

Tips for Hosting a Successful Incredible Years® Workshop

✓ **Advertising Workshop**

- Advertise for workshop 3 months in advance (we can provide biosketch) **NO MORE THAN 25 PER WORKSHOP PLEASE!**
- Confirm registration with a letter to each participant giving start time and directions to workshop location

✓ **Room Set Up & Equipment**

- Large, comfortable room for 25 people with space for practice activities
- Comfortable chairs arranged in a semi-circle with TV/DVD at front & flip chart – **no tables** except at the back or edges of the room for showing sample materials
- Adequate ventilation and heating (or cooling in summer)
- TV/DVD (Europe will need multi-format system for NTSC DVDs if trainer requires – ask us!)
- Remote control for TV/DVD (with working battery)
- Overhead projector (adequate outlets and extension cord) or projector to hook up to computer
- Flip chart or white board and pens
- Unstructured toys e.g., blocks, Legos, dolls, puppets for all workshops except Baby. For Baby program – baby dolls, rattles, blankets, baby toys, baby utensils and dishes, etc.
- Sample Leader's Manuals (red-Basic, light blue – School Age, or purple – Baby parent program, dark green- Dinosaur program, five piece manual for Classroom Dinosaur program, light green for Teacher classroom management program; if you have purchased these)
- Tea, coffee, cold drinks and healthy snacks for mid morning and afternoon (attractively set up)

✓ **Materials**

- Name tags with participants' names
- Agenda & handouts for each participant (photocopied, bound or prepared in folders); link to download a master copy and instructions will be provided by Incredible Years 4-6 weeks prior to workshop

- Daily evaluations (different colored paper each day) -- Master copy provided with workshop materials, or by trainer
- Typed roster of names, addresses of attendees (including email and phone numbers) Use to indicate attendance and give copy to trainer**
- Incredible Years* book for parent workshops, *Incredible Babies* book for Baby program workshops, or *Incredible Teachers: Nurturing Children's Social, Emotional and Academic Competence* book for child program workshops (must be ordered in advance)
- Certificates of attendance are provided by the trainer

✓ **Networking & Hotel**

- An optional dinner booked at a restaurant one evening for participants to meet informally (usually at participants' expense)
- With a minimum number of confirmed room registrations, hotels will often offer a reduced room fee. If one hotel is recommended for workshop participants, they can more easily meet other participants in the evening for socializing and informal networking.

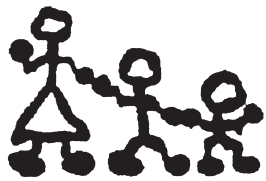
✓ **Trainer Needs**

- Comfortable, clean hotel in safe neighborhood
- Transportation to the first (ideally all) day of the workshop with one of the workshop sponsors.

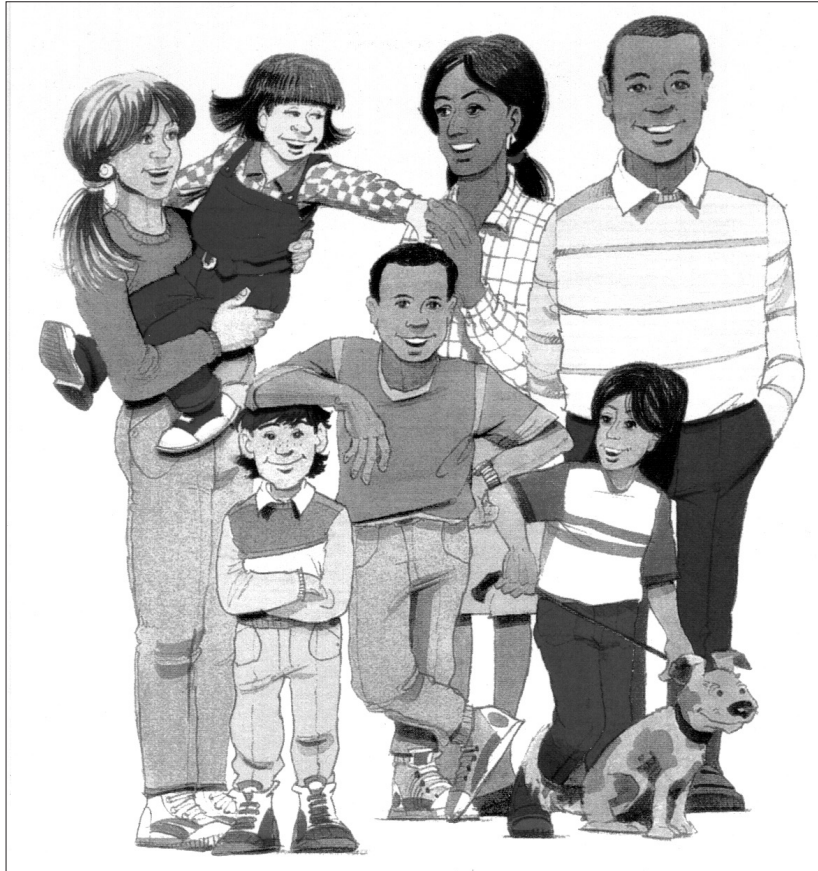
✓ **Budgeting Your Costs**

- Room rate per day
- Food per day
- Trainer costs (\$1500 - \$1750 per day) plus hotel, airfare, taxis, meals
- Handouts (approximately \$12.00 - \$20.00 per participant)
- Mailing Costs if sending any materials out ahead of time
- Books (may be charged directly or added to workshop fee)
(*Incredible Years* for Parent Workshop \$17.95 each, *Incredible Babies* \$17.95 each; *Incredible Teachers: Nurturing Children's Social, Emotional and Academic Competence* for teacher or child training workshop \$27.95 each)

Remember in Hosting a Workshop You are A Model for How to Conduct Groups



THE INCREDIBLE YEARS®: PARENTS TRAINING SERIES



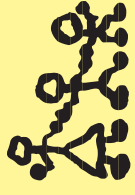
***PARENTING PROGRAMS designed
to strengthen children's school
readiness***

- ***Child-directed Play***
- ***Interactive Reading***

Workshop Guide

***Carolyn Webster-Stratton, Ph.D.
1411 8th Avenue West
Seattle, WA 98119
www.incredibleyears.com***

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**Teacher
Classroom
Management
Program**
6 full-day monthly
workshops; ages 3-8 years

**Child Dinosaur
Treatment
Program**
6 children/group; 18-22,
2-hour weekly sessions;
ages 4-8 years

**Child Dinosaur
Classroom
Program**
3 year curriculum,
2 lessons per week,
30-60 lessons/year;
ages 3-8 years

**Baby
Parent Program**
8-10 sessions; ages 0-8 mos.
**Toddlers
Parent Program**
12-13 sessions; ages 1-3 years

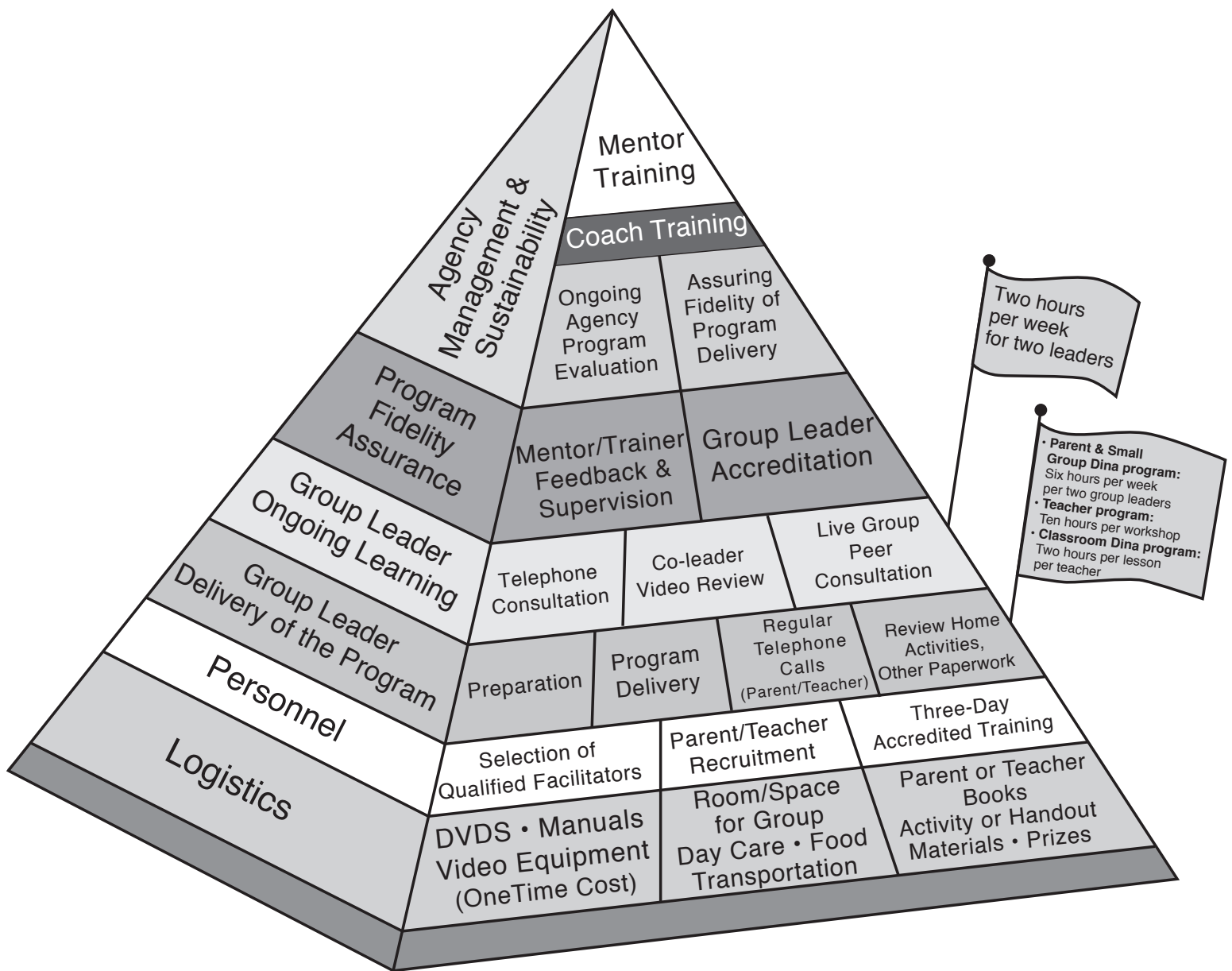
**School
Readiness
Parent
Program**
4-6 sessions; ages 2-4 years

**Preschool
BASIC
Parent
Program**
18 sessions; ages 3-6 years

**School Age
BASIC
Parent
Program**
12-16 sessions; ages 6-8
years and 9-12 years

**ADVANCED
Parent
Program**
9-12 sessions;
ages 4-12 years

Promoting Children's Emotional, Social, Academic and Problem Solving Skills



IY Implementation Pyramid: Assuring Fidelity of Program Delivery

Introduction and Table of Contents

Thanks to the parents and children who made these programs possible.

Thanks also to Connie Hanf, Ph.D. for her pioneering work on child-directed play and to Russ Whitehurst, Ph.D. for his research showing the value of “dialogic reading” for promoting literacy.

Copyright 2004, revised 2011
by Carolyn Webster-Stratton, Ph.D.
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A Note About the Use of Manual-Based Treatments

Critics of manual-based programs assume that manuals are rigid, inflexible, and offer little individual family or group variation. But just as a chef improvises and adapts recipes to create exciting, original meals, the experienced group leader will adapt a manualized intervention with sensitivity to the group's needs.

Although the Incredible Years Parenting Program is a structured therapeutic program with detailed manuals, session protocols, home assignments, and handouts, its ultimate success is dependent on a skilled leader who tailors it to the families' and child's individual needs. **Therapeutic principles can be manualized, but individualized, culturally sensitive, and empathic treatment cannot.** A high degree of clinical sophistication is a necessary requirement for successful delivery of this intervention. Attending certified training workshops, arranging ongoing supervision and peer review and becoming certified/accredited as a 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 intervention is the collaborative leadership style of the group leader. This collaborative approach ensures that the parents "own" the material because the basic principles have been drawn from them by the skilled leader. See Parts 3 and 4 for more information about the collaborative style as well as the book, entitled *Troubled Families—Problem Children* (1994) by C. Webster-Stratton and M. Herbert, published by Wiley Press.

Tips About Using the Manual

Tip #1

Don't be too manual dependent by focusing on reading questions, thereby avoiding eye contact with parents when asking questions (glance down briefly). The questions are meant to be guides to facilitate group discussion about the vignettes and principles. In general, you can start with an open-ended question such as, "What do you think of that father's approach?" or, "How do you think the child (or father) felt in that instance?" Then listen carefully and try to follow the parents' lead and pull out key principles.

Tip #2

It is not necessary to ask all the questions in the manual. If the points raised in the questions have already been discussed with your first open-ended question or in a prior discussion of vignette, move on to the next vignette or follow-up on a different important point that may have been initiated by a parent.

Tip #3

Each video/DVD program is not meant to be covered in an entire two-hour session! Pace yourself according to the parents' difficulty or familiarity with the material and the group's talkativeness. Sometimes a particular concept is new to a group (e.g. child-directed play) and it may take more sessions to cover the material.

The checklists in Part five give suggestions for how to break up vignettes into 4–6 sessions and indicate the key vignettes to cover for that topic.

Tip #4

Add this series as a supplement to the BASIC series. If you are using the Basic Series we suggest you show the play programs and follow them with these two programs. The last part of the reading program (Vignettes 15–20) can be shown after the Handling Misbehavior program.

Tip #5

Help parents understand how the “principles” portrayed here can be used with older children. Use role plays and break out practice sessions to rehearse skills such as following your child’s lead, modeling positive social skills, and using emotion language. Illustrate how these principles can be used with older school-age children.

Tip #6

Tailor your handouts to the material you cover in a session. You may tailor the handouts by telling parents which aspects of the home activities need to be done that week and then the following week indicate the additional parts to be completed. A blank handout is provided in case you get behind and need to change the home activity.

Tip #7

Discuss and review home activities each week. Open each session with a discussion of how the week went and how parents managed the home practice activities. The comments and reactions of parents trying new strategies will lead to easy and relevant role plays and key discussions.

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Other Parents Programs
Training Methods

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Part 1

Parent School Readiness Series

- 1. Program Rationale***
- 2. Ultimate Outcomes Expected and Short-term Objectives***
- 3. Program Format and Content***
- 4. Targeted Populations***
- 5. Other Parent Programs***
- 6. Training Methods***

The Incredible Years: Parent School Readiness Series

By Carolyn Webster-Stratton, Ph.D.

Program Rationale

The problem of escalating social-emotional problems in young children

While researchers have long known that intelligence is a key predictor of school success, literature on school readiness points to the key role of preschool children's social-emotional adjustment as a strong predictor of academic achievement, even after controlling for variations in children's cognitive abilities and family resources (Ladd, Birch, & Buhs, 1999; Shonkoff & Phillips, 2000). Children with emotional difficulties such as "early-onset" conduct problems (high rates of aggression, noncompliance, and oppositional behavior) are at high risk for underachievement, school absences, and eventual school drop out (Kupersmidt, Bryant, & Willoughby, 2000). It is clear that preventative efforts to prepare children for school success must address social/emotional needs to achieve the desired academic outcomes. In fact, data from the National Center for Education Statistics survey of kindergarten teachers indicate that teachers' predominant concern is for regulatory and emotional aspects of children's behavior (Lewit & Baker, 1995). In particular, when rating school readiness, 84% of teachers endorsed that children need to communicate wants, needs, and thoughts verbally and 60% the need to follow directions, not be disruptive in class, and be sensitive to other children's feelings. In contrast, only 21% endorsed the need to use a pencil and 7% rated knowing letters and counting to 20 very important to being ready for kindergarten (West, Denton, & Reaney, 2001). This survey suggests that teachers are most concerned that children have the prerequisite behavioral and social skills (attention, cooperation, engagement) to allow manageable classrooms, and consequently, effective academic teaching. Thus, it is clear that early preventative efforts designed to prepare children for school success must strengthen their social-emotional competencies and reduce their behavior problems to achieve desired academic and behavioral outcomes (Ladd et al., 1999; Skinner, Zimmer-Gembeck, & Connel, 1998). Early intervention in the preschool and early school years, when behavior is most malleable, is clearly a strategic and cost effective way to prepare children for school success and prevent later academic failure.

Poor reading and language delays are linked with poor social-emotional skills

Poor academic performance, reading and language delays, and poor emotional regulation and social skills exist in combination (Moffitt & Lynam, 1994). Studies have shown that children with low social skills also have lower language scores than peers with average social skills (Kaiser, Hancock, Cai, Foster, & Hester, 2000). Moreover, children with social and behavioral difficulties frequently have reading delays and learning problems. The relationship between academic performance and social-emotional competence is bi-directional. Academic difficulties may cause disengagement, frustration, and lower self-esteem, which may lead to escalation of behavior problems. At the same time, noncompliance, aggression, and poor attention limit a child's ability to engage in learning, and result in less teacher encouragement and instruction. Thus, a cycle is created whereby one problem exacerbates the other. The combination of academic delays and behavior problems leads to more severe behavior problems and school failure.



The importance of training parents in how to promote their children’s school readiness*

**a multidimensional construct defined as children’s engagement in learning, emotion-regulation, communication and language skills, social competence, and preliteracy skills.*

How, then, do we assure that children enter grade school “ready to learn” and receive the teaching and support they need to succeed in school?

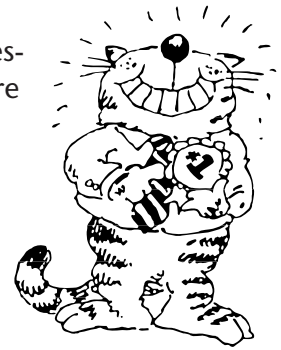
One way is to provide parents with training so that they understand the positive parenting strategies that will build their preschool children’s social competencies and academic readiness. Research shows that children whose parents are emotionally positive, attend to prosocial behaviors and are involved in providing cognitive stimulation at home (e.g., reading and play activities) are more likely to be able to self-regulate and respond in nonaggressive ways to conflict situations and to succeed at school. Indeed, parent training programs have been the single most successful treatment approach to date for reducing externalizing behavior problems (Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) in young children (Brestan & Eyberg, 1998), and for promoting social competence.

There is evidence that the earlier intervention is offered, the more positive the home and at school outcomes and the greater chance of preventing later academic and social problems (Taylor & Biglan, 1998). Involving parents when their children are having their first school experiences can help to start children out on a positive school trajectory, smoothing the transition to preschool and then to public kindergarten. For children, the expectations of a preschool classroom in terms of following directions, participating in structured activities, and early academic learning can be a marked change from their prior experiences. For parents, especially those who had negative school experiences themselves, or for whom English is a second language, navigating their child’s first school experiences can be daunting (Hawkins, Catalano, & Miller, 1992). When parents of young children receive school readiness training in how to support their children’s school success through their interactions with them at home, children will be “ready to learn” and more likely to be academically successful (Grolnick & Slowiaczek, 1994).

Offering training to parents in schools will make programs accessible to parents of children from different cultural and socioeconomic backgrounds. Moreover, such an approach will promote collaboration between schools, teachers and parents and promote coordinated efforts between parents and teachers as well as consistency in approaches.

Selected References

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- West, J., Denton, K., & Reaney, L. M. (2001). "The kindergarten year: findings from the Early Childhood Longitudinal Study, kindergarten class of 1998-1999." (Publication No. NCES2001-023). Washington, DC: Department of Education, National Center for Education Statistics.
- See Incredible Years website for research and papers regarding Incredible Years Parent, Teacher, and Child programs: www.incredibleyears.com.



Ultimate Outcomes Expected and Short-term Objectives

- To improve children's school readiness (a multidimensional construct defined as, children's engagement in learning, emotion-regulation, communication and language skills, social competence, and pre-literacy skills).
- To prevent children from developing conduct problems and academic underachievement in later school years.

Videotape Program One

Child-Directed Play: Strengthening Children's Social, Emotional and Cognitive Skills

The goals of the series are to:

Promote children's school readiness skills:

- Increase children's social skills (share, trade, take turns, help, wait, listen)
- Increase children's problem solving skills
- Increase children's emotional literacy (feeling vocabulary)
- Increase children's academic skills (vocabulary and communication skills, listening skills, following directions, pre-reading and writing skills)

Promote parent competencies:

- Increase parents' cognitive and social stimulation activities with their children at home
- Increase parents' positive communication skills such as praise and encouragement and reduce criticism and unnecessary commands
- Increase parents' academic, persistence, social and emotion coaching skills

Videotape Program Two

Parents Encouraging Children's Social, Emotion, Academic and Problem Solving Skills through Interactive Reading

The goals of the series are to:

Promote children's pre-reading, reading and writing readiness skills:

- Increase children's word recognition
- Increase children's vocabulary and pre-literacy skills
- Increase children's enjoyment, motivation and self-confidence for reading
- Increase children's imaginative and creative story telling

Promote parent competencies:

- Increase parents' positive support for children's reading skills
- Increase parents' skills in interactive reading techniques
- Increase parents' social, emotional and academic coaching skills while reading stories.

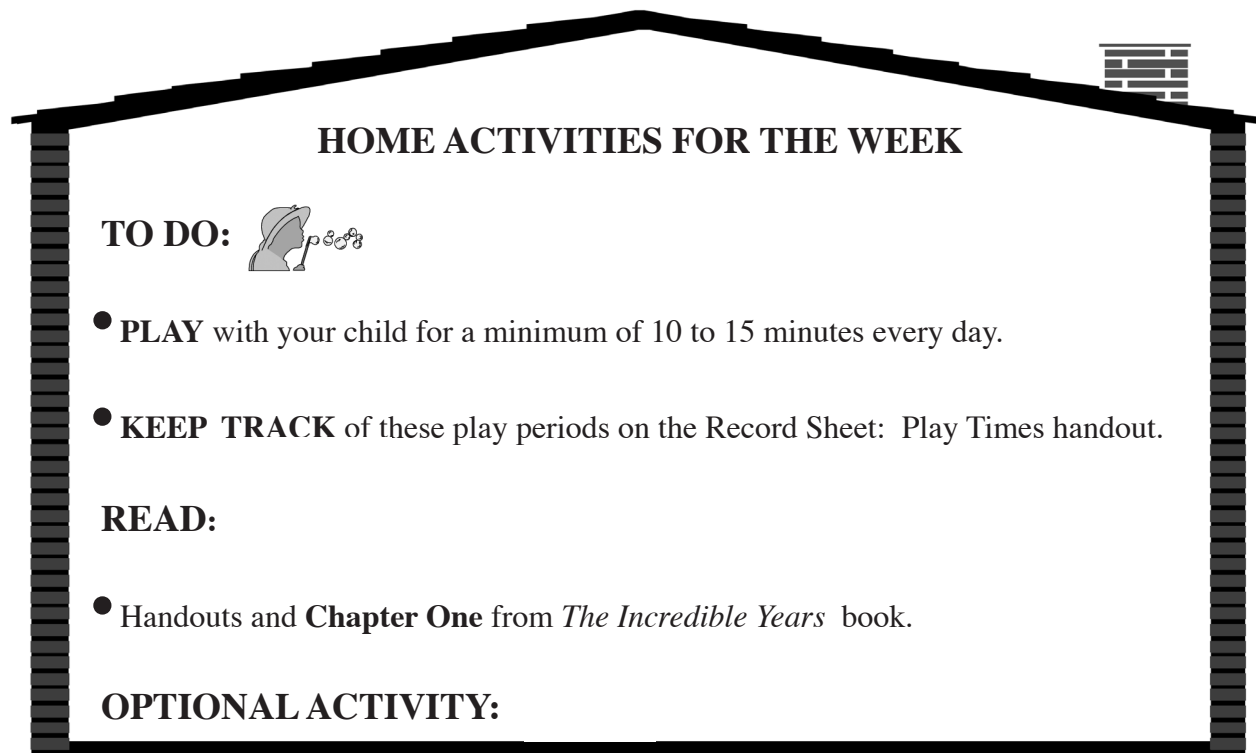
Program Format and Content

The school readiness series is a, 4–6 week program for parents involving group discussion of a series of video vignettes with a trained group leader. The first program starts by teaching parents child-directed play concepts designed to promote social, emotional and academic competencies. This is followed by a second program which teaches parents ways to strengthen their children's pre-literacy and reading skills. The program includes a leader's manual, two DVDs, homework assignments and handouts for parents.


Integrate with BASIC Incredible Years Parent Program (Preschool Version)

These two programs may be offered in conjunction with the BASIC series (children ages 3-6 years). For families where there is poor attachment, history of abuse or neglect or social deprivation, or for new immigrant families with limited English skills it is recommended that these programs be combined with the BASIC series. Vignettes from the Child-Directed Play program may be added to provide more examples of non-English speaking families utilizing the child-directed play concepts. The 2nd program regarding Interactive Reading skills provides new reading information not covered in the BASIC series. It may be added in after the final program on problem-solving or before the praise program from the BASIC series.

Sample of Homework Activities



HOME ACTIVITIES FOR THE WEEK

TO DO: 

- **PLAY** with your child for a minimum of 10 to 15 minutes every day.
- **KEEP TRACK** of these play periods on the Record Sheet: Play Times handout.

READ:

- Handouts and **Chapter One** from *The Incredible Years* book.

OPTIONAL ACTIVITY:

- **FILL IN** the two checklists for evaluating play, and bring them to the next meeting.

Targeted Populations for Child-Directed Play and Interactive Reading Program

The Preschool Series is a practical and versatile program that can be used to teach parents skills to promote their child's school readiness skills.

- 1. Parents with normal children three to six years of age.** The series can be used as a preventive program that helps parents avoid behavior problems through early intervention.
- 2. Parents of children with behavior problems three to six years of age.** This program can be added to the BASIC parent program to help improve children's social competence. Our data indicate that the parents who took the BASIC program were able to make significant improvements in their children's behavior after completing the course. The children in our studies displayed a wide variety of conduct problems including highly aggressive behaviors such as hitting and kicking; destructive acts; negative and defiant attitudes; whining, yelling, smart talk, and interrupting; and noncompliance to parental requests. It is possible that the program could be adapted for use by parents of developmentally delayed children.
- 3. Teenagers taking baby-sitting classes or family life courses.** Parts of this program could be used to teach adolescents how to play and read with children. The program could also be an educational resource for groups of teenagers who are studying the normal growth and development of preschool children.
- 4. Family therapists, social workers, child psychologists, teachers, nurses, physicians, Child Protective Service workers, and day care providers.** The program has been used to teach child-directed play, coaching, and reading skills to child care workers and other professionals who work with parents and children. It has also been used to illustrate social, emotion, persistence and academic coaching skills in early childhood programs for teachers and psychology students.

The video vignettes show examples of mothers and fathers, who are of Caucasian, Vietnamese, Amharic and Tigrinian cultural backgrounds.

Child-Directed Play and Interactive Reading Program

The parent training series is a 4-6 week program for parents involving group discussions of 50 vignettes. Teachers and day care providers may be trained to deliver this program to parents in their centers or schools.

Basic Parent Program (ages 3-6 years)

The BASIC parent training series, an 18-20 week program for parents, involves group discussion of a series of 250 video vignettes and was guided by cognitive social learning literature. The program teaches parents interactive play and reinforcement skills (Eyberg, Boggs, & Algina, 1995; Eyberg & Matarazzo, 1980; Hanf & Kling, 1973); nonviolent discipline techniques, including “timeout” and “ignore” (Forehand & McMahon, 1981; Patterson, 1982); logical and natural consequences; and problem-solving strategies (D’Zurilla & Nezu, 1982).

Contents and Program Mechanics of Program

The parent training program materials include:

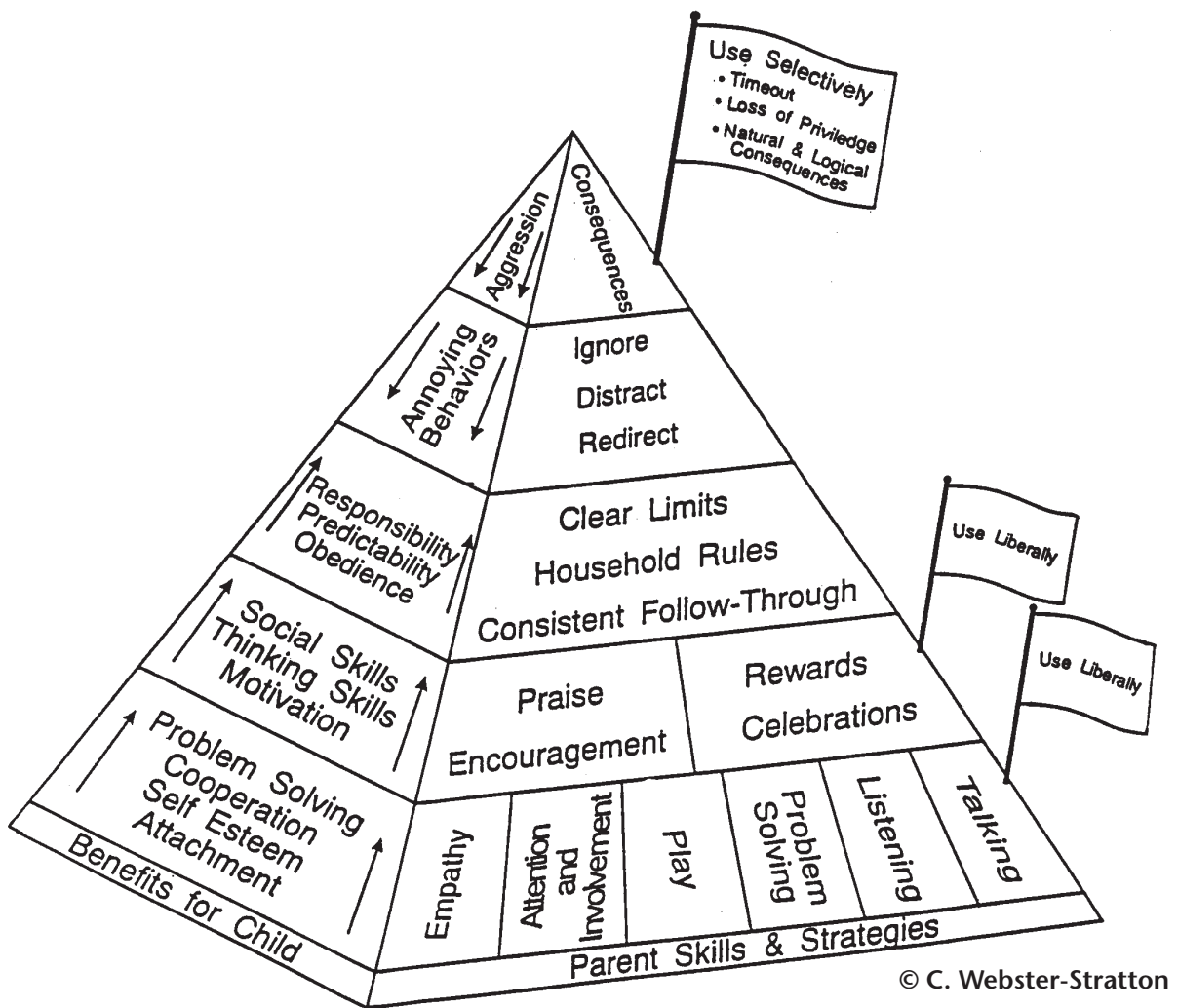
- 9 DVDs for the BASIC program. (Available in Spanish, Norwegian and Danish.)
- 2 DVDs for SCHOOL READINESS program.
- 7 DVDs for the ADVANCE program.
- 7 DVDs for the School-Age version of BASIC (ages 6-12 years).
- Self-study and home coach manual for both BASIC programs.
- Comprehensive leader manuals for each program (consisting of over 500 pages of “how to” including leader questions for discussion, home activities, and interpretation of videotapes).
- Parent weekly “refrigerator notes” (brief points to remember for the week).
- Parent assignments for home activities.
- Book for parents titled *The Incredible Years: A Trouble-Shooting Guide for Parents of Children Ages 2–8* (also available on audiotape in both English and Spanish).
- Refrigerator magnets.
- Pyramid posters. Pyramid shows how the programs build a positive foundation first with an emphasis on relationship skills before beginning to discuss discipline strategies.

The program uses multiple learning approaches: video modeling, group discussion and support, practice activities within sessions, home activities, reading assignments (or CDs), self-monitoring checklists and goals, and leader teaching and support. The program is highly interactive, collaborative, and self-directed.

The Incredible Years: Basic Parent Programs 1-4 (Ages 3-6)

BASIC Training Program. This program includes a leader's manual, participant's books, and nine DVDs divided into four segments: Child-directed Play and Coaching, Praise and Rewards, Effective Limit Setting, and Handling Misbehavior. The leader's manual contains the video narration, an edited recap of each parent-child interaction, a concise statement of important points, discussion topics and questions, homework assignments, handouts, and a list of recommended readings. Brief video vignettes of parents interacting with children in family life situations illustrate child-rearing concepts. Group leaders use these vignettes to facilitate group discussion and problem solving. Course participants quickly learn and practice parenting interactions by watching the vignettes. Participants discuss the principles of child-rearing and practice new skills through role-playing and home practice activities. The program, which can be done as self-study with a coach or offered for groups of 10 to 14 participants, can be covered in 18 to 20 two-hour sessions for high risk families.

Each component within the program builds on the previous one to ensure that participants learn the parent-child relationship skills outlined in the first two segments before moving to the cognitive behavior management approaches described later. Participants who have difficulty with material in a segment can review and practice the material before moving to subsequent segments. Although the content of this program is structured in presentation, the group leader should remain



Parenting Pyramid

flexible in conducting the sessions. It usually takes 7-8 two-hour sessions to complete the first two components, but some groups may take longer. One group might discuss a vignette for 30 minutes, while another might spend little time with it. The group leader must therefore respond flexibly to the needs of the group. One leader is needed for each group, although it is highly recommended to have two leaders and even better to have a male and a female leader. Onsite day care is provided for those parents who cannot arrange or afford baby-sitting.

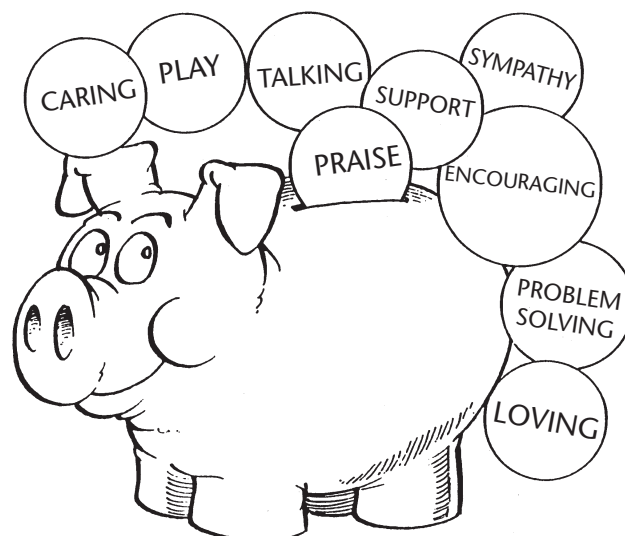
It is critical to begin with the first two programs of the series: (1) Child-directed Play and Coaching and (2) Praise and Rewards. These programs show participants ways to play and coach children and to use praise and rewards to encourage cooperation, foster creativity, build self-esteem, and strengthen prosocial behavior. There are advantages to beginning with these programs because it reduces parent attention for inappropriate behaviors and builds parent-child attachment.

***The Incredible Years:
Supporting Your Child's Education Program 8 (Ages 5-10 years)***

Parents need to know how to work with teachers and schools in order to foster a supportive relationship between home and school settings. Such a coordinated effort between home and school regarding social and academic goals would offer the possibility of better generalization of child improvements across settings. The parent training program Supporting Your Child's Education, developed in 1991, offers parents strategies for reading and doing homework with their children, fostering supportive relationships with teachers, and setting up coordinated plans between home and school when necessary. This program follows the completion of the BASIC program because it builds on the behavioral principles regarding social and emotional regulation skills that were introduced in BASIC and applies them to academic skills.

***The Incredible Years: BASIC Parent Programs 9-10
Early School-Age Version (Ages 6-12 years)***

Programs 9 and 10 are identical to the BASIC preschool programs in theoretical assumptions, objectives, training methods and qualifications. The content of these programs is very similar to BASIC except it has less emphasis on the toddler and preschool developmental period and more emphasis on the early school-age developmental milestones. As a result it places more emphasis on problem-solving, some special problems such as lying and stealing, and homework routines and family chores. It includes 2 protocols, one for 6-8 year olds and one for 9-12 year olds.



Remember to Build Up Your Bank Account

Training Methods

The parent programs are designed as group discussions with 12 to 14 parents per group and one group leader (two leaders preferably). The group format fosters a sense of community support, reduces isolation, and normalizes parents' experiences and situations. This cost-effective approach also allows for diverse experiences with problem solving in a variety of family situations. Each parent is encouraged to have a partner or close friend participate in the program.



Video modeling. Modeling theories of learning suggest that parents can improve parenting skills by watching videotaped examples of parents interacting with their children in ways that promote prosocial behaviors and decrease inappropriate behaviors (Bandura, 1977). This method of training is more accessible, especially to less verbally oriented parents, than other methods such as didactic instruction, written handouts, or a sole reliance on group or individual discussion. It promotes generalization and long-term maintenance of positive behaviors by portraying a variety of models in many situations. Furthermore, video modeling is cost-effective because it can be widely disseminated.

The programs show parents and children of different sexes, ages, cultures, socioeconomic backgrounds, and temperaments interacting with each. The leader uses these vignettes to trigger group discussion and problem solving, and the leader ensures that the discussion addresses the topic and is understood by all parents. After each vignette, the leader stops the DVD and asks open-ended questions about the vignettes. Parents react to and discuss the episodes and develop alternatives.

Collaborative process. In this collaborative training model, the leader is not an "expert" who dispenses advice to parents. Meaning "to labor together," collaboration implies a reciprocal relationship that uses the leader's and parents' knowledge, strengths, and perspectives equally. In this nonblaming and nonhierarchical model, the leader promotes collaboration through reflection, summary of points made by parents, reframing, reinforcement, support and acceptance, humor and optimism, encouragement of each member's participation, teaching of important concepts, and role-playing exercises. By using a collaborative process the program becomes culturally sensitive as each individual's personal goals and values are respected and "connections" with the past are relevant to current perspectives and attitudes. Approximately 60 percent of a session is group discussion, problem solving, and support; 25 percent is video modeling (25 to 30 minutes of video); and 15 percent is teaching. More information about collaborative process can be found in the following books (Webster-Stratton & Hancock, 1998; Webster-Stratton & Herbert, 1994).

Weekly homework activities. Every session also involves a home assignment or activity, which should be presented as an integral part of the learning process. The home activities help transfer the learning that takes place in group sessions to real life at home and stimulate discussion at later sessions. Home activities also convey the message that passive involvement in the group will not work magic; parents must work at home to make changes. Parents are provided with *The Incredible Years* book and asked to read a chapter each week to prepare for the next session (Webster-Stratton, 1992). CDs of the book are provided for those who cannot read or don't have the time to read. Parents are also asked to observe behaviors at home, record their thoughts and feelings, or try out a parenting strategy. At the start of each session, the leader asks parents to share their experiences with their home activities and reading. The leader can then assess whether parents are integrating the material into their daily lives. Parents are more likely to take the home activities seriously if they know the leader is going to review them each week.

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

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

Resources needed: In order for parent groups to be well attended group leaders need to have available day care with qualified day care providers, transportation for those who need it, healthy food and a room large enough for a circle of 14–16 people. Evening meetings are necessary in order to make it possible for two parents to participate. DVD players and blackboards or flip charts are needed for the group.

Program Features Lending to Ease of Replication/Independent Replications Studies

The video format of all these training programs increases the consistency, fidelity, and transportability of the program implementation, and makes it easier and less costly to implement and maintain in real-world settings. As can be seen above, all the programs include detailed leader manuals, handouts, books for parents, and DVDs and detailed information about the group process and activities which facilitates the replicability of the program.

Training and Qualifications of Group Leaders

Group leaders may come from many disciplines, including nursing, psychology, counseling, social work, education, and psychiatry. It is optimal if the group leader can represent the dominant culture of the group. Even though the program materials are extensive and comprehensive, we find that the program has a greater chance of being disseminated successfully if the group leaders receive authorized training first. In this training we model the collaborative teaching process and help leaders understand the importance of group learning processes such as: identifying participants' personal goals, self monitoring, reflective experiential learning, weekly home activities, effective use of role plays, weekly check-ins, values exercises, effective use of puppets and methods of responding to resistance.

Studies of the BASIC Program

Universal Prevention: In the first study, 35 non-clinic families were randomly assigned to the BASIC parent training program or to a waiting-list control group. Results indicated that the BASIC treatment caused highly significant attitudinal and behavioral changes in treated middle-class, non-clinic mothers and children (ages 3 to 6) compared with control groups. Nearly all the changes were maintained at the one-year followup (Webster-Stratton, 1981; Webster-Stratton, 1982a; Webster-Stratton, 1982b).

Indicated Prevention: A second study randomly assigned 35 clinic families (with children having conduct problems) to one of three groups:

- One-on-one personalized parent therapy.
- Videotape-based group therapy (BASIC).
- Waiting-list control group.

These clinic families were high risk because of the large number of single parents, low socioeconomic status, low mean education level, high prevalence of child abuse, and the deviant nature of the children. The BASIC treatment was as effective as high-cost, one-on-one therapy and both treatments were superior to the control group in regard to attitudinal and behavioral changes. Moreover, at the one-year followup, no differences were noted between the two treatment groups, and most of the children continued to improve. The BASIC program was five times more cost-effective than one-on-one therapy, using 48 hours of therapist time versus 251 hours of therapist time. Approximately 70 percent of both treatment groups maintained significant positive behavioral changes at the one-year followup. Families who had little or no social support were most likely to relapse following treatment (Webster-Stratton, 1984; Webster-Stratton, 1985).

Indicated Prevention: A third study was conducted to ascertain the most efficient and effective component of the BASIC program. Parents of 114 conduct-problem children, ages 3 to 8, were randomly assigned to one of four groups:

- Individually or self-administered videotape modeling therapy (IVM).
- Videotape-based group therapy (BASIC).
- Group therapy alone (GD).
- Waiting-list control group.

Compared with the control group, mothers in all three treatment groups reported significantly fewer child behavior problems, more prosocial behaviors, and less use of spanking following treatment. Fathers in the IVM and BASIC groups, and teachers of children whose parents were in the BASIC and GD groups, also reported significant reductions in behavior problems compared with control subjects. Data collected from home visits indicated that, for all treatment groups, mothers, fathers, and children exhibited significant behavioral changes. Relatively few differences were noted between treatment groups on most outcome measures, but the differences found consistently favored BASIC treatment. Cost-effectiveness, however, was the major advantage of the IVM treatment (Webster-Stratton, 1990b; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988).

At the one-year followup, 93.1 percent of families were assessed. All significant behavioral changes reported immediately after treatment were maintained one year later. Moreover, parent report data indicated that both mothers and fathers perceived a further reduction in child behavior problems. Few differences were found among the three treatment groups except for the differences in consumer satisfaction, which indicated that the BASIC treatment was superior. With each of the treatment programs, 70 percent of the sample showed clinically significant improvements to within normal ranges (Webster-Stratton et al., 1988).

Indicated Prevention: A fourth study was conducted to determine how to enhance the effectiveness of the self-administered videotape therapy while maintaining its cost-effectiveness. Parents of 43 conduct-problem children were assigned to one of three groups:

- Individually administered videotape modeling program (IVM).
- IVM plus therapist consultation (IVMC).
- Waiting-list control group.

In comparison with the control group, both groups of mothers receiving treatment reported significantly fewer child behavior problems, reduced stress levels, and less use of spanking after intervention. Data from home visits indicated that both treatment groups exhibited significant behavioral changes. Relatively few differences on the outcome measures existed between the two treatment conditions, but IVMC children in the videotape plus therapist consultation group were significantly less deviant than the children in the individually administered videotape program suggesting that combined treatment was superior (Webster-Stratton, 1990a).

Selective Prevention: A fifth study examined the effectiveness of the BASIC program as a universal prevention program with a sample of 362 Head Start mothers and their four-year-old children. Eight Head Start centers were randomly assigned to two groups:

- An experimental group in which parents, teachers, and family service workers participated in the intervention.
- A control group in which parents, teachers, and family service workers participated in the regular center-based Head Start program.

The results from observations at the post-intervention assessment indicated that mothers in the intervention group made significantly fewer critical remarks and commands, used less harsh discipline, and were more nurturing, reinforcing, and competent in their parenting when compared with mothers in the control group. Intervention mothers reported that their discipline was more consistent and that they used fewer physically and verbally negative discipline techniques. They also used more appropriate limit-setting techniques. In turn, the children of mothers in the intervention group exhibited significantly fewer negative behaviors and conduct problems, less noncompliance, less negative affect and more positive affect, and more prosocial behaviors than children in the control group. One year later, most of the improvements noted in the intervention mothers' parenting skills and in their children's affect and behavior were maintained, including increased contacts with new teachers, as compared with mothers in the control group (Webster-Stratton, 1998b).

Selective Prevention: A sixth study examined the effectiveness of the BASIC program and the teacher training program (described below) with a sample of 272 Head Start mothers and 61 teachers. Fourteen Head Start centers were randomly assigned to two groups:

- An experimental condition in which parents, teachers, and family service workers participated in the prevention program
- A control condition in which parents, teachers, and family service workers participated in the regular center-based Head Start program (CONTROL).

Assessments pre- and post-intervention included teacher and parent reports of child behavior and independent observations at home and at school. Home observations indicated that mothers in the intervention group were significantly less harsh and critical in their discipline approaches, significantly more positive and nurturing, and used more problem-solving approaches in their interactions with their children than mothers in the control group. Intervention mothers reported that their discipline was more positive and less harsh or punitive, that they used more monitoring,

and that they were more involved in activities with their children than control mothers. Teachers reported that mothers in the intervention group were more involved in their children's education. Children of mothers who attended six or more intervention sessions received lower ratings on independent observations of inappropriate behavior than children in the control group and were observed to exhibit significantly fewer negative behaviors and conduct problems, less noncompliance, and less negative affect than children in the control group.

Results of classroom observations indicated that teachers in the intervention group were significantly less critical in their discipline approaches and more positive in their interactions with their students than teachers in the control group. Teachers from the intervention condition reported making significantly more effort to involve parents in their classrooms than control teachers. Students in the intervention classrooms were observed to exhibit significantly fewer negative behaviors and noncompliance with teachers and less physical aggression with peers than students in control classrooms. Intervention children were more engaged or on-task in the classroom and had higher school readiness scores (e.g., friendly, self-reliant, on task, low disruptive) than control children. Overall classroom atmosphere was significantly more positive for intervention classrooms than control classrooms. Teachers also reported the intervention students to be more socially competent than the control students.

One year later most of the improvements noted in intervention mothers' parenting skills and in their children's affect and behavior were maintained. Implications of this prevention program as a strategy for reducing risk factors leading to delinquency by promoting social competence, school readiness, and reducing conduct problems are discussed (Webster-Stratton & Reid, 1999).

Summary Regarding Evaluation of BASIC Program

As noted above, the BASIC program appears highly effective in reducing child conduct problems by promoting social competence, reducing parents' violent methods of discipline, and improving their child management skills. For clinic children with conduct problems, the cycle of aggression appears to have been halted for approximately two-thirds of the treated families. For the high-risk Head Start children, protective factors such as positive parenting and children's social competence were enhanced.

* See Blueprints update on website for details of these early studies and more recent studies.

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See *Incredible Years website for updated research studies by the developer and independent investigators.* www.incredibleyears.com.

Part 2

Planning a Parenting Program

1. Overview

2. Encouraging Every Parent's Participation

3. Preparing for Your First Group

- a. Arrange the Location
- b. Arrange Optimal Times
- c. Arrange for Child Care
- d. Preparation for Each Session
- e. Materials Needed
- f. Arrive Early
- g. Prepare for Subsequent Sessions

General Guidelines for Leading a Parent Program

1. Overview

The Incredible Years Parents and Children Video Series (developed by Dr. Webster-Stratton) is a comprehensive program aimed at preventing the development of child problem behaviors and promoting children's social and academic successes. The parent enrichment component of the program emphasizes parenting skills designed to promote self-confidence and cooperation in young children (ages 3-6 years). In particular, the preschool period is a critical age where children can be helped so that they are able to make a successful transition into kindergartens in different school systems. This program was designed to promote collaboration among all those who impact children's lives in different environments—such as parents at home and school personnel.

2. Encouraging Every Parent's Participation

The first step is to advertise the parenting program to all of the parents in your setting. Do this well in advance of the program starting. There are several phases to this recruitment process:

- (a) Send out flyers frequently.
- (b) Talk to parents about the program when they come to enroll at your school or health center. Be enthusiastic! Encourage all the staff at your center (bus drivers, secretaries, health workers, teachers, counselors) to help advertise the program.
- (c) Involve the Teachers: Ask classroom teachers to advertise the program and put up flyers on the bulletin board. The more people talking about the program, the better! Moreover, because one of the goals of the program is to increase communication between home and school, it is vital to keep teachers informed and to invite their input into what they think would be important for parents to know about day-to-day functioning in their classroom.

3. Preparing for Your First Group

(a) Arrange the location. One of the first logistical tasks is to find a central place where you can hold your parenting classes. Here are some criteria to think about when choosing a location:

Meeting Location Checklist

- _____ • Is the room large enough to seat 14—16 people in chairs in an open circle?
- _____ • Does the room have a warm feeling?
- _____ • Are there enough chairs?
- _____ • Is there DVD equipment available?
- _____ • Is there a room for child care nearby? (If possible, not too close to parent meeting room due to distraction of children whining and crying!)
- _____ • Are there bathrooms near the parent and child care rooms?
- _____ • Is there a place for plugging in coffee, tea etc.?
- _____ • Is there easy parking nearby?
- _____ • Is there a blackboard or whiteboard, with chalk or pens?

(b) Arrange optimal times. Review your list of participants to see what times seem most feasible for offering the program. If it has been a while since you collected this information you may need to call parents again and ask them what times are best. This is an important consideration, since day meetings are often attended by mothers only. Evening meetings, on the other hand, can be attended by both mothers and fathers. Sometimes it helps to organize meeting times around the times the children are at the centers—just after bus pick up and before drop-off.

- Do you need transportation to meetings?
 - Yes
 - No
 - Are you willing to bring someone else who doesn't have transportation?
- What time of day would you prefer classes are held?
 - Morning
 - Afternoon
 - Evening
- Do you need child care at the meeting place?
 - Yes
 - No
- What are the ages of your children who will need child care? _____
- Do you have a partner who might be interested in coming to these classes with you?
 - Yes
 - No

(c) Arrange for child care. When registering parents for the groups, ask what their child care needs would be for them to be able to attend the parent meetings. For evening groups, some families may find it preferable to find a sitter to take care of the children at home and other families may prefer on-site child care. If families are able to arrange their own child care, that is helpful — however, child care at the parent meeting site should also be offered. **NO ONE SHOULD MISS PARENTING SESSIONS BECAUSE THEY CANNOT FIND SITTERS OR GET TRANSPORTATION!**

Arranging the Child Care Site for Children

- Is there a large enough room for the number of children?
- Do you have adequate materials? i.e., toys, paper for drawing, crayons, tape recorder for music, play dough, books, blocks, etc.
- What snacks are planned for the children? (Nutritious, safe.)
- Is the bathroom nearby and easy to access without disrupting parent group?
- Are the day care providers adequately prepared and trained?
(review play and praise tapes)
- Is there an adequate ratio of adults for children? (Check your local guidelines.)

It is important to plan the child care arrangement with the child care providers. Depending on the skills of the providers, it may be necessary to provide a list of possible activities to do with the children (e.g., make cards, play dough, dance to music, etc.). Teachers could be a valuable resource for helping with this planning. It is very important that the child care providers review the play and praise tapes before the group starts. They are important role models for the parents, and it is very helpful to have their approaches be consistent with what the parents are learning.



(d) Prepare for each session ahead of time. The leader should be thoroughly familiar with the program before starting a group. Before each session, the group leader should spend time reviewing the DVD vignettes and reading along with the program manual. Try asking the questions and thinking about what the vignettes demonstrate without looking at the manual—then check the manual to see if you have covered all the important concepts.

For each session, review the vignettes and read program manual and sample questions. If you do this preparation you will find yourself confident and at ease with the content of the program and more able to focus on the group process dynamics. It is well worth the extra effort!

Preparation for Session Checklist

- Have I reviewed the video vignettes for the upcoming session?
- Have I read the leader program manual for the session ?
- Have I read the "leader's guide" which goes with the session?
- Have I sent out a letter to remind parents of date of group? (See sample.)
- Have I called to remind parents of the upcoming meeting?
- Have I provided toys or props for role plays?
- Have I prepared a folder for every parent?

(e) Materials Needed

Materials Checklist

- Paper, pens
- Blackboard with chalk, a flip chart and markers
- Name tags
- DVD machine-VCR, monitor and remote control (with batteries working!)
- DVDs for session
- Parent handouts for home practice assignments
- Parent folders for weekly records
- Attendance folder
- Snacks or meal
- Stickers or other incentives

(f) Arrive early. We feel it is important to arrive at the meeting room about one hour in advance of the group starting—there is plenty to do! The first task is to set up the chairs, arrange the food, put out parent folders, check that video equipment is working, and put the agenda on the blackboard. You will also find that if parents know you are there early they will come earlier as well and you will start on time. Some parents may even come a little early to have a chance to talk privately with you ahead of time. In addition to setting up the room, you can also check in with the child care provider and brainstorm ideas for any problems that have arisen.

Am I Ready? Checklist

- ___ Room is set up.
- ___ Agenda is on blackboard.
- ___ Food is prepared.
- ___ DVD equipment has been checked.
- ___ DVD cued up at correct starting point.
- ___ Parent folders have been checked and marked.
- ___ Names tags are ready.

(g) Prepare for subsequent sessions. We have found that it is extremely helpful to do your planning for the next session right away after the session ends. **DO NOT WAIT UNTIL THE DAY YOUR NEXT SESSION IS TO START.** Here are some of the things you need to do:

Weekly Checklist

___ **Weekly Records Completed Immediately.** On the leader checklist keep records on how many vignettes you covered, and your evaluation of each parent's level of participation and attitude toward that week's material. Write any special notes to remind you of the discussion or content you want to review again the next week (see leader checklist and parent attendance forms).

___ **Review weekly Evaluations in Folders.** These will help you know if there is a parent who is distressed or not understanding the material and will trigger you to make a phone call to discuss the issue with the parent or to make an extra effort to involve that parent in the next session.

___ **Mid-Weekly Calls to Parents.** Check in with parents to see how they are doing with the material and let them know you are interested in their progress. It may not be necessary to do this every week with every parent but it is especially important for those parents who seem to be having difficulty with the material or with their child.

___ **Make-up Sessions for Missed Sessions.** If a parent misses a session, call them right away and to determine why they were absent. This call should be made within 24 hours of the class because it lets the parent know you are concerned and interested in his/her participation and are not lax about absences. It also gives you opportunity to help the parent make up the session and do the assignment before the next class.

___ **Get Parent Folders Ready.** Review parents' homework assignments and write supportive or positive notes and/or put stickers on their work and place in parents' folders.

___ **Plan next session's agenda.** Write the agenda you will follow for the next session.



Part 3

General Guidelines for Leading Parenting Groups

- 1. Enforce a Time Schedule**
- 2. Welcome and Engage Families**
- 3. Introductions and Parent Goals**
- 4. Present Program Goals and Format**
- 5. Ensure Group Safety: “Ground Rules”**
- 6. Agendas**
- 7. Parents Sharing “Home Activities”**
- 8. How to Use the Videotape Vignettes**
- 9. Encourage Everyone’s Participation**
- 10. Prevent Sidetracking**
- 11. Build Rapport with Each Member of the Group**
- 12. Normalize Problems**
- 13. Model Questions and Wait for Group Discussion**
- 14. Summarize and Restate Important Points**
- 15. Leadership Style for Empowering Families**
- 16. Reinforce Participants for Sharing Ideas**
- 17. Use Humor and Foster Optimism**
- 18. Take a Formal Break**
- 19. Review Home Practice Assignments and Reading**
- 20. Parent Evaluation of Each Session**
- 21. Sessions end on Time**
- 22. Self and Peer Evaluations**

General Guidelines for Leading Parenting Groups (Group Process)

- 1. Enforce a time schedule.** Meetings have a tendency to start later and later unless a definite starting time is established. Meetings should begin on time even if there are only two people present.
- 2. Welcome and engage families.** It is critical to create an atmosphere of acceptance, warmth and caring for every parent. Start your session by introducing yourself and sharing your excitement about The Incredible Years group. Talk about your own experiences either raising your own children or working with children. At subsequent sessions it is important to begin by welcoming parents and expressing your care for them.
- 3. Introductions and parent goals.** Then ask each parent to introduce themselves, talk about the ages of their children and what they hope to learn from the classes. **PUT THE PARENTS' GOALS ON ONE HALF OF THE BLACKBOARD OR ON POSTER PAPER WHICH CAN BE SAVED.** Be sure to provide name tags for everyone each week.
- 4. Present program goals and format:**

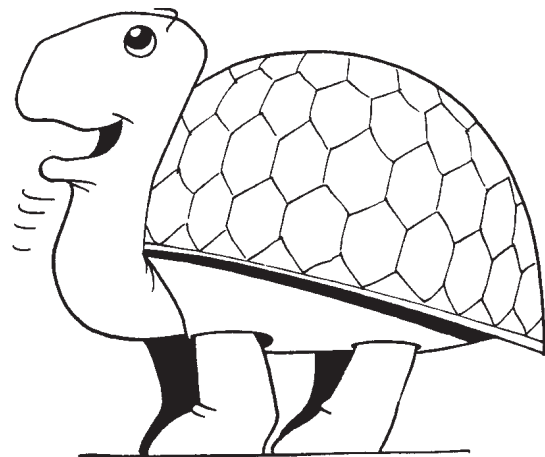
Example Script for Group Leader:

"Each of you brings to the group your own strengths, as well as parenting questions. Each of you has children with different needs and different temperaments. These meetings offer all of us an opportunity to learn more about children and parenting from each other.

The broad goals of the program are to strengthen the connections between home and school, increase parents' effectiveness, and promote competent, well-adjusted children at home and school. The topics we will be presenting are based on research conducted at the Parenting Clinic at the University of Washington over the past 30 years with over 1000 families with children with difficult behavior. This work has led to an understanding of the critical parenting and teacher skills and ways to promote children's positive behaviors. We have organized the topics of these meetings so that each session builds on the previous session—so we hope you won't have to miss any sessions."

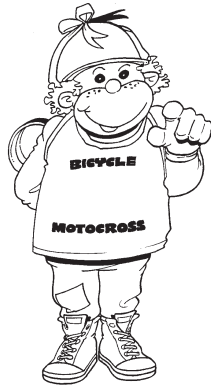
Give Handout of Topics for the Sessions

Questions. Ask the group if they have any questions about the program. Go over with the group any potential problems with child care. Tell the group about the child care arrangements and how you have prepared the child care workers for the job. Ask about any possible difficulties with transportation.



Explain the format of the group meetings. After introductions and questions, go over the structure of the meetings — that is, video vignettes will be shown and stopped for group discussion and reactions. Encourage participants to ask questions and offer ideas in response to the vignettes.

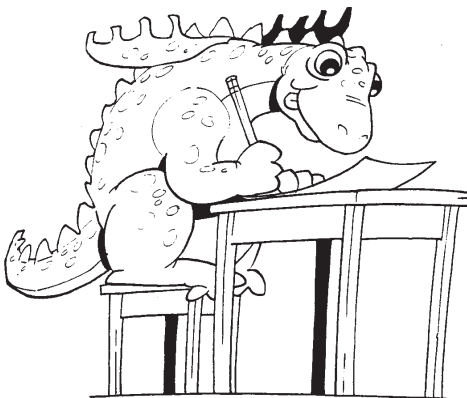
5. Ensure group safety: Ground Rules. One of the most difficult aspects of the group leader’s role is to prevent the group process from becoming disrupted. We have found that it is necessary to establish some rules during the first meeting to keep things running smoothly. These rules are developed in a collaborative way. The leader says, “In order to make this a safe place to talk about some difficult situations, we’ll need some ground rules. What rules would you like us to follow?” Discuss each idea. **POST THESE RULES ON A POSTER** which is placed up front at each meeting. One rule that is helpful, for example, is that only one person may talk at a time. If someone breaks this rule, simply say, “One person at a time, please.” The group process can also be disrupted by a participant who challenges the group leader’s knowledge or advocates inappropriate child rearing practices. The leader can deal with this situation by saying, “That’s an interesting idea, and the most relevant points you seem to be making are...” Then the leader can delineate the right way to approach the issue without putting down the participant. If a group member continues to challenge the leader, it may be necessary to discuss the problem on an individual basis.



Example of Ground Rules

1. Everyone’s ideas are respected.
2. Anyone has a right to pass.
3. One person talks at a time.
4. No “put downs” allowed.
5. Confidentiality

6. Agendas. Write the agendas on the blackboard or poster. Explain the agenda and objectives for each session. The session title that appears at the beginning of each session in your leader’s manual provides a statement of the objectives. For example, “The purpose of this program is to teach parents and other adults how to promote children’s social skills through play...” It also helps to tell the group how many vignettes are going to be covered during the session.



Agenda

1. Report on Home Activities
2. Report on Play Experiences
3. New Topic: Interactive Reading
Vignettes 1–7
~ Break ~
4. Continue vignettes & practice & praise skills
5. New Home Activity for the Week
(See agenda for each week in Part 5.)

7. Parents sharing “home activities.” After the first session, you will start every other session with a discussion of the home practice assignment and reading material. This is the time you see how the parents are integrating what they are learning into their daily life at home. Here are some ideas for questions:

- What did you learn about your play with your child?
- Did you learn anything new or interesting about . . . ?
- Did you feel that you tried new ways of . . . ?
- Was it hard to make yourself do the assignment? What made it difficult?
- What did you think about the reading chapter for this week?
- What did you learn from observing the way you play?
- How did it feel to try to praise more often? (or reduce criticisms and commands)?

8. How to use the video vignettes. Keep focus of the group on the key points in the vignettes. At the first sessions when you introduce vignettes, make the point that these are examples for discussion – none are “right” or “wrong.” The idea is to use the vignettes to stimulate discussion and problem-solving. After a particular vignette is presented, the group leader should pause or stop the vignette and give participants a chance to discuss what they have observed. The vignettes have been selected to illustrate specific concepts, and it is up to the group leader to make sure the ensuing discussion is productive and stays on topic. If



USE VIDEOTAPES IN A COLLABORATIVE WAY
TO ENHANCE TEACHING

participants are unclear about specific aspects of the parent/child interaction, or if they miss a critical feature in the vignette, the group leader can rewind the tape and have the group watch the scene again. The goal is to help participants become actively involved in problem solving and sharing ideas about the vignettes. The group leader can also facilitate learning by asking the group members how the concepts illustrated in the vignettes might apply to their own situations.

Do's and Don'ts

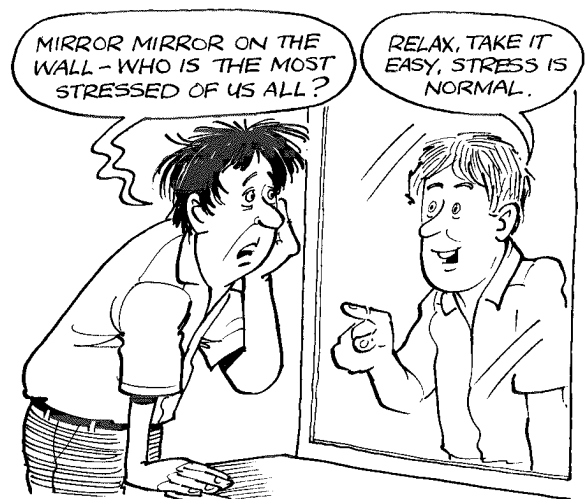
1. Pace your vignettes throughout the entire session. Avoid waiting until the last half of the program to show the majority of vignettes.
2. Allow for discussion following every vignette. Do not run vignettes together without dialogue.
3. Allow for parents' first impressions (insights) to be expressed before leader gives interpretation.
4. If parents' reactions are critical, balance their perspective by noting some positive features of the parents' behaviors. (If you allow a group to go too negative, parents may feel you could be just as critical of their mistakes.)
5. Remember to role-play and practice after viewing 2–3 vignettes.

9. Encourage everyone's participation. Some people tend to be quiet and withdrawn in group situations, but it is important to involve them in the discussions. Hesitate after the first hand goes up, since many of the shy members of the group will volunteer only after someone else's hand is raised.

10. Prevent sidetracking. For groups that are very verbal and tend to get sidetracked or digress, it can be helpful at the beginning of each session to select a parent to act as a timekeeper. The job of this parent is to make sure all vignettes are covered, and to keep the group focused on the main topics for the session. Our evaluations indicate that participants become frustrated if the discussion wanders, and they appreciate having enough structure imposed to keep the discussion moving along. By inviting a different participant to act as timekeeper for each session, the task of monitoring the group discussion becomes everyone's responsibility.

11. Build rapport with each member of the group. It is important to build a relationship based on trust with each parent. This means being empathic and trying to understand each person's feelings, concerns, and views of a topic. Try to summarize and validate each participant's thoughts and emotions, maintain good eye contact when talking to members of the group, and occasionally disclose a problem or a feeling that you have had that is similar to a situation being described by someone in the group.

12. Normalize problems. Parents often feel they are at fault for their children's behavior problems. They may express feelings of guilt, impotence, or hopelessness about their parenting skills. Some parents, on the other hand, place the blame entirely on the child. During the first meeting with a new group, it is important to reassure parents that all children misbehave at times, and to acknowledge that some children are more difficult to manage than others. Confirm that it is natural for parents to respond emotionally to children's inappropriate behavior even though the problems are relatively normal. For example, "It would be difficult not to respond in that way to a four-year-old child who whines all the time." Point out that persistent whining and other inappropriate behaviors can be changed by using the techniques presented in this course.



13. Model questions and wait for group discussion. When a leader asks for questions or comments after watching a vignette, members of the group are often uncertain about the kinds of responses that are appropriate. For this reason, questions and topics for discussion for each vignette are included in the leader's manual. Ask each question and then wait for a response. Many of these are open-ended questions which tend to generate a lively discussion, whereas questions that can be answered "Yes" or "No" tend to produce very little discussion. In addition to asking questions designated to elucidate factual information, try to elicit feelings about particular situations.

14. Summarize and restate important points made by participants. Paraphrasing and summarizing the viewpoints expressed prevents misunderstandings, and it shows that you are listening and validating their points of view. The leader should keep the discussion going until a consensus or conclusion is reached. PUT KEY LEARNING CONCEPTS WHICH PARENTS HAVE

SHARED ON THE BLACKBOARD. For example, Sally's rule: "Praise everyone in the family." However, if a participant's statement is irrelevant to the discussion, suggest that it is relevant to another issue and temporarily set the topic aside while the discussion continues.

15. Leadership style for empowering families.

Do not present yourself as an "expert" on the subject matter. Even if the leader is an expert, the purpose of the group is to encourage parents to problem-solve, share and discuss the vignettes among themselves with some unobtrusive guidance from the leader. The idea is to "empower" the parents so they

feel confident about their parenting skills and their ability to respond effectively to new situations that may arise when the leader is not there to help them. As the group leader you might share a time when you have fumbled as a parent with your children—this tends to move you from the mystical expert to more of collaborative leader.



16. Reinforce participants for sharing ideas. A good discussion is the product of a relaxed, secure environment. Each member of the group must feel comfortable participating in the discussion regardless of his or her level of sophistication or ability to communicate in groups. The leader should try to "make sense" of the statements made by participants so that no one feels ridiculed, ignored, or criticized because of something he or she has said.

17. Use humor and foster optimism. Some of the vignettes were included because they were humorous. Humor can be used by the leader to help participants relax, and to reduce anger or anxiety. It is also important to establish positive expectations for change. Sometimes parents are skeptical about their ability to change, especially if they see a family pattern. For example, a parent in one of our groups said, "My father couldn't read either—it's the family curse!" Express your confidence in their ability to change, reinforce their efforts, and provide positive feedback for even small successes. Also, it can be helpful to refer to the research which indicates that many parents have been successful in making reading fun for children do better in school; for example: "It is good that you are working with your child now, at this young age, because you are helping prepare them to be successful in school."

18. Take a formal break. Halfway through the session, take a 10-15 minute break and emphasize the importance of starting again at an agreed-upon time. Offer nutritious and fun snacks. The break time allows for informal socializing and gives the leader an opportunity to talk individually with quiet or distressed group members. Be sure to make an effort to talk with every parent on a one-to-one basis throughout the course of the program.

19. Review home practice assignments and reading. After the break or at the end of each session, ask parents to open their folders and review the handouts and the Activities for the Week, which include refrigerator notes of major points and the home practice assignment for the week. Be sure everyone understands how to do the home practice assignment and how it relates to this week's discussion. In addition, there is a chapter to be read for each session. Express confidence in the ability of parents to carry out the assignments.

20. Parent evaluation of each session. Each group session should be evaluated by having participants complete the brief Weekly Evaluation Form (sample enclosed in Appendix). Parents can put these in their folders as they finish up the class. This gives the leader immediate feedback about how each participant is responding to the leader's style, the quality of the group discussions, and the information presented in the session.



The evaluations also bring problems to light, such as a parent who is dissatisfied or who is having trouble with a concept. The leader may want to call that parent to resolve the issue; or, if several participants are having difficulty understanding a particular concept, bring it up in a subsequent session.

21. End the meetings on time. It can be difficult to bring a meeting to a close when group members are in the middle of an enthusiastic discussion. This is actually a good time to end the meeting, however, because everyone will leave feeling stimulated and excited about being involved in the program. End by summarizing the group learning of the session and remind parents to bring their experiences with the home activities to the next session.

22. Self and peer evaluation. At the end of each session review with your co-leader both the process and content of your group. Complete the evaluation form and ask your co-leader to evaluate your leadership.

Part 4

Maximize the Results

- 1. Get a Supportive Partner Involved***
- 2. Support Networks Within the Group***
- 3. Role-Playing and Rehearsal***
- 4. Emphasize Home Assignments***
- 5. Anticipate Potential Difficulties***
- 6. Predict Behaviors and Feelings***
- 7. Identify and Discuss Resistance***
- 8. Ensuring Generalization***
- 9. Benefits and Barriers Exercise***
- 10. Using Tangible Reinforcers for Training***
- 11. Preparing Parents for Program Ending***
 - a. Remember the Long-Term Goals
 - b. Enhancing the Long-Term Effects
 - c. Share Personal Feelings
 - d. Celebrate Completion and Moving On
 - e. Make Follow-up Calls
 - f. Schedule "Booster" Sessions

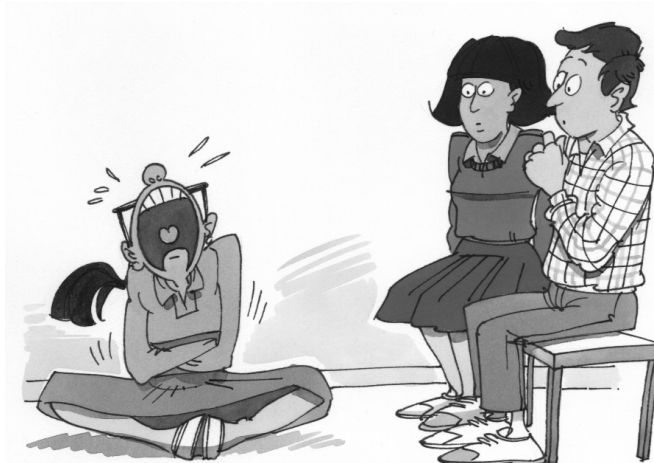
Maximize the Results

1. Get a supportive partner involved. Our one- and two-year follow-up studies indicate that the best results occurred in families in which another family member was involved in the parenting program. Having a spouse, a partner, or a close friend participate in the program makes it possible to solve problems jointly and provide mutual support. This also ensures that the child management concepts presented in this program will be applied more consistently—if one person is tired, depressed, or overwhelmed, the other person can help out. Over the past few years we have actively recruited fathers, boyfriends, ex-spouses, and grandparents to participate in the program with the mother. The response to this solicitation for partners has been very positive.

2. Optimize support networks within the group. One of the purposes of the group format is to strengthen parents' abilities to give and get support from each other (i.e., build community support networks). In order to facilitate this, the leader will introduce the "buddy" concept—that is, each group member will have a buddy from the group with whom they will talk each week about content from the session and their home practice assignment. It will be important to obtain group permission to exchange phone numbers. If someone doesn't have a phone the leader should try to pair up the person with someone who lives nearby. Having the buddy system is also helpful to catch up a person who misses a session.

3. Role-playing and practice exercises are an integral part of the training process both for illustrating new parenting strategies as well as for addressing issues which parents bring to the group from their home experiences. In the first sessions, in order to reduce parent's self-consciousness about role plays it can be helpful if one of the group leaders models their comfort with this process by role playing being "child". Have fun with the role-plays by exaggerating the roles and making them humorous. Sometimes it eases the tension in a role-play to ask the parents to first role-play the worst way possible and then follow it with a more effective approach.

We encourage you to do at least 3-4 role-play practices during every session. In the Child-directed play and coaching programs we ask parents to practice being parent while another parent plays the role of child—the other parents in the room act as consultants to the parent. Practicing the play skills prepares parents for more difficult role-plays later in the program. You may even want several parents to role-play several children so you can anticipate how a parent will react with multiple children in the situation.



USE ROLE PLAY TO ENHANCE TEACHING

Here are some other suggestions for how to maximize the success of your practices.

- **Direct the scene.** In general, after the first session, avoid participating in the role plays as either the “parent” or “child.” The leader needs to be free to coach (or help the other parents to coach) the “parent,” to stop the action at times and to help the group analyze what is happening in the role play. It can be confusing to the parents when the trainer is both participating in and analyzing/coaching the role play. “Pause” or “freeze the action” of the role play when you want to point out a specific strategy, give the “parent” a chance to ask a question or seek help, or you see that the situation has gotten out-of-hand or has become too complicated for the group to follow.
- **Set the scene.** In a spontaneous role play, that is, one that comes from a situation that a parent is explaining, take a moment to clarify for the group the child’s age, the problem situation and who else is involved. In a planned role play, also specify the “child’s” age and instruct the “child” about how cooperative or noncooperative s/he is to be. Instruct the “parent” to use the strategies that the group has discussed so far and to ask for assistance from the other parents whenever needed.



It can be very helpful to ask the parent to play the part of their child who are they are discussing. This allows them to experience the point of view of their child and to experience an alternative parent response to the situation.

- **Sequence your scenes.** It is important to direct or script your role plays so you go from simple to more complex situations. For example in session one, the first role plays utilize one “parent” and one “child” and the “child” is instructed to respond with appropriate behavior. In sessions two and three, when the group has seen and discussed many vignettes about play, the role plays can involve more than one “child” and the “child” begins to exhibit more aggressive or noncompliant behavior.
- **Give everyone practice.** In addition to doing role plays in front of the entire group, it is helpful to break up into dyads or triads for practice exercises that gives everyone a turn. Several opportune times for small group or dyad practices are **after** the large group role play and processing.

Parents are divided into teams of two or three and take turns being the “parent”, the “child” and the “observer.” After each “parent” practices, ask the “child” and “observer” to give feedback to that “parent.” Then change roles.

- **Give and elicit feedback on the scenes.** The most effective role plays are usually brief and processed both from the child’s and the parent’s perspective. Give labeled praise to parent’s willingness to participate in roles and applaud scenes. Stickers and candy rewards are fun to give out as well.

4. Emphasize home assignments and comment on parents’ notes. The home practice assignment needs to be explained in detail each week so participants understand its purpose and how to do it. The home practice should be presented as an integral part of the learning process. For example:

“You can’t learn to drive a car or play the piano without practicing, and this is also the case with the parenting skills you are learning here—the more effort you put into the assignments, the more success you will have with the program.”

It is important to carefully review the home assignment each week before presenting new material. Participants are more likely to take the assignments seriously if they know the group leader is going to begin each session by reviewing the assignment from the previous week. If a participant fails to complete his or her homework, this should receive immediate attention and the problem should be explored in the group; for example:

“What made it hard for you to do the homework?”

“How have you overcome this problem in the past?”

“Do you think it is just as hard for your child to learn to change as it is for you?”

It is important to deal with resistance to doing the homework, and for the other participants in the group to see how committed the leader is to following up on the assignments.

In addition to discussing home assignments from week to week, it is also important to comment on parents' written notes about their assignments. We write notes to the parents about their work and include stickers and encouraging comments for their efforts. These notes of praise are put in the parents' individual folders each week. It is also important to highlight and summarize in the group examples of homework done by parents that exemplify key points. Some groups have found it helpful to have a lottery or sticker charts or small prizes for completion of homework.

5. Anticipate potential difficulties. At the end of each session, the leader should ask participants to think about the difficulties they may encounter when they try to carry out the techniques they have just learned at home (visitors, working late, a bad day, and so on). For example:

“Are there any circumstances you can think of that will keep you keep from playing or reading with your child every day for 10 minutes?”

6. Predict behaviors and feelings. Anticipate the fact that parents and children will resist change at first and will feel awkward learning new behaviors. This issue should be addressed by saying something like:

“Whenever someone learns a new behavior, there is a natural tendency to resist this new behavior and to revert back to the status quo for the family. In fact, some family members might actually pressure you to go back to the old way of doing things.”

OR

“You will probably feel awkward doing this at first, especially if you haven't done much descriptive commenting in the past. But the more you practice, the more natural it will become.”

It also helps to build expectations for positive changes in **behavior**; for example:

“We found that after parents do the daily play sessions for several weeks and increase their praise statements, their children's behavior improves substantially. We have also found that when parents give their children attention for positive behaviors, they actually have more time for themselves in the long run because their children stop behaving inappropriately to get attention.”



PROPHESIZING SETBACKS

7. Identify and discuss resistance. Resistance can occur in a variety of ways, such as failure to do homework, arriving late for group sessions, blaming the leader, or challenging the material presented. It is important to explore the reasons for the resistance; for example, some parents might feel that their child must change before they are willing to change, other parents may have tried a particular approach in the past and found that it did not work, still other parents may feel that the approach reminds them of something awful their parents did to them, or they may feel that the leader is presenting “pat answers” and does not really understand their situation. Sometimes resistance is simply due to the parent not adequately understanding the concepts presented, and more time may be needed to illustrate the points. Try to pinpoint the reasons for the resistance by asking about it in a nondefensive and nonconfrontive manner, for example:

“You seem to be having difficulty with the idea of interactive reading. Can you tell me what you are thinking?”

Once the reason for the resistance has been identified, the leader can encourage the parent to cooperate by agreeing with the parent’s position and asking for a short experimental period; for example:

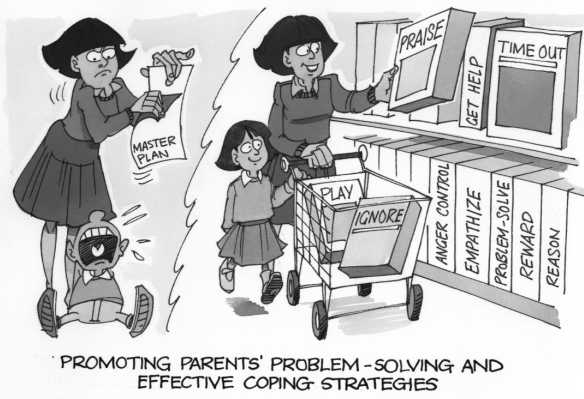
“You are right, interactive reading will result in it taking longer to finish a book. Do you think you could choose shorter books?”

Another possibility is that the parents are resisting because they can’t realistically complete the assignments. In this case it may be necessary to tailor the assignments to what the parents feel they can accomplish during the coming week.

8. Ensuring generalization. Generalization means teaching participants how to apply specific skills to deal with their current concerns, and also teaching them how to use those skills in other settings or with new types of children’s misbehavior that may occur in the future. Participating in group sessions is a powerful way to enhance generalization because it exposes group members to a variety of family life situations and approaches to solving problems. Another way to ensure generalization is to present a list of children’s behaviors they want to encourage or discourage and ask the group to problem-solve some strategies to deal with them. Encourage participants to come up with as many ideas as possible. A third way to enhance generalization is for the leader to engage in “**principles training.**” That is, pointing out or having a group member state the basic principle which can then be applied to multiple situations that are occurring now or may occur in the future. These principles can be listed on a poster and brought to each session to facilitate continued use of the principle. Each principle could be identified by the group member’s name who first stated that principle (i.e., Sally’s principle: Descriptive commenting increases children’s language skills; Jim’s principle: Behaviors which receive attention occur more often).

For a child who is having conduct problems at home and at school, it will be necessary to involve the child’s teacher in a coordinated program for the child. If the parents and appropriate school personnel work together, it greatly improves the likelihood that the child’s behavior will improve in both the home and school settings.

9. Benefits and Barriers exercises. At the beginning of the play and reading programs, start the sessions by asking parents to brainstorm the benefits of the strategy, followed by a discussion of the barriers or disadvantages of the strategy. Write these ideas on the flip chart. Follow this exercise by asking parents for their insights on what the list reveals. Usually, parents will gain insight into the notion that many of the benefits of the strategy are to the child’s social and emotional growth in the long run, while in the short run there may be disadvantages to the parent. This exercise serves to help the group leader and parents understand areas of resistance for them as



well as to gain a perspective on what they need to do in order to achieve their long-term goals for their children.

10. Using tangible reinforcers in the training. It's fun to give sweets, stickers, coupons for a door prize, positive notes or other inexpensive reinforcers to parents who: arrive on time, return from breaks on time, do the home activities, do a role play, etc. These reinforcers are given along with labeled praise starting from the beginning of the first day of the training. Thus the parents experience receiving praise and reinforcers long

before these topics are discussed. When the topic of praise and reinforcers are then introduced, the parents can talk about how it feels to be given recognition in this way. Thus they can more clearly appreciate how a child would feel when recognized for positive behavior.

11. Ending the program.

(a) **Remember the long-term goals and the "work" of parenting.** Acknowledge that it is not easy to be a parent, or to work with children. It is a difficult challenge that very few of us are adequately prepared for. The parenting skills presented in this program may take time, need to be repeated hundreds of times, and take a lot of work. But there are many long-term benefits in helping a child to become a self-confident, creative, nonviolent, happy individual who is successful in school. "You mean there is no magic moon dust?" Our objective is to encourage parents to be patient with themselves and their growth as parents as well as their children's growth and development.

(b) **Enhancing long-term effects.** Maintenance refers to ensuring that the techniques continue to be used after the program ends. During some of the final sessions, participants should be asked how they will remember to use the techniques they have learned. They should be encouraged to come up with some strategies to reinforce their efforts. The following are some ideas which have been suggested as maintenance plans:

How to Continue to Feel Supported as a Parent

- (1) Continue to meet as a group to support each other once a month. Study some of the other videotape learning modules together.
- (2) Identify two parents from your group who are willing to act as "touch points" — who will provide a place to meet to discuss parenting issues which arrive.
- (3) Put notes on the refrigerator, telephone, or steering wheel to remind yourself to use specific concepts such as praising good behavior, ignoring inappropriate behavior, and so on.
- (4) Review the notes and handouts with a partner or a friend once every two weeks. Reread portions of the book.
- (5) Reward yourself once a week for working on parenting skills by going out to dinner or a movie with a partner or a friend.
- (6) Plan discussions of parenting issues with a partner or friend once every two weeks.
- (7) Tell yourself you are doing a good job!
- (8) Set aside some time to relax and refuel your energy on a daily basis.
- (9) Recognize that it is okay for parents and children to make mistakes.



The Final Parent Group Session:

- (c) **Share personal feelings.** Express your own personal feelings about the group and its ending.
“I have really enjoyed getting to know all of you and having a chance to talk about our parenting. I will miss these sessions with you. Even though we are ending, I would still like to hear from you. It is clear to me that you are committed parents and will make a difference in your children’s lives.”
- (d) **Celebrate completion and moving on.** Make the last half-hour of your last session a celebration! You can give out the certificates to each parent and rejoice in their accomplishments. One option is to offer parents an opportunity to talk about what the group has meant to them. Another option is to have them verbally evaluate the program. It is fun to have some special food at the end, such as ice cream sundaes!

After the Group Ends:

- (e) **Make follow-up calls.** After a group completes the program, it is a good idea to make periodic telephone calls to find out how the parents are doing. We also occasionally send out newsletters, humorous cartoons about parenting techniques, and fliers that present tips and new ideas. Parents report that these are helpful reminders.
- (f) **Schedule “booster” sessions.** Booster sessions should be scheduled automatically for families. You might plan to have two follow-up sessions in the subsequent year to discuss issues related to how the children are doing in kindergarten. These sessions can be used to review the principles presented in the course, to discuss any new problems that arise, and to support and reinforce the parents for their ongoing efforts.



Part 5

Agendas and Checklists for Each Session

- 1. Sessions One through Four***
- 2. Checklist for Each Session***

Integrate School Readiness Series with BASIC Incredible Years Parent Program (early childhood version)

These two school readiness programs dovetail with the BASIC parent program (early childhood version) and may be offered as a supplement for the following populations.

- * For parents of young children (ages 3–6 years) where there is a history of poor attachment, prior abuse, social, emotional deprivation or environmental neglect.
- * For multi-ethnic families or families who speak English as a second language.
- * For families who want to focus on promoting pre-literacy and language skills.
- * For families with children who have emotional regulation and peer relationship difficulties.



These programs will provide parents with more experience and practice with child-directed interactions designed to promote children’s social, emotional and academic competence.

Some schools are using this brief 4-6 week program as a way to attract parents into the longer BASIC program which covers other concepts such as limit setting, proactive discipline and problem solving.

Agenda and Checklists for School Readiness Series

The School Readiness Series may be offered as a 4–6 week prevention program for parents of preschool or kindergarten children (ages 3–6 years). Teachers may be trained to offer the program to parents enrolled in their day care centers or preschool.

The content covered in each session needs to be paced according to each parent group's needs for discussion, level of participation and prior familiarity with the concepts. The following outline is a suggested guideline for completing the entire program in 4, 2-hour weekly sessions.

Session One: Academic and Social Skills Coaching

Child-directed Play: Vignettes 1–8

Session Two: Emotion Coaching

Child-directed Play: Vignettes 9–14, 19–22

Session Three: Reading with CARE Building Blocks

Interactive Reading: Vignettes 1–7, 8–14

Session Four: Using Books to Promote Social Skills and Emotional Understanding

Interactive Reading: Vignettes 15–29

Outline—Session One

Academic and Social Skills Coaching

I. Welcome

Greet each parent.

Leaders introduce themselves.

Establish yourself as part of “team” collaborating with parents.

II. Introductions

Find out group members’ names, ages of children, and personal goals.

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

III. Ground Rules

Ask for parent ideas on group rules and why they think they are important.

(confidentiality, respect for others, being positive, right to pass, equal time to talk, cell phones off)

Adopt rules for group.

Post rules each week. (A sample poster of rules is in appendix.)

IV. Program Goals and Topics

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

Give one book (*The Incredible Years*) and a magnet to each family. Offer audio CDs.

V. Topic of Day: “Academic and Social Skills Coaching”

A. Brainstorm benefits and barriers to parent/child play

B. Vignettes: Child-directed play: Vignettes 1–8

Key Concepts:

- value of parent’s coaching children’s academic skills
- understanding how to do social coaching
- building children’s language skills through descriptive commenting
- parents coaching and practicing positive peer play
- building children’s self-esteem and creativity through child-directed play

C. Role Play: Academic Coaching

In large group two parents take roles of children and one parent takes role of academic coach. Parent practices “academic coaching.” Parents give feedback. Group breaks up to practice in groups of three using the Academic Coaching handout. Use blocks or legos.

D. Role Play: Social Coaching

In large group two parents take roles of children and one parent takes role of social coach. Parent practices “social coaching.” Parents give feedback. Group breaks up to practice in groups of three using Social Coaching handout.

E. Summarize Key Points (Refrigerator Notes)

VI. Review Home Activities

Pass out home practice forms.

Read aloud and make sure parents understand the home activities. Encourage each parent to practice and do the reading or listen to the tapes.

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

VII. Parent Evaluation

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

Collect evaluation forms before parents leave.

VIII. Closing

Take this time to formally close the group. You may need to recap the learning.

Thank parents for coming; praise their willingness to explore and try new ways of parenting.

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

LEADER CHECKLIST**Session One****Session One: Academic and Social Coaching****Vignettes: Child-directed Play: 1-8**

SITE: _____ DATE: _____

LEADER NAMES: _____ TIME: _____

VIGNETTES COVERED: Child-directed Play:

1 2 3 4 5 6 7 8

(Circle which vignettes shown.)

DID I**YES****NO**

- | | | |
|---|-------|-------|
| 1. Write the agenda on the board | _____ | _____ |
| 2. Welcome and make introductions | _____ | _____ |
| 3. Review parents' goals | _____ | _____ |
| 4. Brainstorm group ground rules | _____ | _____ |
| 5. Present program goals | _____ | _____ |
| 6. Explain format for meetings | _____ | _____ |
| 7. Brainstorm benefits and barriers to parent/child play | _____ | _____ |
| 8. Highlight key principles from parents' discussion | _____ | _____ |
| 9. Role play academic coaching | _____ | _____ |
| 10. Role play social coaching | _____ | _____ |
| 11. Explain importance of home activities and reading assignments | _____ | _____ |
| 12. Review this week's home assignment | _____ | _____ |

Handout Pads:

Home Activities for the Week – Academic and Social Coaching
 Refrigerator Note about Child-directed Play
 Refrigerator Note about Academic and Persistence Coaching
 Refrigerator Note about Social Coaching

Xerox:

Facilitating Academic and Social Learning Examples (2)
 Coaching Children in Cooperative Play with Peers
 Play Time Record Sheet
 Checklist for Evaluating Your Child's Play

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session

Outline—Session Two

Emotion Coaching

I. Welcome

Reengage families.

Introduce new group members and welcome them.

II. Ground Rules

Ask one or two people in group to review the ground rules and say why they are helpful.

III. Report on Home Activities

Ask members to share their experiences with play (positive, difficult, and/or successful).

Summarize group learning and concepts.

Reinforce parent participation by acknowledgment and praise.

IV. Topic of Day: “Emotion Coaching”

A. Discussion on how play promotes emotional regulation and feelings literacy.

B. Vignettes: 9–14, 19–22

Key Concepts:

- adult emotion coaching helps children learn feelings vocabulary
- parent support for emotional regulation and problem solving
- the “attention rule”—the principles of attending to positive social behaviors and emotional expression
- importance of parents encouraging positive emotional expression
- the modeling principle—modeling emotional sharing by parents
- using fantasy play to promote emotional understanding

C. Role Play: Emotion Coaching

In large group, one parent practices emotion coaching with two parents in role as children. Parents give feedback. Group breaks up into triads to practice emotion coaching with Emotion Coaching handout. (Use play dough or art project.)

D. Role Play: Academic, Social and Emotion Coaching

In triads, practicing and integrating all three types of coaching with handout. Also, practice playing with puppets to engage in fantasy play and story telling.

E. Summarize key points (Refrigerator Notes).

V. Review Home Activities

VI. Parent Evaluation

VII. Closing

LEADER CHECKLIST**Session Two****Session Two: Emotion Coaching****Vignettes: Child-directed Play: 9-14, 19-22**

SITE: _____ DATE: _____

LEADER NAMES: _____ TIME: _____

VIGNETTES COVERED: Child-directed Play:

9 10 11 12 13 14

19 20 21 22

(Circle which vignettes shown.)

DID I**YES****NO**

- | | | |
|---|-------|-------|
| 1. Write the agenda on the board | _____ | _____ |
| 2. Review parents' home activities; elicit reactions and experiences (to play and to reading chapter) | _____ | _____ |
| 3. Review the concepts from last week's session (briefly) | _____ | _____ |
| 4. Role play child-directed play skills using emotion coaching | _____ | _____ |
| 5. Role play with puppets | _____ | _____ |
| 6. Role play integrating social, academic and emotion coaching | _____ | _____ |
| 7. Discussed and assigned "buddies" (explain rationale) | _____ | _____ |
| 8. Review this week's home assignment | _____ | _____ |
| 9. Review this week's home assignment | _____ | _____ |

Handout Pads:

Home Activities for the Week

Refrigerator Notes about Promoting Your Child's Emotion Self-Regulation Skills

Refrigerator Notes about Encouraging Your Child's Learning

Refrigerator Notes about Praising Your Child

Xerox:

Emotion Coaching Examples

Calling Your Buddy Assignment

Record Sheets: Play Times and Praise (2)

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session

Outline—Session Three

CARE Reading With Building Blocks

I. Welcome

II. Ground Rules

Review

III. Report on Home Activities

Ask members to share their experiences with emotion coaching (positive, difficult, and/or successful).

Discuss awkwardness of learning to use coaching techniques.

Review principles of behavior change.

Ask about difficulties of doing home activities.

IV. Topic of Day: “Reading With CARE”

A. Discussion on how parents read with children

B. Vignettes: Interactive Reading: 1–7, 8–14

Key Concepts:

- descriptive language promotes children’s language and reading skills, providing positive support for pre-reading skills
- parents building children’s self confidence in reading and motivation to read
- the modeling principle—by parents reading, children learn to value reading
- helping children be “active” participants in reading interactions
- parents understanding the CARE building blocks

C. Role Play: Open-ended Questions

In large group first model interactive reading skills with one parent and one child using a picture book with no words. Demonstrate open-ended and predictive questions. Break up into dyads for everyone to practice.

D. Role Play: Commenting, Expanding and Praising

Break up into dyads with a book with a few words and practice connecting, expanding and praising. Reverse roles.

E. Role Play: Talking About Feelings

Break up into dyads with books with words. This time, combine question-asking with feedback which expands the child’s response. Practice discussing feelings or entering the child’s imaginary world with the story.

F. Summarize key points (Refrigerator Notes).

V. Review Home Activities

Discuss importance of continuing to play with their children.

Introduce and assign “buddies”—calling another parent to share a play or reading experience.

Explain “field assignment.”

VI. Parent Evaluation

VII. Closing

LEADER CHECKLIST

Session Three

Session Three: *Helping Your Child Learn Through Reading With CARE Building Blocks*

Vignettes: *Interactive Reading: 1-7, 8-14*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Interactive Reading

1	2	3	4	5	6	7
8	9	10	11	12	13	14

(Circle which vignettes shown.)

DID I

	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents' home activities; elicit reactions	_____	_____
3. Review the concepts from last week's session (briefly)	_____	_____
4. Ask about "buddy calls"	_____	_____
5. Model the CARE reading skills	_____	_____
6. Role play open-ended questions	_____	_____
7. Role play commenting, expanding and praising	_____	_____
8. Role play feeling talk	_____	_____
9. Highlight key principles from parents' discussion	_____	_____
10. Review this week's home assignment	_____	_____
11. Explain "field assignment"	_____	_____

Handout Pads:

Home Activities for the Week

Refrigerator Notes about reading with CARE (2)

Xerox:

Handout Field Assignment

Record Sheet: Reading Times

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session

Outline—Session Four

Using Books to Promote Social Skills and Emotional Understanding

I. Welcome

II. Ground Rules (review if needed)

III. Report on Home Activities

Reinforce parent participation in reading chapters or listening to audiotape, practicing, sharing.

Ask how “buddy calls” went.

Ask what they decided to do for “field assignment.”

IV. Topic of Day: Using Books to Promote Social Skills and Emotional Understanding

A. Discussion—Talk about what parents discovered from their reading experiences at home.

Ask about any difficulties.

B. Vignettes: Interactive Reading, 15–29

Key Concepts:

- helping children become “story tellers”
- encouraging child’s imagination
- explaining the feelings of story characters
- using the story to trigger problem solving discussions
- promoting emotional understanding and meaning of the story
- promoting connection between story and child’s real world events

C. Role Play: Expanding and Connecting Events

Model and practice skills parents use to connect story characters or problems to outside real world events. Practice exploring with children the feelings of characters in the book to promote emotional understanding.

D. Role Play

Break into dyads and give each parent Wally Problem Solving book and puppets to practice story telling and solving problems.

V. Review Home Activities

Ask them to begin thinking about behaviors they want increased.

VI. Parent Evaluation

VII. Closing

LEADER CHECKLIST

Session Four

Session Four: *Using Books to Promote Social Skills and Emotional Understanding*

Vignettes: *Interactive Reading: 15-29*

SITE: _____ DATE: _____
LEADER NAMES: _____ TIME: _____

VIGNETTES COVERED: Praise Part 1

15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

Vignettes in parentheses are optional. Use if you have time.

(Circle which vignettes shown.)

DID I

	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents' home activities; elicit reactions and experiences	_____	_____
3. Review the concepts from last week's session (briefly)	_____	_____
4. Benefits and Barriers to Interactive Reading	_____	_____
5. Ask about "buddy calls"	_____	_____
6. Highlight key principles from parents' discussion	_____	_____
7. Role play connecting reading strategy	_____	_____
8. Role play problem solving with stories using Wally book	_____	_____
9. Discuss ending group, future assistance and perhaps refer to Basic Preschool Program	_____	_____
10. Review this week's home assignment (remind them about "field assignment")	_____	_____

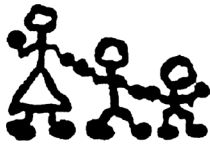
Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session

Part 6

Peer and Self Evaluation

- 1. Self and Peer Evaluation Form***
- 2. Leader Collaborative Process Checklist***



**INCREDIBLE YEARS PARENT GROUP
PEER AND SELF-EVALUATION FORM**

Leader's Name

Please comment on the parent group leader's sessions based on the following criteria:

Comments

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

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

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

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

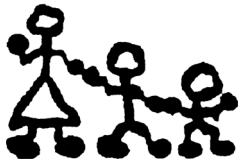
V.	LEADER METHODS	COMMENTS
	Uses videotape examples efficiently and strategically to trigger group discussion	
	Uses role play and practice to reinforce learning	
	Review homework and gives feedback	
	Uses modeling by self or other group members when appropriate	

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

Summary Comments:

Name of Evaluator _____

Date: _____



Leader Collaborative Process Checklist

This checklist is designed for group leaders to complete together following a session, or for a group leader to complete for him/herself when reviewing a videotape of a session. By watching the tape of a session, and looking for the following points, a leader can identify specific goals for progress. This checklist is designed to complement the checklist for the specific session, which lists the key content that should be covered.

Leader Self-Evaluation (name): _____

Co-leader Evaluation: _____

Certified Trainer Evaluation: _____

Date: _____

SET UP

YES NO N/A

Did the Leaders:

- 1. Set up the chairs in a semicircle that allowed everyone to see the TV? _____
- 2. Sit at separate places in the circle, rather than both at the front? _____
- 3. Write the agenda on the board? _____
- 4. Have last week's home activities ready for the parents to pick up, complete with praise and encouragement written on them? _____

REVIEW PARENT'S HOME ACTIVITIES

YES NO N/A

Did the Leaders:

- 5. Begin the discussion by asking how things went this week? _____
(Some example open-ended questions the leader can ask are included in the manual at the beginning of each session.)
- 6. Give every parent the chance to talk about their week? _____
- 7. Praise whatever efforts parents made this week? _____
- 8. Highlight key principles that their examples illustrate? _____
(e.g., "That sounds great! You remembered to focus on his good behavior. You described exactly what he did that you liked, and then hugged him and told him you were proud of him. How did he feel after that?")
- 9. Explore with individuals who didn't complete the home activities _____
What made it difficult, and learn how they might adapt it to fit them?

Leader Collaborative Process Checklist, Continued

REVIEW PARENT'S HOME ACTIVITIES, Continued

YES NO N/A

Did the Leaders:

10. If a parent's description of how they applied the skills makes it clear that he/she misunderstood, did the leaders accept responsibility for the misunderstanding rather than leave the parent feeling responsible for the failure? (e.g., "I'm really glad you shared that, because I see I completely forgot to tell you a really important point last week. You couldn't possibly have known, but when you do that, it's important to..." vs. e.g., "You misunderstood the assignment. Remember, when you do that, it's important to...") _____
11. Allow for some discussion of issues beyond the immediate topic at hand? (e.g., other concerns with child not related to today's topic, or non-parenting issues that are of concern such as marital issues, how to deal with in-laws, death in the family.) _____
12. Make sure that the discussion is brought back to the specific topic at hand after a reasonable time, without letting free-flowing discussion of other issues dominate? _____

WHEN BEGINNING THE TOPIC FOR THE DAY

YES NO N/A

Did the Leaders:

13. Begin the discussion of the topic with open-ended questions to get parents to think about the importance of the topic? (Some example open-ended questions the leader can ask are included in the manual at the beginning of each session.) _____
14. Paraphrase and highlight the points made by parents - writing key points on the board? _____

WHEN SHOWING THE VIGNETTES

YES NO N/A

Did the Leaders:

15. Begin by asking an open-ended question to parents about what they thought was effective/ineffective in the vignette? (Some example open-ended questions the leader can ask are included in the manual after each vignette.) _____
16. Acknowledge responses one or more parents have to a vignette? (For example, if a parent laughs during a vignette, as soon as the tape stops the leader may say, "Sue, you laughed at that one." Then pause and let the parent share her impressions.) _____
17. Paraphrase and highlight the points made by parents - writing key points on the board? _____

Leader Collaborative Process Checklist, Continued

WHEN SHOWING THE VIGNETTES, Continued

YES NO N/A

Did the Leaders:

18. Move on to the next vignettes after key points have been discussed, rather than let discussion go on at length? (This ensures that the leaders will have sufficient time for role-playing and for showing all vignettes.) _____
19. Allow for discussion following each vignette? (If vignettes are played one after another, parents may not catch the key points illustrated. Additionally, they won't have an opportunity to process emotional reactions they may have to vignettes. **IF** the group is clearly behind schedule, it is okay for such discussions to be very brief, getting parents to highlight key points in a sentence and then quickly move on.) _____
20. Ensure that "Typical Questions" for this topic were raised and discussed over the course of the discussion? (See Chapter in Webster-Stratton & Hebert, 1994: Troubled Families, Problem Children.) _____

PRACTICE AND ROLE PLAYS

YES NO N/A

Did the Leaders:

21. Get parents to switch from talking about strategies in general to using the words the parent could actually use? (e.g., From "She should be more specific" to "She could say, 'John, you need to put the puzzle pieces in the box.'") _____
22. Arrange for several role plays over the course of the evening
One strategy is to get parents to role-play alternatives whenever they don't like a vignette.
Parent: "Oh my child would never do that."
Leader: "Show us what your child would do."
(Pause as parent gets on floor and demonstrates.)
"Okay, who could play a parent here?"
Everyone else will be the coach for that person."
e.g. Parent: "I think she should have focused on what he was doing effectively, not what he wasn't."
Leader: "Okay, I'm the child in that scene." (Gets down on the floor and starts doing what child in vignette was doing.) "Show us how you would handle it."
23. Offer detailed descriptive praise of the role play? _____

Leader Collaborative Process Checklist, Continued

REVIEW REFRIGERATOR NOTES, HOME ACTIVITIES AND WRAP UP

YES

NO

N/A

Did the Leaders:

- | | | | |
|---|-------|-------|-------|
| 24. Begin the ending process with about 15 minutes remaining? | _____ | _____ | _____ |
| 25. Review or have parents review each point on refrigerator notes
out loud, commenting on why this point is important? | _____ | _____ | _____ |
| 26. Review or have parents review the home activity sheet,
including why that is important, and whether and how they
will try to do it? | _____ | _____ | _____ |
| 27. Have parents complete the evaluation form? | _____ | _____ | _____ |
| 28. End the session on time? | _____ | _____ | _____ |

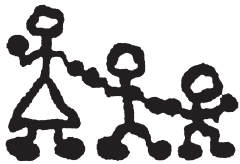
OTHER COMMENTS:

REMEMBER: Your goal in the group sessions should be to draw from the parents the information and ideas to teach each other. They should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on the tapes, and demonstrate how to implement the skills in different situations. People are far more likely to put into practice what they talk about than what they hear about.

Part 7

Appendix

- 1. Weekly Parent Evaluation Form***
- 2. Parent Program Satisfaction Questionnaire***
- 3. Self-Monitoring Checklist***



***Incredible Years
Parent Program Weekly Evaluations***

Name _____ Session _____ Date _____

I found the content of this session:

not helpful neutral helpful very helpful

I feel the video examples were:

not helpful neutral helpful very helpful

I feel the group leader's teaching was:

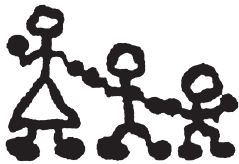
not helpful neutral helpful very helpful

I found the group discussion to be:

not helpful neutral helpful very helpful

Additional comments:

(continue on back)



***Incredible Years
Parent Program Satisfaction Questionnaire
School Readiness Program***

(Hand out at end of the program)

Participant's Name _____ Date _____

The following questionnaire is part of our evaluation of the Incredible Years parenting program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

A. The Overall Program

Please circle the response that best expresses how you honestly feel at this point.

1. My feelings about my child's social and emotional developmental progress are that I am

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

2. My feelings about my child's school readiness developmental progress are that I am

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

3. My feelings about my child's reading readiness program are that I am

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

4. My expectation for good results from the Incredible Years program is

very pessimistic pessimistic slightly pessimistic neutral slightly optimistic optimistic very optimistic

5. I feel that the approach used to enhance my child's social behavior in this program is

very inappropriate inappropriate slightly inappropriate neutral slightly appropriate appropriate greatly appropriate

6. Would you recommend the program to a friend or relative?

strongly not recommend not recommend slightly not recommend neutral slightly recommend recommend strongly recommend

7. How confident are you in parenting at this time?

very unconfident unconfident slightly unconfident neutral slightly confident confident very confident

8. My overall feeling about the value of the program for building links with my child's school is

very negative negative slightly negative neutral slightly positive positive very positive

Appendix Part 7

B. Teaching Format

Usefulness

In this section, we would like you to indicate how useful each of the following types of teaching is for you now. Please circle the response that most clearly describes your opinion.

1. Content of information presented was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

2. Demonstration of parenting skills through the use of video vignettes was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

3. Group discussion of parenting skills was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

4. Use of practice/role play during group sessions was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

5. I found the “buddy calls” to be

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

6. Reading chapters from the Incredible Years book or listening to the CD was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

7. Practicing skills at home with my child was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

8. Weekly handouts (e.g., refrigerator notes) were

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

9. Building links with my child’s school was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

C. Specific Parenting Techniques

Usefulness

In this section, we would like you to indicate how useful each of the following techniques is in improving your interactions with your child and decreasing his or her “inappropriate” behaviors now. Please circle the response that most accurately describes the usefulness of the technique.

1. Child-Directed Play

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

2. Descriptive Commenting/Social, Emotion, Academic, and Persistence Coaching

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

3. Praise and Encouragement

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

4. Interactive Reading with CARE Methods

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

5. Using the Wally Detective Books to Teach Problem Solving

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

6. This Overall Group of Techniques

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

Appendix Part 7

D. Evaluation of Parent Group Leader(s) or Teacher

In this section we would like you to express your opinions about your group leader(s). Please circle the response to each question that best describes how you feel.

Group Leader #1 _____ (name)

1. I feel that the group leader's teaching was

very poor poor below average average above average superior excellent

2. The group leader's preparation was

very poor poor below average average above average superior excellent

3. Concerning the group leader's interest and concern in me and my problems with my child, I was

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

4. At this point, I feel that the group leader in the program was

extremely unhelpful unhelpful slightly unhelpful neutral slightly helpful helpful extremely helpful

If more than one group leader was involved in your program, please fill in the following. (Go to Section E if only one leader was involved.)

Group Leader #2 _____ (name)

1. I feel that the group leader's teaching was

very poor poor below average average above average superior excellent

2. The group leader's preparation was

very poor poor below average average above average superior excellent

3. Concerning the group leader's interest and concern in me and my problems with my child, I was

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

4. At this point, I feel that the group leader in the program was

extremely unhelpful unhelpful slightly unhelpful neutral slightly helpful helpful extremely helpful

E. Overall Program Evaluation

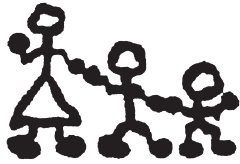
1. What part of the program was most helpful to you?

2. What did you like most about the program?

3. What did you like least about the program?

4. How could the program have been improved to help you more?

Name: _____



Incredible Years
Self-Monitoring Checklist
Children 3-5 Years

Please fill out this checklist each week indicating your personal goals for what you would like to achieve. The following week check if you have achieved your personal goals and make your new goals for the week.

Session 1: Introductions, Goals, Social Coaching

My goal for the coming week:

	<i>Goals I met</i>
___ Read Chapter 1 (How to Play With Your Child).	_____
___ Review my goals for myself and my child.	_____
___ Play using child-directed approach	_____

Session 2: Child-Directed Play, Emotion Coaching

My goal for the coming week:

	<i>Goals I met</i>
___ Read Chapter 1 (How to Play With Your Child).	_____
___ Do temperament questionnaire	_____
___ Play this week with my child will include:	_____

Session 3: Interactive Reading

My goal for the coming week:

	Goals I met
___ Read Problem 15: Reading With Care	_____
___ Make buddy call	_____
___ Play this week with my child will include:	_____

Session 4: Interactive Reading

My goal for the coming week:

	Goals I met
___ Read Chapter 9 (Regulating Emotions)	_____
___ Make buddy call	_____
___ Play this week with my child will include:	_____



*“Strengthening Children’s Social and Academic Skills”
Session #1*

Home Activities for the Week



To Do:

- **CHILD-DIRECTED PLAY** for at least 10 minutes a day. Practice academic, persistence and social coaching. Use the social and academic coaching checklists for ideas for things to say during your play interactions.
- **KEEP TRACK** of your play times during the week on your play record sheet. Try to determine a regular schedule for this play time.



To Read:

- Handouts and Chapter 1 from the *Incredible Years* book

REFRIGERATOR NOTES

PARENTS' CHILD-DIRECTED PLAY TOOLS FOR BUILDING CHILDREN'S SOCIAL SKILLS AND SELF-DISCOVERY

- Encourage your child's curiosity to explore new objects and activities
- Follow your child's lead
- Pace at your child's level—give your child time
- Be an attentive and appreciative audience
- Avoid competing with your child
- Don't focus on the "correct" way or specified rules for a game
- Model cooperation by doing what your child asks you to do
- Observe and respond to your child's initiations and try not to ask questions
- Praise and encourage your child's self-discovery and creativity; don't criticize
- Engage in pretend and make-believe with your child
- Give your preschooler choices when possible
- Allow your child to change her mind; be process oriented vs. product oriented
- Curb your desire to give too much help—give just enough support to avoid frustration but not so much you take over your child's exploration
- Reward quiet play with your attention
- Laugh and have fun



Child-Directed Play

Facilitating Children's Academic Learning: Parents as "Academic Coaches"



"Descriptive commenting" is a powerful way to strengthen your children's social skills, emotional literacy, and academic skills. The following is a list of academic concepts and behaviors that can be commented upon when playing with your child. Use this checklist to practice describing academic concepts.

Academic Skills	Examples
<ul style="list-style-type: none"> _____ colors _____ number counting _____ shapes 	<ul style="list-style-type: none"> • "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."
<ul style="list-style-type: none"> _____ sizes (long, short, tall, smaller than, bigger than, etc.) _____ positions (up, down, beside, next to, on top, behind, etc.) 	<ul style="list-style-type: none"> • "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."
<ul style="list-style-type: none"> _____ working hard _____ concentrating, focusing _____ persistence, patience 	<ul style="list-style-type: none"> • "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."
<ul style="list-style-type: none"> _____ following parent's directions _____ problem solving _____ trying again _____ reading _____ thinking skills _____ listening _____ working hard/ best work _____ independence 	<ul style="list-style-type: none"> • "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 Social Learning: Parents as "Social Skills Coaches"



Describing and prompting children's friendly behaviors is a powerful way to strengthen your 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 your child alone or when your child is playing with a friend. Use this checklist to practice your social skills coaching.

Social/Friendship Skills	Examples
<input type="checkbox"/> helping <input type="checkbox"/> sharing <input type="checkbox"/> teamwork <input type="checkbox"/> using a friendly voice (quiet, polite)	<ul style="list-style-type: none"> • "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."
<input type="checkbox"/> listening to what a friend says <input type="checkbox"/> taking turns <input type="checkbox"/> asking <input type="checkbox"/> trading <input type="checkbox"/> waiting	<ul style="list-style-type: none"> • "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."
<input type="checkbox"/> agreeing with a friend's suggestion <input type="checkbox"/> making a suggestion <input type="checkbox"/> giving a compliment <input type="checkbox"/> using soft, gentle touch <input type="checkbox"/> asking permission to use something a friend has <input type="checkbox"/> problem solving <input type="checkbox"/> cooperating <input type="checkbox"/> being generous <input type="checkbox"/> including others <input type="checkbox"/> apologizing	<ul style="list-style-type: none"> • "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 solved 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

- Parents can model waiting, taking turns, helping, and complimenting, which also teach children these social skills.

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



Describing children's feelings is a powerful way to strengthen your children'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. The following is a list of emotions that can be commented upon when playing with your child. Use this checklist to practice describing your child's emotions.

Feelings/Emotional Literacy	Examples
<input type="checkbox"/> happy <input type="checkbox"/> frustrated <input type="checkbox"/> calm <input type="checkbox"/> proud <input type="checkbox"/> excited <input type="checkbox"/> pleased <input type="checkbox"/> sad <input type="checkbox"/> helpful <input type="checkbox"/> worried <input type="checkbox"/> confident <input type="checkbox"/> patient <input type="checkbox"/> having fun <input type="checkbox"/> jealous <input type="checkbox"/> forgiving <input type="checkbox"/> caring <input type="checkbox"/> curious <input type="checkbox"/> angry <input type="checkbox"/> mad <input type="checkbox"/> interested <input type="checkbox"/> embarrassed	<ul style="list-style-type: none"> • "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 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."

REFRIGERATOR NOTES

Building Blocks for Reading With CARE



- C** Comment, use descriptive commenting to describe pictures.
Take turns interacting, and let your child be the storyteller by encouraging him/her to talk about the pictures.
- A** Ask open-ended questions.
“What do you see on this page?” (observing and reporting)
“What’s happening here?” (storytelling)
“What is that a picture of?” (promoting academic skills)
“How is she feeling now?” (exploring feelings)
“What is going to happen next?” (predicting)
- R** Respond with praise and encouragement to your child’s thinking and responses.
“That’s right!”
“You are really thinking about that.”
“Wow, you know a lot about that.”
- E** Expand on what your child says.
“Yes, I think he’s feeling excited, too, and he might be a little scared as well.”
“Yes, it is a horse; it’s also called a mare.”
“Yes, that boy is going to the park. Do you remember going to the park?”

Webster-Stratton, C., & Reid, M. J. (2009). Parents, teachers and therapists using the child-directed play therapy and coaching skills to promote children's social and emotional competence and to build positive relationships. In C. E. Schaefer (Ed.), *Play therapy for preschool children* (pp. 245-273). Washington, DC: American Psychological Association.

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

CAROLYN WEBSTER-STRATTON AND M. JAMILA REID

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

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

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

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

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

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

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

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

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

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

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

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

THEORETICAL UNDERPINNINGS

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

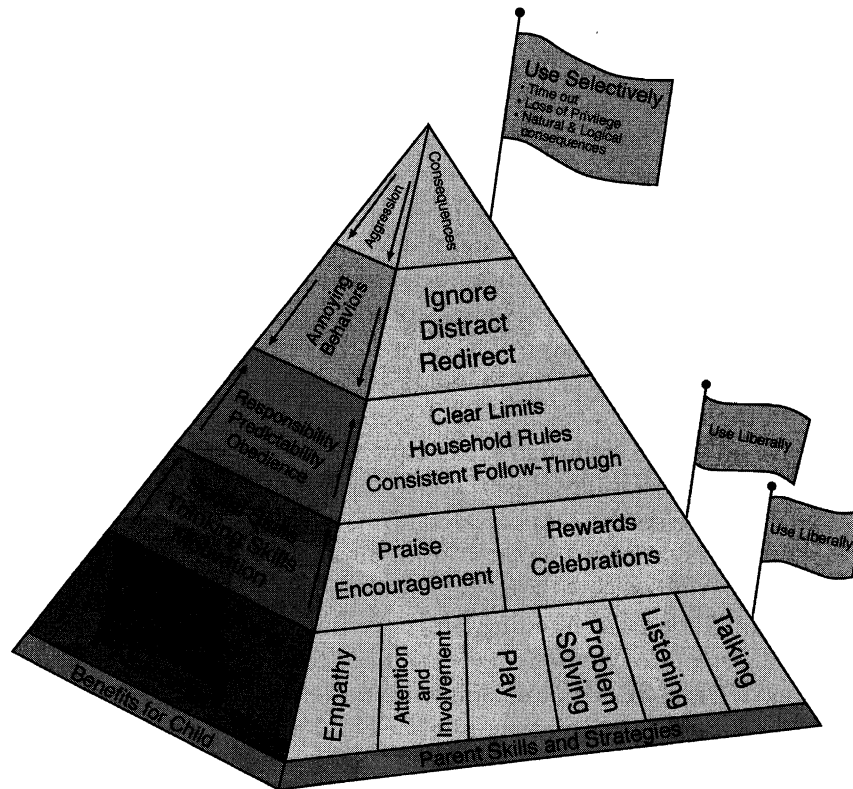


Figure 12.1. Parenting pyramid. Copyright by C. Webster-Stratton.

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

Contributions From Social Learning Theory

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

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

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

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

Contributions From Relational Theories

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

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

PLAY INTERACTION AND COACHING SKILLS

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

Child-Directed Play

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

Descriptive Commenting

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

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

Academic Coaching

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

Persistence Coaching

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

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

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

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

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

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

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

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

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

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

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

Emotion Coaching

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

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

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

Case Example: Tony

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

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

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

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

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

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

One-on-One Social Coaching

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

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

Case Example: Tony

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

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

Peer Social Coaching

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

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

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

METHODS FOR TEACHING AND COACHING NEW SKILLS

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

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

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

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

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

Children With Oppositional Behavior

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

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

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

Case Example: Dylan

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

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

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

Children With Attention-Deficit/Hyperactivity Disorder

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

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

Case Example: Kevin

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

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

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

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

Children With Attachment Problems

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

Case Example: Michelle

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

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

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

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

Children With Internalizing Problems Such as Anxiety and Depression

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

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

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

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

Case Example: Michelle

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

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

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

CONCLUSIONS

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

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

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

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

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

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

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

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