and service providers are reluctant to use psychostimulants when children are younger than 7 years of age due to concerns about possible adverse effects on developing anatomical structures (Henderson & Fischer, 1995), perceived overprescription (Jensen et al., 1999), lack of long-lasting effects on academic achievement (Swanson, McBurnett, Christian, & Wigal, 1995), and the observation that long-term behavioral improvements require adjunctive psychosocial interventions (Ialongo, Horn, Pascoe, & Greenberg, 1993). Furthermore, parents of most children who are prescribed stimulants fill the prescription for only 1 to 2 months (Sherman & Hertzig, 1991). Finally, psychostimulants are not effective for 20% to 30% of children with ADHD (Swanson et al., 1995).

PARENT TRAINING INTERVENTIONS FOR YOUNG CHILDREN WITH ADHD

In response to these concerns, it is critical that further development of psychosocial interventions for young children with ADHD be pursued. In part, this suggestion follows from the conjecture that interventions may be the most effective with young children, who have not yet experienced school failure, social rejection, and a long history of negative parenting responses to their disruptive behaviors (Johnston & Mash, 2001; Pelham et al., 1998; Rappaport, Ornoy, & Tenenbaum, 1998). Pisterman, McGrath, Firestone, and Goodman (1989) reported improvements in mother–child interaction quality and rates of child compliance among preschoolers with ADHD following parent training, effects that were maintained 3-months posttreatment and replicated in a follow-up study (Pisterman et al., 1992). Sonuga-Barke, Daley, Thompson, Laver-Bradbury, and Weeks (2001) reported similar findings that extended to ADHD behaviors and were maintained at 6-month follow-up. Of importance, concurrent improvements in child compliance suggest reduced oppositionality, a finding consistent with observed effects of behavioral interventions in older children. Thus, psychosocial interventions that include parent training hold promise in treating young children with ADHD, a conclusion supported by findings from the MTA trial indicating that negative and ineffective discipline strategies moderated treatment efficacy among grade school children (Hinshaw et al., 2000).

However, as very little research exists in this area, firm conclusions cannot be drawn at present about the efficacy of psychosocial interventions for children with ADHD who are younger than age 7. Given this, additional research examining the effects of ADHD treatment programs on 4- to 6-year-old children represents an important contribution to the literature. Moreover, intervention targeting preschoolers with comorbid ADHD and ODD has generally not been conducted. In a notable exception, Barkley et al. (2000) recruited 158 kindergarteners who exhibited high levels of ADHD, ODD, and CD behaviors and assigned them to parent training only, classroom day treatment only, a combined condition, or a control group. In general, treatment response was poor, although the classroom intervention produced improvements in classroom aggressive behavior, social skills, and self-control. Unfortunately, these effects did not persist at a 2-year follow up (Shelton et al., 2000) and did not generalize beyond the classroom. Moreover, the parent training intervention yielded no effects. These null effects are perplexing given the established efficacy of parent training in reducing ODD and CD behaviors among children in this age range (Brestan & Eyberg, 1998). However, attendance in the Barkley study was poor, as only 25% of parents attended more than 4 of 14 sessions. Given such poor parental attendance, what was referred to as a multimethod psychoeducational approach was in effect primarily a classroom intervention. Although classroom interventions are important, the broader literature on externalizing behaviors suggests that effective treatments must include parent training, as parents are the primary socializing agents of young children.

RESEARCH ON INTERVENTIONS FOR CHILDREN WITH ODD AND CD

A second limitation in the treatment literature addressing ADHD among young children is the failure to draw from the broader literature on externalizing disorders. Thus, most studies of ADHD have been informed minimally by research on ODD and CD (Beauchaine, Neuhaus, Brenner, & Gatzke-Kopp, 2008), despite evidence indicating that a large proportion of children with ADHD go on to develop ODD and CD (Biederman, Newcorn, & Sprich, 1991). For example, in contrast to the Barkley et al. (2000) study just outlined, most psychosocial interventions that have been tested with preschool children with ODD have focused on parent training exclusively. It is clear that poor parenting predicts (a) the development of ODD and conduct problems among impulsive children, and (b) poor treatment outcome (Patterson, DeGarmo, & Knutson, 2000). However, the broader literature on externalizing

TREATMENT OF ADHD AND ODD IN PRESCHOOLERS

disorders suggests that parent training is effective in reducing behavior problems at home yet by itself may not be sufficient to prevent negative child outcomes in other settings, including school and peer interactions. Indeed, interventions for externalizing conduct are maximally effective when they target multiple risk factors across multiple settings, thereby addressing all influences on children's social and emotional development (Backeland & Lundwall, 1975).

THE INCREDIBLE YEARS INTERVENTIONS

Parent Program

The efficacy of the Incredible Years (IY) parenting program has been evaluated in a series of randomized control group studies with more than 800 families of 3- to 7-year-olds with ODD and CD. Results indicate sustained improvements 1- to 2 years postintervention in positive and consistent parenting, coercive and violent discipline, parent–child interaction patterns, and child conduct problems at home (Webster-Stratton & Reid, 2010). It is important to note that approximately 30% of the sample of children recruited for ODD also had elevated levels of ADHD symptoms and the IY parent program was shown to be as effective for these comorbid children as it was for ODD-only children (Hartman, 2000). Furthermore, reducing negative discipline practices and increasing parenting efficacy, both of which predicted outcome in the MTA trial over and above effects of intervention (Hoza et al., 2000), are focal points of treatment. Efficacy of the IY parent program for children for reducing ODD symptoms has been replicated by independent investigators in mental health clinics in Europe (Drugli & Larsson, 2006; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). However, the efficacy of the IY program has not been evaluated among children with a primary diagnosis of ADHD. Little is known about the impact of the IY parenting program for improving emotion regulation and social competence or decreasing inattentive and hyperactive symptoms, and ODD/CD outcomes have not been evaluated in children recruited for ADHD.

Child Program

Two randomized control group studies have evaluated the effectiveness of the IY Dinosaur School child training program. In these trials, children with ODD who received Dinosaur School training showed improved conflict management skills and cognitive problem-solving skills and less aggression at school than children in parent training only and control group conditions (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). Comorbid ADHD

did not affect these outcomes (Webster-Stratton, Reid, & Hammond, 2001b). Moreover, families who received combined parent and child training exhibited both cross-setting changes and greater maintenance of treatment effects at 1-year follow-up (Webster-Stratton et al., 2004). This research demonstrates the necessity of combining parent training with the child intervention.

By addressing multiple intervention targets that address family and school/peer risk factors, clinically significant improvement in ODD/CD behaviors are achieved for two thirds of participant children (Webster-Stratton & Hammond, 1997). Moreover, although children in the IY intervention studies were recruited for oppositional behaviors rather than ADHD, secondary data analyses indicate that both the parent and child programs are at least as effective for reducing ODD symptoms for the subset of children with high levels of ADHD symptoms (Hartman, Stage, & Webster-Stratton, 2003). However, in these prior studies, limited data were available regarding hyperactive and inattentive behaviors, and no formal ADHD diagnoses were made.

CURRENT STUDY

Based on these prior studies, we hypothesized that IY parent and child training for preschool children with ADHD would result in positive changes for children with ADHD with or without ODD. These two IY programs seem promising for this population given similar intervention targets for children with ODD (i.e., building academic and attention skills, emotional regulation and problem solving, social competence, etc.). The current study adds to our understanding of the effectiveness of the IY parent and child programs for children with a primary diagnosis of ADHD, and to its use for preventing and reducing the development of ODD in this population.

METHOD

Participants

In total, 99 young children (4–6 years of age) with ADHD (hyperactive or combined type) were assigned randomly to either (a) an IY treatment condition (n = 49) or (b) a waitlist control condition (n = 50). Descriptive statistics and demographics are presented in Table 1. No significant group differences were observed on any family or child demographic variables at study entry, when children were 4 to 6 years old. Approximately half of the children had ADHD and half had comorbid ADHD+ODD. Of the 99 families who completed baseline assessments, 3 dropped out of the waitlist condition and 2 dropped out of the intervention

TABLE 1
Demographic Characteristics and /Descriptive Statistics by Group

Variable	Group		Test-Statistic[c]	Effect SizePartial η^2
	Intervention[a]	Waitlist[b]		
Child's Sex (% Male)	73%	78%	$\chi^2(1) = 0.28$	.05
Child's Age (Months)	64.1 (11.3)	64.4 (10.6)	$F(1, 95) = 0.02$	00
Child's Grade (%)			$\chi^2(1) = 1.44$	.12
Preschool	22 (45%)	25 (50%)		
Kindergarten	17 (35%)	12 (24%)		
1st Grade	10 (20%)	13 (26%)		
Child With Comorbid ODD	26 (53%)	22 (44%)	$\chi^2(1) = 0.37$	.09
Child Adopted	7 (14%)	11 (22%)	$\chi^2(1) = 0.31$	.11
Child's IQ	100.4 (14.4)	106.9 (32.0)	$F(1, 97) = 1.62$	.02
Language Delay	20 (40%)	18 (38%)	$\chi^2(1) = 0.24$	.03
Receiving Early Intervention	26 (52%)	21 (44%)	$\chi^2(1) = 1.21$	.07
Mothers Partnered	38 (77%)	40 (81%)	$\chi^2(1) = 0.08$	.08
Child's Ethnicity (% Minority)	14 (28%)	13 (26%)	$\chi^2(1) = 0.08$	.04
Mother Ever Imprisoned?	6 (13%)	5 (10%)	$\chi^2(1) = 0.01$	.07
Father Ever Imprisoned?	13 (26%)	12 (24%)	$\chi^2(1) = 0.08$	.08
Mother's Age (Years)	37.3 (6.0)	38.7 (6.9)	$F(1, 97) = 1.09$	.01
Father's Age (Years)	40.1 (8.5)	41.5 (8.2)	$F(1, 86) = 0.82$	.01
Hollingshead Score (SES)	32.3 (13.3)	31.6 (14.1)	$F(1, 94) = 0.25$	<.01
Mother Education (Years)	15.6 (2.3)	15.6 (2.1)	$F(1, 97) = 0.00$	.00
Father's Education (Years)	15.2 (2.2)	15.1 (2.5)	$F(1, 97) = 0.09$	<.01
No. of Children in Home	1.8 (0.7)	2.2 (1.0)	$F(1, 97) = 3.93$	.04
Parenting Disagreements Score	1.8 (0.5)	2.1 (0.7)	$F(1, 97) = 3.81$	.04

Notes: Continuous variables are expressed as M (SD). ODD = oppositional defiant disorder; SES = socioeconomic status.
[a]$n = 49$.
[b]$n = 50$.
[c]Degrees of freedom differ for some variables due to missing data.
$^*p \leq .01.$ $^{**}p \leq .001.$

condition. In all cases, attempts were made to collect posttreatment data, even if the family had not completed treatment. Partial data were collected for 48 of the 49 intervention families and 48 of the 50 waitlist control families.

Procedures

All study procedures were approved by the University of Washington Institutional Review Board, and parental consent was obtained. Participants were recruited through teachers and school counselors at local preschools and elementary schools, pediatricians' offices, mental health professionals, and community parent publications. Parents were invited to call if their children had a diagnosis of ADHD or showed very high levels of hyperactive and/or inattentive behavior. An initial phone screen conducted by a research assistant explained the requirements of the study (e.g., random assignment to immediate treatment or waitlist condition, no medication, length of intervention, no autism diagnosis). Two hundred four parents inquired about the study. Among these, 156 felt their child might be eligible for the project and wanted to continue to the detailed phone screen.

These 156 families completed a structured telephone interview with a clinician, which included portions of the Child Symptom Inventory (CSI; Gadow & Sprafkin, 1997) and the Child Behavior Checklist (CBCL; Achenbach, 1991). The CSI yields dimensional scores and diagnostic cutoffs for most Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev. [DSM-IV-TR]; American Psychiatric Association, 2000) internalizing and externalizing disorders. Symptoms are rated on a 4-point scale ranging 0 (never), 1 (sometimes), 2 (often), and 3 (very often), with ratings of 2 or higher considered positive for each diagnostic criterion. Scales from the CSI included those assessing ADHD (both inattentive and hyperactive-impulsive) and ODD. In the most recent validation sample (Sprafkin, Gadow, Salisury, Schneider, & Loney, 2002), internal consistencies (Cronbach's alphas) were .91 for both the ADHD and ODD scales, and 4-month test–retest reliabilities were .72, and .65, respectively. In addition, the attention problems subscale of the CBCL was administered.

Among the 156 families who completed the phone screen, 103 had a child who met inclusion criteria (≥95th percentile on the CBCL Attention Problems scale and met DSM–IV criteria for hyperactive-impulsive or combined subtype of ADHD on the CSI

and were not taking medication to treat ADHD). These families were scheduled for an initial clinic visit at which parents were administered the Diagnostic Interview Schedule for Children, ADHD module. Ninety-nine of the 103 children who came to the clinic intake were eligible to continue in the study based on a diagnosis of hyperactive-impulsive or combined subtype ADHD on the Diagnostic Interview Schedule for Children.

All assessments were conducted on the same time line across treatment conditions. Pretests were conducted from September to October. The intervention ran from November to April, and postassessments were conducted in May and June. Assessments included initial interviews with both parents (when available), mother and father reports of parenting behaviors, and parent and teacher reports of child social competencies and inattentive, hyperactive, oppositional, and aggressive behaviors. In a second clinic visit, mother and child interactions were observed in the laboratory (budgetary constraints did not allow for a father–child observation). Children were observed by independent raters at school with peers.

Interventions

The IY parent training intervention consisted of 20 weekly, 2-hr sessions conducted with six families per group. The newest version of the basic IY preschool curriculum (revised 2008) was offered. This updated version of the program has new curriculum material focusing on academic, persistence, social and emotional coaching, establishing predictable household routines and schedules, emotion regulation strategies, and teaching children to problem solve. This version of the program includes new vignettes showing children with ADHD in order to enhance parental understanding of how to respond effectively to these children and understand their developmental levels and temperament. Additional sessions from the IY advance parent curriculum included problem solving between adults and with teachers regarding child behavior plans, and strategies to build family interpersonal support, reduce depression, and manage anger.

The IY Dinosaur training program was held at the same time as the parent program. Program topics included following group rules, identifying and articulating feelings, problem solving, anger management, friendship skills, and teamwork. Each 2-hr session consisted of three short circle times and three to four planned activities to reinforce concepts presented in circle time. Therapists used coaching methods during unstructured play times to encourage appropriate peer interactions and targeted social and emotional skills. See Webster-Stratton (2007) and Webster-Stratton and Reid (2008) for more detailed information regarding

the use of these two interventions for children with ADHD.

Intervention Integrity

Fidelity was monitored and measured in the following ways: (a) Initial IY parent and child group sessions were conducted using standard manuals and protocols; (b) all child and parent groups were videotaped and reviewed by the program developer and the group leaders during weekly supervision; (c) protocol checklists were completed by the group leaders after each session, indicating which vignettes, activities, and practice exercises were used in each session; and (d) one of the parent group leaders and one of the child group leaders (both were master's level and were IY certified to lead groups) were consistent across all groups throughout the course of the study. Each group leader had a coleader who was also certified in the program (all were master's- or doctorate-level clinicians), and the program developer participated in a support/consultation role for each intervention. Reviews of session protocols and videos indicated that all groups showed all required vignettes, completed all practice activities, and completed all 20 session protocols.

Measures

Parent Reports of Parenting Behavior and Adjustment

Parenting practices inventory (conduct problems prevention research group [CPPRG], 1996). This questionnaire was revised from the Oregon Social Learning Center's discipline questionnaire for parents of older children and has been used in multiple treatment-outcome studies, where they have shown to be sensitive treatment effects (e.g., Webster-Stratton, Reid, & Hammond, 2001a). Five summary scores were included in this project: (a) appropriate discipline (e.g., brief timeout, ignoring, consequence; $\alpha = .81$), (b) praise and incentives ($\alpha = .68$), (c) monitoring ($\alpha = .55$), (d) harsh and inconsistent discipline (e.g., raise voice, threaten, say mean things; $\alpha = .80$), and (e) physical punishment (e.g., spank or hit child; $\alpha = .79$).

Parent Reports of Child Behavior

CBCL (Achenbach, 1991). The 1991 version of this questionnaire was used, which is validated for children ages 4 to 16. For purposes of this study, broadband externalizing and internalizing scores were extracted from the CBCL as measures of behavioral outcomes. In addition, the Attention Problem subscale was used in the phone screen to measure levels of hyperactivity and inattention. The CBCL has well-established norms.

Intraclass correlations for the validation sample were .98 for interparent agreement and .84 for test–retest reliability (Achenbach, 1991).

Conners' Parent Rating Scale–Revised (CPRS–R; Conners, Sitarenios, Parker, & Epstein, 1998).
The CPRS–R is a 57-item instrument that assesses ADHD and comorbid psychopathology. Summary scores for hyperactivity, inattention/cognitive problems, and oppositional behaviors were used. For these scales, in the current sample, alpha coefficients range from .91 to .93. The CPRS differentiates between children with and without ADHD (CPRS–R; Conners et al., 1998).

Eyberg Child Behavior Inventory (ECBI; Robinson, Eyberg, & Ross, 1980).
The ECBI is a 36-item inventory of conduct problem behaviors for children ages 2 to 16. Two summary scores measure the number of reported conduct problems and the intensity of these problems. In the current sample, alphas for these both scales are .95 for intensity and .94 for number of problems. The ECBI problem and intensity scores were correlated significantly with both the CBCL externalizing (.67 and .75, respectively) and internalizing (.48 and .41, respectively) scales (Robinson et al., 1980).

Social Competence Scale (CPPRG, 1999a, 1999b).
The Social Competence Scale consists of 12 items that assess parental perceptions of children's positive social behaviors (e.g., resolves peer problems, understands others, shares, is helpful, and listens; $\alpha = .81$) and emotion regulation (e.g., accepts things, copes with failure, thinks before acting, can calm down, and controls temper; $\alpha = .80$). In the Fast Track sample (CPPRG, 1999a, 1999b) this measure distinguished between normative and control groups and showed adequate reliability alpha ranged from .89 to .94.

Teacher Reports of Child Behavior

Teacher Report Form (Achenbach, 1991).
The TRF is a teacher-report version of the CBCL (Achenbach & Edelbrock, 1991; see earlier). For this study, both the internalizing and externalizing scores were of interest. Two versions of this scale were used: the Caregiver Teacher Report (Achenbach, 1997) for children 5 years and younger, and the TRF for children 6 and older. The psychometric properties of these scales are well-established. Tes–retest reliabilities for broadband scales of the CTR and the TRF range from .77 to .89. Both measures show adequate content validity as all items discriminate between demographically similar referred and nonreferred children (Achenbach, 1991, 1997).

Conners' Teacher Rating Scale–Revised (CTRS–R; Conners, 1998).
The CTRS–R is a 38-item teacher-report instrument similar to the parent-report version. Three summary scores were used: hyperactivity/impulsivity, inattention/cognitive problems, and oppositional behaviors. Coefficient alphas for these scales in the current sample range from .89 to .93.

Independent Observations of Parent–Child Behaviors

All mothers and children were observed at pre- and posttreatment during (a) a 10-min laboratory unstructured free-play session, and (b) a 10-min parent-directed task in which mothers were asked to get their children to follow directions involving a challenging block-building task.

Dyadic Parent–Child Interactive Coding System–Revised (DPICS–R; Robinson & Eyberg, 1981; Webster-Stratton, 1988).
The DPICS–R is a well-researched observational measure for evaluating the quality of interactions between parents and children, and scores from this system have been shown to be sensitive to the effects of treatment (e.g., Reid, Webster-Stratton, & Beauchaine, 2001; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989). Also, the DPICS–R differentiated a referred sample of parents and children with conduct problems from a matched comparison group of parents with behaviorally normal children on parent and child variables (Webster-Stratton & Lindsay, 1999).

Three parent variables were used: praise, critical statements, and coaching (descriptive encouragement, reflective statements, and problem solving). The coaching variable was derived from several DPICS–R items and reflects the intervention focus on persistence, emotion, and social coaching methods. It includes descriptive statements and questions, reflective statements and questions, and descriptive comment or encouragement. Two child variables were used: child deviance (whining, crying, physical negativity, smart talk, yelling, destructiveness, and noncompliance) and child positives (verbal and nonverbal affect and physical warmth). Reliability was assessed by independent coding of 26% of sessions by two observers. Intraclass correlations were as follows: praise, .97; critical, .97; coaching, .95; child deviance, .70; and child positive, .96.

Independent Observations of Child Behavior in the Classroom

Each child was observed twice at pre- and postintervention (four observations total) for 30 min in the classroom in both structured (e.g., circle time, work time at desks) and unstructured (e.g., recess, lunch) settings.

Coder Observation of Child Adaptation–Revised (COCA–R). The COCA–R is an observational version of the Teacher Observation of Child Adaptation-R (Werthamer-Larsson, Kellam, & Oveson-McGregor, 1990). The teacher-report version of this scale distinguishes between normative and referred children (CPPRG, 1999a, 1999b). The coder version of this measure has been shown to be sensitive to intervention effects in our prior studies (e.g., Webster-Stratton, Reid, & Stoolmiller, 2008). To provide some validation data for this measure, correlations are provided between the COCA-R and the CTRS-R (Conners, 1998) in the current sample. Relevant subscales were moderately and significantly correlated (CTRS–R Oppositional Scale and the COCA–R Authority Acceptance scale, $r = .39$, $p < .01$; CTRS–R Inattentive Scale and the COCA–R Cognitive Concentration scale, $r = .26$, $p < .01$; CTRS–R Social Problems Scale and the COCA-R Social Contact scale, $r = .26$, $p < .05$).

Following each 30-min observation, coders respond to 26 items assessing three dimensions of behavioral adjustment to school: cognitive concentration (completes assignments, poor effort, eager to learn, works well alone) authority acceptance (steals, yells, lies, fights, teases, breaks rules), and social contact (initiates to peers, plays with others, positive social contact). High scores indicate more problematic behavior. Coders were blinded to study condition, and reliability checks were completed on 15% of observations. Intraclass correlations indicated high interrater reliability for each scale: cognitive concentration, .90; authority acceptance, .87; and social contact, .93.

Child Problem Solving and Feelings Assessment

Wally Problem Solving Test (Webster-Stratton, 1990b). The Wally Problem Solving Test measures children's social problem-solving skills by assessing their responses to hypothetical conflict situations. A summary score indicates the ratio of positive to negative strategies generated by the child. The Wally was derived from Spivak and Shure's (1985) Preschool Problem Solving Test and Rubin and Krasnor's (1986) Child Social Problem-Solving Test. Interrater reliabilities (intraclass correlations) were .93 for positive strategies and .71 for negative strategies. In our samples, 4- to 8-year-olds with conduct problems produce more aggressive and fewer prosocial strategies than controls (Webster-Stratton & Lindsay, 1999).

Wally Feelings Test (Webster-Stratton et al., 2008). The Wally Feelings test is a newly developed measure of children's emotion vocabulary. Children are shown eight pictures of other children in positive and negative situations and are asked how the

characters in the pictures would feel. The sum of different feeling words identified by the child provides a total feeling vocabulary score. This assessment was sensitive to intervention effects in a sample of more than 1,700 children who were assigned randomly to the IY child program or their usual classroom curriculum (Webster-Stratton et al., 2008).

Parent Satisfaction with Program

Parent satisfaction questionnaires. Following completion of the program, parents completed a detailed end-of-program questionnaire asking about their feelings about the parent and child programs.

RESULTS

Intervention Dose and Parent Participation

In the intervention group, 49 mothers and 39 fathers provided baseline data. All 49 mothers began treatment, with 47 completing. Two mothers dropped from the group (one moved and one's husband was killed). Thirty-six fathers began and completed treatment (3 fathers chose not to participate). Both mother and father attendance was high (mother $M = 18.5$, $SD = 4.2$; father $M = 17.1$, $SD = 4.3$ out of 20 sessions). These means include mothers who began therapy and dropped but not the fathers who came to no sessions.

Tests of Treatment Effects

Informant Reports

All parent- and teacher-report data were analyzed using repeated measures analyses of variance (ANOVAs). Child outcomes served as dependent variables in 2 Condition (intervention, waitlist) × 2 Time (pre, post) models. Given the expectation that intervention children should improve more than waitlist children, treatment effects are carried in the Condition (intervention, waitlist) × Time (pre, post) interaction. Accordingly, we report Condition × Time interactions and group contrasts at posttreatment for all outcomes in Table 2.

As shown, significant Condition × Time interactions were observed on all eight of the mother-report measures of externalizing behavior, all $Fs \geq 3.76$, all $ps \leq .05$. Four of these measures (CBCL aggression, CPRS hyperactive, ECBI intensity, and ECBI problem) yielded significant between group differences posttreatment. Significant Condition × Time interactions were also observed on maternal reports of emotion regulation and social competence, both $Fs \geq 17.77$, both $ps \leq .05$. Posttreatment between group differences were significant for both measures. For father reports, Condition × Time interactions were found on six of eight measures of

TABLE 2
Condition × Time Interactions in Analyses of Variance Assessing Child Behavior

| | Condition | | | | | | |
| | Intervention | | Waitlist | | | Condition × Treatment | |
Variable	Pre	Post	Pre	Post	df^a	Effect (F)	η_p^2
Mother Report Externalizing							
CBCL Externalizing	65.0 (7.2)	58.9 (8.6)	65.0 (9.0)	62.6 (9.9)	90	5.50*	.06
Broadband							
CBCL Aggression	66.4 (7.9)	60.2 (7.4)†	67.1 (11.2)	64.3 (10.3)†	90	4.17*	.04
CBCL Attention Problems	69.5 (8.9)	65.8 (7.0)	69.3 (10.8)	68.8 (9.6)	90	3.76*	.04
CPRS–R Oppositional	68.3 (11.3)	59.8 (10.6)	65.8 (12.6)	64.2 (13.2)	90	10.87***	.11
CPRS–R Inattentive	70.5 (12.6)	64.2 (12.5)	68.2 (13.4)	67.9 (12.1)	90	6.53**	.07
CPRS–R Hyperactive	74.3 (8.6)	65.5 (9.2)††	74.3 (8.9)	73.0 (11.3)††	90	13.37**	.13
ECBI Intensity	155.7 (3.0)	125.8 (3.9)‡	155.9 (3.0)	150.3 (3.8)‡	89	25.22***	.22
ECBI Problem	22.5 (0.9)	13.7 (1.0)‡	20.5 (0.9)	19.7 (1.0)‡	89	28.44***	.24
Mother-Report Internalizing							
CBCL Internalizing Broadband	56.9 (10.9)	51.9 (8.2)	58.3 (11.2)	55.6 (12.2)	90	2.12	.02
Mother-Report Emotion Regulation^c	1.9 (0.5)	2.5 (0.6)‡	1.9 (0.4)	1.9 (0.5)‡	89	25.25***	.22
Mother-Report Social Competance^c	2.7 (0.6)	2.9 (0.7)‡	2.6 (0.6)	2.7 (0.7)‡	89	17.77***	.17
Father-Report Externalizing							
CBCL Externalizing broadband	61.1 (9.9)	57.2 (8.8)	58.4 (11.0)	58.6 (10.3)	70	4.10*	.06
CBCL Aggression	62.0 (9.8)	58.8 (6.5)	60.4 (10.8)	60.3 (8.7)	70	2.99	.05
CBCL Attention Problems	65.5 (7.6)	64.8 (8.6)	64.1 (10.3)	65.8 (10.0)	70	2.33	.03
CPRS–R Oppositional	60.9 (11.7)	57.1 (9.2)	57.9 (12.4)	58.3 (11.3)	70	3.96*	.05
CPRS–R Inattentive	67.3 (13.7)	65.1 (12.7)	61.3 (13.2)	64.6 (12.4)	70	4.23*	.06
CPRS–R Hyperactive	67.1 (9.4)	63.4 (7.8)	66.3 (9.4)	67.3 (10.2)	70	4.67*	.06
ECBI Intensity	143.5 (5.2)	125.2 (4.4)	132.6 (4.7)	134.5 (4.0)	68	13.17***	.16
ECBI Problem	18.0 (1.3)	12.9 (1.4)	15.4 (1.2)	15.9 (1.3)	68	13.17***	.16
Father-Report Internalizing							
CBCL Internalizing Broadband	54.3 (10.1)	53.2 (10.0)	50.2 (9.6)	50.1 (10.2)	70	0.24	<.01
Father-Report Emotion Regulation^c	2.1 (0.5)	2.5 (0.5)††	2.1 (0.5)	2.1 (0.4)††	68	21.09***	.24
Father-Report Social Competance^c	2.7 (0.6)	3.1 (0.5)†	2.8 (0.6)	2.8 (0.5)†	68	9.52**	.12
Teacher-Report Externalizing							
TRF Externalizing Broadband	63.4 (10.6)	60.3 (10.4)	62.2 (10.2)	61.7 (9.2)	94	4.24*	.04
CTRS–R Oppositional	67.2 (15.5)	62.5 (12.6)	65.0 (15.7)	63.9 (15.0)	94	0.68	.01
CTRS–R Inattentive	61.9 (13.3)	59.7 (13.8)	59.0 (12.8)	57.5 (13.2)	94	0.13	<.01
CTRS–R Hyperactive	65.3 (12.2)	61.2 (10.9)	67.2 (11.0)	65.2 (10.0)	94	1.20	.01
Teacher-Report Internalizing							
TRF Internalizing Broadband	58.3 (10.8)	55.2 (9.3)	53.9 (9.4)	54.3 (9.0)	94	3.33	.03

Notes: All entries are expressed as M (SD) of T scores. CBCL = Child Behavior Checklist (Achenbach & Edelbrock, 1991); CPRS–R = Conners' Rating Scale–Revised (Conners, 1998; Conners, Sitarenios, Parker, & Epstein, 1998); ECBI = Eyberg Child Behavior Inventory (Robinson, Eyberg, & Ross, 1980).
^{a}Denominator degrees of freedom vary slightly among tests due to missing data.
^{b}Oppositional defiant disorder symptom count on Child Symptom Inventory (Gadow & Sprafkin, 1997).
^{c}Social Competence Scale–Parent Report (Conduct Problems Prevention Research Group, 1999a, 1999b).
*$p \leq .05$. **$p \leq .01$. ***$p \leq .001$. †Significant posttest difference between the treatment group and controls, $p \leq .05$. ††Significant posttest difference between the treatment group and controls, $p \leq .01$. ‡Significant posttest difference between the treatment group and controls, $p \leq .001$.

child externalizing behavior, all $Fs \geq 17.77$, all $ps \leq .05$. Significant Condition × Time interactions were also observed on paternal reports emotion regulation and social competence, both $Fs \geq 9.52$, both $ps \leq .05$, and the posttreatment group contrasts were significant for both measures. For teachers, a Condition × Time interaction was found only for the CBCL externalizing broadband score. As with the father data, none of the posttreatment group contrasts were significant.

Lab and School Observations

Repeated measures ANOVAs were also used to analyze lab and school observations of both parent and child behavior. As shown in Table 3, Condition × Time Time interactions were found for mother praise, coaching, and critical/negative statements, all $Fs \geq 4.83$, all $ps \leq .05$. Posttreatment group differences were significant for both praise and coaching. A significant Condition × Time interaction was also found for child

TABLE 3
Condition × Time Interactions in Analyses of Variance Assessing Lab and School Observations

	Condition						
	Intervention		Waitlist			Condition × Time	
Variable	Pre	Post	Pre	Post	df^a	Effect (F)	η_p^2
DPICS Lab Observations							
Free Play Parent Behavior							
Critical/Negative Statements	0.4 (0.7)	0.3 (0.9)	0.3 (0.8)	0.2 (0.3)	77	0.71	<.01
Praise	0.7 (0.5)	1.0 (0.9)††	0.7 (0.5)	0.5 (0.6)††	77	10.40***	.12
Coaching	3.8 (1.2)	4.6 (1.7)‡	4.0 (1.9)	3.3 (1.5)‡	77	13.52***	.15
Free Play Child Behavior							
Child Deviance	0.3 (0.5)	0.3 (0.7)	0.3 (1.0)	0.1 (0.2)	77	1.00	.01
Child Positives	0.6 (0.6)	0.5 (0.5)	0.6 (0.5)	0.5 (0.4)	77	1.08	<.01
Task parent Behavior							
Critical/Negative Statements	1.1 (1.2)	0.7 (1.2)	0.7 (0.7)	0.8 (1.0)	75	4.83*	.06
Praise	1.2 (0.9)	1.6 (0.9)††	1.1 (1.0)	1.1 (0.7)††	75	2.66	.03
Coaching	3.4 (1.4)	4.0 (1.5)†	3.3 (1.6)	3.3 (1.5)†	75	2.68	.04
Child Behaviors							
Child Deviance	1.1 (1.6)	0.7 (0.9)	0.7 (1.0)	0.7 (1.1)	75	4.54*	.06
Child Positives	0.3 (0.3)	0.4 (0.8)	0.2 (0.3)	0.2 (0.3)	75	1.00	.01
School Peer Observations							
COCA Cognitive Concentration	1.5 (0.1)	1.3 (0.1)	1.1 (0.1)	1.3 (0.1)	93	1.12	.02
COCA Authority Acceptance	0.3 (0.1)	0.3 (.01)	0.3 (.01)	0.2 (0.1)	93	0.11	<.01
COCA Social Contact	1.2 (0.1)	1.0 (0.1)	0.7 (0.1)	0.9 (0.1)	93	8.34**	.08

Notes: All entries expressed as M (SD). DPICS = Dyadic Parent–Child Interaction Coding System (Robinson & Eyberg, 1981); COCA = Coder Observations of Adaptation–Revised (Werthhamer-Larsson, Kellam, & Wheeler, 1991).
^{a}Denominator degrees of freedom vary slightly among tests due to missing data.
^{b}Oppositional defiant disorder symptom count on Child Symptom Inventory (Gadow & Sprafkin, 1997).
$^*p \leq .05.$ $^{**}p \leq .01.$ $^{***}p \leq .001.$ †Significant posttest difference between the treatment group and controls, $p \leq .05.$ ††Significant posttest difference between the treatment group and controls, $p \leq .01.$ ‡Significant posttest difference between the treatment group and controls, $p \leq .001.$

deviance. However, the group difference at posttest was not significant.

Parent Reports of Parenting Behavior

In repeated measures ANOVAs assessing parent reports of their own behavior, significant Condition × Time interactions were found on four of five mother-report variables, including appropriate discipline, harsh discipline, monitoring, and physical punishment, all Fs ≥ 8.44, all ps ≤ .01. However, no significant group differences were found at posttest. No effects on father reports of their own behavior were found (see Table 4).

Child Problem Solving and Feeling Language

Significant Condition × Time interactions were found for children's feeling identification and problem-solving ability, both Fs ≥ 3.98, both ps ≤ .05. Problem solving showed a significant group difference at posttest (see Table 5).

Parent Satisfaction

Each parent completed a 59-item satisfaction questionnaire upon completion of the intervention. Mean mother ratings on 48 of these 59 items were higher than 6 on a 7-point scale, indicating high satisfaction. Mean father ratings were above 6 on 38 of the 59 items. Examples of these items included overall program satisfaction, usefulness of home activities, group discussion, video vignettes, usefulness of home-school behavior plans and meetings, usefulness of program topics such as play, descriptive commenting, and coaching, praise, ignoring, timeout, and problem solving with adults and children. No items were rated lower than a mean of 4 by either mothers or fathers.

Additional Therapy

At the posttreatment interview, parents were asked if they had sought additional services for their child since intake. Five control families received additional therapeutic services (two children had social skills groups at school, one child was seen by an individual psychologist, and two families received some form of parent consultation). In the intervention condition, one child received a social skills group at school. In the control condition, seven children started medication compared with five in the intervention condition. There were no significant differences between conditions on these variables.

TABLE 4
Condition × Time Interactions in Analyses of Variance Assessing Parent Reports of Parenting Behavior

| | Condition | | | | | | |
| | Intervention | | Waitlist | | | Condition × Time | |
Variable	Pre	Post	Pre	Post	df^a	Effect (F)	η_p
PPI							
Mothers							
Appropriate Discipline	4.7 (0.9)	5.0 (0.9)	4.6 (0.8)	4.6 (0.9)	86	7.47**	.08
Harsh Discipline	2.9 (0.7)	2.4 (0.5)	2.9 (0.8)	2.8 (0.7)	86	6.05**	.07
Monitoring	6.3 (0.4)	6.5 (0.4)	6.5 (0.5)	6.3 (0.6)	85	11.99***	.12
Physical Punishment	1.5 (0.7)	1.2 (0.3)	1.3 (0.4)	1.3 (0.4)	86	8.44**	.09
Praise and Incentives	4.4 (0.8)	5.0 (0.9)	4.3 (0.8)	4.6 (0.8)	85	3.11	.04
Fathers							
Appropriate Discipline	4.5 (0.8)	4.7 (0.7)	4.2 (0.8)	4.3 (0.8)	74	0.17	< .01
Harsh Discipline	2.7 (0.6)	2.6 (0.6)	2.8 (0.7)	2.8 (0.6)	74	1.12	.02
Monitoring	6.2 (0.6)	6.2 (0.7)	6.0 (0.7)	6.0 (0.7)	74	1.62	.02
Physical Punishment	1.5 (0.4)	1.4 (0.5)	1.4 (0.6)	1.4 (0.7)	74	0.01	< .01
Praise and Incentives	4.2 (0.8)	4.8 (0.8)	4.0 (0.7)	4.4 (0.9)	74	3.39	.04

Notes. All entries expressed as M (SD). PPI = Parenting Practices Inventory (Conduct Problems Prevention Research Group, 1996).
[a]Denominator degrees of freedom vary slightly among tests due to missing data.
[b]Oppositional defiant disorder symptom count on Child Symptom Inventory (Gadow & Sprafkin, 1997).
*$p \leq .05$. **$p \leq .01$. ***$p \leq .001$.

TABLE 5
Condition × Time Interactions in Analyses of Variance Assessing Child Testing

| | Condition | | | | | | |
| | Intervention | | Waitlist | | | Condition × Time | |
Variable	Pre	Post	Pre	Post	df	Effect (F)	η_p
Wally Feelings							
Total Feelings	5.7 (0.5)	7.7 (0.5)	6.7 (0.5)	6.7 (0.5)	89	8.32**	.09
Wally Problem Solving							
Proportion Positive to Negative Solutions	0.6 (0.1)	0.8 (0.1)†	0.7 (0.1)	0.8 (0.1)†	89	3.98*	.04

Notes: Wally Feelings = Wally Feelings Test (Webster-Stratton, 1990a); Wally Problem Solving = Wally Game: A Problem-Solving Test (Webster-Stratton, 1990b).
*$p \leq .05$. **$p \leq .01$. †Significant posttest difference between the treatment group and controls, $p \leq .05$.

DISCUSSION

Understanding the effects of parent and child psychosocial and behavioral interventions for reducing inattentive, hyperactive, aggressive, and oppositional behaviors among preschoolers with ADHD is important because it has implications for preventing the further development of conduct disorders and academic difficulties. The goals of these two interventions are for parents and therapists to promote children's social competence and emotional regulation; increase their attention, persistence, ability to wait, and compliance with tasks and requests; and reduce their aggression and behavior problems. Overall, results from this study indicated promise for this intervention in terms of intervention effects on parent reports of children's ADHD symptoms, externalizing behaviors,

and social competence. Independent observations confirmed effects for children's deviant behavior and social skills. Overall engagement in the intervention was high, and parents were very satisfied. Both mother reports and independent observations indicated intervention effects on mothers' parenting. Unfortunately no effects were found on fathers' parenting.

Changes Child Behavior and Adjustment

Mother reports of child behavior showed significant Condition × Time results for inattentive and hyperactive behavior, oppositional and aggressive behavior problems, and emotional regulation and social competence. Comparison of posttreatment means showed that children in the treatment group were significantly less

aggressive, hyperactive, and oppositional than children in the control group. Significant Condition × Time results in the independent observations of children interacting with their mothers during a parent-directed task confirmed the mother-report results. Father reports showed significant Condition × Time results for children's hyperactive, inattentive, and externalizing behavior, emotional regulation, and social competence. In summary, although mothers reported more child behavior change than fathers, both parents reported change in ADHD symptoms, externalizing behaviors, and children's social competence and emotion regulation.

Changes in Parenting Behavior and Adjustment

Immediate posttreatment results indicated significant condition by time results for mothers' appropriate discipline and monitoring, harsh discipline, and physical punishment. Independent observations of mother–child interactions confirmed these findings. During unstructured child-directed play, treated mothers used more praise and encouragement and engaged in more coaching than control mothers. During the parent-directed task, treated mothers were less critical. Fathers in the intervention condition did not report significant changes in their parenting compared to controls. The lack of significant effects in father reports of their parenting is puzzling given their high rates of treatment attendance, which were comparable to mothers' attendance. All prior Webster-Stratton treatment studies have shown significant changes in most father outcomes (e.g., Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2004). Unfortunately, independent laboratory observations were not obtained for father–child interactions to determine if (a) their perceptions of their parenting were accurate, or (b) their behaviors actually changed despite a lag in self-perceptions. One possible explanation for the null findings is that 40% of mothers in the intervention condition were stay-at-home mothers, whereas only 6% of fathers stayed at home full time with their children. Thus fathers had less time to practice their parenting skills compared with mothers. Another possible explanation is that therapists reported anecdotally that more fathers in this study, as opposed to previous studies, were disorganized, and this trait could be an indicator of adult ADHD. This may have made it harder for them to absorb and integrate the new parenting strategies into their interactions with their children. Unfortunately, this variable was not measured well enough to draw any conclusions.

Results in the children's classroom behaviors were less pronounced. Teacher reports indicated significant treatment results for children's externalizing but not inattentive or hyperactive behaviors, and our independent observations did not show any treatment effects

for externalizing, inattentive, or hyperactive behaviors. One limitation of the current study is that, given budget constraints, the IY teacher classroom management program was not offered to the teachers of these children. In prior studies of IY interventions, teachers received between 4 and 6 days of classroom management training plus individual consultation. In those studies we found improvement in children's aggressive behaviors in the classroom (Webster-Stratton et al., 2001a, 2004). Further studies should include a classroom management intervention for teachers to ensure that parents and teachers are promoting the same behaviors across settings and using similar strategies and language. Indeed, prior research by Barkley et al. (2000) showed that the classroom intervention produced significant improvements in classroom aggressive behavior, social skills, and self-control. However, these effects did not generalize beyond the classroom, perhaps because in that case the parent intervention was minimal.

Nonetheless, despite the failure to reduce oppositional and aggressive behavior in the classroom, observations did reveal a significant Treatment × Time effect for social competence, and child testing indicated a significant treatment effect for children's social problem solving and feelings literacy. These findings suggest benefits of adding the child treatment Dinosaur program to the parent program in terms of social competence with peers. Prior studies have shown that when parents participate in the parent program without the addition of the child program, children's social and problem-solving skills with peers do not improve (Webster-Stratton & Hammond, 1997).

This study contributes to a growing body of literature showing the promise of intervening with children with ADHD during the preschool period. One strength of the study is the use of independent observations of mother–child interactions in the lab and child–peer interactions at school, in addition to parent- and teacher-report measures. Few studies have used observational methods to measure parent–child or peer interactions. Instead, most have relied on parent self-report behavior ratings to measure changes. Although parent reports provide important information about parents' perceptions of their children's behaviors, these ratings are supplied by those who received the intervention and thus may be biased in favor of reporting positive changes. The addition of teacher reports, independent observations with mothers and in the classroom with peers, as well as independent testing of social problem solving, strengthens the validity of the intervention effects reported. Further follow-up research is under way to assess whether the changes in children's social, emotional, and behavioral competencies are sustained in subsequent years, and whether they lead to enhanced

academic achievement and reduction of conduct problems.

Implications for Research, Policy, and Practice

In summary, the combined parent-training and child-training interventions showed that psycho-social interventions can help to reduce hyperactive, inattentive, and oppositional behaviors among young children with a primary diagnosis of ADHD. Future work will determine whether these improvements are maintained. Children between the ages of 4 and 6 are developing social and emotional skills at a pace exceeding any other stage in life. Their behavior is still flexible, and their thought processes and brain development are highly malleable and therefore receptive to socialization. Interventions for high-risk children in this age range are crucial because they can set either a firm or fragile foundation for later development, learning, and attitudes about school. Intervening early to remediate these difficulties may have lifelong benefits for enhancing children's later success. Research such as this, which provides empirical information about ways to change key risk variables, can provide the basis for early intervention plans for schools, which will benefit children at high risk for later school difficulties and conduct problems.

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Weighing in on the Time-out Controversy
An Empirical Perspective

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Abstract: Appropriate implementation of time-out has been shown for decades to produce positive outcomes ranging from the reduction in child problem behaviors to reduced levels of child maltreatment. Although the literature indicating positive outcomes on time-out is abundant, time-out continues to elicit controversy. While this controversy has been long-standing, more recent, outspoken sceptics have contested time-out using widely-viewed mediums. Unfortunately, critics present arguments against time-out without consulting the abundant, empirical literature on its positive effects. Moreover, these misinformed views can have devastating consequences by swaying families away from appropriate time-out implementation who may otherwise benefit. This paper utilizes the breadth of research on time-out to addresses myths surrounding its implementation.

Keywords: time-out, children, parenting, behavior problems, evidence-based treatment

Introduction

The use of time-out with children has been debated for years (e.g., LaVigna & Donnellan, 1986; Lutzker, 1994a; Lutzker, 1994b; McNeil, Clemens-Mowrer, Gurwitch, & Funderburk, 1994; Vockell, 1977). Research indicates that the use of time-out has been recommended to reduce problem behaviors for both typically behaving and clinically referred children (see Everett, Hupp, & Olmi, 2010 for a review; O'Leary, O'Leary, & Becker, 1967). The use of time-out in the classroom has been accepted by the general public for decades (Zabel, 1986), over and above alternative forms of discipline (e.g., spanking; Blampied & Kahan, 1992; Foxx & Shapiro, 1978). This sentiment is still shared in recent community sample perspectives (Passini, Pihet, & Favez, 2014). The use of time-out has been endorsed by the American Academy of Pediatrics, Society for a Science of Clinical Psychology, and American Psychological Association, among others, as an effective discipline strategy for child misbehaviors (American Academy of Pediatrics, 1998; Novotney, 2012; Society for a Science of Clinical Psychology, 2014). However, the implementation of this widely used procedure continues to evoke controversy (e.g., Siegel & Bryson, 2014a).

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Despite abundant evidence documenting the effectiveness and utility of time-out, highly visible, non-evidence-based cautions and recommendations against its use continue to be written and publicly disseminated. Unfortunately, such unfounded arguments against time-out implementation meaningfully permeate the public discourse. For example, a recent article in Time magazine (Siegel & Bryson, 2014a) publically ridiculed time-out by claiming it negatively affected children's neuroplasticity, isolated children, deprived them of receiving their "profound need for connection" (para. 4), and worsened problem behaviors rather than reducing them. The current article details the important components present in evidence-based practices incorporating time-out. In turn, the authors directly address major concerns raised by opponents of time-out using evidence collected through a rigorous literature search and relevant news articles. Research on the subject is compiled to provide an empirical perspective on time-out myths and controversies.

Specifications of Time-out

To address questions concerning the time-out paradigm, we first define the term and operationalize the procedure. Definitional issues are important as research findings from improperly implemented discipline procedures have produced mixed results (Larzelere, Schneider, Larson, & Pike, 1996). The term "time-out" was originally coined by Arthur Staats (Staats, 1971), and is an abbreviation of what many behavior analysts or behavioral psychologists would describe as "time-out from positive reinforcement" (Kazdin, 2001). Time-out "refers to the removal of a positive reinforcer for a certain period of time" (Kazdin,

2001, p. 210). By definition, time-out includes (1) a reinforcing environment, as well as (2) removal from that environment (Foxx & Shapiro, 1978). The positive, reinforcing environment often is established through warm, supportive parenting practices (e.g., praise). Appropriate child behaviors are immediately followed by positive parental attention to increase children's use of the appropriate behavior. Time-out, therefore, is meant to follow an inappropriate response to decrease the frequency of the response (Miller, 1976). Time-out is not meant to ignore a child's essential needs such as hunger, thirst, fear, or distress due to an accident (Morawska & Sanders, 2011). There are three situations that are appropriate for time-out implementation: (1) the presence of inappropriate behavior (e.g., noncompliance to a parental command), (2) the presence of a safety issue associated with the behavior (e.g., child hitting others), (3) when the use of reinforcements by the caregiver is ineffective due to the presence of other maintaining reinforcers in the child's environment (e.g., other children laughing at the behavior in the classroom; Anderson & King, 1974).

Between the years of 1977 and 2007, Everett, Hupp, and Olmi (2010) evaluated the collection of time-out research to operationally define a best-practice time-out procedure. Of the 445 studies collected, the researchers selected the 40 highest quality articles comparing 65 time-out intervention methods. A necessary set of criteria largely accepted across the literature was summarized as a collection of "(a) verbalized reason, (b) verbalized warning, (c) physi¬cal placement, (d) location in a chair, (e) short time durations, (f) repeated returns for escape, and (g) contingent delay release" (Everett, Hupp, & Olmi, 2010, p. 252). In addition, behavioral management principles were largely recommended including "(a) remaining calm dur¬ing implementation, (b) the use of the intervention immediately and consistently following target behavioral occurrence, and (c) appropriate monitoring through which to judge intervention effectiveness" (Everett, Hupp, & Olmi, 2010, p. 252).

Overall, time-out is meant to provide a consistent form of discipline that is delivered in a calm, controlled manner. Psycho-education on the use of developmentally appropriate behaviors is often conducted, thereby helping parents to set appropriate expectations for their child's behavior. Time-out allows parents to set limits when children act defiantly. It can be utilized in conjunction with other parental methods of discipline (e.g., removal of privilege), and is often implemented when a child does not respond to other parenting

approaches (Hakman, Chaffin, Funderburk, & Silovsky, 2009). Time-outs are only administered for a pre-specified period of time (e.g., typically 3-7 minutes). Therefore, the child's circle of security is maintained as the parent returns positive attention to

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the child after completion of the discipline procedure, such that warm, positive words and touches are used to help the child regain emotional control and rebuild the relationship (McNeil & Hembree-Kigin, 2010). A number of evidence-based programs implement a structured time-out protocol adhering to Everett and Hupp's guidelines including Defiant Children (Barkley, 2013), Fast Track Program (Slough et al., 2008), Helping the Noncompliant Child (McMahon & Forehand, 2003; Peed, Roberts, & Forehand, 1977), the Incredible Years (Webster-Stratton, 1984), the Kazdin Method for Parenting the Defiant Child (Kazdin, 2008), Oregon Model, Parent Management Training (Forgatch, Bullock, & Patterson, 2004), Parent-Child Interaction Therapy (Eyberg & Funderburk, 2011; McNeil & Hembree-Kigin, 2010), Positive Parenting Program (Triple P; Nowak & Heinrichs, 2008; Sanders, Cann, & Markie-Dadds, 2003), and the Summer Treatment Program (Chronis et al., 2004). While some argue against time-out practices, families trained in time-out, their children, and the therapists who deliver treatment rate the procedure as appropriate and acceptable to help reduce problem behaviors (Eisenstadt, Eyberg, McNeil, Newcomb, & Funderburk, 1993).
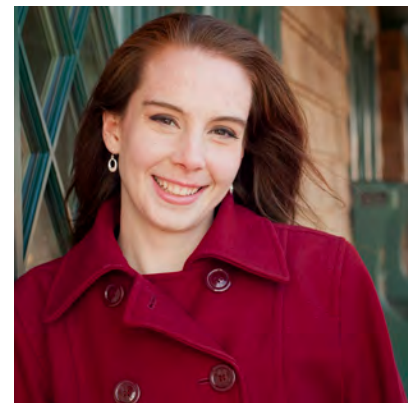
The following sections will address five separate myths commonly made by time-out opponents. Within each myth, specific empirical literature will be cited to support each counter argument. The paper will conclude by summarizing key counter arguments and placing time-out in the broader context of the evidence based treatment approaches.

Myth 1: *Time-out is Counterproductive Because Loving, Positive Parenting is the Most Therapeutic Approach to Alleviating Child Misbehavior*

Some time-out opponents support the perspective that time-out hurts children's emotional development, arguing that parents need to provide love, attention,

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and reasoning to help children regulate their anger during episodes of misbehavior (Siegel & Bryson, 2014a). In contrast to this perspective, decades of research have validated the notion that optimal child development occurs in the context of both warmth, love, and clear, consistent parental control and direction. In 1967, Diana Baumrind proposed three categorizations of parenting styles: authoritative, authoritarian, and permissive (for reviews, see Baumrind, 1967; Baumrind & Black, 1967). Each style delineated a balance between various degrees of parental responsiveness (warmth) and parental demandingness (control; Baumrind, 1967 & 1978). Baumrind operationalized parental responsiveness as displays of parental warmth, communication, and the encouragement of individual expression (Baumrind, 2005; Areepattamannil, 2010). Baumrind conceptualized parental control as a high degree of demandingness in which a parent may request that a child exhibit or change his or her behavior to better conform to the rules and expectations of society (Baumrind, 2005). While authoritative parents utilize a balance of both responsiveness and consistent control, authoritarian parents employ high levels of control and low levels of responsiveness (Areepattamannil, 2010; Maccoby & Martin, 1983). Although, permissive parents utilize high levels of responsiveness, they also place few demands upon their children (Areepattamannil, 2010; Baumrind, 1996; Maccoby & Martin, 1983). Since such parental typologies were proposed, decades of empirical research have investigated the application of such categorizations with a variety of populations. Specifically, authoritative parenting has been related to positive child health outcomes (Cullen et al., 2000), positive school outcomes (Areepattamannil, 2010) and lower levels of child behavior problems (Alizadeh, Talib, Abdullah, & Mansor, 2011). Conversely, caregivers' consistent failure to set developmentally appropriate limits on children's inappropriate behavior, a primary dimension of permissive parenting, has been associated with suboptimal levels of child development. Furthermore, the permissive parenting style has been related to higher levels of child behavior problems (Driscoll, Russell, & Crockett, 2008), substance abuse (Patock-

Peckham & Morgan-Lopez, 2006), and poorer emotion regulation in children (Jabeen, Anis-ul-Haque, & Riaz, 2013).

In addition, the implementation of purely positive parenting techniques alone has been found to be insufficient to obtain significant improvements in child behavior problems (Eisenstadt et al., 1985). These findings indicate that a positive relationship cannot alleviate significant problem behaviors or maintain appropriate levels of behavior without proper limit-setting (Pfiffner & O'Leary, 1987). Eisenstadt and colleagues (1993) evaluated the separate components of positive parenting practices and discipline strategies through a highly structured time-out procedure. Results indicated that children who received only the positive parenting component had slight improvements on oppositionality, but large problem behaviors were not eliminated. The children who received the discipline procedure improved to within normal limits of oppositionality. A separate review of the literature indicated that differential reinforcement alone was not as effective in reducing problem behavior as reinforcement combined with discipline procedures (Vollmer, Irvata, Zarcone, Smith, & Mazaleski, 1993). Discipline procedures are thus important components to positive parenting for all families (Cavell, 2001).

The field of applied behavior analysis has been particularly influential in the translation of behavioral principles to work with children in applied settings. Research in applied behavior analysis indicates that providing immediate attention (e.g., reasoning, hugs) for disruptive behaviors that are maintained by attention will result in increased behavior problems (Cipani & Schock, 2010). Specifically, differential reinforcement of other behavior (DRO), a commonly used behavioral schedule in applied behavior analysis, employs operant conditioning techniques to decrease the frequency and length of inappropriate behaviors otherwise maintained by attention. In contrast, a child in distress from an accident or upset about the loss of his pet should receive warm, understanding attention and emotional validation from his or her caregiver given that the behavior is not problematic, nor is its function negative attention seeking.

DRO is based off of positive reinforcement techniques in which positive behaviors are reinforced, thereby increasing their frequency, while negative and inappropriate behaviors are ignored, thereby reducing their frequency (Gongola & Daddario, 2010). Strictly speaking, other behaviors are reinforced for a

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period of time while the negative, target behavior is not provided with any attention. The DRO schedule has demonstrated efficacy across a wide variety of environments and populations in decreasing inappropriate and noncompliant behavior. The DRO schedule also supports a positive environment and is an ethically appealing form of behavior modification (see Gongola & Daddario, 2010 for a review). A childhood tantrum represents a common childhood behavior that often functions as a means by which children may receive negative attention. However, if attention (e.g., reasoning, negotiating, comforting) is provided in this moment, as suggested by some authors (Siegel & Bryson, 2014a), such negative attention seeking behavior will be reinforced and the frequency and intensity of the tantrum will increase. Unfortunately, research and clinical practice indicate that verbal instruction regarding appropriate child behavior alone has not been shown to reduce a child's negative outbursts (Roberts, 1984), indicating a need for additional procedures to successfully modify aggressive and non-compliant behavior. Additionally, such attention may result in progressively escalating emotional exchanges between the parent and child in an attempt to control the situation (Dishion, French, & Patterson, 1995). By ignoring a child's tantrum and enthusiastically engaging in an appropriate activity, a parent is likely to redirect a child's attention away from his or her tantrum. Praise (e.g., for "using your words" or "calming yourself down") and positive touches may then be used to reinforce calm, emotionally regulated behavior. If the timing of such attention is provided after the tantrum has ceased and when the child is calm, the child is less likely to engage in a tantrum for attention seeking purposes in the future, tantrums are likely to decrease in duration and frequency, and instances of emotional regulation may be likely to occur. Time-out therefore, functions similarly to a DRO procedure, in that attention is removed for a specified period of time and reinstated after the allotted time is up, and the child is calm and able to complete the original request.

While typically developing children in the preschool age are likely to display regular levels of noncompliance to assert their independence (Schroeder & Gordon, 1991), most do not develop significant behavior problems because parents already provide both positive attention and appropriate limit-setting. In severe cases of persistent childhood misbehavior, however, a caregiver may be referred for evidence-based parent-training treatment to quickly modify maladaptive parent-child interactions. In such cases,

research indicates that families typically enter treatment utilizing inappropriate and inconsistent strategies to handle their children's behavior (Bandura & Walters, 1959; McCord, McCord, & Zola, 1959; McNeil et al., 1994). Evidence-based practices are used to teach parents consistent discipline only after

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they have mastered positive approaches of interacting with their children including praising and rapport-building between the parent and child (Nowak & Heinrichs, 2008). A compilation of time-out literature concludes that approximately 77% of these research articles utilized time-out in addition to another treatment component, namely parent-child relationship building (Everett, Hupp, & Olmi, 2010). The goal of this treatment is to reduce negative parenting practices and eliminate corporal punishment techniques by the conclusion of treatment (McNeil et al., 1994). Across the time-out literature, research indicates that eighty-six percent of studies used positive reinforcement to increase positive behaviors (Everett, Hupp, & Olmi, 2010). Once an environment is built on positive, warm relationships, the time regularly spent with the child outside of time-out becomes rewarding and reinforcing. As a result, the child is increasingly motivated to avoid time away from parental attention, to work to gain positive attention, and to engage in fewer negative attention-seeking behaviors.

Myth 2: *Time-out Strategies are Manualized and Do Not Address the Individual Needs of Children*

As previously noted, a number of empirically-based parenting programs for children with severe behavior problems specify the use of a clear, step-by-step time-out procedure (e.g., Parent-Child Interaction Therapy, Eyberg & Funderburk, 2011; the Summer Treatment Program, Chronis et al., 2004). In contrast to views that manualized treatments do not address a child's individual needs, the specific components of time-out (e.g., duration, child characteristics, child age, specific behavior problems) have been investigated to maximize efficacy while minimizing the intensity of the procedure for a given child (Fabiano et al., 2004).

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Evidence supporting the efficacy of individualized time-out programs within the larger framework of three manualized treatment programs (Summer Treatment Program, Chronis et al., 2004; Parent-Child Interaction Therapy, McNeil & Hembree-Kigin, 2010; Defiant Children, Barkley, 1997) will be presented.

Fabiano et al. (2004) investigated the effect of three time-out procedures of varying lengths for children attending a summer treatment program for Attention Deficit Hyperactivity Disorder (ADHD: a disorder characterized by attention difficulty, hyperactivity, and/or impulsiveness). Time-out conditions consisted of a short (5 minute), long (15 minute) and an escalating/de-escalating procedure whereby a child could increase or decrease the length of the time-out depending on the appropriateness of his or her behavior in time-out. A time-out was only assigned following the occurrence of intentional aggression, intentional destruction of property, or repeated noncompliance. In the final response-cost condition, children only lost points for exhibiting such behaviors and commands were repeated until compliance was achieved. Results supported previous literature, indicating that time-out, irrespective of duration and child's age, was effective in reducing the occurrence of problematic behaviors (McGuffin, 1991). Recognizing that responses to time-out varied by the individual, the authors recommended modifications of the procedure if the initial time-out protocol is rendered unsuccessful. For example, some children may require a more complicated time-out procedure (Fabiano et al., 2004; Pelham et al., 2000). Finally, despite the context of a manualized treatment program with clear time-out procedures, the authors reported that individualized goals and individualized behavioral treatment programs were instated for children whose behavior did not respond well to time-out. The use of such programs indicates a degree of flexibility within the model and a focus on individualized efficacy of the procedure.

Another manualized treatment approach, Parent-Child Interaction Therapy (PCIT), utilizes a variety of procedures based in behavioral theory to individualize treatment to each child and family (McNeil, Filcheck, Greco, Ware, & Bernard, 2001). For example, PCIT begins with a non-standard functional assessment in which the therapist observes parent and child behavior across three situations meant to simulate typical parent-child interactions. The function of both parent (e.g., negative talk) and child (e.g., defiance, complaining) behaviors during these interactions are specifically evaluated (McNeil et al., 2001). Such conceptualizations are used to guide treatment

so that caregivers can be taught to use positive interactional skills for attending to specific prosocial behaviors displayed by their children (McNeil et al., 2001). Additionally, individualized, skill-based data from behavior observations conducted at the start of each session are immediately utilized to shape the treatment session (McNeil et al., 2001). The discipline procedures used in PCIT may also be adapted according to the child's age and developmental level (McNeil et al., 2001). Furthermore, time-out is not recommended for toddlers less than two years old in response to noncompliance (McNeil & Hembree-Kigin, 2010). Instead a procedure involving simple words and pointing to what the child should do (e.g., "give me hat") followed by a hand over hand guide and praise for compliance should be used. A short (1 minute) time-out in a safe space (e.g., high chair, playpen) is recommended for aggressive behavior (McNeil & Hembree-Kigin, 2010). In contrast, discipline procedures for older children (7-10 years) include a number of potential steps such as (1) an explanation of the command, (2) an initial "big ignore" upon noncompliance in which a parent withdraws attention from the child for 45 seconds, and (3) a time-out warning. To teach the older child to cooperate with the time-out procedure, a sticker chart may be used to reward either avoiding time-out entirely by complying with parental instructions or accepting the time-out consequence without resistance. A suspension of privilege procedure is introduced late in treatment if children refuse to attend time-out or escape from time-out. Finally, some critics believe that time-out should not be used with children on the autism spectrum as the procedure allows the child to escape from otherwise non-pleasurable demands. However, a core component of effective time-out across evidence based programs is completion of the original command, thereby inhibiting the function of time-out as escape.

Lastly, in Defiant Children, a manualized treatment for non-compliant children, Barkley (1997) also uses a time-out procedure. Similar to PCIT, parents are told to implement time-out initially for noncompliance to commands only. After noncompliance to a warning, children remain in time-out for 1-2 minutes per year of their age and are not allowed to leave time-out until they are quiet for approximately 30 seconds. A child's bedroom is used if the child escapes from the chair before the allotted time is up. The sequence concludes when the child must comply with the original command.

It is well established that manualized treatment procedures support the efficacy of time-out in reducing

child behavior problems (Fabiano et al., 2004). Although a primary time-out procedure is specified in some manualized treatment programs, many also include individualized programs dependent upon the needs and characteristics of the child. Most importantly, time-out procedures often involve more intensive back-up consequences only when a child is unable to comply with the least restrictive consequence. When applied to typically developing children, the higher steps in the procedure may not be necessary. Children are taught all procedures prior to their initiation, and the provision of various backup procedures to time-out is determined by the child's choices. As the foundation of time-out is removing the child from reinforcing events, an integral component of the procedure involves enhancing time-in by increasing the reinforcing value of the parent-child interactions. As such, time-out procedures always fall within the larger context of a warm, positive environment where prosocial child behaviors are encouraged through high rates of social reinforcement.

Myth 3: *Time-out Can Trigger Trauma Reactions Related to Harsh Discipline Practices, Thereby Retraumatizing Children with a History of Maltreatment*

There is considerable debate on the use of time-out for children with histories of trauma. However, a number of research studies spanning multiple areas of psychology shed light on the use of time-out with this specialized population (Chaffin et al., 2004). Physical abuse is likely to occur in the context of the coercive cycle whereby a parent and child use increasingly intensive verbal and behavioral strategies to attempt to control a given situation (Patterson & Capaldi, 1991; Urquiza & McNeil, 1996). Such escalation may result in child physical abuse (CPA). Chaffin et al. (2004) conducted a randomized controlled trial to investigate the effects of PCIT on physical abuse. At the two year follow-up assessment, reports of physical abuse were 19% in the PCIT group as compared to 49% in the community parenting group, suggesting that the use of a time-out procedure may have helped to reduce the occurrence of CPA.

Some may argue that the use of time-out with children who have experienced abuse may result in retraumatization. Retraumatization has been defined as, "… traumatic stress reactions, responses, and symptoms that occur consequent to multiple exposures to traumatic events that are physical, psychological, or both in nature" (Duckworth & Follette, 2012, p. 2). These responses can occur in the context of repeated multiple exposures within one category of events (e.g.,

child sexual assault and adult sexual assault) or multiple exposures across different categories of events (e.g., childhood physical abuse and involvement in a serious motor vehicle collision during adulthood). According to the Diagnostic and Statistical Manual of Mental Disorders-5, examples of traumatic events may include torture, disasters, being kidnapped, military combat, sexual abuse, and automobile accidents (5th ed., text rev.; DSM–5, American Psychiatric Association, 2013). An individual's response to the traumatic event may be any combination of "a fear-based re-experiencing, emotional, and behavioral symptoms… [an] anhedonic or dysphoric mood state and negative cognitions [and/or] arousal and reactive-externalizing symptoms [and/or] dissociative symptoms" (5th ed., text rev.; DSM–5; American Psychiatric Association, 2013, p. 274). Given such definitions, it seems unlikely that a three minute time-out in a chair would qualify as a traumatic event for a young child. Yet, it remains important to consider whether time-out could serve as a trauma trigger, causing a child to experience intense fear and dissociative symptoms. At the same time, we must consider how to differentiate dysregulated behavior that has been triggered by association with a past trauma (e.g., physical abuse during discipline) versus the typical yelling, crying, and tantrumming seen routinely when strong-willed children receive a limit.

In a typical time-out procedure, a child is issued a command. Following a short period (e.g., 5 seconds), a warning is given indicating that if the child does not do as instructed, then he or she will go to time-out. Following an additional period of silence, the child is led to a time-out chair (Eyberg & Funderburk, 2011). Although such procedures could be potential triggers for recalling prior abuse, time-outs involve setting clear, predictable limits which are essential to healthy growth and development. Without the ability to establish boundaries and enforce predictable limits, caregivers of children with prior abuse histories may resort to a permissive parenting style that (1) lacks the structure needed for children to develop adequate self-control and emotional regulation, and (2) has been shown to lead to poor mental health outcomes (Fite, Stoppelbein, & Greening, 2009; McNeil, Costello, Travers, & Norman, 2013).

A valid concern is that time-out procedures could very well serve as a trigger for previous abuse experiences, particularly those that involved the caregiver becoming physically aggressive during an escalated and coercive discipline exchange. Yet, instead of automatically concluding that discipline battles should

be avoided due to the possible triggering of a trauma response, it is interesting to consider that the time-out procedure could actually be highly therapeutic from an exposure perspective. A primary treatment component for individuals that have experienced trauma involves imaginal or in-vivo exposure to triggers associated with the traumatic event in the context of a safe environment. Through repeated exposure, the individual's anxiety surrounding the trauma decreases. Previous triggers become associated with feelings of safety and predictability, rather than fear and pain. From a behavioral perspective, a previously unconditioned stimulus (e.g., yelling and hitting during discipline interactions) is replaced by a conditioned stimulus (e.g., a calm, clear, and consistent sequence of caregiver behaviors). The previously unconditioned response (e.g., fear) is then alleviated by the feelings of safety associated with predictable consequences delivered by the caregiver (e.g., time-out delivered calmly and systematically). The use of a warning prior to the time-out provides control to children, allowing them to choose a behavioral response and control whether time-out is delivered. Through repeated exposure to consistent, calm limit setting, discipline scenarios are no longer associated with fear and pain, such that prior conditioning is extinguished. Through exposure to predictable and appropriate limit setting, the child develops a sense of control and feelings of safety during discipline interactions.

It is imperative to consider each child's individual abuse history in the context of each step of time-out. For children with histories of neglect or seclusion, an alternative back-up procedure (other than a back-up room) may be considered as a consequence for time-out escape, as the back-up room may have ethical concerns as the exposure may be too intense (more of a flooding experience than systematic desensitization; McNeil & Hembree-Kigin, 2010). In these types of extreme cases, alternative back-ups to the time-out, such as restriction of privilege, may be used to allow a more systematic exposure to the time-out sequence, allowing children to regulate their emotions while maintaining the efficacy of such procedures (McNeil, Costello, Travers, & Norman, 2013). If a back-up space is deemed appropriate, the caregiver is instructed to remain in close proximity (i.e., within two feet of the child) so that the child is aware of the parent's presence, thereby preventing the child from experiencing any sense of abandonment. Following time-out, the parent and child are encouraged to engage in calm, loving interactions, often in the form of play. These warm interactions help to maintain the positive parent-child relationship, while also communicating that the parent loves the child but does not condone the child's defiant and aggressive behavior (McNeil, 2013).

Myth 4: *Time-out is Harmful to Children*

Some time-out opponents believe that time-out causes children to feel intense relational pain and feelings of rejection from their caregiver. Additionally, some argue that time-out causes children to fail to have a chance to build important social and emotional skills including emotion regulation, empathy and the ability to solve problems (Siegel & Bryson, 2014a). While there is an abundance of research indicating the positive outcomes stemming from time-out implementation, equal importance should be placed on the alternative outcomes if parent training (including both positive parenting skills and discipline techniques) is not delivered to high-risk families. Regardless of the feelings individuals have about the use of "aversive" practices (e.g., time-out), the unfortunate truth is both high- and low-risk families can inflict severe, inappropriate consequences on their children when caught in a coercive process. Passimi, Pihet, and Favez (2014) explored a community sample of highly educated, generally stable families to determine their acceptance of discipline techniques used with their children. Mothers indicated strong beliefs in a warm relationship with their children and agreed with explaining household rules regularly. The use of time-out was also highly accepted, however there was significant variation across parents indicating that strong feelings were present about the appropriateness of various discipline approaches. Discipline techniques such as yelling and spanking received the lowest acceptance by these parents, with spanking practices more accepted than yelling. In spite of their acceptance rates, both yelling and spanking were implemented by the sampled families. Moreover, although yelling was the least acceptable practice rated by mothers, yelling was implemented as frequently as time-out in this sample.

While families can be well-intentioned, parents and children may unknowingly become caught in a negative interaction cycle explained by Patterson's coercion theory (1982). Patterson's theory explains a process of mutual reinforcement between parents and their children in which parents inadvertently reinforce a child's problem behaviors. More specifically, Patterson's (2002) theory posits that a parent may give a command to a child who then resists or becomes frustrated by the request. Such child misbehavior causes the parent to become angrier, the child to become more defiant, and the interaction to escalate. If parents give in to the child at this point in the coercive exchange, it results in the strengthening of the child's problem behavior. The coercive escalation also can lead parents to react with inappropriate discipline strategies to elicit a form of control (Patterson, 1982; Patterson & Capaldi, 1991). When these styles of interaction become the norm, children learn a pattern of defiance, leading to behavior problems that can maintain during the course of development (Granic & Patterson, 2006). Fortunately, the use of time-out interrupts the coercive process between caregivers and children. Evidence-based practices provide parents with specific words and actions to prevent the escalation of problem behaviors (Morawska & Sanders, 2011).

Families referred for parent training have higher rates of physical punishment and inappropriate discipline strategies (Patterson & Capaldi, 1991). In one clinical sample, for example, parents admitted to spanking their children approximately 13 times a week (McNeil et al., 1994). Referred caregivers are more likely to respond to their children's frequent, regular misbehaviors with yelling, critical statements, threats, and physical punishment (Mammen, Kolko, & Pilkonis, 2003). When no positive discipline alternatives are provided to highly stressed parents who are confronted with severe behavior problems, they are likely to resort to spanking out of desperation and frustration. When spanking is unsuccessful, physical punishments may escalate into child physical abuse.

Although some outspoken opponents argue that time-out makes children "angrier and more dysregulated" when children have not "built certain self-regulation skills" (Siegel & Bryson, 2014a, para. 5, 7), the research has in fact indicated that the opposite is true. Time-out represents a safe, effective form of discipline in which a caregiver and child are able to remove themselves from a potentially stressful parent-child interaction and are given the space needed to regain control of their thoughts and emotions. Specifically, recent research indicates promising outcomes using time-out for children with disruptive mood dysregulation disorder. Therefore, implementing a parenting intervention with both relationship-building and discipline (i.e., time-out) components produced significant positive effects such as a reduction in defiance and an increase in a healthier mother-child relationship. Further research supports the notion that time-out is effective in helping children's externalizing and internalizing behavior to come within normal limits, demonstrate greater self-control and achieve better emotion regulation abilities (Graziano, Bagner, Sheinkopf, Vohr, & Lester, 2012; Johns & Levy, 2013; Webster-Stratton, Reid, & Stool-Miller, 2008). Additionally, the length of time-out is short (e.g., approximately 3 minutes or 1 minute per year of the child's age) across most empirically-based

parenting programs (Everett, Hupp, & Olmi, 2010).

Kazdin (2002) argues that, the failure to use appropriate discipline and parenting techniques to protect a child who is acting out may be detrimental, and itself may meet the definition of abuse. If negative discipline procedures escalated to the level of severe physical punishment, abuses such as these have been shown to be associated with a child's increased likelihood of drug dependency, personality disorders, and a number of mood disorders (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012). These negative skills are linked to child psychopathology such as oppositional defiant disorder and conduct disorder (Falk & Lee, 2012). Moreover, Afifi and colleagues (2012) found that harsh physical punishment accounted for 4 to 7% of disorders including intellectual disabilities and personality disorders in addition to 2 to 5% of all other diagnostic criteria for Axis I of the DSM-IV-TR (Afifi et al., 2012).

Parents who have psychopathology themselves are at high risk of using inappropriate discipline strategies when faced with challenging child behavior (Harmer, Sanderson, & Mertin, 1999). More specifically, caregivers with psychopathologies respond at increased rates with hostility, anger, and irregular, unfair discipline techniques despite the child's behavior (Harmer, Sanderson, & Mertin, 1999; Paulson, Dauber, & Leiferman, 2006). Similarly, some children are already predisposed to high risk behavior. For example, researchers have recently concluded that children on the autism spectrum and with ADHD have a weakened sense for danger and more frequently engage in behaviors that place them at risk for harm and even death (Anderson et al., 2012; Barkley, 2005).

Research on parenting styles shows that effective parenting requires a combination of a nurturing relationship and effective limit-setting strategies (authoritative parenting style; Baumrind, 1967). Children raised by authoritative parenting styles score higher in measures of competence, academic achievement, social development, self-esteem, and mental health (Dornbusch, Ritter, Leiderman, & Roberts, 1987; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Maccoby & Martin, 1983). While slight variation in needs may be present on a cultural level, overall findings indicate successful outcomes across cultural groups when children are raised using an authoritative style of love and limits (Sorkhabi, 2005).

Myth 5: Time-out Skills Should Not Be Taught to Parents

Because They Could Use Them Improperly

Some researchers opposed to time-out procedures have noted potential danger in teaching parents to utilize therapeutic discipline practices (Lutzker, 1994b), particularly ones that involve holding preschoolers or carrying children to time-out, for fear that such procedures may be misused. Still others, have argued that highly stressed caregivers may not possess the emotional abilities to express care and concern toward their children (Joinson et al., 2008) and may overly focus on time-out, allowing negative caregiver-child interactions to perpetuate (Morison, 1998). Although it is possible that a given discipline procedure may be misused (Kemp, 1996; Morawska & Sanders, 2011), it is important to consider the multitude of responsibilities that parents in our society take on to ensure the health and well-being of their children. Are we to argue that we should not prescribe potentially helpful medication because the parent may give the child too much? Instead, the implementation of time-out must be considered in the larger context of positive parenting practices (e.g., warmth, sensitivity). For example, one evidence-based practice, PCIT (McNeil & Hembree- Kigin, 2010), has a strict set of guidelines which prevents families from receiving the time-out program until they have mastered the positive "PRIDE" skills (praise, reflection, imitation description, and enjoyment). Families also are not able to graduate from PCIT until they have mastered, under close supervision, the procedures required to implement an appropriate time-out. Defiant Children (Barkley, 2013), another evidence based program, states that the time-out procedure is not implemented until step 5, after parents have learned and practiced a number of positive parenting skills over the course of at least 4 weeks. Such components include (1) education regarding causes of child misbehavior, (2) practicing differential attention in order to reinforce positive behavior, (3) practicing positive play time for homework in order to build warmth and positivity in the parent child relationship, (4) learning to give effective commands, and (5) instating a token economy to increase compliant child behavior.

Time-out procedures taught in the context of parenting programs are based on empirical literature documenting their efficacy. If parents struggling to discipline their child are not taught such procedures under the close guidance of a trained mental health professional, they are at risk of resorting to dangerous physical discipline practices modeled by their own abusive parents. Whereas the risk of harm in teaching an evidence-based time-out protocol is low, there is a

high possibility of harm if dysregulated and stressed caregivers are left to their own devices to discipline children who are displaying severe behavior problems. Finally, when parents are guided through effective time-out procedures, they learn how to conduct a time-out appropriately (e.g., warning statement, unemotional responding, short duration) instead of resorting to popular but ineffective practices, such as reasoning and having a child contemplate their actions (Morawska & Sanders, 2011).

Concluding Thoughts

Opinion pieces in lay periodicals have been published for a number of years arguing against the use of time-out. For example, the recent article by Siegel and Bryson in Time magazine (2014a) was widely distributed. Without regard to the huge volume of high quality research supporting time-out (Wolf, 1978), the authors argued against the practice, resulting in negative perceptions about time-out by nonprofessionals, lay persons, and clients. In this way, a single high-profile story in a magazine can lead to a serious setback in scientific advancement and clinical practice. The negative impact on public opinion is especially concerning as treatments viewed as acceptable by the consumers are more likely to be initiated and adhered to once they are learned by those who need it most (Kazdin, 1980). If inaccurate

information continues to be spread without proper filtering, the outcomes could mean large, negative effects for evidence-based practice.

Although the author of this article in Time magazine later responded to criticisms of time-out (Siegel & Bryson, 2014b) by specifying that, "the research that supports the positive use of appropriate time-outs as part of a larger parenting strategy is extensive," the original lack of specification when criticizing time-out implementation quickly did more harm than good for informing the general public (para. 7). As researchers, it is our responsibility to disseminate high-quality findings to the lay public to improve our overall positive public health impact. In this instance, regardless of the researchers' intentions, failing to operationally define time-out and recognize an entire body of research dedicated to "appropriate use" of time-outs did a disservice to a large group of experts who have been conducting this research for decades, while also greatly misleading the public. To protect the public and our profession, we must critically evaluate, interpret, and communicate current literature in such a way that it can be comprehended by lay consumers. Unfortunately, one of the cited articles used in the debate against time-out by Siegel and Bryson was a research article by Eisenberger, Lieberman, and Williams (2003). Siegel and Bryson claimed that findings from this 2003 study indicated social

isolation, which they argued is characteristic of time-out situations, yields similar brain imaging patterns to traumatization or physical pain (Siegel & Bryson, 2014a; 2014b). Eisenberger and colleagues' 2003 study is instead researching brain patterns of college-aged adults socially isolated by their "peers" during a virtual reality ball-tossing game. Interestingly, during times of participation and other periods of unintentional exclusion, individuals showed the same brain imaging patterns. In addition, the Eisenberger and colleagues' study based their argument off of a summary article showing brain patterns of pre-weaned rat pups isolated from their mothers for extended periods of time (Nelson & Panksepp, 1998). As any practiced researcher is aware, these highly disparate concepts should not be used as justification for the illegitimacy of time-out, as the argument lacks scientific validity and leads to false conclusions and misunderstanding.

Rigorous research studies examining the use of parenting programs including time-out demonstrate reduced aggressive behavior, increased child compliance (Eyberg & Robinson, 1982; Pearl et al., 2012), generalization of behaviors across school (McNeil, Eyberg, Eisenstadt, Newcomb, & Funderburk, 1991) and other environments, and maintenance of effects for several years (Boggs et al., 2004; Eyberg et al., 2001; Hood & Eyberg, 2003). The use of time-out has also been a critical factor in helping children to gain emotion regulation capabilities (Graziano et al., 2012). Furthermore, emotion regulation has been linked to the broader context of self-control, which has been shown to predict a variety of life outcomes (Moffitt et al., 2011).

The use of time-out as a tool to help caregivers set limits has been a critical component of many evidence-based treatment programs such as PCIT, shown to decrease recidivism rates of child physical abuse to 19% in a group of previously physically abusive caregivers compared to 49% in a community treatment sample (Chaffin et al., 2004). Research also demonstrates that PCIT reduces child traumatic symptoms following exposure to trauma (Pearl et al., 2012). In addition to its demonstrated efficacy, PCIT is represented on the Kauffman list of best practices for children with a history of trauma (Chadwick Center for Children and Families, 2004) and is endorsed by the National Child Traumatic Stress Network (NCTSN) as an evidence-based intervention for child trauma (nctsn.org). In conclusion, time-out represents a safe, effective form of discipline which, in the context of a larger environment dominated by positivity, consistency, and predictability, has been shown

across hundreds of research studies to be beneficial to the overall emotional and developmental functioning of young children.

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Incredible Years® Time Out Works Because of

Quality of Time In

Carolyn Webster-Stratton Ph.D.

The use of Time Out as a self-regulation calm down strategy for children between the ages of 3 and 9 years old is part of a comprehensive positive behavior management plan in 77% of empirically validated parent programs for young children (Everett, Hupp, & Olmi, 2010; Fabiano et al., 2004; Graziano et al., 2014; Kazdin, 2008). Time Out has been researched for three decades and shown to be effective in producing positive outcomes in terms of reducing children's aggressive behavior as well as preventing parental child maltreatment. However, despite abundant empirical literature, the use of Time Out is still a controversial topic, with many people feeling uncomfortable about its use. Much of this controversy stems from anecdotal evidence about the negative impact of Time Out on children's attachment, or inaccurate information in non-peer reviewed magazines (e.g. Time magazine) that Time Out negatively affects children's neuroplasticity (Siegel & Bryson, 2014). In some cases, this discomfort about Time Out is so great that individuals or agencies choose not to use an evidence-based curriculum that incorporates Time Out.

Before it is possible to discuss the use of Time Out, it is important to define what is meant by an effective evidence-based Time Out procedure. There are some versions of Time Out delivery that are not evidence-based and are, indeed, reactive, punitive, harsh, non-supportive, developmentally inappropriate, unpredictable or delivered in a non-respectful way that shames

and marginalizes the child. Such inappropriate approaches can lead to further child misbehavior and a break down in the parent-child or teacher-child relationship and attachment. It is not supportive of children's development of emotional skills or closeness to the parent or teacher and is a missed learning opportunity for the child. The evidence-based and appropriate use of Time Out is brief, infrequent, thoughtful and delivered calmly in an effort to help a child self-regulate followed by a new learning opportunity and positive connection. When professionals, parents and teachers are disagreeing about whether Time Out is a recommended strategy, it may be that they are actually talking about very different procedures. Unfortunately, the use of the term "Time Out" can be used both for appropriate and inappropriate approaches.

In Incredible Years® (and in most other empirically validated parent programs), Time Out is taught as way for children to learn to calm down and re-regulate in the midst of strong emotions and to give children time to reflect on a better solution to the problem situation. It works because it is Time Out from a reinforcing environment established through positive parent teacher-child interactions. In the Incredible Years® programs parents, teachers, *and* children are taught to see the Time Out as taking a break in order to calm down. This helps children learn a strategy to calm down and also helps adults to self-regulate and model an appropriate response to a conflict situation. Research has shown that when this predictable and respectful strategy is used appropriately, reductions in children's aggressive behavior and increases in their feelings of safety and security in their relationships with caregivers are seen. Parents who use Time Out to calm down as one tool in their positive parenting repertoire show reductions in their use of critical or abusive parenting responses (Everett et al., 2010; Fabiano et al., 2004; Kennedy et al., 1990). We will first briefly outline how the evidence-based Incredible Years (IY) Time Out is taught to therapists, parents, teachers, and children in the IY programs.

The Incredible Years® Time Out Strategy (aka Tiny Turtle Technique)
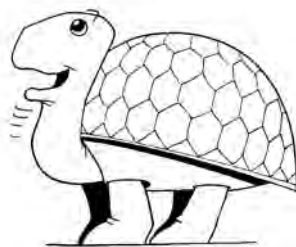
3 Take a slow breath

First teach the child how to calm down: Prior to using Time Out, children are encouraged to discuss with their parents and teachers (often with the aid of a puppet) times when they are having strong and unpleasant emotions. They are helped to realize these negative feelings (anger, frustration, anxiety, loneliness) are a signal they have a problem that needs solving. Adults help them understand that any feeling is normal and okay, but that there are some behaviors and words that are not okay to use when they are angry, disappointed, or sad such as hitting or hurting someone else, or breaking something. Adults help children understand that sometimes it's hard to think about a solution when they are very upset and that this means they first need time to calm down. *This discussion is geared towards the developmental age of the child—3 year olds participate in a very simple discussion, 8-9 year olds engage at a more complex level.* Using the puppet as a model, children learn how to take a Time Out to calm down. For example, the Tiny Turtle puppet explains how he withdraws into his shell, takes some deep breaths and thinks of his happy place when he is having trouble and then comes out to try again with a different solution. Children learn that they can do this on their own as a strategy for calming down, or that an adult can tell them that they need a Time Out if they have hurt someone else, broken a rule, or if they are too upset to think clearly. At times when children are calm and not in a conflict situation, adults help them practice and rehearse how to go to Time Out, and how to calm down in Time Out by taking deep breaths, using positive self-talk and thinking of their happy place. One way to teach the children this strategy is to have a puppet such as Tiny Turtle make a mistake and then ask the children to help him follow the Time Out steps. Afterwards the adult and the children help the turtle puppet to understand that Time Out is not a punishment, but rather a way to calm down. The children learn that everyone, including adults, sometimes need time away to calm down. Parents and teachers model using this strategy themselves when they are becoming angry. They may also use *Wally Problem Solving Books* which are a series of problem situations the puppet Wally Problem Solver has at home and at school (Webster-Stratton, 1998). The children are asked to be detectives and to come up with solutions for Wally's problem. After talking about these possible solutions they act out the out the ways to solve the problem using hand puppets. Sometimes one of the solutions involves using a calm down strategy to self-regulate before coming up with other more proactive solutions.

Teaching parents, teachers, and therapists to use Time Out to calm down: In the Incredible Years programs group leaders have parallel group discussions in their trainings with parents,

teachers and therapists. Group leaders help them understand this kind of Time Out is *not* a punishment but a self-regulation strategy for children (and for adults). They learn that these Time Outs are brief (3-5 minutes) and that their own behavior when implementing the Time Out is critical to their success with this technique. They learn to give Time Outs in a calm, respectful, predictable and controlled way, not to give negative messages to children. When Time Out is taking place, they also learn how to be nearby to monitor the Time Out. Their physical presence can reassure the child *without* giving direct attention during the Time Out.

The parents and teachers are also taught the importance of reconnecting with the child immediately after the Time Out is completed. The child's circle of security is resumed by focusing on positive messages and warm touches rather than rehearsing or discussing the negative behavior or forcing an apology. This approach helps the child maintain emotional control and feel reassured about his relationship with his parent or teacher.

A positive relationship Incredible Years Pyramid foundation is necessary for effective Time Out teaching

The first half of the Incredible Years® Parent and Teacher programs focus on strategies for building positive relationships with children by being responsive, warm, nurturing and giving more attention to positive behaviors than negative behaviors. During this time parents and teachers learn social, emotional and persistence coaching methods: to encourage children's persistence, frustration tolerance, social skills, problem solving, emotional literacy, empathy, language development and self-regulation skills. Research has shown that children with more social and emotional awareness and language skills are better able to self-regulate and solve problems. These skills, as well as the parent-child relationship, form the foundation that supports children to respond to frustrating or upsetting situations in ways that are not violent, out-of-control, or destructive. For Time Out to work this foundation must be in place, and when this foundation is firmly in place, the need for Time Out is greatly reduced.

Below are some of the common questions that come up when discussing the use of Time Out. All the answers here reflect the assumption that the Time Out used is similar to the Incredible Years Time Out procedures described above.
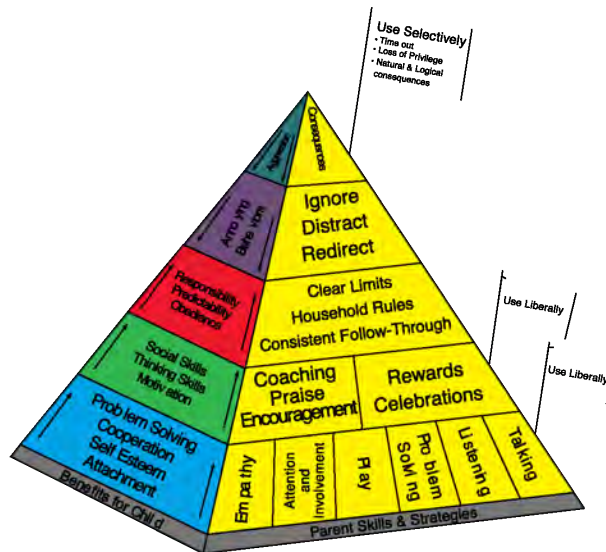
Parenting Pyramid™

Why is the bottom (positive parenting) of the Incredible Years pyramid not enough? Why do reasoning, holding, and hugs sometimes cause more child misbehavior and insecurity? Why does yelling, scolding, and adding consequences make misbehaviors worse? Why is it important for parents to learn some evidence-based disciplinary methods?

Positive, responsive parenting and teaching is core to parent-teacher-child relationships. Without a strong and secure parent- or teacher-child relationship, adult-child interactions are disrupted and are often not functional. This does not mean, however, that all child behaviors can be responded to all the time with reasoning, holding, and continued interactions. Positive relationships are necessary but not sufficient to obtain improvements in child's behavior problems (Cavell, 2001). At times when children have strong negative emotions and are dysregulated, it is often the case that they are so emotionally and physically out of control that they are beyond reasoning. At these times, adult attempts to comfort, reason, control, or argue with the child are likely to increase the intensity of the child's emotion and actually to reinforce it. Parents and teachers are also likely to be feeling strong emotions themselves and are vulnerable to exploding in appropriate ways or giving in to the child's demands in such a way that they are actually teaching the child that aggression, violence, or arguing are effective ways to manage conflict. This is called the "coercive process"—that is, a cycle described by Patterson (Patterson, Reid, & Dishion, 1992) in which parents, teachers and children each

escalate their unpleasant, aggressive, and dysregulated responses to each other. The process usually ends when the child's behavior becomes so aversive that the parent or teacher either gives in to the child, or becomes so punitive that the child's capitulation is controlled by fear. This coercive process has been carefully researched for decades by Patterson and others and Time Out was designed to stop this aversive cycle.

When is it developmentally appropriate to use the IY evidence-based Time Out discipline approach with children? Time Out is a respectful and calm way to disrupt or interrupt the coercive process. Instead of escalating the negative interaction, the adult calmly uses the planned strategy of helping the child take a break to calm down. Even if the child continues to escalate, the adult's commitment to staying calm and not retaliating, engaging or arguing provides the opportunity for the interaction to de-escalate because the misbehavior is not rewarded with adult attention. Without the adult's strong emotions to react to, the child can more easily regulate his/her own emotions. The adult is also providing a model for self-calming. Moreover, when parents or teachers are trained in this predictable routine and understand the underlying theory, they feel confident in their ability to stay calm and understand that, in the long term, this leads to better outcomes for the child's emotional and social development and the parent-child relationship.

What is this the best age for this method? For what misbehaviors? What is the theory underlying why Time Out works? Time Out is recommended only for higher level behaviors such as aggression, destructive behaviors, and highly conflictual noncompliance. It is not meant to be used to address a child's essential needs for support when in pain, or in fearful or distressful situations. Many other proactive strategies are recommended in the Incredible Years programs for managing milder challenging behaviors. Time Out is only used for children who are cognitively developmentally ready and old enough to learn to self-regulate and to have a sense of time and place. Typically, Time Out works for children who are between the ages of 3-9 years old. Some three year olds will be too young for Time Out, and some 9 year olds will be too old for Time Out. Rather than using the child's chronological age as the cue for when to start using Time Out, it is better to use the child's developmental age as the criteria. In the Incredible Years programs, Time Out variations are introduced for older and younger children, for children with ADHD and developmental delays, and alternative procedures for children on the Autism Spectrum are discussed. One size does not fit all when using Time Out.

Why are the Incredible Years Programs really all about "Time-In"?

Time Out only works if the majority of time with children is spent with children in "time in", that is, engaged in child-directed play, social and emotional coaching, responsive and nurturing parenting, focused attention on positive behaviors, praise, predictable routines and schedules.

 IY Time Out is only one tool in an IY tool box of many different parenting tools, all of which are taught in the 8-12 sessions prior to introducing Time Out (*e.g., child-directed play, social and emotional coaching, differential attention, descriptive commenting, praising, rewarding, loving, being responsive, using predictable routines, consistent separation and reunion plans, redirections, refocusing, ignoring, logical consequences, and teaching children self-regulation skills and how to problem solve.*) Time Out can only be used when the adult-child relationship foundation has been well established with positive "time in" methods.

How is IY use of Time Out tailored or individualized for different children? What is "core" and what is flexible? As with every other parenting or teaching strategy, the use of Time Out requires clinical sensitivity, flexibility and adjustments according to the child's developmental level and family or classroom context. IY group leaders who are training parents, teachers, and therapists in the use of Time Out must take many factors into consideration. These factors include: the child's developmental level, the parent-child relationship and attachment history, and the parent's mental health and self-control skills. Time Out procedures are adapted to different situations. In some cases, a parent or child may not be ready for Time Out and need to work longer on the praise and coaching methods as well as other relationship building skills and other disciplinary strategies such as distractions, setting clear rules and ignoring first. The length and location of Time Outs may be modified to fit a family's needs. Parents are also taught ways to support a child during Time Out keeping them safe, while still following the principle that Time Out is a low-attention response to a child's high negative affect.

How does Time Out help children learn to self-regulate and support their emotional development? Prior to adults using Time Out, children are taught and practice how to use Time Out to regulate their emotions. During Time Out parents model staying calm using the self-regulation strategies that their children have been taught (breathing, self-talk). Time Out stops the parent and child from engaging in the stressful interaction and gives them space to regain control. During Time Out, out-of-control child misbehavior is not reinforced with attention.

Does Time Out teach children anything? Yes, children learn that out-of-control behavior is not an effective way to manage strong emotions because it is not reinforced. But Time Out alone is not enough. The majority of children's time is spent out of Time Out in meaningful and positive

interactions with parents and teachers consisting of child-directed play, social, persistence and emotional coaching, praise and nurturing scaffolding. During these times, children learn positive ways to regulate their emotions, navigate interpersonal relationships, and ask for what they need or want. It is important that these positive replacement behaviors have been taught and practiced prior to instigating Time Out. When this is in place and children have been sent to Time Out to calm down, they are eager to get into parents or teachers positive spot light where they have learned there are more benefits.

Why is Time Out an important strategy for parents and teachers to learn? Are there some parents who should not be taught to use Time Out?

The fear that some parents or teachers may misuse the Time Out procedure due to lack of emotional ability to express nurturing care, stress or psychopathology prevents some professionals from teaching this strategy to parents or teachers. Although it is possible that Time Out may be misused, it is important to consider what happens if such parents or teachers are not given an evidence based discipline method they can use. Without the ability to enforce predictable limits or to prevent children responding aggressively to other children, adults may become too permissive, which can also lead to children becoming more aggressive as they learn that aggressive and out-of-control responses work. The inability to establish boundaries and enforce predictable limits has been shown to lead to poor mental health outcomes for children (Fite, Stoppelbein, & Greening, 2009). Kazdin (Kazdin, 2002) argues that parent failure to use appropriate discipline to protect a child who is acting out may itself meet the definition of abuse.   Conversely, the opposite can also be true—without a nonviolent and predictable way to respond to high intensity negative behaviors, parents or teachers may become overly controlling, respond with critical or physical discipline, giving children the message that aggressive responses are an acceptable way to manage negative affect and conflict.

In addition to assuring that parents and teachers have worked for 8-12 weeks intensively in the Incredible Years Program on positive social and emotional coaching methods, child-directed play, praise, rewards and relationship building before being introduced to Time Out, the Incredible Years programs also spend considerable time in teaching the correct method of using Time Out and on strategies for adults to use to stay calm and regulated. Participants learn to self-praise and self-reward, how to challenge negative thoughts and replace them with positive self-talk and coping statements, and stress management strategies. Group sessions include adults practicing simple Time Outs with guidance and gradually increasing their complexity focusing on the behavioral, cognitive and emotional components. Therapists make weekly calls to check in on their experiences and make themselves available as parents or teachers first take on this procedure with a child.

Can Time Out cause traumatic reactions or re-traumatize children? Does it lead to physical abuse or brain imaging patterns similar to those who are traumatized?

Teaching parents to use Time Out has been shown to reduce child physical abuse (Chaffin et al., 2004). While some may argue that use of Time Out with children who have experienced abuse will retraumatize them and trigger a fear response there is no evidence to support this claim when Time Out is delivered appropriately. Time Out is not a trauma event if done respectfully and predictably, as outlined above. Time Out is not a trauma event if the parent is primarily working on responsive nurturing parenting using Time In. When working with parents and children who have experienced trauma, therapists use clinical judgement as to when, how, and if it is appropriate to use Time Out. As with any other parenting strategy or decision, Time Out can be used incorrectly or abusively. This does not mean that Time Out should be abandoned as a strategy, but that parents, teachers, and therapists should be taught to use Time Out in respectful, effective and evidence-based ways.

Is Time Out beneficial to the child? When Time Out is done in a predictable, systematic, structured and calm way embedded in a normally positive nurturing relationship, it actually helps children feel safe and a have sense of control rather than being afraid of yelling and unpredictable adult responses. It leads to a relationship where children know they can safely go to their parents or teachers for help with solving their problems. Research has shown it is a critical factor in helping children gain emotion regulation capabilities and self-control and reduce adult physical abuse & traumatic child symptoms (Chaffin et al., 2004).

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How the Incredible Years (IY) Child Dinosaur Social, Emotional and Problem Solving Curriculum Prepares Children to Cope with Trauma

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The Incredible Years (IY) evidence-based parent and child programs have been used and evaluated for decades as treatment for young children diagnosed with conduct problems, oppositional defiant disorder and ADHD (Menting, Orobio de Castro et al. 2013, Webster-Stratton, Reid et al. 2013, Webster-Stratton and Reid 2017). These programs have also been evaluated as selective and indicated prevention interventions for high risk, economically disadvantaged families, foster care, adoptive and incarcerated parents (Linares, Montalto et al. 2006, Menting, Orobio de Castro et al. 2013, Webster-Stratton 2016). Within these populations, young children's behavioral problems are often a manifestation of their emotional and psychological difficulties because of single or multiple traumatic family life experiences including abuse and neglect or homelessness, witnessing violence at home or school, or experiencing the loss of a family member or friend, or reactions to parental divorce. Multiple randomized control group studies have indicated the success of the IY trauma-informed parent, teacher and child programs in promoting more responsive, nurturing and loving parent-teacher-child interactions, reducing child externalizing and internalizing problems and promoting young children's positive social competence, emotional regulation and school readiness skills (Webster-Stratton and Reid 2017). All three IY parent, teacher and child programs focus on four types of adult coaching that include academic, social, emotional and persistence coaching. These coaching methods are central to helping children persevere and become resilient in the face of adversity and traumatic experiences.

In this article we will briefly describe the Incredible Years *Dina Dinosaur's Social, Emotional, Academic and Problem Solving Curriculum for Young Children* (4-8 years) and how trauma-focused cognitive, affective, and behavioral elements are woven throughout the IY child programs and tailored according to the

developmental and cognitive status of young children and their particular experiences. The child dinosaur program (Webster-Stratton 1990) was originally designed for use by therapists as a small group treatment program for children diagnosed with conduct problems and subsequently revised into weekly lesson plans for use by teachers as a prevention classroom-based curriculum. With the help of large child-size puppets, teachers and therapists help children to learn and practice emotion language, to manage their anger, fears, guilt, and depression through self-regulation strategies such as deep breathing, positive self-talk, and positive imagery (happy places), to develop social skills in order to build supportive friendships and to problem solve using prosocial solutions in order to persevere in fact of difficult circumstances (Webster-Stratton and Reid 2005, Webster-Stratton and Reid 2008). When possible, it is recommended that the child dinosaur program be offered in conjunction with the IY parent program so that the emotion communication, problem solving steps, self-regulation methods and resilience coaching used in the child program can be reinforced at home by the parents to help their children cope with a range of emotions in regard to trauma related experiences.

Making Friends and Learning Group Rules (Apatosaurus and Iguanodon Units 1 & 2)

The first units of the curriculum teach children the rules for working safely and collaboratively in groups with peers and adult leaders. The children start by developing and practicing group rules such as listening to peers, using friendly voices, keeping hands to selves, and helping each other. These discussions take place with life-sized boy and girl puppets (Molly and Wally) as well as Dina, a dinosaur puppet who is the director of Dinosaur School. Fantasy and sociodramatic play appeals to and engages children ages 4-8 years in these discussions and enhances their learning because of their *preoperational and imaginary stage* of cognitive development (Piaget and Inhelder 1962). By using fantasy play and puppets, teachers and therapists give children with limited vocabulary an opportunity to talk about, act out or draw their feelings, take on different roles and feelings, work out emotional issues, and come up with solutions to problems that can be acted out with the help of their friends. While most children recognize these puppets are not real, they are still motivated to engage with them because of this imagination phase of cognitive development. For group leaders, joining children in their imaginary world creates an intimate bond and high level of trust. Children will often share more with a puppet than they share with an adult therapist or teacher.

Understanding and Detecting Feelings (Triceratops Unit 3)

Promoting Emotional Literacy and Empathy: In this unit, the first step is for young children to learn language for accurately identifying their own emotions as well as beginning to recognize other's feelings. Through laminated feeling picture cue cards and video vignettes of children demonstrating various emotions, children's emotional literacy is expanded to include basic feelings such as sad, happy, scared, and angry feelings to more complex feelings such as frustration, disappointment, blame, loneliness and guilt. Children are helped to recognize their own feelings by checking their shoulders, feet, arms, and faces for "tight" (tense) muscles and relaxed muscles, frowns, smiles and sensations in other parts of their bodies (e.g., butterflies in stomach, heart racing, clenched shoulders and fists). Wally talks to the children about what it means to be tense or relaxed. He shows them pictures of himself in tense and relaxed positions and asks them to practice tensing different muscles so they can feel the difference when their muscles are tense and then relax.

Wally: *When I am nervous sometimes my body gets tense or tight or stiff and uncomfortable – can you show me your tense hands? tighten them so tight they are squeezing a small apple so tight the juice is coming out. Keep squeezing tight, tighter, tighter and now relax and see how relaxed your hand muscles feel. Now let's try your abdomen, imagine a big dinosaur is behind you and about to step on your tummy.. tighten it as hard as possible so if the dinosaur steps there your tummy will be hard.. keep hardening, the dinosaur is coming… harder… Oh he stepped over you, now you can relax. See how your tummy feels now.*

Children are encouraged to be feelings detectives, given a magnifying glass and are guided to use their detective skills to look for clues in another person's facial expressions, behavior or tone of voice to recognize what another person is feeling. Games such as feeling dice, feeling bingo, feeling spinning wheel and matching feeling game are played to reinforce the development of emotion language and to help children talk and share a time they felt a certain feeling. Art activities such as making paper plate faces of outside and inside feelings, shaving cream drawings of face feelings, or coloring on line drawings of their own bodies or human figures using different colors to represent different emotions can help young children make the connection between emotion words, feelings and body responses to emotions. Nursery rhymes, songs and children's books also provide fun opportunities for children to talk about the character's feelings, how they cope with uncomfortable

feelings, and how they express feelings. During all of these discussions, the fun games and play times described above, the Wally and Molly puppets are active prosocial participants who share their own feelings about events and model feeling talk, thoughts and behaviors. The goal is to make talking about feelings non-stressful, enjoyable and comfortable and to establish trust in the group.

Wally shares his feelings

Wally: (laughing, jumping up with glee, smiling) *How do you think I am feeling?*
Children: *Happy*
Wally: *How do you know I am happy?*
Children: (identify cues of voice, behaviors, tone of voice)
Wally: *I feel happy when I see you each week. When do you feel happy?* (help children to talk about happy times)

Or,

Wally: (looking down, crying, sobbing,) *How am I feeling now?*
Children: *Sad*
Wally: *How do you know I am sad?*
Children: (identify cues of sad voice, behaviors, tone of voice)
Wally: *I am sad because my dad is gone. When do you feel sad?*
Children: (encouraged to talk in general ways about sad times)

Basic emotional literacy must be developed in first sessions and trust established before therapists/teachers can start to include scenarios that are targeted to encourage discussion of specific trauma experiences the children may have had. Once a format for exploring feelings has been established in the group, a variety of different traumatic or upsetting experiences can be explored in the group. These situations are always introduced by the puppets who begin a discussion about a situation somewhat similar to what the children have experienced. For instance: having to move to a foster home or grandparent's house, witnessing family violence and arguments, experiencing death of a family member, being hurt by an adult, or being in a hurricane or accident. This puppet sharing of his or her thoughts and feelings helps children to normalize their thoughts and feelings around a traumatic event and opens up the possibility of them feeling safe talking about a trauma they have experienced.

Wally Experiences a Car Accident

Wally: *Last week something scary happened to me. I was driving with my mom and a car hit the side of the car. It was really loud and the car jerked. My mom was crying and so was I. Have you ever been in an accident?* (models sharing feelings)

Children: (children share any experiences and feelings regarding accidents thus helping to normalize the event and feelings)

Wally: *I didn't get hurt and nobody else got hurt either, but I was still scared. The next day I was really nervous to go in the car because I thought I would have another accident. I didn't even want to go to school in the car. My mom gave me a hug and said it was okay to be scared, but I had to get in to go to school. I closed my eyes and didn't look all the way to school. What do you do to make yourself be less scared when you are scared to do something?*

Children: Children share their ideas for how to cope with fear.

Wally: *We didn't have an accident and I felt better when we got to school. My mom told me I was brave and reminded me that we've ridden in the car a lot of times and only had one accident. She said that the accident was bad luck, but that cars are mostly safe. That made me feel a little better* (models how feelings can change)

Therapist: *So you thought of your happy times in the car and remembered this accident only happened once so you felt less scared. You also realized you wanted to go to school and you learned to control those scary thoughts by thinking of something else happy.* (reinforces the idea that children can take some control over their feelings)

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Molly Sees Her Parents fighting

Molly: *Last night my parents were yelling loudly at each other. I am scared and sad when my parents fight and yell at each*
other. Have you ever heard your parents fight?
I sometimes feel it is my fault they are fighting.

Children: (children share any experiences witnessing fighting and their feelings) (This promotes talking about uncomfortable feelings thereby normalizing children's feelings.)

Therapist: *It is normal to be scared when someone fights and is angry. Parent fighting is not your fault. Most parents do fight at times but hitting is not a safe way to handle anger. How can you stay safe when they start fighting?*
(reassures child is not to blame)

Molly: *When that happens, I go to my room, and sometimes I call and talk to my grandmother. Afterwards I realize*
my parents love me. What do you do when your parents fight?
(This encourages children to talk about safe places or people to reach out to for help)

At this point in the curriculum the objective is to encourage children to feel comfortable expressing a range of feelings, to normalize their thoughts and feelings and to reassure children they are not to blame for what has happened. Children are often confused by traumatic events be it a parent fighting, physical or sexual abuse, or an accident, or death, and may feel guilt that they somehow caused the event to happen. It is important they have accurate information and are told this is not their fault. It is still too early in curriculum to discuss solutions to these problems and these discussions will be elaborated upon in the problem-solving unit, which occurs next. At this point in the program children are helped to understand that just talking in general about their feelings with others is helping them to feel less anxious, fearful, guilty, sad or alone.

Therapists always listen for information that indicates that the child is currently in a dangerous setting and take appropriate action to protect the child, if needed.

Coping with Uncomfortable Feelings

Once a range of positive and negative feeling words have been developed, next children learn strategies for determining the intensity of the feeling and then how to change negative feelings (angry, frustrated, sad) feelings into more positive feelings. Games, positive imagery and activities are used to illustrate how feelings change over time. A laminated "calm down thermometer" is used to help children to learn to identify the intensity of the emotion and when they are calm or cool in the blue or green at the bottom of the thermometer and when they are beginning to feel sad, or nervous or mad in the yellow section and finally when they are very mad or sad in red at the top. Wally helps the children practice determining how strong their emotion is by discussing feelings caused by different events and determining where they are on the thermometer.

Wally is Nervous When Dogs Bark

Wally: *One day a dog chased me and barked, I didn't think he was going to bite me, but he sure was noisy and angry looking. I was kind of nervous and I guess in yellow on the thermometer.*
How do you feel about dogs who bark at you? Where are you on the thermometer?

Children: (share feelings about dogs)

Molly is Afraid of Rats

Molly: *I am really scared of rats and one time I saw one in the kitchen.*
I was pretty scared and started to scream. I was a bit higher than yellow on the thermometer. How do you feel about rats?

Therapist: *Where is your feeling on the thermometer compared to how you feel about a barking dog?*
(help children identify degrees of feelings for different events)

Wally's pet dog died

Wally: *My dog Chardo died a week ago and I was really, really sad and unhappy and mad too. I was in red and crying all the time.*

Therapist: *How are you feeling now?*

Wally: *I am in yellow now.*

Therapist: *How did that happen?*

Wally: *My parent helped me make a picture book of all my happy times with my dog Chardo. I think more about that now.*

After the intensity of feeling has been discussed, Wally and the therapist help the children practice how to get down from red hot feelings into calmer feelings (blue or green) on the thermometer. Wally teaches his 3 "secrets" for calming down that include: developing positive imagery and thinking happy thoughts, telling himself he can calm down, and taking slow, deep breaths.

Wally Helps Children Develop Happy Places and Thoughts

The first self-regulation exercise is to help children develop positive imagery and happy thoughts by sharing with each other their happy places.

Wally: *My favorite time being relaxed and happy is when I am reading with my mom. I like to think about that when I get into yellow or red and feel bad about myself. What happy thought or place do you use when you feel worried, or sad or afraid?*

Children: (Children share happy places and these are recorded and later drawn or written about in a journal)

After this discussion in their small group activity they draw pictures of all the places, people or activities where they feel happy, safe and loved. Once children have established these happy memories they can be helped to use this guided

imagery when they are feeling tense, anxious or sad or mad. For children who have lost a close family member it is important to keep the memory of that person alive by talking openly with stories about the person, both positive and difficult memories. This will help them continue to feel connected to this person and be able to integrate a story that helps them develop a sense of control over their past experiences,

Wally Helps Children Practice Positive Self-Talk

A second self-regulation strategy is to help children use a positive power thought or word when they are having an uncomfortable thought. For young children this might be one word such as saying "calm" or "peace. " Older children may use a 3-4 word sentence. Wally teaches the children his personal mantra.

> Wally: *I get nervous when the teacher asks me to read in class.*
> *I tell myself, "I can do it" or "I can stay calm"*
> *Sometimes I take some deep breaths when I do that too.*

Wally Teaches Children How to do Power Breathing

The third of Wally's secrets for managing uncomfortable feelings is controlled breathing. Wally helps the children learn how to take deep breaths and slowly blow out breaths so they can help their body relax. It is helpful to demonstrate this with a balloon first so the child can see the balloon slowly get bigger like a stomach and then demonstrate the importance of letting it go slowly rather than letting it go quickly (the balloon seems nervous if you let go quickly). The therapist/teacher can even have the children put their finger (or a paper cup) on their belly button to watch their tummy rise and then fall as they breath. This can be practiced on the floor with a cup on their stomach.

> Wally: *Once I got really scared because a dog bit me, and I couldn't go near dogs after that. Now when I see a dog I take deep breaths. It is really powerful. Let me show you how I do that. I concentrate on my breathing and watch my tummy rise and then try to breath more slowly when I breath out than when I breath in. I sometimes imagine I am smelling a flower and then slowly blow out a candle. Sometimes I count to four when I breath in and then try*

> *to count higher when breathing out. This really helps me stay calm.*

Children: (practice with Wally deep breathing "balloon in" and slowly exhaling "balloon out")

Problem Solving (Stegosaurus Unit)
As we noted earlier, children who have experienced trauma may have inaccurate information and thoughts about what happened and feelings related to blame, guilt, sadness, and anger or some mixture of all these feelings. In the feelings unit we have focused on helping children talk about all kinds of feelings and correcting any misinformation or inaccurate thoughts or self-blame. We have also taught a few simple strategies for beginning to regulate the high intensity feelings. Some children react to traumatic events with hostility and aggression, while others may withdraw, developing physical somatic symptoms or becoming socially isolated, anxious and depressed. In the problem-solving unit children learn other ways (solutions) that they can respond to and cope with challenging situations. The puppets Wally and Molly help them to learn a 7-step process of problem solving: (1) How am I feeling and what is my problem? (define problem based on uncomfortable feeling); (2) What is a solution? (3) What are some more solutions? (alternative choices); (4) What are the consequences? (5) What is the best solution? (Is the solution safe, fair and does it lead to good feelings?) (6) Can I use the plan? And (7) How did I do? (evaluate outcome and reinforce efforts). Learning these steps helps children persevere with obstacles and to build resiliency in coping with life's challenges, big and small.

Young children, ages 4-6, will mostly focus on the first 3 problem solving steps of practicing appropriate solutions (e.g., share, wait, take turns, ask for help, help others, take deep breaths, think of happy place, ignore, walk away, take a break). Children ages 7-8 will likely be able to learn all 7 steps and choose the best solution or combination of solutions. New solutions are introduced at each session often by the puppet sharing a problem he has and asking the children to help him solve it. As the children come up with solutions, they act them out in order to help Wally learn how to use the solution and feel better. Laminated picture cue cards in Wally's detective kit are used to prompt ideas for possible solutions. Young children start learning and practicing less complex and more behavioral solutions (ask, share, wait, take deep breaths) and as they are developmentally ready move on to more complex and cognitive solutions such as doing the right thing, saying no to someone who is doing the wrong thing, asking for help, or apologizing). The therapists/teachers use the puppets and mediate video vignettes to introduce

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different problem scenarios in the beginning for younger children and as they get older (7-8 years) they encourage children to generate their own problems for group discussion. Younger children participate in small group activities that include drawing pictures of their solutions or dictating them while the group leader writes them down in their journals. Older children are encouraged to write stories about how they used a solution to solve a problem. Problem scenarios are acted out by the children so they can practice the solutions with the puppets or their peers and experience the problem from different perspectives.

Wally is frustrated because his friend won't share

Wally: *I really wanted to use the computer at school and my friend who had been on it for a long time didn't want to share. I was getting frustrated and angry. I was in yellow for sure. What solution should I use?*

Children: (children are encouraged to come with solutions such as ask again and say please, wait, do something else, take 3 deep breaths.

Wally: *Those are good solutions. Can you help me practice one of those ideas? I will be the boy who won't share, and you will show me you will do to get me to share.*

Notice that Wally takes the role as the child who won't share while the other children trying out some possible prosocial solutions. It is important that children are put in the role of practicing the appropriate behavior and not the inappropriate behavior.

Death of family member

Molly: *My grandpa died and I felt sad and had nightmares. I really missed him.*

Therapist: *What good things do you remember about him?*

Molly: *He took me to the park to throw balls and sometimes we went for a treat sometimes and he told me funny stories.*

Therapist asks the children: *Have any of you had a special pet or a person that you love die? What do you remember about him or her?*

Therapist: *It seems like these are some good memories you want to remember.*

Molly: *Yes, they are. You know I drew pictures of my good times with grandpa in a special book and sometimes when I have a nightmare I think of this good stuff and it helps me feel happier and get back to sleep. Sometimes I take some deep breaths too*

Therapist: *Wow you have shared with us two good solutions of two ways to take control of your sad feelings and thoughts. One is to make a memory book of your grandpa and the other is to take deep breaths to calm down. Molly you know talking about your feelings about your grandpa dying was a really brave thing to do.*

Therapist to children: *What would be a good way for you to remember all the good memories of your (grandparent, pet, parent, or other family member).*

As solutions to traumatic events are discussed, they can be modeled by Wally or Molly, as seen in the examples above, or the ideas can be generated by the children and then acted out for the puppets to learn from them. The children and puppets discuss the fact that there is often not a solution that will "fix" the child's problem. Instead the focus is often on ways to get comfort, help, or to start to feel better, even if the original problem does not go away.

As children become comfortable with the problem-solving steps, more complex traumatic situations can be introduced. For example, scenarios where there is possible violence or sexual abuse in the home, or bullying on the playground by older children. These scenarios first involve helping children understand what is appropriate or inappropriate touch followed by solutions that help them identify where are safe places to go, what people they can turn to for help, or how they can say "no" if an adult or sibling is doing something wrong.

<center>**Sibling Abuse**</center>

Wally: *Sometimes my brother gets really angry at me. One time I took his bike without asking and he yelled at me and started to hit me really hard. What should I do when that happens?*

Children: (encouraged to come up with solutions such as get help from adult or sibling or peer if feeling unsafe, say you are sorry, walk away, take deep breaths and stay calm)

Children are encouraged to talk about times they may have been hurt by someone or feel unsafe. For young children, the puppets can prompt these discussions with their own stories and children are encouraged to talk about what they can do to stay safe. Small group activities can include making a book or journal of places they would go when they feel unsafe.

In the books *Wally's Detective Books for Solving Problems at School and at Home* there are 50 problem solving cases that therapists can use to help children practice how to solve problems. These small books can be worked on in small group activities where children act out solutions or draw solutions to the problem scenarios.

If children in a particular group have personally experienced violence, direct trauma, or sexual abuse, the puppets can also be used to talk about those issues. The puppet and therapist are used together to provide a safe atmosphere where the issues can be discussed. The puppet presents a version of the experience and the therapist can provide a safe and non-blaming response. Children are then free to share or not share their own experiences. It is very important that these groups are run by therapists who are comfortable and experienced with this kind of discussion.

Anger Management (T-Rex Unit)

After the Problem Solving Unit where children have learned some solutions to manage difficult and uncomfortable problems, the program focuses on anger management. By this point in the curriculum, children will have expanded their feeling comprehension and literacy, will be more empathic to others feelings, and will have a framework for talking about problems and generating solutions. However even though children have learned the problem solving steps, they must

<center>13</center>

be able to self-regulate in order to use solutions. In the anger management unit, a new puppet named Tiny Turtle teaches 5-step anger management strategy that includes (1) recognize anger and where you are on the thermometer; (2) think "STOP", (3) going into his shell to take 3 deep breaths, (4) then replacing his unhappy thoughts with calm thoughts (e.g., "I can calm down") and positive imagery (reading with mom) and (5) trying again. Children practice these steps with the Tiny Turtle puppet. While they have learned some of the self-regulation skills in earlier programs, the turtle steps help them integrate their learning and realize they can stop their thoughts by saying "stop" first and then adding in replacement thoughts and other self-regulation strategies. Younger children focus on the simple turtle shell imagery, but by 7-8 years of age children will be able to expand their repertoire of solutions to include some beginning thought stopping, positive self-talk and imagery and more advanced solutions.

In this unit children practice how they can use Tiny's Turtle Power in other stressful situations. For example, being rejected by a friend, having trouble learning to read or write, feeling left out, waiting for a turn, losing at a game, being teased or bullied, responding to a parent or teacher who is mad, making a mistake, and feeling lonely because no one wants to play with them. The puppets can share their experiences with any of these problem situations and ask the children to help them stay calm and come up with solutions.

Wally Talks about Parent Fights

Wally: *Do you remember how we learned from Tiny Turtle how to calm down when we are nervous or angry? Tiny showed us how to go in our imaginary shells and take deep breaths. I have used that and it really helps me and now I use it in different places. Sometimes when my parents are fighting with each other I get scared and I go in my shell and tell myself "I can calm down" and sometimes I use it when my brother makes me mad. When do you use Tiny's secret power?*

Children: (share times they could use this secret turtle power)

Therapist: *Remember when your parents argue and fight with each other it is not your fault. It's okay for them to be angry but people should not hit or hurt each other, even when they are really mad. This is not a solution that is fair or*

	safe or leads to good feelings. As you know there are better solutions to solve problems.
Wally:	*Sometimes my parents even hit or push me and I think this is my fault and I deserve it because I was bad.*
Therapist:	*Wally that sounds really scary. It sounds like your parents were mad, and maybe they were mad at something you did, BUT parents should not hit children no matter what. All kids misbehave sometime and do things parents don't like. Wally it's not your fault if your parents hit you. Your parents are not bad people, and I think that they still love you, but they made a mistake when they hit.* *Let's talk about what you will do if you feel someone in your family or school might hurt you.*
Children:	(encouraged to come with solutions for staying safe such as calling a family friend who they trust, going somewhere safe, telling the person no you don't like to be touched in that place)

As mandated reporters, therapists will also need to discuss with the group, and with individual children, what happens if therapists are worried that children are not safe at home. While children should be empowered with some ways to get help if they are faced with dangerous situations, they also need to know that it is the job of other adults to help protect them when they are not safe, and that sometimes this means that they may need to live with someone else for a while. This is clearly a traumatic outcome for children and will need more intensive support and processing than can be handled entirely in the group setting.

While trauma focused treatment focuses on differentiating between thoughts and feelings, this distinction is intertwined and not age appropriate for young children because they are not able to be introspective about their own cognitive processes. In fact, they still cognitively confuse fantasy and reality. However, young children can understand what others (including a puppet) might feel. So they can learn from hearing about what Wally (or Molly or Tiny) feels and thinks, or from their suggestions of positive self-statements they might use to cope with a traumatic event. For this age group, the therapists with the help of a puppet, will model

alternative thoughts for children, whisper thought ideas for them to suggest in group discussions and find creative ways for them to express basic ideas about thoughts, feelings and behaviors. For example, in this program we talk about "turtle power," helping a child to envision himself as a turtle and imagining he has a shell or shield that can reject or bounce off nasty comments from others and absorb the friendly comments and thereby feel better. The child learns to go inside his shell when he needs to calm down by taking deep breaths, visualizing happy places and thinking happy thoughts. Other puppets can be used to promote positive thoughts, feeling talk, empathy and problem solving. For example, one puppet Freddy Frog is hyperactive and jumps around a lot getting into trouble so the children help him to calm down and learn how to make friends. The puppet Oscar Ostrich is afraid to talk about his feelings and always puts his head in the sand so the children can help him feel better by sharing his feelings and problems. A baby Dina dinosaur puppet is nervous and wants to learn how she can feel less lonely and make friends.

How to be Friendly and Talk with Friends

Few people need to be convinced of the value of friends for helping someone cope with a traumatic event. While many children who have experienced trauma may react with anger, or by withdrawal and avoidance, these last two units help children learn about the value of sharing, helping others, cooperating together, apologizing, giving compliments and successfully managing conflict. Developing these friendships in these circle time group discussions and small group activities helps children feel a sense of belonging, support and understanding of each other. As with other units, the friendship strategies include puppets modeling these social skills, mediated video vignettes and guided practices along with friendship bingos, cooperative games and activities. In their discussions, children learn that other children have had related trauma experiences such as death of family member, parental divorce, or stress related to family violence or harsh discipline, or accidents. This sharing helps children to feel less alone and normalizes to some extent their experiences while helping reduce their feelings of anxiety, or fear or anger especially as they work on solutions designed to help them feel safe, supported, connected to something bigger than themselves and more in control.

Involving Parents

While the focus in this paper has been on ways group leaders can help children cope with trauma by using the Dinosaur Curriculum, it is highly recommended that parents (or grandparents, foster parents, or other caregivers) also be included when

possible. It is important to provide parents with the overview and rationale for the child dinosaur program. Parents are encouraged to take the accompanying group-based IY BASIC Parent Program that begins with learning ways to build a sensitive, responsive and nurturing relationship with their children and reinforces parents using many of the same ideas at home that the children are learning in the Dinosaur Program. For example, parents learn the importance of using child-directed play and social, emotion and persistence coaching with their children to build their children's emotional literacy and capacity to communicate about their feelings and resilience to try to solve problems. Moreover, parents are helped to understand how to manage any behavioral problems that their children exhibit. Many parents feel guilty about disciplining, especially after their child has experienced something traumatic. However, parents not only need to build a strong loving relationship base with coaching methods, praise and rewards but also to provide clear rules, developmentally appropriate limits and a predictable schedule to help children feel safe and loved.

With the context of prior trauma in mind, some topics (such as ignoring and Time Out) are sometimes delayed and extra sessions offered initially to establish more secure attachment and parent-child bonding. When the ignoring, Time Out and discipline strategies are eventually presented for aggressive or destructive behaviors that cannot be redirected, discussion around these strategies focuses on how these strategies support child and parent self-regulation with the goal to use them briefly and non-punitively without jeopardizing the child's sense of safety. Following a planned ignore or Time Out to calm down experience, parents then reunite with their child in a positive way to provide their child with new learning opportunities to use other solutions to the problem situation (such as communication about feelings, or getting help, or calming down by walking away, or finding a friend or safe person to talk to). For families where there is a history of trauma, time is spent talking about the difference between the positive use of these strategies and punitive or neglectful parenting behaviors. When used thoughtfully, patiently and calmly, these strategies are important skills for all parents to learn as part of non-violent and positive discipline.

It is important to remember that parents are also undergoing extraordinary stress themselves because of their child's trauma experience. Many parents are reluctant to talk about the trauma event with their child for fear it will be overly distressing to themselves and their child. They feel helpless because it is impossible to fix or cure their children's problems. The IY ADANCE Parent Program (Webster-Stratton 1994) helps parents understand the relationship between thoughts, feelings and behavior for themselves as well as their children. Like children, parents need

to be encouraged to challenge their own negative or inaccurate thoughts and feelings of guilt or shame about the trauma event and find things to be happy about so they can model adaptive coping using a positive attitude for their children. In the Advance program parents learn to regulate their own emotions through relaxation methods and positive imagery, improve communication and listening skills, and the importance of building support networks. Parents are helped to understand the therapeutic benefits of letting children talk about their feelings when they are ready as this listening approach helps children manage their anxiety or anger and develop coping skills.

However, it is also important for parents to understand that it is developmentally normal for young children to escape from reality into fantasy and deny anything bad happened. In fact, children may act as if nothing has happened. Rather than forcing discussions that children are not ready for, parent and group leader/therapists can create safe spaces for that discussion to happen when children are ready. As children learn the emotion language in the dinosaur program along with some emotion regulation strategies, they may eventually be ready to talk or act out their experiences. The benefit of children participating in the child program is that even when children are not ready to talk about their own experiences, they can begin to process these experiences indirectly through the scenarios that the puppets and other children present. Like the therapist or teacher, parents can also help by labeling their children's emotions with an emphasis on both positive and negative emotions along side coping responses. They can reassure their children that it is okay to cry and ask for help, it is okay to be happy and joyful, and it is okay if they don't want to talk about it at that time. They can praise their children for appropriate management of their emotions such as expressing their feelings, taking deep breaths and going into their turtle shell, asking for help and for finding appropriate solutions to problem situations. Giving children focused attention and engaging in child-directed play with them is a key step in helping build children's resilience to cope with their trauma. It helps children learn that even after the traumatic event or loss, there still can be love and joy in their lives.

The Incredible Years Parent and Child programs provide a framework that sets the stage for healthy expression of feelings, problem solving, anger management, and self-regulation. These resilient skills are useful to all people, regardless of their life-circumstances. For families who have experienced trauma, these foundational skills set the stage and provide a safe space for more tailored treatment of the trauma experience. This partnership between parents, teachers, and therapists offers promise for helping children who have experienced trauma learn to feel safe, socially and emotionally competent, and supported to cope with life's challenges.

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