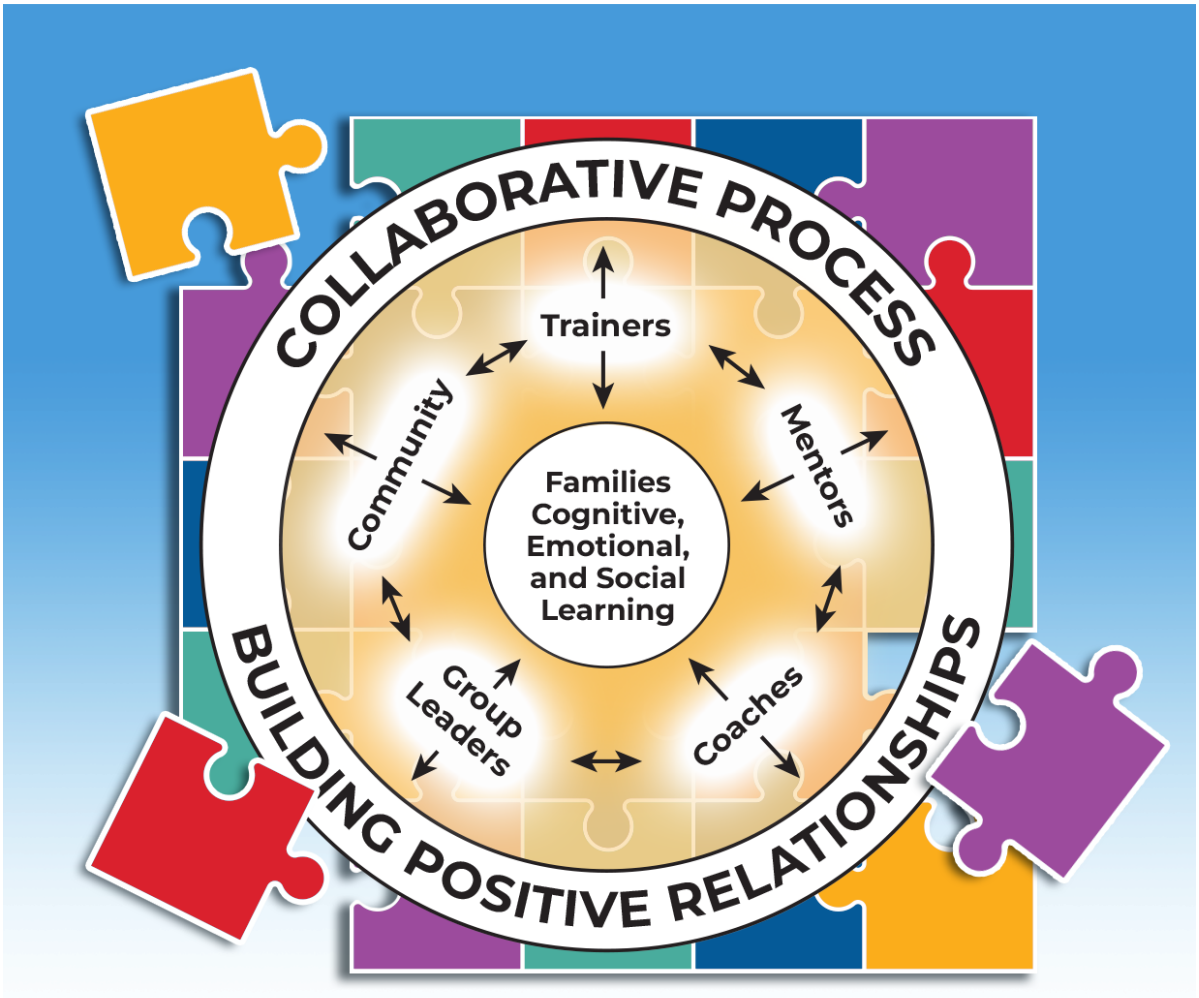
The Incredible Years®

2024 Incredible Years®

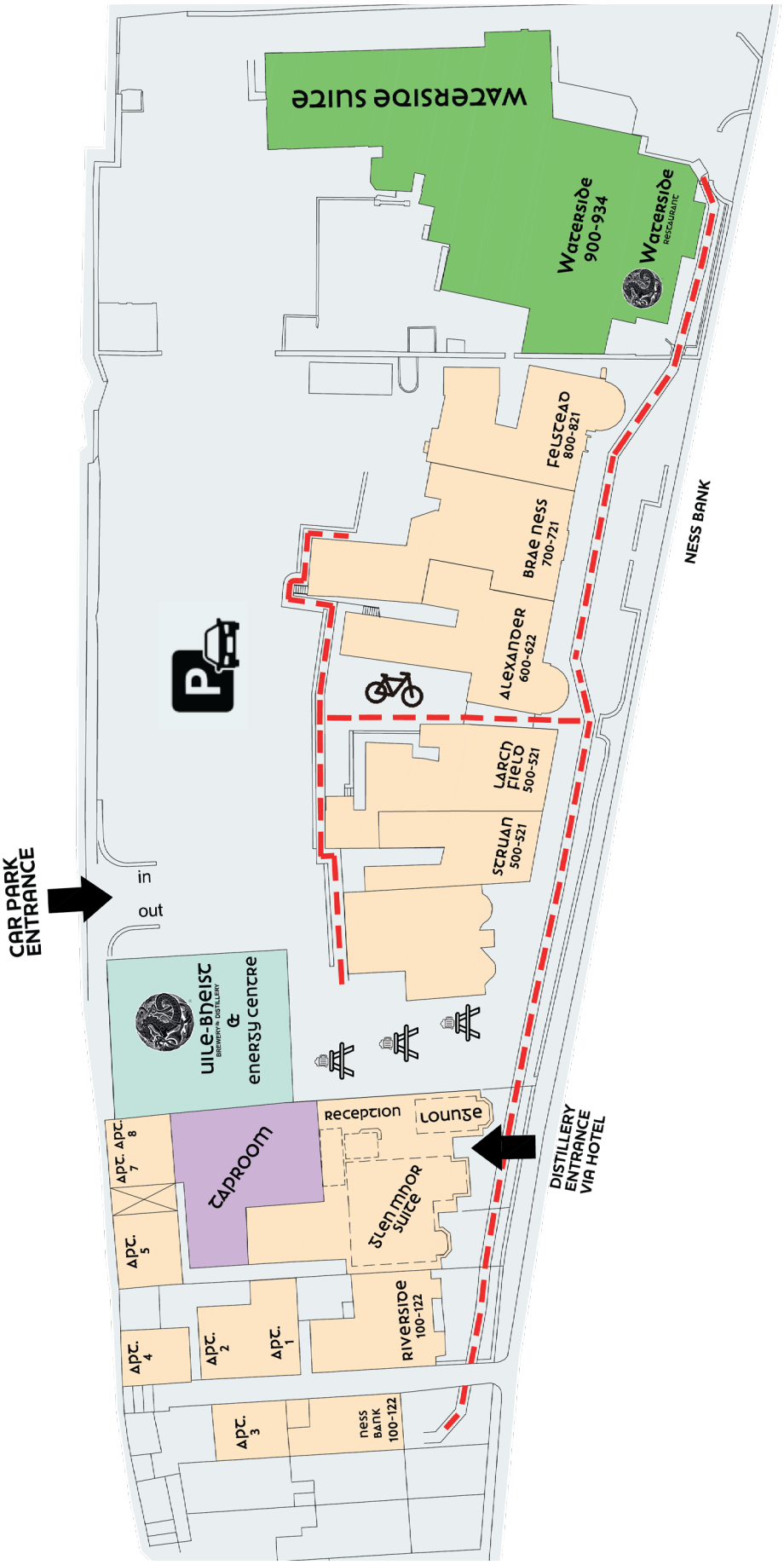
20th Mentor Meeting

Inverness, Scotland

Connecting the IY Puzzle Pieces for Parents and Teachers



The Glen Mhor Hotel map



2024 Incredible Years®
20th Mentor Meeting
Connecting the IY Puzzle Pieces for Parents and Teachers

WELCOME!

WELCOME TO THE INCREDIBLE YEARS® 2024 MENTOR MEETING AT The Glen Mhor, in Inverness, Scotland!

We are so excited to see you all and happy you were able to travel to beautiful Inverness, Scotland! Our theme for this year's meeting, our 20th Mentor Meeting, is **Connecting the Incredible Years Puzzle Pieces for Parents and Teachers.**

We are meeting in the hotel conference room (the Waterside Suite) and in several of the other conference and apartment spaces. Carolyn will be available in Apartment 8, and Kathleen will be available in Apartment 2 if you have any questions.

Our agenda includes meeting each morning for research presentations followed by afternoons in break out rooms to share video clips of mentor workshops, peer coaching and group leaders. Carolyn will also be sharing selected new video clips she has developed for the updated Preschool Basic 2.0 program and is eager for your feedback. Some of these video clips may also be relevant for the teacher programs.

Our first day (Wednesday, October 2nd): Morning agenda in the Waterside Suite will include introductions and highlighting mentor accomplishments, followed by presentations on Parent Program implementations. After lunch, we will meet in the breakout rooms. Make sure to look closely at your agenda and the group lists to see where you should be for each afternoon session — ask Kathleen if you're not sure where to go!

For each video review group, there will be **a coach and a presenter**. Please review the **Coach/Presenter** document in the handouts. It will be the coach's job to find out the presenter's goals, structure the session, facilitate brainstorming, set up role plays, and making sure that the presenter is feeling comfortable and supported.

On **Wednesday and Thursday,** we will begin each day in the Waterside Suite for presentations. After lunch, we will break into groups. **Pay attention to the group assignments for Thursday and Friday!**

The last 15 minutes of each small group discussion will be spent synthesizing the key puzzle pieces concepts and then presenting them at the large group meeting at 4 pm. At 4:30pm on Wednesday and Thursday, you will be free to socialize and relax! Carolyn is happy to meet with individual mentors if that would be helpful. This is best done after closing at 4:30. Just let Kathleen know if you want to set this up.

Dinner on Wednesday and Thursday will be arranged on your own in town. We hope that you will take this time to visit with old friends and make new ones. Try to make sure that all mentors are included in a dinner group. If you need a dinner buddy, please ask someone. We promise that you will be welcome in this nurturing and inclusive group of incredible mentors!

On Friday, our meeting will end at 5 pm. After that we will meet together for our final celebration dinner, in the Waterside Suite at the hotel, at 6:30 pm.

Please let us know if you need anything during the week!

- The Incredible Years Team

The Incredible Years®

Information for your stay:

Conference Hotel: The Glen Mhor Hotel,
Ness Bank, Inverness IV2 4SG
+44 1463 234308

Final Dinner, Oct 4th 6:30pm: Waterside Suite in the Glen Mhor Hotel

Restaurants nearby:

The Waterside Restaurant: located at the Glen Mhor hotel
Phone: +44 1463 234308
Menu: thewatersideinverness.co.uk
Reservations: opentable.co.uk

The Mustard Seed Restaurant: 16 Fraser St, Inverness IV1 1DW
Phone: +44 1463 220220
Menu: mustardseedrestaurant.co.uk
Reservations: quandoo.co.uk

The Kitchen Restaurant: 15 Huntly St, Inverness IV3 5PR
Phone: +44 1463 259119
Menu: kitchenrestaurant.co.uk
Reservations: quandoo.co.uk

Scotch & Rye: 21 Queensgate, Inverness IV1 1DF
Phone: +44 1463 715374
Menu: scotchandrye.co.uk
Reservations: opentable.co.uk

Inverness city sights:

Inverness Cathedral
Inverness Museum and Art Gallery
Inverness Castle
Inverness Botanic Gardens

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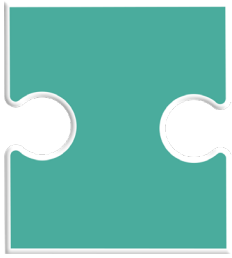
Connecting the IY Puzzle Pieces

AGENDA

WEDNESDAY, October 2nd

TIME	ACTIVITY/PRESENTER		LOCATION
8:00-8:15	Mentors arrive to the Glen Mhor		Waterside Suite
8:15-8:45	Carolyn: Welcome, introducton of new mentors-in-training, and high-lightng recent mentor accreditatons		Waterside Suite
9:00-9:45	Sean McDonnell: Basic Parent implementation in Ireland with children with ADHD		Waterside Suite
9:45-10:00	Break		Waterside Suite
10:00-10:45	Maria João Seabra-Santos: Implementing the IY Basic during the pan-demic: challenges and outcomes		Waterside Suite
10:45-11:15	Dr Camilla Dyer and Dr Lauren Corlett, NHS Education for Scotland: Incredible Years Implementation and Outcomes in Scotland. The Psy-chology of Parenting Programme (PoPP)		Waterside Suite
11:15-12:00	Carolyn: Presentation on Basic 2.0		Waterside Suite
12:00-1:00	Lunch together at the Glen Mhor		Waterside Suite
1:00-1:15	Meet in main room for overview of the plan & goals for the afternoon		Waterside Suite
1:15-4:00	Small Group Break-Out & Video Review Groups		
	Edge Pieces meet with Carolyn to explore new parent vignettes		Waterside Suite
Center Pieces **Center Pieces** **Corner Pieces** **Corner Pieces**	**Teacher/Child** **Teacher/Child** **Parent** **Parent**	Kathleen Video/Maria João Coach Rhian Video/Janne Coach Jayne Video/Tatiana Coach Paula M. Video/Kart Coach	Glen Mhor Lounge Glen Mhor Lounge Glen Mhor Suite Glen Mhor Suite
2:30-2:45	Break, then continue with small group break-outs		
Center Pieces **Corner Pieces**	**Teacher/Child** **Parent**	Lee & Sheila Video/Oddbjørn Coach Emily Video/Kate Coach	Glen Mhor Lounge Glen Mhor Suite
3:15-4:00	Small groups discuss questions & review take-home message to present at 4pm		
4:00-4:30	Return to Waterside Suite for small group gems and wrap-up		Waterside Suite
4:30	Social Time. Dinner: make your own arrangements		

SEE NEXT PAGE FOR SMALL GROUP BREAKOUT GROUPS



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SMALL GROUPS

*** NOTE TAKER & TIME KEEPER**

CENTER PIECES:

Janne
Kathleen*
Lee
Maria João
Micah
Morten
Oddbjørn
Rhian
Sheila
Stephanie

CORNER PIECES:

Annemarie
Bjørn
Cathy
Emily
Jayne
Karen
Kari
Kärt
Kate*
Lisa
Paula M.
Sean
Tatiana

EDGE PIECES:

Andreia
Bethan*
Jeannie*
Jenny
Joanne
Moira
Monica
Nina
Paula B.
Sylvia
Tracey
Ty

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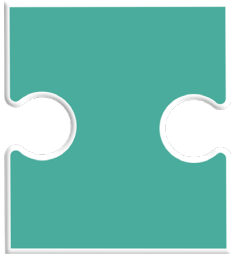
AGENDA

THURSDAY,
October 3rd

TIME	ACTIVITY/PRESENTER		LOCATION
8:00-8:15	Mentors arrive to the Glen Mhor		Waterside Suite
8:15-8:45	Carolyn: Presentation on numbers of group leaders trained and accredited		Waterside Suite
9:00-9:45	Tatiana Homem & Andreia Azevedo: Reducing the gap between research and practice: The national dissemination of the Incredible Years teacher program in Portugal		Waterside Suite
9:45-10:00	Break		Waterside Suite
10:00-10:45	Oddbjørn Løndal: TCM implementation in Norway		Waterside Suite
10:45-11:15	Lee Taylor Burt & Sheila Russell: Incredible Beginnings implementation and tailoring to the New Zealand context		Waterside Suite
11:15-12:00	Sue Evans: Implementation and Evaluation of the Incredible Beginnings Program in Powys, Wales		Waterside Suite
12:00-1:00	Lunch together at the Glen Mhor		Waterside Suite
1:15-4:00	Small Group Break-Out & Video Review Groups		
	Center Pieces meet with Carolyn to explore new parent vignettes		Waterside Suite
Edge Pieces **Edge Pieces** **Corner Pieces** **Corner Pieces**	**Parent** **Parent** **Parent** **Parent**	Bethan Video/Andreia Coach Joanne Video/Paula B. Coach Annemarie Video/Cathy Coach Lisa Video/Bjørn Coach	Glen Mhor Lounge Glen Mhor Lounge Glen Mhor Suite Glen Mhor Suite
2:30-2:45	Break, then continue with small group break-outs		
Edge Pieces **Corner Pieces**	**Parent** **Parent**	Nina Video/Jeannie Coach Kate Video/Kari Coach	Glen Mhor Lounge Glen Mhor Suite
3:15-4:00	Small groups discuss questions & review take-home message to present at 4pm		
4:00-4:30	Return to Waterside Suite for small group gems and wrap-up		Waterside Suite
4:30	Social Time. Dinner: make your own arrangements		



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AGENDA

FRIDAY,
October 4th

Time	Activity/Team		Location
8:00-8:15am	Mentors arrive to the Glen Mhor		Waterside Suite
8:15-8:45am	Carolyn: Presentaton on new research underway		Waterside Suite
8:45-9:30am	Kari Walmsness: IY Autism Parent Program in Norway		Waterside Suite
9:30-10:15am	Lee Taylor Burt & Sheila Russell: Implementation and Ongoing Delivery of the IY Teacher Autism program in New Zealand		Waterside Suite
10:15-10:30am	Break		
10:30-11:15am	Presentation: Autism Parent program implementation in the UK		Waterside Suite
11:15-noon	Presentation: Tips for Incredible Years Online Consultation and Training		Waterside Suite
noon-1:00pm	Lunch together at the Glen Mhor		Waterside Suite
1:15-4:00pm	Small Group Break-Out & Video Review Groups		
	Corner Pieces meet with Carolyn to explore new parent vignettes		Waterside Suite
Center Pieces **Center Pieces** **Edge Pieces** **Edge Pieces**	**Teacher/Child** **Teacher/Child** **Parent** **Parent**	Morten Video/Lee Coach Stephanie Video/Kathleen Coach Ty Video/Tracey Coach Silvia Video/Jenny Coach	Apartment 2 Apartment 2 Apartment 8 Apartment 8
2:30-2:4pm	Break, then continue with small group break-outs		
Center Pieces **Edge Pieces**	**Teacher/Child** **Parent**	Micah Video/Sheila Coach Video/Coach	Apartment 2 Apartment 8
3:15-4:00pm	Small Groups review take-home message to present at 4pm		
4:00-5:00pm	Return to Waterside Suite for small group gems and wrap-up		Waterside Suite
6:30-11:30pm	Celebration Dinner, Music and Dancing		Waterside Suite

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Celebration Dinner & Dancing!

Bring your dancing shoes as well as your appetite for our celebration dinner on Friday night!

Your night of celebration is as follows:

6.30 pm:	**Food is served at the Glen Mhor Hotel Waterside Room**
7.00 pm:	**Highland Voices Gospel Choir will come along to entertain you with a few songs during dessert and get you in the mood for dancing!**
8.30 pm:	**Tartan Paint, a live Scottish Fiddler Ceilidh band will entertain you with a range of music and get you involved in some Scottish Ceilidh dancing.**
11.30 pm:	**Finish**

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Expanding Puzzle Pieces
New Mentors & Mentors-in-Training
2024

Annemarie Ó Murchú - Ireland

Annemarie works as a facilitator and development officer for Archways in Ireland. She first trained as an IY Basic Parent group leader in 2011, and has delivered over 20 parent groups with over 200 families. Annemarie has also trained in the IY Autism Parent program, the Baby Parent program, the Small Group Dina Child program, and the Incredible Beginnings and Teacher Classroom Management programs. Annemarie received Basic Parent accreditation in 2017, and began Parent peer coaching in 2021.

Jayne Snare - Wales

Jayne works as a Highly Specialist Social Competence and Parenting Practitioner for Powys Teaching Health Board in Wales. Jayne holds degrees in Learning Disability Nursing, a Masters in Applied Behavior Analysis, and is a Board-Certified Behavior Analyst. Jayne has trained in the IY Basic Parent program, the Autism Parenting program, the Baby Parenting program, the Incredible Beginnings program, and the Classroom Dina program, and is an accredited group leader in the IY Autism Parenting program. Jayne is now peer coaching new group leaders in the Autism Parenting program.

Kärt Kase

Kärt is a family psychotherapist working at her private practice in Tallinn, Estonia. Kärt has written three books on relationship issues. She is also a PAX Good Behavior Game mentor and trainer for Elementary School teachers. She is a certified group leader, peer coach, and mentor-in-training in the IY parent program. She is actively running groups and doing peer coaching. Kärt was awarded Parent Mentor accreditation in October 2023 - congratulations!

Karen Legge - England

Karen trained as a Social Worker in 2004 and has worked in social care and the voluntary sector as Social Worker and a Parenting Practitioner. She originally trained in the IY Basic Parent program in 2010. In 2020 she took the role of tutor and supervisor on the parenting and 0-5 strands of the CYP-IAPT programme at Exeter University, working with students and services in southwest England to embed Incredible Years into their work. Karen has over 15 years' experience working directly with families for Bristol City Council and the voluntary sector, delivering a variety of parenting programs including the IY Preschool Basic program, offering group based and home coaching interventions. Karen became an accredited group leader in 2021, a Peer Coach in 2024 and is now a Mentor-in-training in the parent program.

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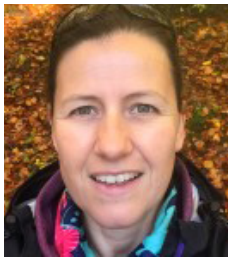
Expanding Puzzle Pieces
New Mentors & Mentors-in-Training
2024

Nina Simola

Nina is a social services counselor and training specialist for the University of Turku, Finland. Nina has over 15 years of experience working with families and children, including children who have neurospsychiatric and behavioral disorders. Nina has delivered the IY Basic Parent program in both the group-based and home-based model. She is an accredited parent group leader and peer coach, and mentor-in-training in the IY Parent Program.



Paula Milanesi - Scotland

Paula holds a Masters Degree in Applied Child Psychology and works as a Clinical Associate in Applied Psychology at NHS Fife in Scotland. She has had the opportunity to work alongside Brenda Renz at the Psychology of Parenting Project at NHS Education for Scotland. In addition to having trained in the IY Basic Parent program, Paula has also trained in the Small Group Dina Child program and Autism Parenting program. Paula was accredited as a Basic Parent Group Leader in 2013, and as a parent peer coach in 2019, and is now a mentor-in-trainingin the IY Parent program.

Rhian Carter - Wales

Rhian works for the Powys County Council as a Parenting and Children's Social Competence Officer. Rhian began with Incredible Years in the classroom in 2009, and has continued to deliver Dinosaur School. She has been trained and has delivered IY Baby, Toddler, Preschool, and School Age and School Readiness parenting classes, and the Incredible Beginnings program for teachers. Rhian received Basic Parent accreditation in 2017 and is now a parent peer coach. Rhian is also pursuing accreditation in the Incredible Beginnings program.

Silvia Gutierrez - USA

Dr. Silvia Gutierrez is a Clinical Psychologist at Children's Hospital Los Angeles, where she provides direct client care to school age children and supervises pre-doctoral interns and postdoctoral fellows. She is a Spanish-speaking native from Mexico, migrating to the USA at the age of 15. She attended UCLA for graduate school and completed her education in Clinical Psychology in 2000. She holds Board Certification in Child and Adolescent Psychology (ABPP). She has been working at CHLA for approximately 16 years and, has been conducting IY groups in Spanish and English for approximately 14 years. Dr. Gutierrez is a certified IY coach and is currently leading an IY coaching group comprised of CHLA staff and predoctoral interns.

Expanding Puzzle Pieces
New Mentors-in-Training 2023

Lisa Christensen

Lisa is a Resource Teacher of Learning and Behaviour from Aotearoa New Zealand. She has a Masters in Specialist Teaching and has worked with a diverse range of young people, their family/whānau and school teams in both special schools and mainstream settings. She first trained in the Incredible Years Teacher program in 2013 and is an accredited group leader and peer coach. She is also trained in the Incredible Years Autism Teacher programme. Lisa is a member of the Incredible Years Teacher Practice Team and supports group leaders from around the country with their questions about IYT practice and delivery to ensure the programme is delivered with fidelity.

Lucy Gregory

Lucy was born in England and grew up in Aotearoa/New Zealand. Lucy now lives in the beautiful capital city, Whanganui-a-Tara/Wellington where she is raising 2 sons (10 and 7). She is a Child and Family Psychologist with over 10 years experience facilitating Incredible Years Parenting programmes in both a mental health setting and through Incredible Families Trust. She has been delivering the Incredible Years Autism Parenting program for the last 6 years and is an accredited group leader and Peer Coach, and mentor-in-training in the IY Parent and Autism Parent programs.

Michelle Wood

Michelle is an Educational Psychologist in Early Intervention with the Ministry of Education in New Zealand. Michelle's experience includes working with families, teachers, and children ages 3-16 years presenting with severe and challenging behaviors, providing professional and intern supervision, and supporting the professional practice of staff across her region. Michelle is an accredited parent group leader and peer coach, and mentor-in-training with a focus on the Toddler Parenting program.

Morten Haaland

Morten is a preschool teacher with 20 years of experience of working with children in kindergartens, for the last two years serving as head. Morten now works full time at Norce, RKBU, with IY and anti-bullying in kindergartens. Morten is a group leader in the TCM, Attentive parenting and Preschool Basic programs and has lead groups for the employees and parents in the municipality of Øygarden, Norway. Morten is a certified group leader and peer coach in the Classroom Dinosaur curriculum and has done groups continually since 2009.

Sandra Pickering

Sandra Pickering is a Resource Teacher Learning and Behaviour, attached to Morrinsville Intermediate, New Zealand. She has a background in primary school teaching and as a Resource Teacher Special Needs. She has a Post Graduate Diploma in Education and a Post Graduate Diploma in Special Needs Resource Teaching. She has delivered the IY Teacher training programme since 2010 and is an Accredited Group Leader and Accredited Peer Coach. Sandra is committed to the Incredible Years content and the support network, having seen the benefits at every stage of involvement for teachers and their students and Group Leaders delivering the programme.

Sue Howson

Sue is a Senior Mental Health practitioner, Clinical lecturer and Social worker with over 25 years' experience in working with children and families in Child and Adolescent Mental Health and Social Care settings. Sue has been an accredited IY group leader since 2008 and Peer Coach since 2018, and is now a mentor-in-training in the IY Parent program. She is currently the academic lead and clinical supervisor on the Parenting Strand of the CYP-IAPT at The University of Reading, working with services throughout the SE and Midlands.

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NEW MENTOR ACCREDITATIONS! 2024

Lee Taylor-Burt
(New Zealand)
Incredible Beginnings

Sheila Russell
(New Zealand)
Incredible Beginnings

Kärt Kase
(Estonia)
Basic Parent

PEER COACH ACCREDITATION
Karen Legge, England - Basic Parent

GROUP LEADER ACCREDITATION
Lisa Christensen, NZ - Teacher Autism

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NEW MENTOR ACCREDITATIONS! 2023

Anne Breese
(Wales)
School Readiness

Bjørn Brunborg
(Norway)
Baby Parent

Dianne Lees
(New Zealand)
Autism Parent

Catherine Millard
(USA)
Basic Parent

Emily Haranin
(USA)
Basic Parent

Lee Taylor-Burt
(New Zealand)
Teacher Autism

Sheila Russell
(New Zealand)
Teacher Autism

Ty Rivå
(Norway)
Basic Parent

PEER COACH ACCREDITATIONS

Anna Dickson, Teacher Autism
Kim Thomson, Teacher Autism

GROUP LEADER ACCREDITATIONS

Bethan Baker, Home Coaching
Kathleen Corrigan, Incredible Beginnings & TCM
Joanne Singleton, Baby Parent & TCM
Julie Steffen, TCM Program

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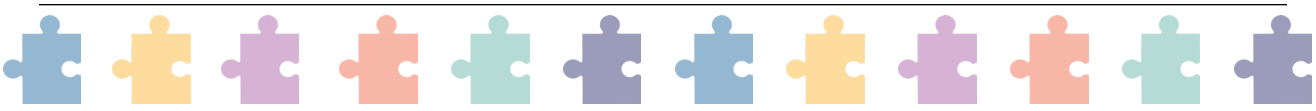
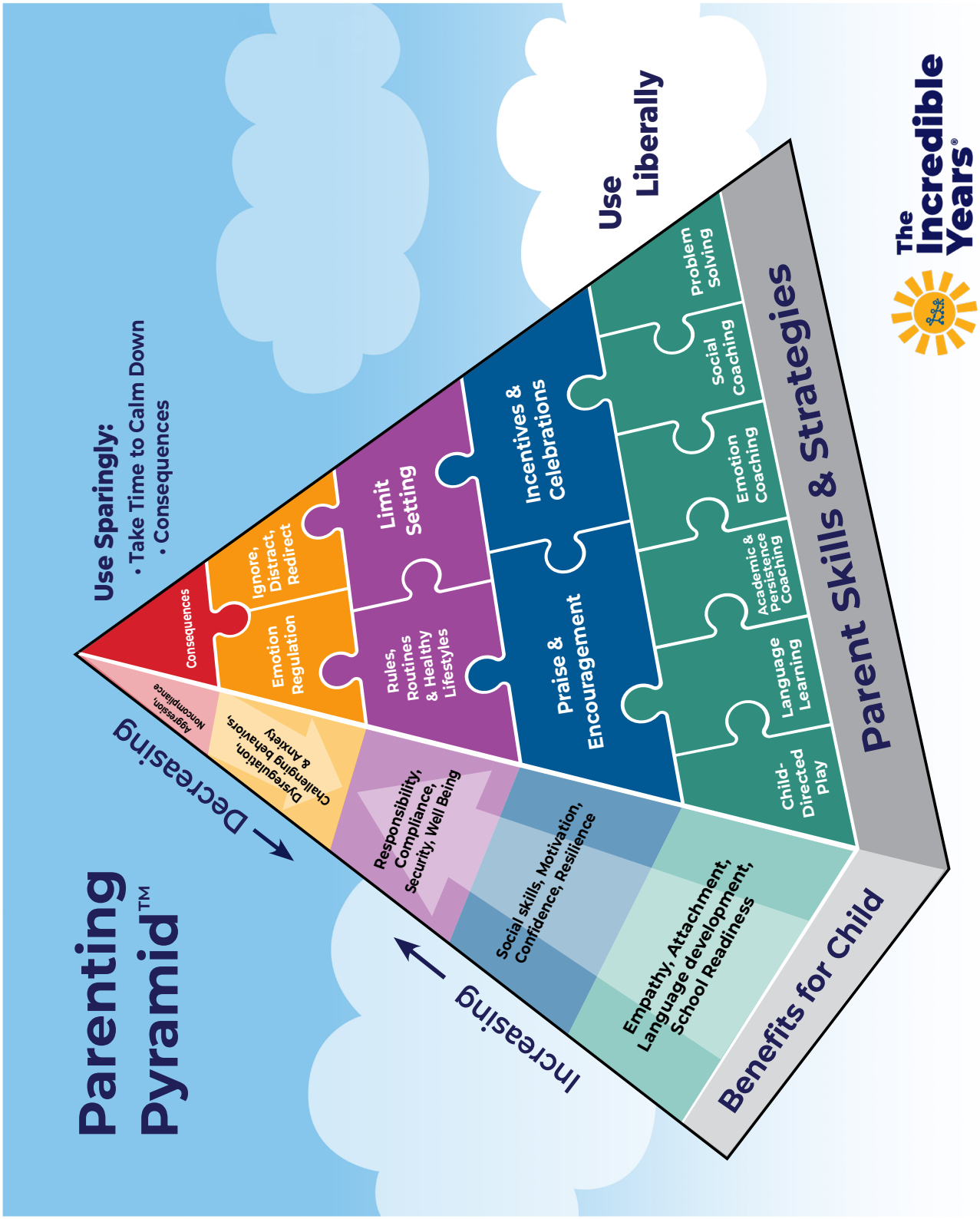
NEW MATERIALS

The Incredible Years®




Parenting Pyramid™
Decreasing
Increasing
Use Sparingly:
• Take Time to Calm Down
• Consequences
Use Liberally
The Incredible Years®
Consequences
Ignore, Distract, Redirect
Emotion Regulation
Limit Setting
Rules, Routines & Healthy Lifestyles
Incentives & Celebrations
Praise & Encouragement
Problem Solving
Social Coaching
Emotion Coaching
Academic & Persistence Coaching
Language Learning
Child-Directed Play
Parent Skills & Strategies
Aggression, Noncompliance
Dysregulation, Challenging behaviors, & Anxiety
Responsibility, Compliance, Security, Well Being
Social skills, Motivation, Confidence, Resilience
Empathy, Attachment, Language development, School Readiness
Benefits for Child

Serve and Return Conversations

Building Responsive Language

1 Parent Sets Up Serve
by spotlighting child's interests

- Get at eye-level and face to face
- Use intentional, descriptive commenting
- Follow your child's lead

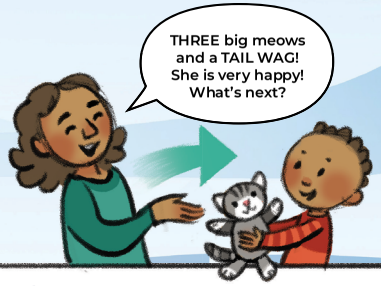
2 Watch, Listen and Wait
for child to return your serve

- Child points, comments, or shows you something (verbally or nonverbally)

3 Return Child's Serve

- Respond with imitation, reflective commenting, and enthusiastic gestures
- Focus on your child's interests
- Use language most comfortable to you

4 Wait and Listen
for child to return your serve



5 Return Child's Serve
and expand the conversation

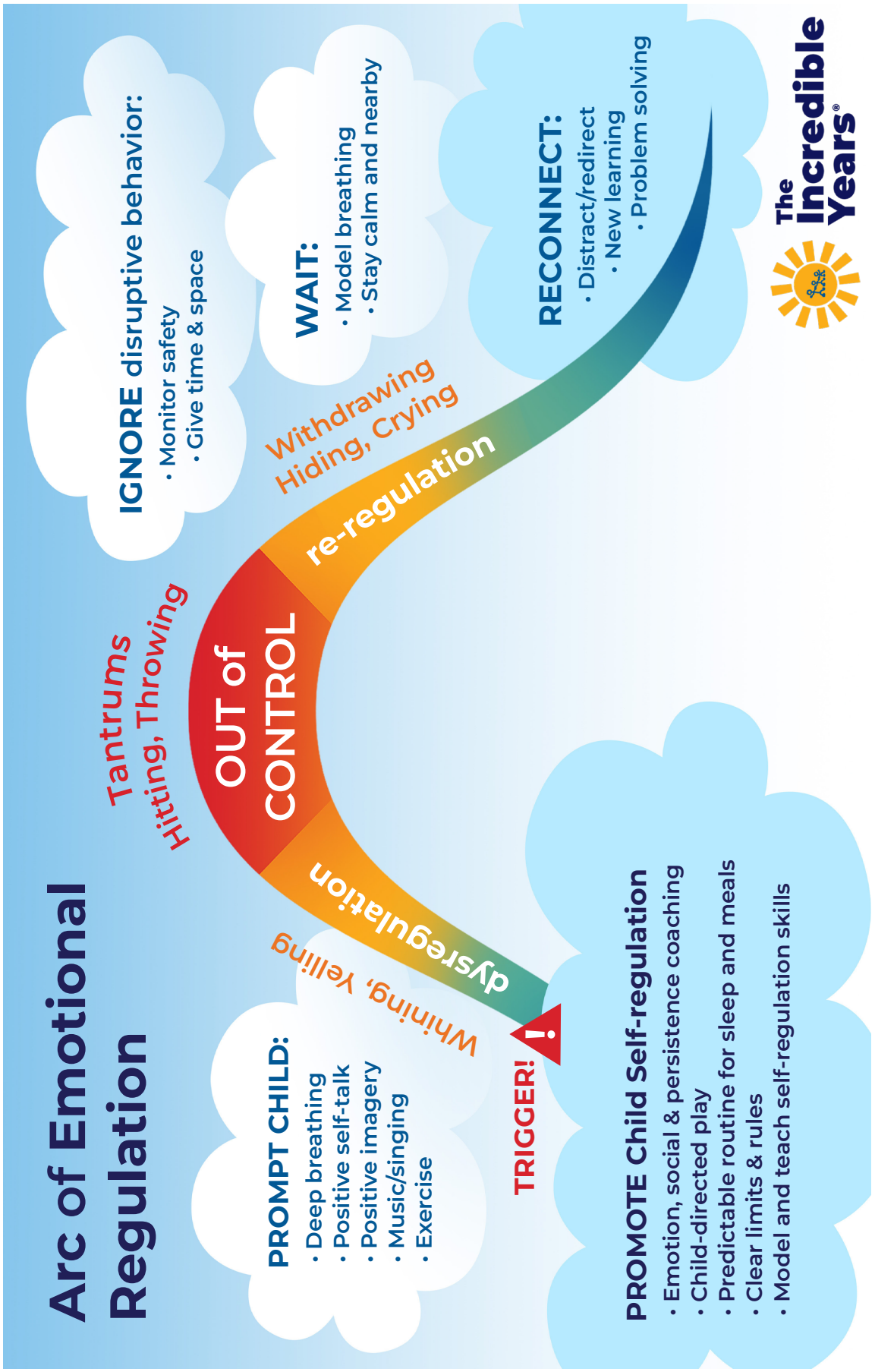
- Add new words intentionally
- Ask a few open-ended questions
- Share personal stories

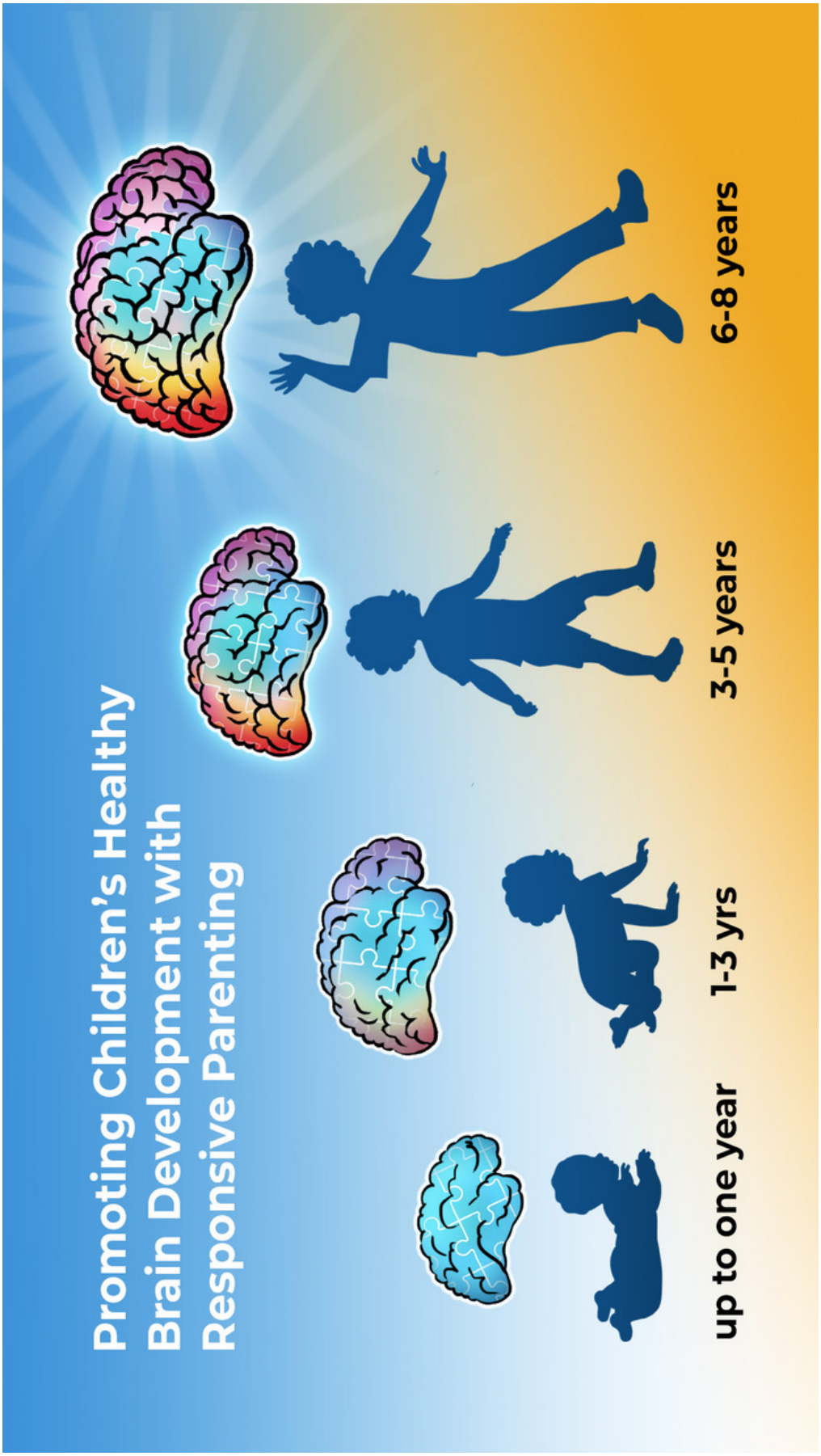
Continue taking conversational turns as long as your child is interested.

- Taking turns is more important than the total number of words parents use.
- Enhance your interaction with books, puppets and pretend play, pictures, gestures, songs and games.
- "Serve and return" conversations build trusting relationships, and create feelings of safety and joy.

Serve and Return is a phrase popularized by Harvard Researchers (Center on Developing Child).

The Incredible Years®


Arc of Emotional Regulation
IGNORE disruptive behavior:
• Monitor safety
• Give time & space
WAIT:
• Model breathing
• Stay calm and nearby
RECONNECT:
• Distract/redirect
• New learning
• Problem solving
The Incredible Years®
Withdrawing
Hiding, Crying
re-regulation
Tantrums
Hitting, Throwing
OUT of CONTROL
dysregulation
Whining, Yelling
TRIGGER!
PROMPT CHILD:
• Deep breathing
• Positive self-talk
• Positive imagery
• Music/singing
• Exercise
PROMOTE Child Self-regulation
• Emotion, social & persistence coaching
• Child-directed play
• Predictable routine for sleep and meals
• Clear limits & rules
• Model and teach self-regulation skills


Promoting Children's Healthy
Brain Development with
Responsive Parenting
up to one year
1-3 yrs
3-5 years
6-8 years

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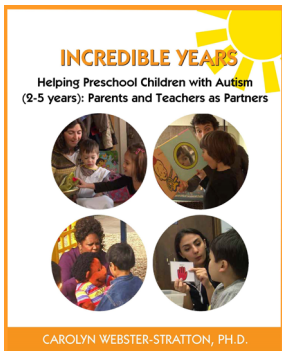
NEW MATERIALS

Third Edition *Incredible Years* Book - Lithuanian

Third Edition *Incredible Years* Book - Spanish



Book *Helping Preschool Children with Autism: Teachers and Parents as Partners*

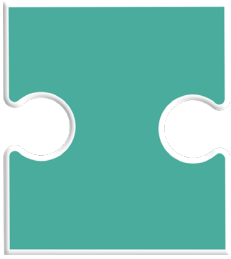
Autism Parenting Program Flash Drives (English and Spanish)

Teacher Classroom Management Program Flash Drive

Incredible Beginnings Program Flash Drive

Program video streaming for:

Baby Parenting Program, Toddler Parenting Program, Preschool Basic, School Age Basic, Advance Parenting Program, Attentive Parenting Program, Autism Parenting Program. Classroom/Small Group Dina. Incredible Beginnings, Teacher Classroom Management, and Teacher Autism Programs



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Connecting the IY Puzzle Pieces for Parents and Teachers

NEW MATERIALS

Presentations by Carolyn Webster-Stratton:

- 40 Incredible Years: Multicultural Collaboration Deliver IY Programs Promote Children's Well Being

  https://www.youtube.com/watch?v=_MY_8bzhuiM&t=21s

- Adaptations for Children with Autism Spectrum Disorder ASD Incredible Years Programs

  https://www.youtube.com/watch?v=L-RtlDo4AcE&t=3s

Articles and Handouts by Carolyn Webster-Stratton

- Article by Carolyn Webster-Stratton: *How the Incredible Years® Teacher Classroom Management Program Is Trauma Informed*

  https://www.incredibleyears.com/research/library/article/how-the-incredible-years-teacher-classroom-management-program-is-trauma-informed

- Article by Carolyn Webster-Stratton: *Affirming Diversity and Achieving Cultural Sensitivity While Maintaining Program Fidelity When Delivering the Incredible Years® Programs*

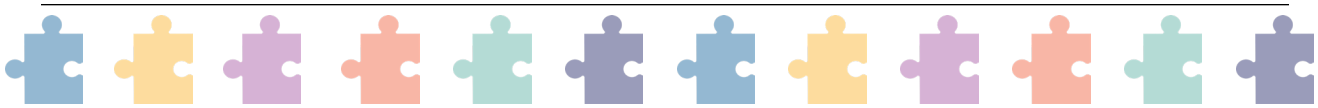
  https://www.incredibleyears.com/blog/2021/09/27/affirming-diversity-and-achieving-cultural-sensitivity-when-delivering-iy-programs

- Article by Carolyn Webster-Stratton on anxiety: *How Parents Can Build Emotional Resilience in Young Children (3-8 years) Who are Anxious: The Do's and Don'ts*

  https://www.incredibleyears.com/blog/2021/10/25/how-parents-can-build-emotional-resilience-in-young-children-who-are-anxious

- Hot Tips for IY Autism Programs:
  - Communication Translation Using Sounds & Gestures
  - Using The How I Am Incredible Template
  - ABCs Of Child Learning & Behavior Training
  - Tailoring Role Play To Child Developmental Level
  - How Use The Spotlight Poster
  - Using Visuals To Enhance Childrens Understanding Of Language

  https://www.incredibleyears.com/resources/facilitators?name__icontains=hot+tips+for+IY+autism



- ***How I Am Incredible!*** handout for Parenting Programs, Autism Programs, Teacher Programs
  https://www.incredibleyears.com/resources/facilitators?name__icontains=how+i+am+incredible

- Reading with Extra CARE for Young Children on the Autism Spectrum
  https://www.incredibleyears.com/resources/facilitators?name__icontains=extra-care

- Parent Self-Reflection Inventories - Weekly Tools Used (editable)
  - Weekly Tools Used to Build Positive Relationships
  - Weekly Tools Used to Stay Calm and Get Support
  - Weekly Tools Used to Manage Misbehavior

  https://www.incredibleyears.com/resources/facilitators?name__icontains=weekly+tools+used

- Parents as Coaches - editable forms
  - Parents as Academic & Persistence Coaches
  - Parents as Emotion Coaches
  - Parents as Social Skills Coaches

  https://www.incredibleyears.com/resources/facilitators?name__icontains=coaches+editable

- Helping Preschool Children with Autism: Teachers and Parents as Coaches - editable forms
  - Descriptive Commenting Coaching Editable Checklist
  - Pre-Academic Coaching Editable Checklist
  - Social Skills Coaching Editable Checklist
  - Emotion Coaching Editable Checklist

  https://www.incredibleyears.com/resources/facilitators?name__icontains=coaching+editable

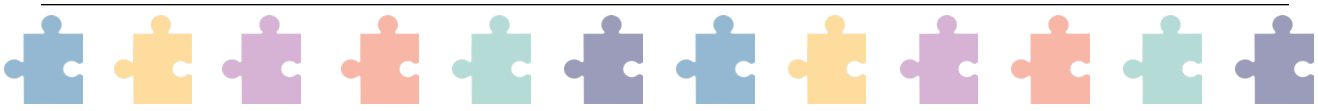
- Incredible Beginnings Program Behavior Plans
  https://www.incredibleyears.com/resources/facilitators?name__icontains=behavior+plans&filter_c__in=16

- Incredible Beginnings Program Teacher-to-Parent Communication Letters
  https://www.incredibleyears.com/resources/facilitators?name__icontains=communication+letters&filter_c__in=16

- Autism Parent Program Handouts - Spanish
  https://www.incredibleyears.com/resources/facilitators?name__icontains=autism+program+handouts+%28Spanish%29

- TCM Program Handouts (updated 2022)
  https://www.incredibleyears.com/resources/facilitators?name__icontains=TCM+Handouts&filter_c__in=15

- TCM Program Handouts - Spanish
  https://www.incredibleyears.com/resources/facilitators?name__icontains=spanish&filter_c__in=15



2024 Incredible Years®
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FIDELITY FORMS

- Peer Coaching Process Checklist

  http://www.incredibleyears.com/download/resources/mentors/Tips-for-Preparing-Mentor-Solo-Workshop-Video-for-Review.pdf

- Protocol for 3-day Training - Basic - revised July 2021

  https://www.incredibleyears.com/resources/facilitators?name__icontains=basic+2-8&filter_b__in=3

- Protocol for 3-day Training - School Age Basic - revised October 2021

  https://www.incredibleyears.com/resources/facilitators?name__icontains=-school+Age+6-12&filter_b__in=3

- Protocol for 3-day Training - Classroom Dina - revised February 2022

  https://www.incredibleyears.com/resources/facilitators?name__icontains=classroom+Dina+workshop+Training&filter_b__in=3

- Protocol for 3-day Small Group Dina Training - revised March 2022

  https://www.incredibleyears.com/resources/facilitators?name__icontains=small+group+dina+workshop+training&filter_b__in=3

- Protocol for 3-day TCM training - revised April 2022

  https://www.incredibleyears.com/resources/facilitators?name__icontains=teacher+classroom+management+workshop&filter_b__in=3

- Online consultation call prep form
  - Online Consultation Tips for Mentors via Zoom
  - Online Consultation Tips for Group Leaders
  - Online Consultation Call Prep Form

  https://www.incredibleyears.com/resources/facilitators?name__icontains=online+consultation

Incredible Years Peer Coach Nomination

This form should be filled out by the peer coach nominee in collaboration with the mentor or trainer who is nominating the group leader to become a Peer Coach.

Name of nominated peer coach:

Name of mentor/trainer nominating peer coach:

Which IY program is nominee applying to coach in?

Date originally trained & name of trainer/mentor (include all IY trainings):

Date of accreditation as group leader (include all IY programs):

Number of groups delivered since training (specify number of groups for program you are applying to coach in):

Educational background and professional experience of nominee:

Name of agency and person supporting this nomination:

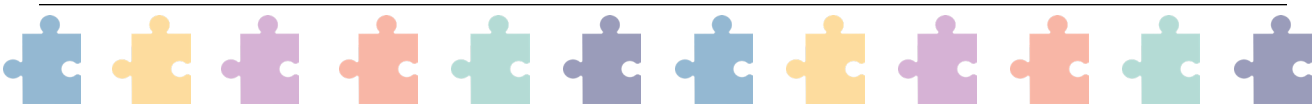
Nominee's role in agency:

District peer coach will serve:

Nominee's plans to continue to offer IY groups alongside peer coaching work:

Attach:

1. Letter from nominee briefly stating reasons for wanting to become a peer coach
2. Agency letter of support (include coaching plan and financial commitment to peer coach training, consultation and on-going support of peer coach):
3. Mentor/trainer letter of support



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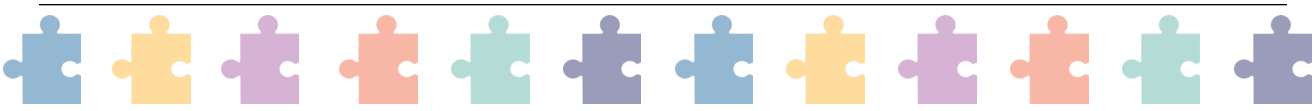

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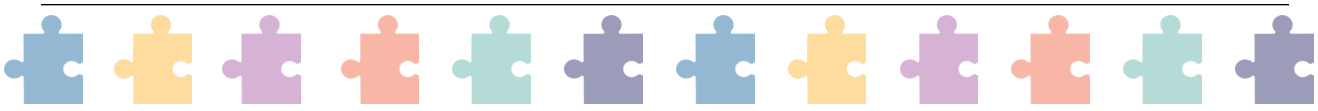

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COACH AND PRESENTER ROLES

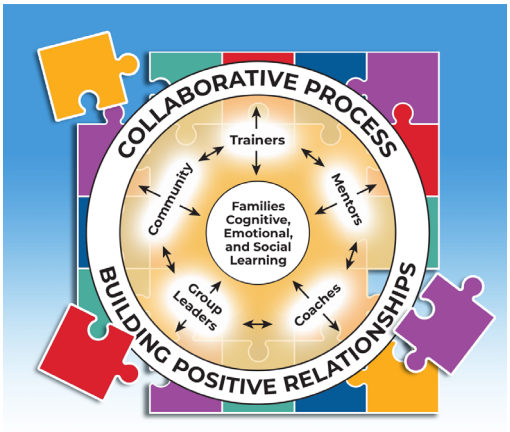
AS THE **PRESENTER** FOR A SESSION, YOU WILL BE RESPONSIBLE TO:

- Find your slot on the agenda: note the day, time, and allotted length of time
- Prepare your video segment ahead of time - select 1 or 2 segments of video (total 10-15 min) of your group session or workshop delivery for participant feedback and bring the video with you!
- Identify the goals for your presentation.
- Determine when you have had enough feedback.
- Reflect on your strengths and what you have learned from the discussion and future goals.

AS THE **COACH** FOR A SESSION, YOU WILL BE RESPONSIBLE TO:

- Keep track of the time agenda for your presenter's session.
- Assure the presenter is in a safe environment and the feedback from participants is productive.
- Assist the presenter in making sure his or her goals are addressed.
- Allow everyone to participate with ideas and questions.
- Help scaffold the process of reflecting on the presenter's group leader process and methods demonstrated.
- Set up practice exercises as needed.
- Summarize what was learned from the discussion.

SMALL GROUP BREAKOUT DISCUSSION
KEY PUZZLE PIECES IN IY PROGRAM DELIVERY



Each day in the afternoon break-out sessions, 2-3 mentors will share videos of their work for feedback. After each video presentation we could like you to summarize 1-2 key puzzle pieces that are important for group leaders, coaches or mentors to highlight for consultation, peer coaching and/or accreditation. Write these on your puzzle cards and assign someone to present these at the end of the day at 4 pm to the entire group.

Here are some concepts or program components to think about when reviewing a video clip. Depending on the video clip shown choose 1-2 of these concepts to explore in some detail. Summarize your key insights.

What are the key puzzle pieces that need to be incorporated into the IY program puzzle?

- Review of home or classroom activities?
- Benefits/Barriers
- Mediating introductory narrations?
- Mediating video vignettes?
- Setting Up role play practices?
- Incorporating individual participant goals with new learning?
- Pulling out "principles" and promoting self-reflection?
- Behavior planning
- Responding to resistance
- Motivating parents and/or teachers
- Tailoring to family or teacher context, culture, and to child developmental and language status
- Coleader relationship
- Connecting and integrating thought processes, emotions and behaviors

Incredible Years
Coaching and Mentoring Gems

Date _____ Group Leader(s) _____ Coach/Mentor _____

Program: Parent ☐ Teacher ☐ Child ☐ Video viewed? ☐ Topic _____ Date for next meeting _____

Fidelity Issues Discussed:

- ☐ Attendance
- ☐ Participant evaluations
- ☐ Home activities engagement
- ☐ Principles
- ☐ Mediating vignettes & Number
- ☐ Role play/practices/ buzzes & Number
- ☐ Participant goals
- ☐ Tailoring to needs
- ☐ Weekly calls
- ☐ Session checklists
- ☐ Peer & self-evaluation forms
- ☐ Group process checklists
- ☐ Self-reflection inventories
- ☐ Accreditation/ Certification
- ☐ Coaching evaluation

Group leader prior goals reviewed:

Group leader goals for group DVD review:

Issue problem solved and practiced:

Summary of Key Learning:

The Incredible Years

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Incredible Years
Coaching and Mentoring Gems

New Goals and Plans:

Coach/Mentor Actions:

Additional Notes:

The Incredible Years

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2024 Incredible Years®

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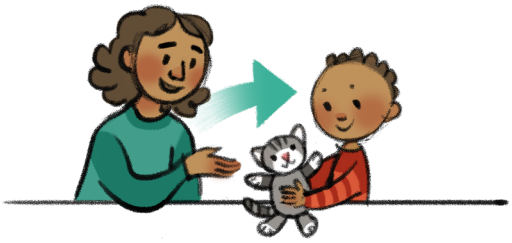
NEW HANDOUTS

2

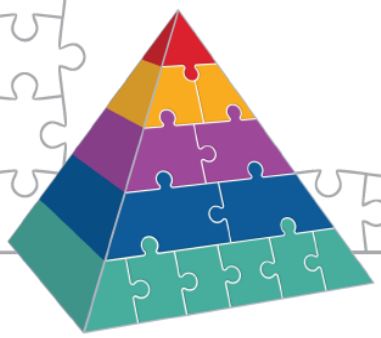
REFRIGERATOR NOTES

PROMOTING YOUR CHILD'S LANGUAGE LEARNING & CONVERSATIONS



- Continue to be child-directed and follow your child's interests.
- Use intentional descriptive commenting tailored to your child's language level and special interests.
- Try using a few open-ended questions but avoid close-ended test questions.
- Watch, wait and listen to your child's verbal & nonverbal responses.
- Respond to your child's verbal and nonverbal communication with imitation, reflective commenting, enthusiasm & authenticity.
- Engage in interactive reading approaches.
- Encourage the use of the home culture language and bilingual language learning.
- Share personal stories to enhance your child's language engagement.
- Combine verbal language with pictures, nonverbal gestures, puppets, pretend play, songs and games to enhance the richness of your child's language learning.

The goal is for all children to become increasingly confident and secure communicators.



2

REFRIGERATOR NOTES

PROMOTING YOUR CHILD'S LANGUAGE WITH "SERVE AND RETURN" CONVERSATIONS: BUILDING RESPONSIVE LANGUAGE

PARENT SERVE TO CHILD

- Get at eye-level and face to face with your child.
- Use intentional descriptive commenting about what your child is doing.
- Follow your child's lead and interests with language tailored to your child's language level.

WATCH, LISTEN AND WAIT FOR YOUR CHILD TO RETURN YOUR VERBAL SERVE (VERBALLY OR NONVERBALLY)

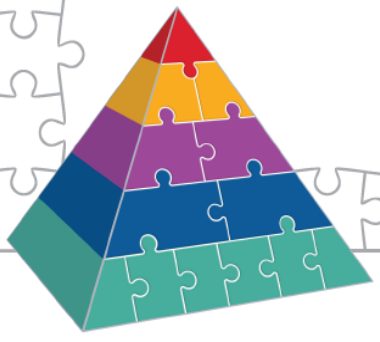
PARENT RETURN SERVE TO CHILD

- Respond to your child's verbal or nonverbal communication serve with imitation, reflective commenting, enthusiasm, authenticity and occasionally an open-ended question.

WAIT FOR YOUR CHILD'S RESPONSE

- Try to sustain your "serve and return" turn taking in the conversation as long as your child is interested.
- Add new words intentionally.

Remember ~ Turn taking in conversation is more important than the total number of words parents use because this "talking with" rather than "talking at" allows more opportunities for children to use their new sounds, gestures, words and conversations.



3

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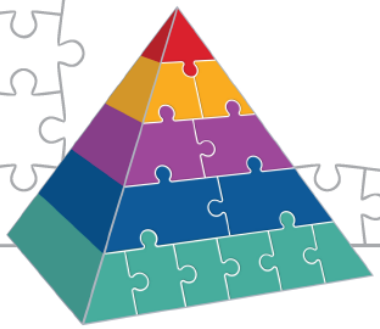
REFRIGERATOR NOTES

ACADEMIC COACHING
TO PROMOTE CHILDREN'S SCHOOL READINESS SKILLS

- Use academic coaching to promote your child's school readiness concepts, tailoring to your child's developmental language level.
- Use many more descriptive comments than questions during play times as well as other times of the day. Avoid closed-ended questions.
- Describe the objects, shapes, numbers, letters, textures, and colors of objects your child is using as well as their actions.
- Listen to your child and imitate, or mirror, your child's words and extend length of sentence by one word.
- Notice what your child is interested in and talk about it.
- Talk about positions of objects (e.g., inside, under, beside, next to).
- Prompt your child to communicate by modeling words for them to copy or by using a hand puppet.
- Praise and give positive feedback to your child for using words (that's right!).
- Use new and more complex words to intentionally expand your child's academic and bilingual vocabulary even if you know your child won't understand the word at first.
- Talk about simple every day stories and events and show interest in what your child is learning at school.
- Read with your child in an interactive way often.



3

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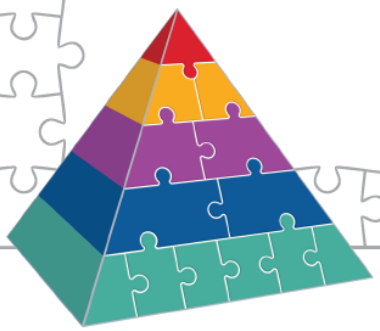
REFRIGERATOR NOTES

PERSISTENCE COACHING
TO PROMOTE CHILDREN'S SCHOOL READINESS SKILLS

- Coach with persistence narration when you notice your child is working hard, concentrating, being calm, or staying patient when doing an activity.
- Describe your child's persistence when he is trying again, sticking with it, thinking of a new way to do it, staying focused and problem solving.
- Listen carefully ~ watch for times your child is open to talking ~ don't pressure communication when they don't want to talk; try to understand what your child is telling you about their thoughts, ideas, feelings and discoveries without corrections.
- Comment and praise your child for listening to peers or an adult and for their success at sticking with a difficult problem.
- Encourage your child to discover, explore, experiment and provide support when mistakes are made.
- Try not to give too much help; encourage your child's curiosity and problem-solving.



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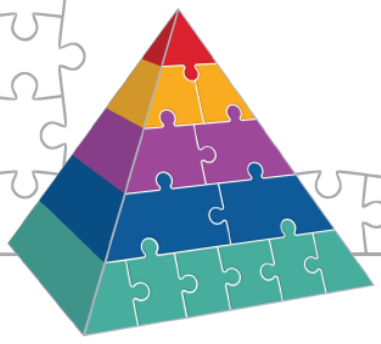
REFRIGERATOR NOTES

COACHING YOUR CHILD'S EMOTION LITERACY

- Listen and try to understand what your child is feeling and wanting.
- Name or label your child's feelings when you see them (don't ask what they are feeling because they are unlikely to have the emotion words to tell you and older children will enjoy the validation that you noticed).
- Share the message that any feeling is okay, but some responses (like hurting someone) are not.
- Label your child's positive feelings more often than their uncomfortable or unhappy feelings.
- When naming uncomfortable feelings such as frustration, anger, sadness, or anxiety, point out or suggest a coping strategy: "You look frustrated, but you are staying calm and trying again."
- Comment on times when your child seems self-regulated, times they are staying calm, trying again when frustrated, waiting a turn, and using words to express a feeling.
- Support your child when they are unhappy, but recognize when they are too upset to listen and just need space to calm down.
- Model and, as needed, give your child the words to use to express their feelings (e.g., "you can tell her you are unhappy that she broke your tower").
- Link positive feelings to appropriate use of social skills.
- Use puppets to model and prompt feeling language.
- Praise and encourage your child when they stay calm in a frustrating situation.
- Cuddle and soothe your child when they are hurt or frightened. Stay calm yourself to provide extra reassurance.
- Model appropriate expression of feeling yourself. For example, "I am proud of you" or "I am having fun playing with you."

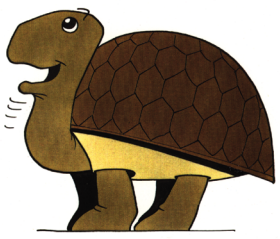


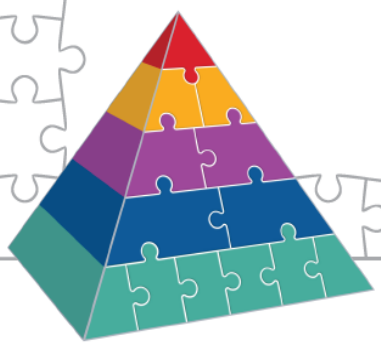
1

REFRIGERATOR NOTES

TEACHING CHILDREN SELF-REGULATION SKILLS

- Use emotion coaching to strengthen your child's emotion language.
- Use puppets, books and visuals to enhance your child's self-regulation learning and practice calm down breathing methods.
- Encourage your child to build memories of happy times and places through art, writing, and stories told.
- Teach your child how to use the Calm Down Thermometer and/or "turtle technique" for managing stress and anger as a way to self-regulate.
- Prompt your child when anxious, fearful or angry to use some positive coping self-talk such as, "I can do it", "I can calm down", Or, "I can wait and be patient."
- Encourage counting to 10, dancing, singing, taking a bath, giving and getting hugs, rocking back and forth and some form of regular exercise as self-regulation activities.
- Model calm down strategies as an adult, such as taking deep breaths, or using the calm down thermometer, or taking a brief break or time away to exercise yourself.
- Promote child cuddles with stuffed animals.
- Give your child time and space to calm down. Save your coaching for times when your child is in a coachable window.
- Keep a balanced diet and regular mealtime, bedtime and exercise routines so your children are well nourished and not sleep deprived.
- Have realistic expectations remembering young children have less developed brains and are less able to regulate themselves. Don't punish dysregulated and disruptive behavior.
- Stay patient, supportive and encouraging when your child is dysregulated.





1) Calm Down Procedure for Aggression

(Ages 3-6 Years)

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Child hits

Check in with child who was hit.

"I'm sorry he hit you. He made a mistake."

Command:

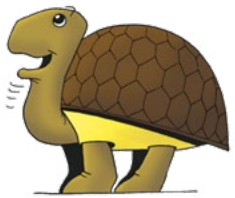
"You hit. You need to go to the Calm Down area"

Wait 5 seconds

Child goes to Calm Down area

3-5 minutes
No attention given

...deep breaths... I can calm down and try again.



Child calm

for last 2 mins

Parent ends time & re-engages child

"Your body is calm. You can play with your blocks"

Parent praises child's first positive behavior

"That's so friendly the way you're sharing."

2) Child Resists Going to Calm Down Area
(Ages 3–6 Years)

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Child hits

Check in with child who was hit.

"I'm sorry she hit you. She made a mistake."

Command:

"You hit. You need to go to the Calm Down area"

Wait 5 seconds

Child refuses to go to Calm Down Area

Parent gives one warning:

"You can go by yourself, or I can help you."

Child complies

No attention given for 3-5 minutes, last 2 mins child is calm

Parent ends time & re-engages child

"Your body is calm. You can play with your blocks"

Parent praises child's first positive behavior.

"That's so friendly the way you're sharing."

3) Child Refuses to Stay in Calm Down Area

(Ages 3–6 Years)

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Child leaves Calm Down area before time is over

Parent praises child's first positive behavior.

"That's so friendly the way you're sharing."

Parent gives warning:

Loss of special privilege	OR	Alternate Space
"If you can't stay in the calm down area, you'll lose your lego time"		*"If you can't stay in the calm down area, you'll go to the calm down room."*

Child stays in Calm Down area

3-5 mins, last 2 minutes child is calm

Parent ends time & re-engages child

"You are calm and can come play now"

Child leaves Calm Down Area

Parent takes child to calm down room

"You need to go the room to calm down."

Child stays in Calm Down room

No attention given for 3-5 mins, last 2 mins child is calm

STOP

If child does not go after warning, parent follows through with consequence. Calm Down time is dropped.

4) Calm Down Procedure for Compliance Training

Transition Statement:

"It's almost time to put toys away"

(set timer)

Command:

Brief, polite, startup command:

"It's time to put the toys away!"

Complies

"You did a great job cleaning up today!"

Praise

Wait 5 seconds

Doesn't Comply

Warning

"If... Then"

Complies

"Thank you for listening and helping"

Wait 5 seconds

Doesn't Comply

"Go to Calm Down area"

- Safe, boring place
- No attention from anyone
- 1 minute per year of age up to 5 minutes

When time out is over, repeat the command

*** If Child continues to resist:**

- Alternate Calm Down Space (Scenario 3)
- Consequence/Loss of Privilege (Scenario 3)

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Refrigerator Notes

Facilitating Children's Language & Pre-School Readiness Skills: Parents as "Academic & Persistence Coaches"

"Descriptive commenting" is a powerful way to strengthen children's language skills. The following is a list of actions, behaviors and objects that can be commented upon when playing with your child. Examples below are for children speaking in sentences. See the next handout to record the descriptive commenting you will use with your child. Adjust your descriptive commenting according to your child's language level. For example, if your child speaks in one-word sentences add a 2nd word, or for 2-word sentences describe with 3 words.

Objects, Actions	**Examples**
_____ colors _____ number counting _____ shapes _____ names of objects _____ sizes (long, short, tall, smaller than, bigger than, etc.) _____ positions (up, down, beside next to, on top, behind, etc.)	"You have the red car and the yellow truck." "There are one, two, three dinosaurs in a row." "Now the square Lego is stuck to the round Lego." "That train is longer than the track." "You are putting the tiny bolt in the right circle." "The blue block is next to the yellow square, and the purple triangle is on top of the long red rectangle."
Persistence	
_____ working hard _____ concentrating, focusing _____ stay calm, patience _____ trying again _____ problem solving _____ thinking skills _____ reading	"You are working so hard on that puzzle and thinking about where that piece will go." "You are so patient and just keep trying all different ways to make that piece fit together." "You are staying calm and trying again." "You are thinking hard about how to solve the problem and coming up with a great solution to make a ship."
Behaviors	
_____ following parent's directions _____ listening _____ independence _____ exploring	"You followed directions exactly like I asked you. You really listened." "You have figured that out all by yourself."

Refrigerator Notes

Facilitating Children's Language & Pre-School Readiness Skills: Parents as "Academic & Persistence Coaches"

The following is a list of actions, behaviors and objects that can be commented upon when playing with your child. Adjust your descriptive commenting according to your child's language level. For example, if your child speaks in one-word sentences add a 2nd word, or for 2-word sentences describe with 3 words. If your child has minimal language, think about nonverbal responses you might use. Write below the kind of descriptive commenting you will use for your child in regard to objects, actions and behaviors.

Objects, Actions	**Examples**
_____ colors _____ number counting _____ shapes _____ names of objects _____ sizes (long, short, tall, smaller than, bigger than, etc.) _____ positions (up, down, beside next to, on top, behind, etc.)	
Persistence	
_____ working hard _____ concentrating, focusing _____ stay calm, patience _____ trying again _____ problem solving _____ thinking skills _____ reading	
Behaviors	
_____ following parent's directions _____ listening _____ independence _____ exploring	

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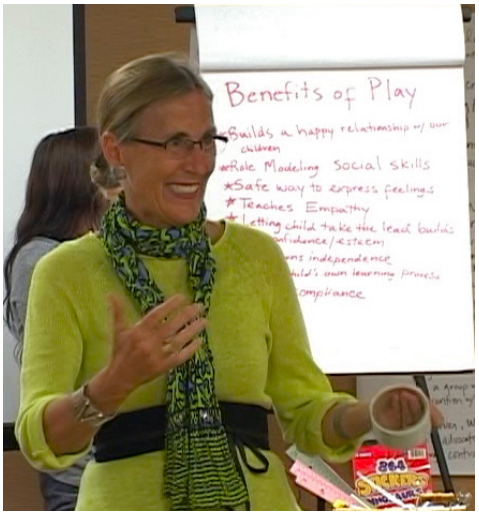
Hot Tips for Leading the Benefits and Barriers Exercise

Carolyn Webster-Stratton, Ph.D.

15 March 2023

Overview

The purpose of the Incredible Years Benefits and Barriers exercise is for group leaders to explore with workshop participants the benefits of the skill being taught in the particular workshop session (such as, child directed play, social, emotion, academic or persistent coaching, descriptive commenting, praise, incentives, self-regulation skills, proactive discipline, and problem solving).



Exploring Benefits: After reviewing the previous session home or classroom assignments, the group leader introduces the new topic by asking participants what they think the benefits are of doing the particular parenting or teaching method being discussed in the session. You can start this discussion by dividing the group up into buddy dyads or small groups to discuss the benefits. After that the groups report their reflections back to the larger group and their key points are briefly summarized on a flip chart using the participants' words. As you validate their ideas, you can explore with them the rationale for the approach. Highlight how the benefit helps children achieve their developmental milestones or their particular goals. For example, you might say, "*one benefit you are saying of emotion coaching is that it builds a child's emotion literacy, which in turn will helps children learn to self-regulate.*"

Exploring Barriers: Once the benefits are discussed the same groups break out again in dyads or small groups to discuss possible barriers to using the particular coaching or relationship building method or behavior management strategy. Afterwards these barriers are summarized with the entire group and the key points are put on the flip chart next to the benefits list. For example, some barriers often discussed are: not enough time to do this because of number of children, not understanding the rationale for its use, difficulty managing the children's behavioral responses when using the particular approach, not believing in the particular approach, and not having the patience or motivation to carry it out due to home or school context stressors.

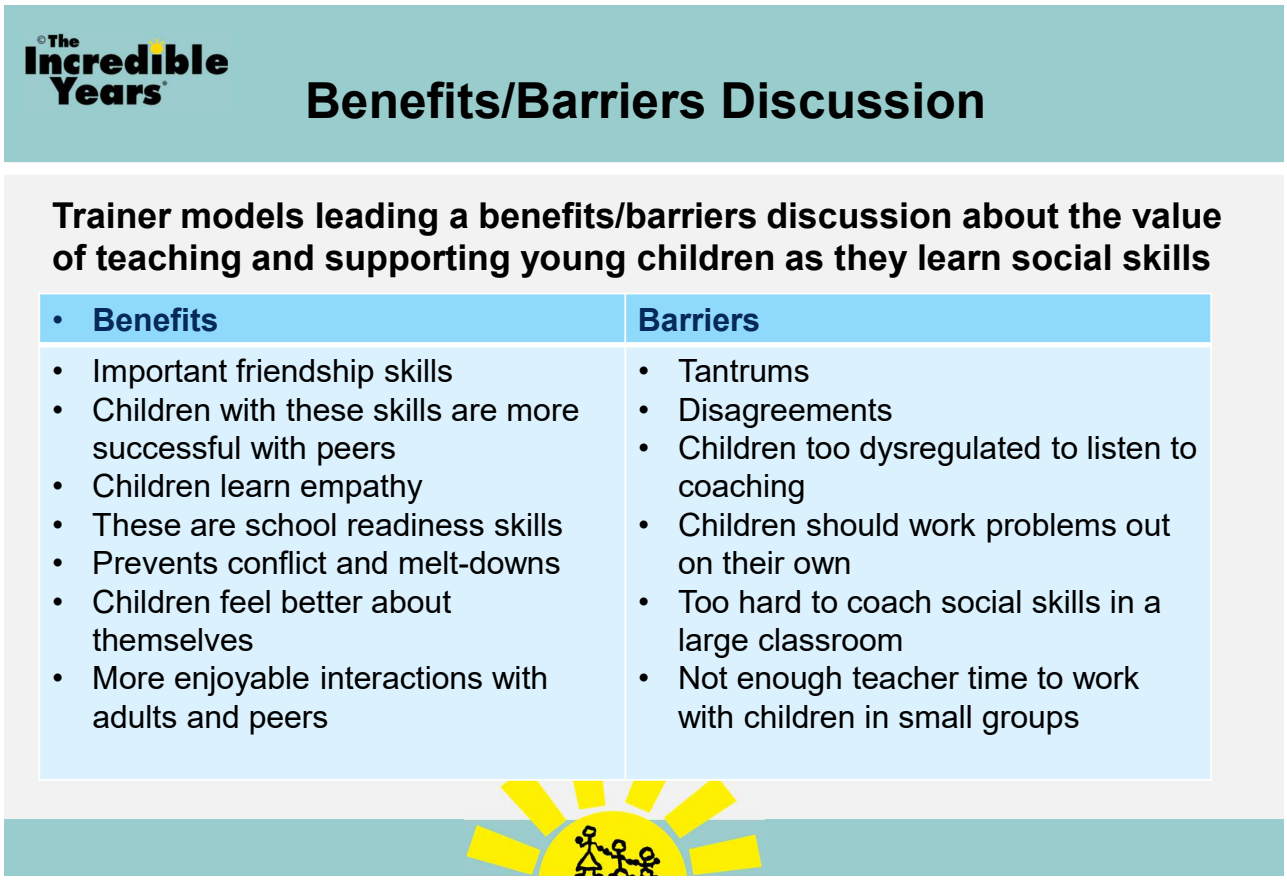
NOTE: During the barriers exercise discussion be sure you do not evaluate the barriers, or try to solve the problem obstacles but simply write down the obstacle as participants state them. Also remember not to mix up talking about benefits and barriers at the same discussion. Do each discussion separately.

Promote Reflections: Next ask the participants to look at the two lists and think about the short-term advantages and disadvantages of the approach and for whom there are benefits or barriers, such as parent, teacher or child. Frequently group participants will see that the barriers are mostly problems for the parent or teacher, especially in the short term, while the long term benefits are for the child and

their future relationship with their teacher and/or parent. Keep these discussions fairly short and succinct because you will have time to unpack them and problem solve ways to overcome some of the obstacles as participants discuss the separate video vignettes.

After the lists have been created and summarized remind the participants that they will have chances to think more about the benefits and barriers as the session progress. A statement such as, *"we can see that there are many potential benefits to [topic], and there are also some barriers. As we go through the material today we can work together to build a list of principles that will help make [topic] effective and lead to these benefits and address your goals. Also we will note ways to try and reduce the barriers or avoid them."*

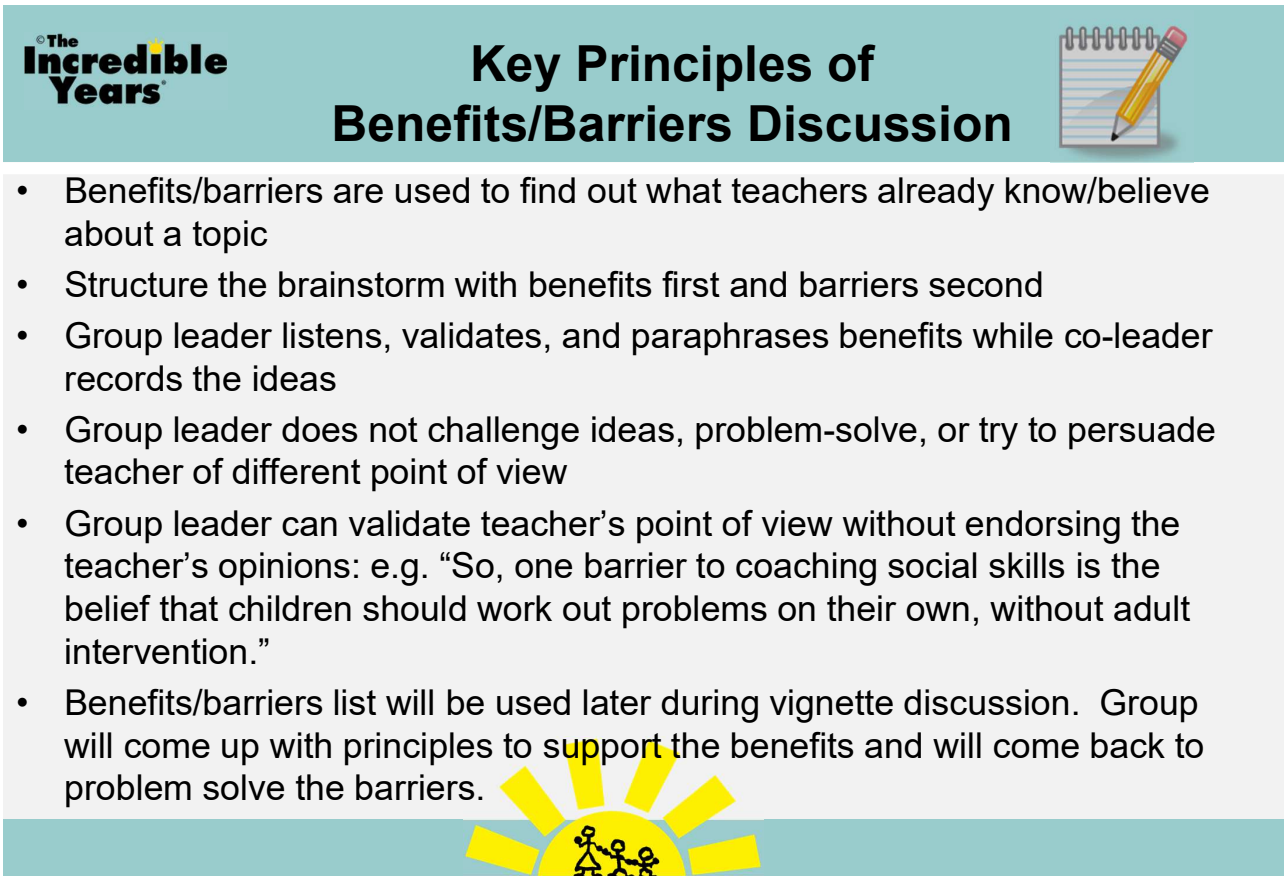
Example:



Rationale for Benefits and Barriers Exercise: The reason for doing this exercise is not just for the participants to think about their own particular teaching or parenting goals and obstacles but for the group leader to understand each individual participant's viewpoint. During this discussion you will become aware of any possible misunderstandings about some aspect of normal child development, the nature of their goals for themselves or the children, or what family or school factors or philosophy may interfere with a participant's motivation to use the approach. This information will help you as group leader know what questions to ask when mediating the vignettes and facilitating discussions. For example, when talking about a particular coaching method shown on the video vignette the group leader might address ways to use the method in large classrooms with limited time available or multiple children. Or, if there is a lack of understanding of typical child development, the group leader can talk about normal developmental differences in children's language development, emotional regulation, ability to share, or wait, and temperament as well as what strategy might be most useful to meet a particular goal for the

teacher or parent. Or, help the participants tailor the particular strategy being discussed to a particular child's social, emotional or language level. For example, when discussing descriptive commenting, tailoring for a child with language delays by engaging in more modeling, prompting, limiting number of words, and using repetition and imitation.

Group leaders will address every new topic with this collaborative Benefits and Barriers exercise. This is an important opportunity for you to understand where your workshop participants are coming from before introducing the content details of the strategy being learned. Participants will benefit greatly from sharing important insights, knowledge, and their experiences with each other. This will build group support and trust which in turn will allow you explore in more depth the discussions of the vignettes and set up of the role play practices.



The Incredible Years®

Tips for Effectively Using Behavior Plans In the Incredible Years (IY) Teacher Classroom Management, Incredible Beginnings & Autism Teacher Programs

Carolyn Webster-Stratton, Ph.D.

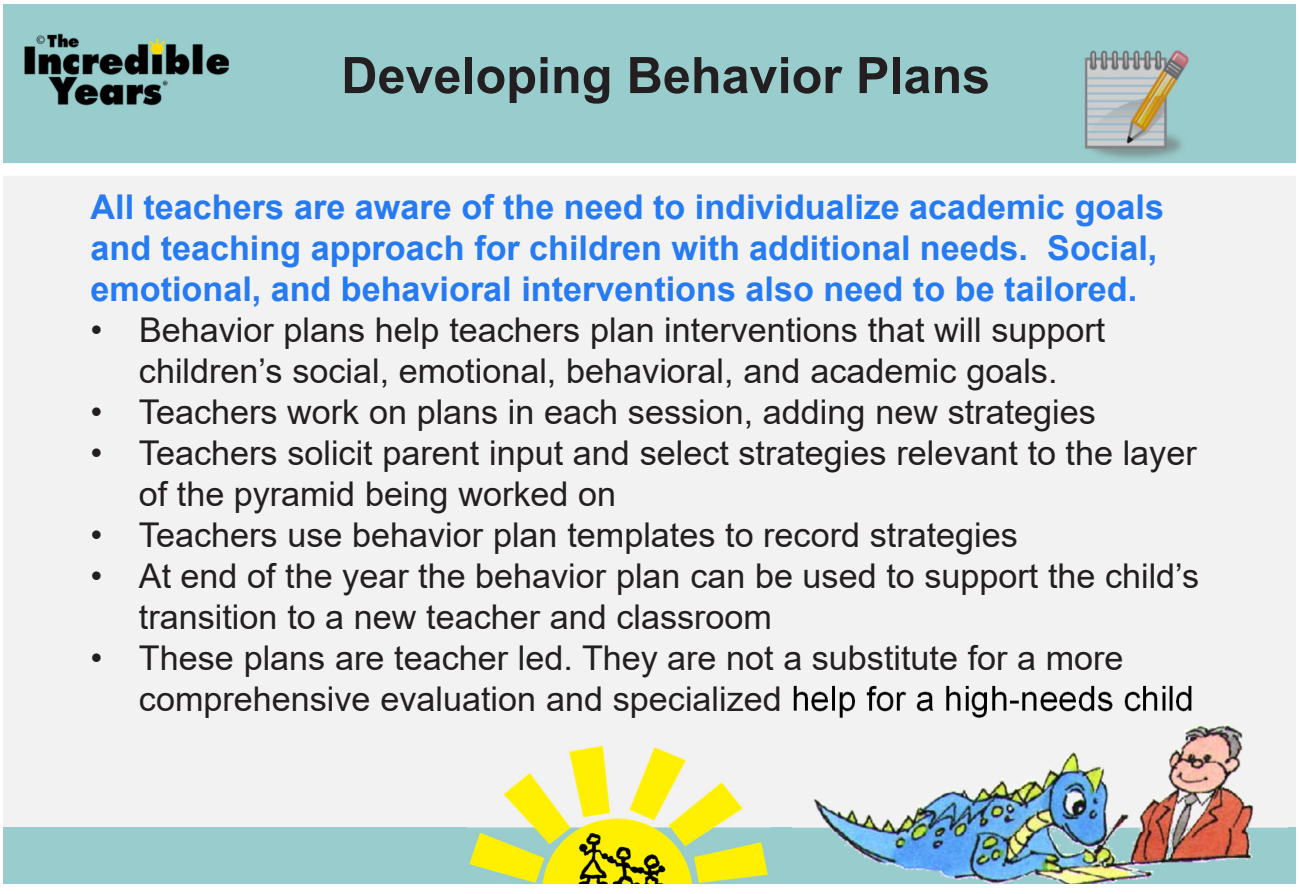
6 April 2023

Overview

Throughout the Incredible Years Teacher Training Programs participants engage in self-reflection inventories and have opportunities to set specific professional goals. These goals encourage them to refine their teaching practice, incorporate new strategies, and help embed Incredible Years principles in their daily teaching work. The Incredible Years behavior plans provide an additional self-reflection and goal setting process that encourages the teachers to consider the specific needs and strengths of an individual child, rather than a group of children. This document explains how IY group leaders can introduce the concept of developing behavior plans to teachers and childcare providers for a selected student.

Step 1: Benefits and Barriers of Behavior Plans

Start your discussion of behavior plans with the Benefits and Barriers exercise as you do for introducing other IY curriculum topics. This will help you know which workshop participants have had experience using behavior plans, what they see as their value, and what have been the barriers they have encountered.

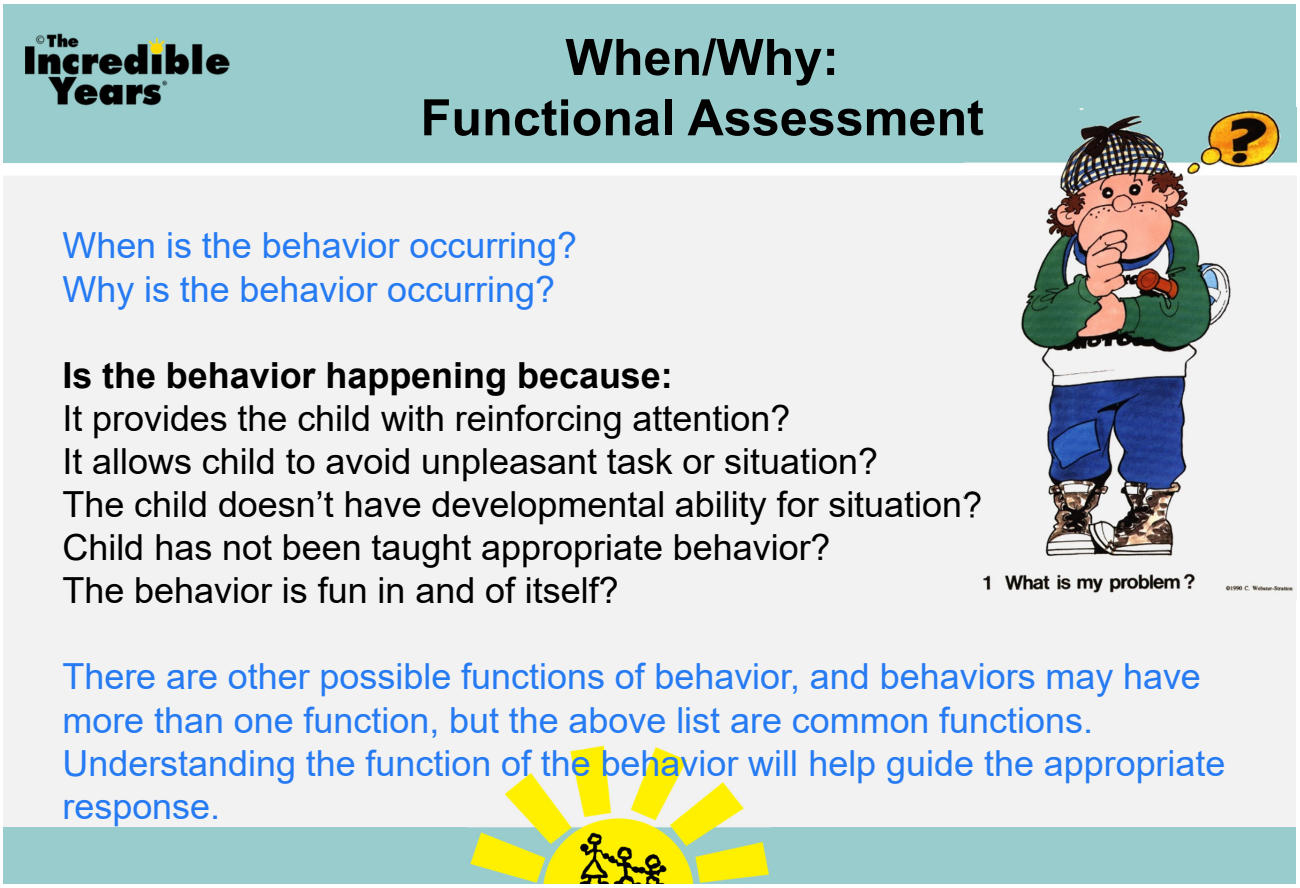


Step 2: Group Leaders Model and Collaborate with Workshop Participants on a Sample Behavior Plan

One of the classroom assignments for every workshop is for participants to develop a child behavior plan for one of their students. You will explain this process in the first workshop by developing a sample behavior plan together as a group in a collaborative way. This can be a student you have worked with in the past, a composite hypothetical child, or a current student of one of the workshop participants. If a current student is used for the group planning be sure to remind everyone that confidentiality is essential. The benefit of using a hypothetical child is that the process can be simpler and easier to control. However, using a current child or child derived from the group is often more engaging. For this section the most important consideration is to choose the method that will result in the best example for the group, where they will go away with a clear understanding of the process and the steps involved in a well developed plan.

For the first workshop it is important to spend considerable time walking through the behavior of concern., the possible function(s) of the behavior and the positive opposite behavior. It is important to select behaviors that match with the stage of the pyramid. Present this example behavior plan in a way that everyone can see it. It can be helpful to project the editable plan on the whiteboard or use flip chart paper to record the group's ideas. Once the teachers are clear on the behavior of concern, the function of the behavior and the positive opposite behavior you then brainstorm the strategies for this student. After this creative brainstorm spend time deciding which are the most important or realistic strategies to try in the next weeks.

Behavior You want to See Less of: Clearly establish the focus of the behavior plan remembering to emphasize the importance of precise, observable behaviors you want to see less of. Record the group's ideas on the shared chart. For example, student engages only in solitary play, or student does not use verbal and nonverbal language with peers. Follow this by discussing background information such as the function of the behavior issue and when or where it happens.



Establish Positive Replacement Behavior: Next determine a related developmentally appropriate goal, known as the "positive opposite" behavior for the student, and record it on the chart. For example, when the child sits close to another child and initiates an interaction, or uses a nonverbal or verbal signal to indicate what is wanted.

List strategies or scripts that the teacher can use to help establish the replacement behavior: Finally, brainstorm with the group strategies or specific scripts that could be used by the teacher to help the student achieve the goal and record these in the appropriate column. For example, saying, *"Seth your friend is sharing his truck with you"* or, *"Great pointing and using a word to ask for his truck."*

After the list of possible strategies or scripts has been completed discuss which one or two might be the best choice or a priority for this student at this time. It is important for the participants to consider a range of choices but then narrow down the list, so the plan is realistic and manageable.

Note: When scripting be sure to ask for teacher language, not generalities. For example, *"You are sharing with your friend"* rather than, *"I will use social coaching."*

Step 3: Work on Specific Behavior Plans

Ask teachers or childcare providers to choose a student they are currently teaching who could benefit from some of the behavior management strategies they are learning in the IY workshop. Form pairs or triads based on the age group, or developmental status of the children the teachers work with. For example, you can pair up teachers who primarily work with toddlers, or with preschoolers or, have similar goals regarding helping a child with limited language, or particular social, or emotional difficulties. At this time, the participants work together to discuss their own behavior plans with each other. Each teacher will introduce their selected child and state the behavior of concern and goal. The partners then discuss possible strategies or scripts and help refine the plan. You may wish to use a timer to ensure that all teachers get equal time discussing their student and the plan. Circulate as the plans are being discussed and provide support or prompts as needed. Try not to get stuck in the expert role.

Afterwards, participants will briefly share with the whole group their goal for their behavior plan over the next few weeks before the next workshop. These will be recorded on the flip chart to be referred to at the next meeting. At the end of this section spend a little time processing the plans they have been working on. Structure this by selecting one or two teachers to share their plan. Have your opening question to focus on the teacher (e.g., *name the behavior you want to see*), follow with some probing questions (e.g., *why do you think the child is displaying this behavior, what is the function?*), ask them to name a strategy at each pyramid level and get them to name them the level of the pyramid they have added. Praise their efforts and if required guide them to add some more details. Set the expectation that they will all work on the plan in the coming weeks and that the group will all be interested in hearing their progress at the next workshop.

Step 4: Follow Up and Discuss Behavior Plan Progress

When taking feedback in the large group carefully consider which teachers to ask to share who will be clear, concise and positive. From circulating around the groups you will have an idea which teachers might provide good examples. If group leaders are able to do classroom observations, they can explore with teachers how they are doing with implementing their behavior plan. Or, they can send them emails, or make a call to see if they need support. During the subsequent workshop group leaders will start the session by breaking up participants with their buddies or small groups to share their successes and challenges implementing their behavior plan. Afterwards select a few people to share with the whole group. Ask follow-up questions to elicit more details, explore barriers and solutions, and link to key principles. It is very helpful to ask for a quick demonstration of a success a teacher has had with using a particular strategy or to problem solve a difficult interaction challenge and then set up a role play to try out alternative action or response.

Step 5: Continue the Behavior Plan Process at Every Workshop
Towards the end of each workshop, you and the teachers or day care providers will work through the behavior plan process again incorporating new learning from the day's workshop. Model the thinking every time. This helps the teachers summarize their learning as well as consider the links and benefits of new approaches to their goals for their student's behavior. Establish any new goal to be added to their behavior plan. In each workshop it is important to spend time modeling the process of expanding on the plan to help ensure that at the end of six days the teachers leave with an understanding of what constitutes a comprehensive plan.

Additional Considerations for Incredible Beginnings and Teacher Autism Participants:
Most Incredible Beginnings and Teacher Autism behavior plans focus on one child and one specific topic. Teachers may choose to select a different child for each behavior plan. Alternatively, they may focus on one child several weeks in a row. Below is an example of a behavior plan from both teacher programs.

BEHAVIOR PLAN RECORD SHEET
Promoting Language Development

Date:_____

Child Behavior I want to see less of:	Positive Opposite Language Behavior I want to see more of:	Language Scripts:
Examples: Seth engages in solitary play, no response to peers, no peer social communication. (Does have language skills but doesn't use them to interact with others.) **Target Child (nature of language problem):**	*Example: Seth plays sitting next to 1-2 children, notices what another peer is doing, initiates social communication to ask for help.* **Developmentally Appropriate Language Goal for Child:**	*Example: When sitting next to Seth use intentional commenting to help him listen to a peer's request or notice what another child is doing. Model and prompt social communication he can imitate and use with peers. Praise social language.* **Language Building Strategies:**

Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET
Coaching Self-Regulation

Child behaviors I want to see less of:	Positive Opposite Emotion Behavior I want to see more of:	Emotion Coaching Scripts:
Examples: Joshua has angry outbursts, is easily frustrated, impatient, often sad. **Target Child (nature of problem):**	*Example: Learning to take deep breaths, count, or use the thermometer or feeling picture to express feelings. Recognizing when he is calm, happy and patient.* **Developmentally Appropriate Emotion Goal for Child:**	*Example: "I see you are frustrated but you are staying calm." Or, "Your friend is happy you shared the truck." Or, "You took deep breaths to calm down, that is so strong. I am proud of you."* **Emotion Coaching Strategies (your examples):**

Spotlight your child's self-regulation skills

In addition to the individual stand-alone behavior plans for specific topics as shown above, there is also a 7-step cumulative behavior plan that you may want to explore with some teachers. See the 7 step behavior plans below.

Alternative Behavior Plan Formats

The IY Teacher Classroom Management (IY-TCM) behavior plans are slightly different from the Incredible Beginnings Behavior and Teacher Autism Forms. The TCM behavior plan is cumulative and can also be used for the IB and Teacher Autism Programs. Each week the teachers will add new strategies to their plan building on the ideas and goals of previous weeks. It is important to review the problem classroom behavior, its function and its positive opposite behavior before discussing the new set of strategies for the particular workshop. Be sure to remind the teachers to think about whether the strategies they are considering respond to the function of the behavior and the context. Each behavior plan used in workshop is set up according to the IY Teacher Program Topic.

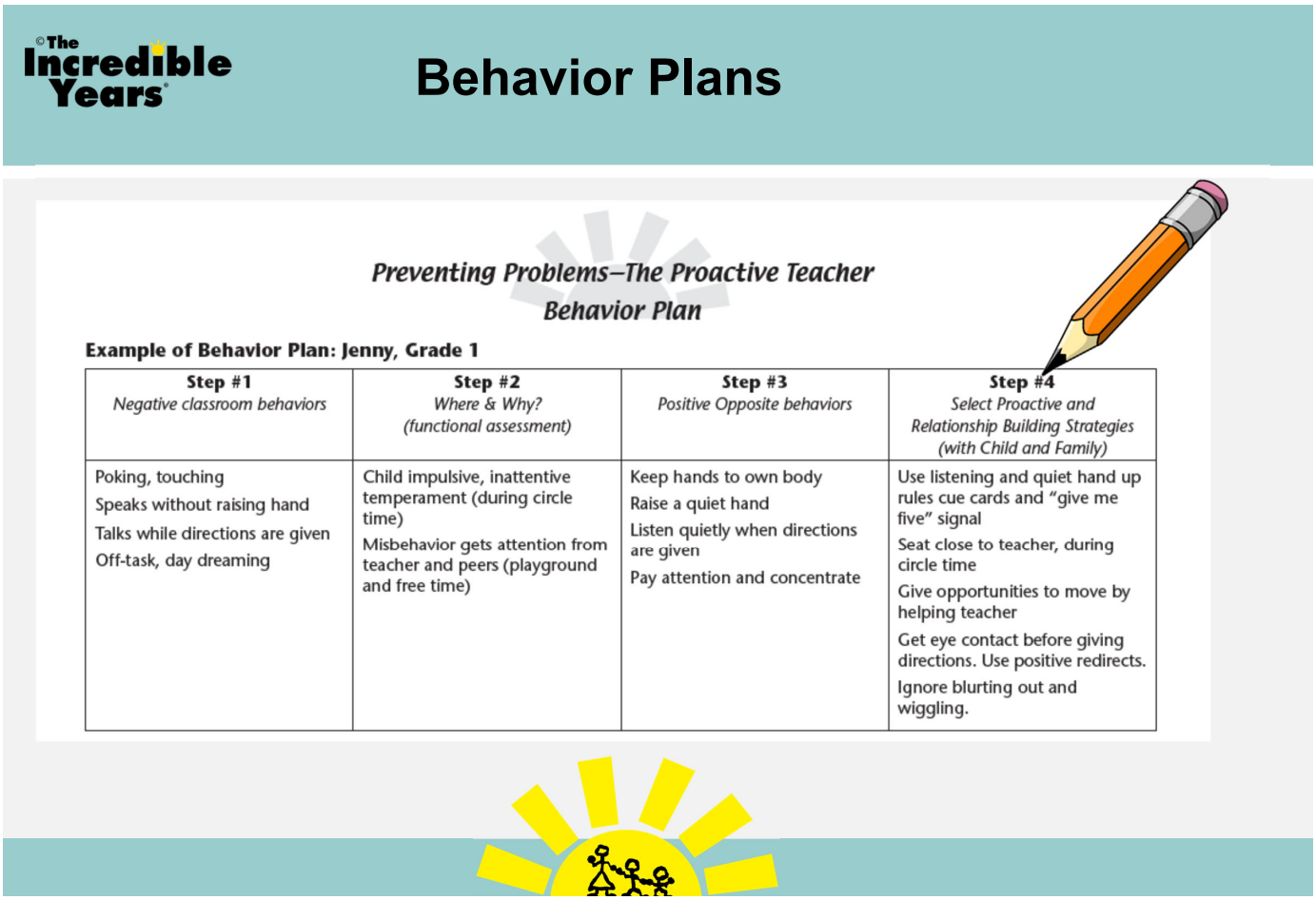
The IY-TCM program uses a 7-step approach adding sequentially to each child's evolving behavior plan:
Step #1: Negative Classroom Behaviors
Step #2: Where & Why of the Behavior (Functional Analyses)
Step #3: Identifying the Positive Opposite Behaviors
Step #4: Select Proactive and Relationship Building Strategies
Step #5: Praise and Encouragement
Step #6: Specific Reinforcers
Step #7: Positive Discipline

Below is an example of this step approach. In IY-TCM and Incredible Beginnings workshops the teachers add a new step to their behavior plan at each workshop and build a comprehensive plan around one student.

Note: Let teachers know that the purpose is for them to become skilled on the steps involved in devising a comprehensive support plan so it is often best not to start with a child with the most complex needs. Start simple and build in complexity over the workshops.

Be aware that your teachers may have behavior plans that are mandated by their employers or legislation. It is important to help them recognize how the Incredible Years plans work alongside the mandated documents. Building an Incredible Years Behavior Plan can help educators reflect on the whole child, not just the problem behaviors. It can also encourage a team approach as teachers are encouraged to work together to address the student's needs. The process also helps educators explore clear and objective ways to discuss the strengths and needs of the child in team meetings and with caregivers. It provides a record of the child's progress and response to intervention. And they prepare the educator to offer powerful strategies and next steps for the formal behavior plan.

See IY web site for editable versions of these behavior plans.
https://incredibleyears.com/resources/gl/teacher-program/



Behavior Plans

Strengthening Prosocial Skills - Praise, Incentives and Positive Discipline

Behavior Plan for _____

Step #5 *Praise and Encouragement*	Step #6 *Specific Reinforcers*	Step #7 *Positive Discipline*
Coaching statements: *You are waiting so patiently. Your body is calm. You are in control!* **Praise:** *Thank you for your quiet hand. You are sitting in your own bubble so well! I love how you are waiting.*	Small reinforcers for quiet hand up: hand stamp, sticker, gold-fish cracker, thumbs-up Special privilege for raising hand—have him come up to help	Ignore calling out and wiggling. Use redirection and proximal praise. When/then commands: *"when you are raising your hand, I will call on you."* *"when you are sitting, you can have a turn."*

Behavior Plans: Group Leader Skills

What group leader skills are important for structuring behavior plans?

- Do sample plan in large group
- Keep each step well defined and small
- Encourage teachers to pick a middle-of-the road child, or a small program for a more challenging child
- Make sure that teachers have thought about the "why" and the positive opposite behavior
- Encourage teachers to be very specific with their plans (what words will they say? what will that look like?)
- Set reasonable expectations—won't fix all problems with one month of a plan

Incredible Years

Group Leaders Setting Up Role Play Practices

SCENARIO GOAL

Example: to promote target child social skill

DESCRIBE CHILD'S LANGUAGE AND PLAY LEVEL AND TEMPERAMENT

Example: functional play, typical language for 4 year old, anxious, withdraws from peer interactions

GROUP BRAINSTORMS DETAILS OF SCRIPT FOR TEACHER OR PARENT AND CHILD

Example: specific language words or social behaviors for child to learn; what parent or teacher will model, prompt with words, gestures, or visuals or coach and what will get positive attention or praise or a reward; Be precise about language to be used.

SELECT PARTICIPANTS FOR ROLE PLAYS AND CLARIFY ROLE OF ADULT, CHILD AND OBSERVERS

"Ready, Set, Action"

PAUSE AS NEEDED FOR POSITIVE FEEDBACK OR OTHER SUGGESTIONS FROM AUIDENCE

REPLAY for new ideas or CONTINUE SCENARIO

DEBRIEF SCENARIO

Example: ask what teacher or parent did well; how child felt and how person in role as parent or teacher felt

SUMMARIZE KEY LEARNING

REPLAY WITH CHILD OF DIFFERENT DEVELOPMENTAL STATUS

BREAK OUT INTO TAILORED SMALL GROUPS FOR PRACTICE

Example: break out groups by developmental level or language of child

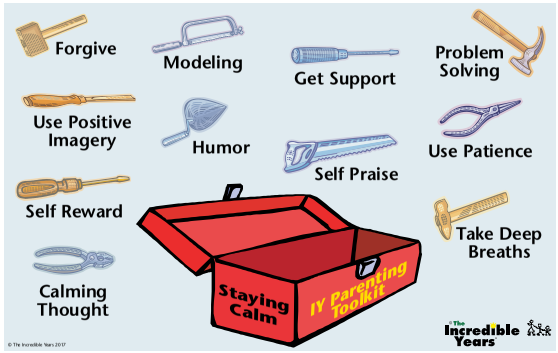
Parent Self-Reflection Inventory

Parents learn extensively from self-reflection regarding their parenting interactions with their children. Some of the skills learned in the Incredible Years Program will be easy and others may be more difficult. From your reflections you can determine your goals for what you want to do more of. Fill this out each day and reflect on what you do often and what you might want to do more of to enhance your child''s social, emotional, cognitive and academic development.

This week I used these IY Parenting Tools to build my child's positive behaviors!

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fun Principle	I used the fun principle and was silly in my play times							
Child Directed Play	I worked on describing my child's play like a sports narrator							
Positive Modeling	I modeled being a friendly play mate by sharing and taking turns with my child							
Social Coaching	I played with my child using social coaching							
Persistence Coaching	I used persistence coaching to help my child stay calm and cope with his frustration							
Listening	I validated my child's frustrated, angry or anxious feelings and then I used persistence coaching to help my child know how s/he could cope with these uncomfortable feelings							
Emotion Coaching	I used a puppet during our play times to model emotion words							
Ignore	I withdrew my attention, ignored the misbehavior and gave my child an opportunity to calm down when my child was too dysregulated to be open to discussion or problem solving							
	My personal goal for this week is to earn _____ stickers							

Goal: This week I will use _____ different IY Parenting Tools to build positive behaviors!



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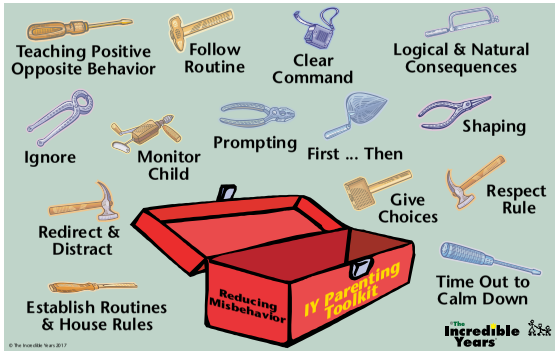
This week I used these calming and support tools to refuel my parenting skills!

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calming Thought	I stayed calm and patient when my child got frustrated							
Self Reward	I did something for myself to refuel my energy							
Use Patience	I used some of my positive self-talk when I found myself getting impatient							
Get Support	I called a friend to get support							
Forgive	I forgave myself for losing my patience and apologized							
Use Positive Imagery	I am working on positive thoughts and challenging negative thoughts							
Humor	I used humor to turn around my child's unhappy mood							
Ignore	I followed through with the limit I set despite my child's protests							
	My personal goal for this week is to earn _____ stickers							

Goal: This week I will use _____ different IY calming and support tools to refuel my parenting skills!



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This week I used these IY Parenting Tools to prevent & reduce my child's inappropriate behaviors!

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clear Command	I gave my child a clear, polite, positive command							
Redirect & Distract	I validated my child's feelings when my child was whining for something they couldn't have and then I helped them move on with a distraction or redirection							
Establish Routines & House Rules	I helped my child follow a consistent routine this week (e.g., bedtime, morning routine)							
Give Choices	I gave my child a choice between two options that were both acceptable to me							
Teaching Positive Opposite Behavior	I chose an annoying behavior to ignore and praised a positive opposite behavior instead							
Shaping	I model how to stay patient for my child when he was upset							
First...Then	I used a "when/then" command							
	My personal goal for this week is to earn _____ stickers							

Goal: This week I will use _____ different IY Parenting Tools to to prevent and reduce my child's inappropriate behaviors!

How I am Incredible!

Child's Name and Age: _____

Adults that Support My Growing and Learning:	My Temperament *(e.g., activity level, adaptability, physical sensitivity, intensity, distractibility, persistence, predictability, quiet, anxious, angry):*
My Play and Language Level *(e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but my social interactions are inappropriate, very few words, lots of language, inappropriate language):*	My Favorite Activities *(e.g., reading, soccer, games, music, cooking, building activities, drawing, pretend play):*
Social, Emotional, Persistence, Language and Academic Skills I am Learning *(e.g., helping others, calm down methods, speaking politely, taking turns, listening):*	My Parent's Goals for Me: *(e.g., helping my child follow directions, to better at school, improve his/her academic success, reduce my own anger and stress):*

How I am Incredible!

The "**How I am incredible!**" handout is used to help parents share information about their child's developmental level including language and play level, and sensory likes and dislikes. In addition, parents share their family support network and goals for their children. This form is completed in the first IY parent group meeting or home coaching visits and helps the group leader and other parents learn about the children in the group. During the first visit parents jot down what they know about their child at that time and share it with other parents. At subsequent meetings, parents add details about their child's specific developmental needs and make notes of any new discoveries they are making as they engage in child-directed play, coaching and develop strategies that they find helpful in supporting their goals. This form is also referred to by IY group leaders when tailoring role play practices geared towards each child's unique developmental level and language level. It is recommended that the template for this form be copied onto a large flip chart page, one for each child and then placed on the wall so that it can be easily added to each week. It is also fun to put a picture of each child at the top of the roof so everyone can get to know each other's incredible child.

Group Leader Guidelines for Online Incredible Years Parent Program Video Reviews

by Carolyn Webster-Stratton, PhD, Program Developer

Please read this document in conjunction with the document 'Tips for Preparing Your Video for Review for IY Parent Programs.' This document gives specific guidance for video reviews done online between parent group leaders and IY mentors/trainers.

An online video review is an opportunity for a group leader to show a recording of their parent group session in an online meeting with their mentor/trainer. In this way aspects of the group leader's delivery, including strengths and goals, can be explored collaboratively. This is done through discussion, as group leaders explain thought processes and rationale(s) for decisions made and mentors/trainers share good practice tips and offer ideas and suggestions as appropriate and helpful. In this way the video review process is dynamic and energising. Group leaders who have been involved in online video reviews have informed us that this process became an enjoyable and valuable part of their IY learning journey.

WHAT IS THE ONLINE PLATFORM USED FOR VIDEO REVIEWS?

Zoom is the typical online platform used for video reviews. Please note that no recording or storage of client-based information will be made and group leaders remain in charge of their recording at all times. Your Agency may have specific policies and procedures that limit which online platforms can be used for sharing client-based information. If this is the case, please contact us.

WHAT CAN I EXPECT DURING MY ONLINE VIDEO REVIEW?

Your mentor/trainer will meet you online at the allotted time. After introductions your mentor/trainer will explain the process and outline that they will review our group leadership process in each of the key components of your recorded group session (i.e., home practice feedback, introducing a new topic, benefits and barriers, mediation of introductory narrations and individual vignettes, practices/role-plays, buzz exercises and setting up and reviewing homework assignments.). You will be asked to provide some context and background for your group including:

1. Number of parents (please note there should be a minimum of 6 parents in the session being shown for video review.
2. How many vignettes were shown (a minimum of 6-8 is expected)
3. How many large group role-plays/practices were done (a minimum of 2 is expected)
4. Number of Buzzes, Brainstorms or break out groups were done.
5. The video quality and size of picture must be such that parents and group leaders can clearly be seen and heard.

Your mentor/trainer will ask you to share portions of your recording from each of the key group training components and they will ask you to pause at regular intervals for clarification, reflection, discussion and feedback. Your mentor/trainer will highlight strengths and areas of good practice as you work through each element together and

they will share ideas and suggestions for alternative approaches. Online video reviews are strengths-based and a collaborative process. Although alternative approaches may be discussed as part of your review these are intended to be helpful and you will never be criticised for your choices or leadership skills.

HOW MUCH OF MY SESSION WILL I HAVE TO SHOW?

Video review session are scheduled for 90 minutes if the group is English speaking, and 2 hours for non-English speaking groups.

Your mentor/trainer will generally review a portion of each exercise/key component of your session in order to get a sense of how collaborative you are and how you are applying your leadership skills. For example, your mentor/trainer will want to see examples of your questions and practice during home-practice feedback with approximately 2 or 3 parents. They will want to see you introduce a new topic and do a benefit and barriers exercise. They will want to review your facilitation of 2 or 3 vignettes and see you setting up, scaffolding and debriefing at least one large group practice as well as setting up small group practice experiences. Finally, they will want to see you bringing your session to an end and summarising the key principles obtained before helping parents set weekly goals and explaining weekly homework.

WHAT EXACTLY IS MY MENTOR/TRAINER EXPECTING TO SEE DURING MY VIDEO REVIEW?

Mentors/trainers doing online video reviews will expect to review your group leadership skills in the areas outlined in the document "Tips for Preparing your video Review."

During the online video review process your mentor/trainer will complete the Collaborative Process Checklist and will use this as a guide for whether group leaders meet the criteria for certification/accreditation in their applied practice. You will receive a copy of the completed checklist with a short summary of your discussions after your review.

As a minimum for meeting the criteria for certification/accreditation your mentor/trainer will be looking for the following:

- Collaborative, self-reflective, and follow-up questions used to clarify and explore the importance of key points made by parents throughout the session.
- Principles being obtained from parent insights throughout the session and specifically during home practice feedback and video vignette discussions. Principles to be identified and written up 'in the moment' with the parent's name assigned to them.
- Paraphrasing and summarising of parents comments with the group leader linking these back to parent goals, session topic, parents' own children or back to principles or key concepts either new or previously obtained.
- Practices being scaffolded appropriately with clear roles for parent and child, then paused and re-played with suggestions of alternative approaches with the group leader having a clear idea of the parent and child goal and skill being practiced by the parent.
- Consideration, tailoring and generalisation of skill/topic to the child's language and development as well as home and culture context.
- Rewards and buzz or brainstorm exercises being used effectively.

- The session being briefly summarised at the end using principles obtained during the session.
- Parents setting their own weekly goal in addition to explaining the IY home activities assignments.

WILL MY MENTOR/TRAINER LET ME KNOW IMMEDIATELY IF I MEET THE CRITERIA FOR THE VIDEO REVIEW SECTION OF THE CERTIFICATION/ACCREDITATION PROCESS?

In normal circumstances your mentor/trainer will be able to let you know whether your practice as reviewed on the video recording meets the criteria for that aspect of the certification/accreditation process.

It is normal for most group leaders to need at least two video review sessions to meet the full criteria for certification/accreditation. It may be, however, that your mentor/trainer can pass certain portions of your review in your first online review session and may only need to see certain other aspects of your practice in your second online video review session. For example, your mentor/trainer may pass your vignette facilitation in your first online video review but specifically want to see you setting up a practice/role-play in your second video review, and implementing the ideas from the discussion you had around this in the first video review.

VIDEO REVIEWS OF PARENT GROUPS DELIVERED IN A LANGUAGE OTHER THAN ENGLISH

In addition to the above guidelines, for group leaders whose first language is not English or whose groups are conducted in another language, some ideas for making sure these go smoothly are as follows:

- Prepare a transcript for those aspects of the session you want to show. Your mentor/trainer may ask to see some extra bits of your session during your video review in which case they will ask you to translate.
- Have a translator with you for the video review. This can be another group leader or a formal translator. Even if your English is good, it can be very tiring translating for two hours and this can lead to misunderstandings between you and your mentor/trainer in terms of your leadership practice.
- Expect that you will be asked specifically to translate verbatim what questions you have asked parents and exactly what your parents' verbal responses are without amendments or modification. It is important that your mentor/trainer can assess the quality and nature of the questions you are asking and how focused these are and sensitive to what your parents are saying.
- Ensure that the sound quality is good on the video being reviewed. Even though your mentor/trainer can't understand what is being said the tone and cadence of the communication can be useful to hear. Similarly, ensuring the video picture is large enough for non-verbal communications to be observed is helpful.
- Being well-prepared prior to the video review with timings for each of the key sections is helpful.

Group Leader Guidelines for Online Incredible Years Teacher Program Video Reviews

by Carolyn Webster-Stratton, PhD, Program Developer

Please read this document in conjunction with the document 'Tips for Preparing Your Video for Review for IY Teacher Programs.' This document gives specific guidance for video reviews done online between teacher group leaders and IY mentors/trainers.

An online video review is an opportunity for a group leader to show a recording of their parent group session in an online meeting with their mentor/trainer. In this way aspects of the group leader's delivery, including strengths and goals, can be explored collaboratively. This is done through discussion, as group leaders explain thought processes and rationale(s) for decisions made and mentors/trainers share good practice tips and offer ideas and suggestions as appropriate and helpful. In this way the video review process is dynamic and energising. Group leaders who have been involved in online video reviews have informed us that this process became an enjoyable and valuable part of their IY learning journey.

WHAT IS THE ONLINE PLATFORM USED FOR VIDEO REVIEWS?

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Your mentor/trainer will meet you online at the allotted time. After introductions your mentor/trainer will explain the process and outline that they will review our group leadership process in each of the key components of your recorded group session (i.e., classroom practice & reading feedback, introducing a new topic, benefits and barriers, mediation of introductory narrations and individual vignettes, practices/role-plays, buzz exercises, completing behavior plans and setting up and reviewing classroom assignments). You will be asked to provide some context and background for your group including:

1. Number of teacher participants (please note there must be a minimum of 8 participants in the workshop session being shown for video review.
2. How many vignettes were shown during that workshop? (a minimum of 18 for full day workshop is expected)
3. How many large group role-plays/practices were done? (a minimum of 4 planned plus some spontaneous role plays is expected)
4. The number of Buzzes, Brainstorms or break out groups that were done.
5. The video quality and size of picture must be such that participants and group leaders can clearly be seen and heard.

Your mentor/trainer will ask you to share portions of your recording from each of the key group training components and they will ask you to pause at regular intervals for

clarification, reflection, discussion and feedback. Your mentor/trainer will highlight strengths and areas of good practice as you work through each element together and they will share ideas and suggestions for alternative approaches. Online video reviews are strengths-based and a collaborative process. Although alternative approaches may be discussed as part of your review these are intended to be helpful and you will never be criticised for your choices or leadership skills.

HOW MUCH OF MY SESSION WILL I HAVE TO SHOW?

Video review session are scheduled for approximately 2 hours if the group is English speaking, with additional time or another meeting scheduled for non-English speaking groups.

Your mentor/trainer will generally review a portion of each exercise/key component of your session in order to get a sense of how collaborative you are and how you are applying your leadership skills. For example, your mentor/trainer will want to see examples of your questions and practice during classroom assignment-practice feedback with approximately 2 or 3 teachers. They will want to see you introduce a new topic and do a benefit and barriers exercise. They will want to review your facilitation of 2 or 3 vignettes and see you setting up, scaffolding and debriefing at least one large group practice as well as setting up small group practice experiences. Finally, they will want to see you bringing your session to an end and summarising the key principles obtained before asking teachers to set weekly goals and explaining classroom assignments.

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As a minimum for meeting the criteria for certification/accreditation your mentor/trainer will be looking for the following:

- Collaborative, self-reflective and follow-up questions used to clarify and explore the importance of key points made by teachers throughout the session.
- Collaborative process observed between group leader and coleader with clearly defined roles.
- Teacher goals are consistently referred to throughout session.
- Introductory narrations and individual narrations are paused for questions, reflections and problem solving.
- Principles are being obtained from teacher insights throughout the session and specifically during home practice feedback and video vignette discussions. Principles identified are written up ‘in the moment’ with the participant’s name assigned to them.

- Paraphrasing and summarising of participants' comments by the group leader linking these back to teacher goals, session topic, individual children or back to principles or key concepts either new or previously obtained.
- Practices being scaffolded appropriately with clear roles for participant and child, then paused and re-played with suggestions of alternative approaches with the group leader having a clear idea of the participant and child goal and skill being practiced.
- Spontaneous role-play practices occur during classroom assignment feedback or as issues arise related to the session topic.
- Consideration, tailoring and generalisation of skill/topic to the student's language and developmental level and classroom situation.
- Being culturally responsive and reaching out to respect cultural context and family structure.
- Incentives, benefits and barriers, or buzz/ brainstorm exercises are being used effectively.
- After a behavior plan is modeled in large group, teachers meet in small groups to work on their plans for targeted students and given group feedback.
- The session being briefly summarised at the end using principles obtained during the session. Handouts are reviewed with group.
- Teachers complete the self-reflection inventories for the topic and then set their own weekly goal and leaders explain the IY classroom assignments.
- Clear evidence that participants are actively involved in the learning process.
- Time is managed effectively to include a balance of video vignette discussions, problem solving, and role play practices.

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- Expect that you will be asked specifically to translate verbatim what questions you have asked participants and exactly what their verbal responses are without amendments or modification. It is important that your mentor/trainer can assess the quality and nature of the questions you are asking and how focused these are and sensitive to what your participants are saying.
- Ensure that the sound quality is good on the video being reviewed. Even though your mentor/trainer can't understand what is being said the tone and cadence of the communication can be useful to hear. Similarly, ensuring the video picture is large enough for non-verbal communications to be observed is helpful.
- Being well-prepared prior to the video review with timings for each of the key sections is helpful.

2024 Incredible Years®

20th Mentor Meeting

Connecting the IY Puzzle Pieces for Parents and Teachers

INDEX for the New Basic Parenting 2.0 Program Manual

Basic Parenting 2.0 Program Manual

PROGRAM 1: **Strengthening Children's Language, School Readiness, Emotion and Social Skills and Positive Relationships**

Topic Part One: Child Directed Play Promotes Positive Relationships & Children's Confidence (1-2 sessions)

Topic Part Two: Promoting Language Learning and Conversations (2 sessions)

Topic Part Three: Persistence and Academic Coaching Promotes School Readiness (2 Sessions)

Topic Part Four: Emotion Coaching Promotes Emotional Literacy & Empathy (1 session)

Topic Part Five: Social Coaching Promotes Cooperative Friendships (2 sessions)

PROGRAM 2: **Using Praise and Incentives to Encourage Cooperative Behavior**

Topic Part One: The Art of Effective Praise & Encouragement (1 session)

Topic Part Two: Using Incentives to Motivate Children (1 session)

PROGRAM 3: **Proactive Discipline**

Topic Part One: Establishing Household Rules, Routines & Healthy Lifestyles (1-2 sessions)

Topic Part 2: Effective Limit Setting (1 session)

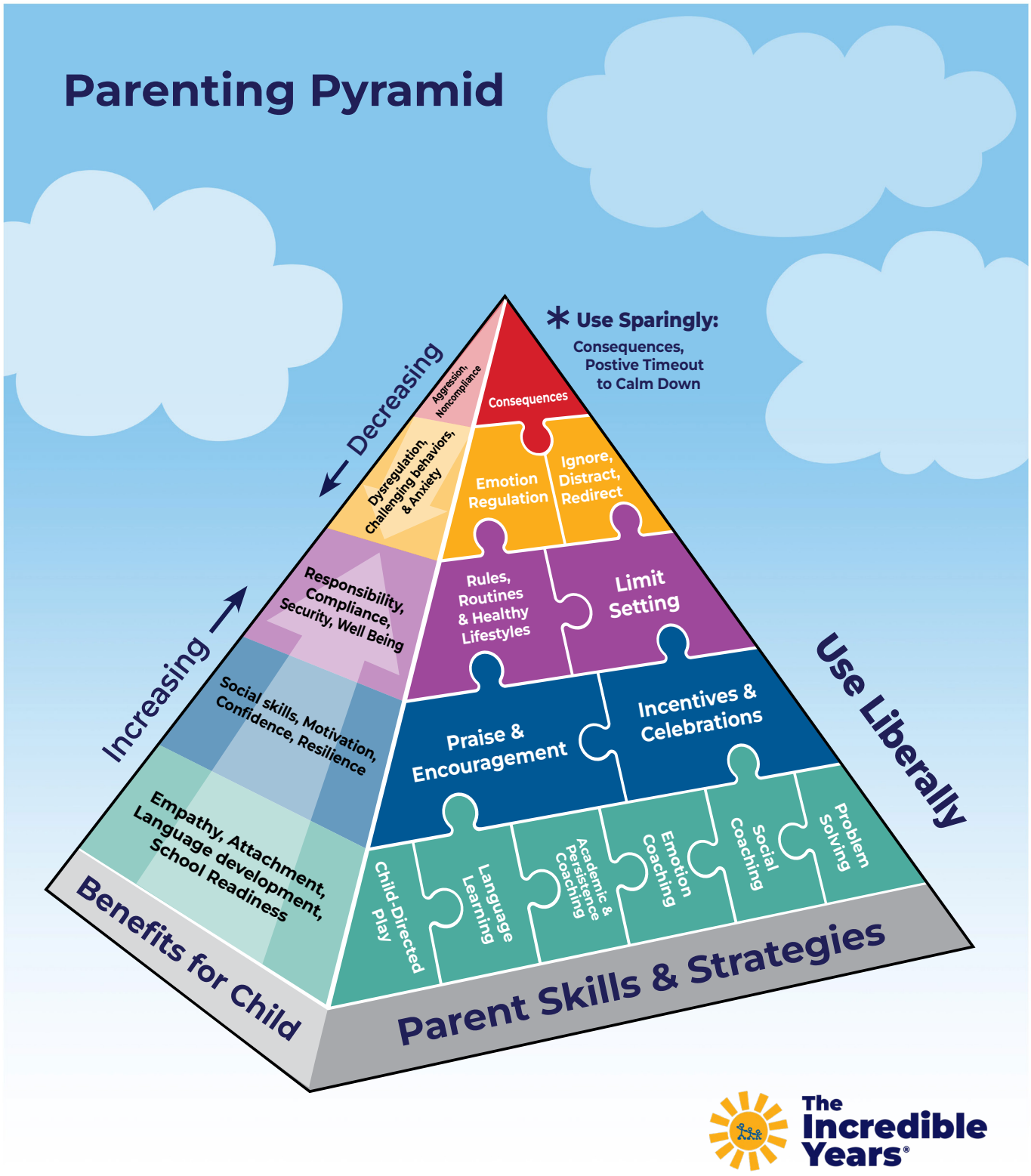
PROGRAM 4: **Preventing and Managing Misbehavior**

Topic Part 1: Teaching Children Emotion Regulation Skills (2 sessions)

Topic Part 2: Ignore, Distract, Redirect (1 session)

Topic Part 3: Consequences for Destructive or Aggressive Behaviors (1 session)

Topic Part 4: Teaching Children to Problem Solve (1 Session)

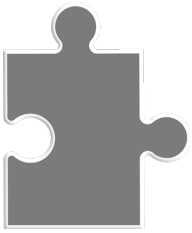

Parenting Pyramid
* Use Sparingly:
Consequences,
Postive Timeout
to Calm Down
Decreasing
Increasing
Use Liberally
Aggression, Noncompliance
Consequences
Dysregulation, Challenging behaviors, & Anxiety
Emotion Regulation
Ignore, Distract, Redirect
Responsibility, Compliance, Security, Well Being
Rules, Routines & Healthy Lifestyles
Limit Setting
Social skills, Motivation, Confidence, Resilience
Praise & Encouragement
Incentives & Celebrations
Empathy, Attachment, Language development, School Readiness
Child-Directed Play
Language Learning
Academic & Persistence Coaching
Emotion Coaching
Social Coaching
Problem Solving
Benefits for Child
Parent Skills & Strategies
The Incredible Years®

Program One: Strengthening Children's Language, School Readiness, Emotion and Social Skills and Positive Relationships

Part 2:

Promoting Language Learning and Conversations

(2 sessions)



*Introductory Narration / **Reflections about Child Directed Narrated Play** (509C)

Descriptive Commenting

*Vignette 1: Descriptive Commenting with Toddlers (Attentive Prog 2 Vig 1)

PRINCIPLE: Play-by-Play Broadcasting of Child's Actions

*Vignette 2: Descriptive Commenting (604F)

PRINCIPLE: Descriptive Commenting Expands Language

*Vignette 3: Avoid Too Much Question Asking (Attentive Prog 2 Vig 4)

*Vignette 4: Modeling and Prompting Language (Attentive Prog 2 Vig 5)

*Vignette 5: Balancing Question Asking and Descriptive Commenting (501B)

Part 1: Avoiding Too Many Questions

Part 2: Descriptive Commenting

Vignette 6: Being an Appreciative Audience by Describing (505C)

Open Ended Question Asking

PRINCIPLE: Listen and Accept Children's Ideas

*Vignette 7: Avoid Closed-Ended Questions (604E)

PRINCIPLE: Reflective Commenting

*Vignette 8: Value of Reflective Commenting (603B)

*Vignette 9: Describing, Reflecting and Confirming (1201A)

*Vignette 10: Expanding Language with Shared Conversation (1001G)

***Reflections on the Value of Child Directed and Narrated Play** (1006A)

Using Nonverbal Language with Pictures and Gestures

*Vignette 11: Using Nonverbal Language (Attentive Prog 2 Vig 15)

PRINCIPLE: Oral Language Emerges from the Base of Nonverbal Language

Vignette 12: Fun Sound and Word Play with Visual Cards (604D)

Encouraging Conversations Using Natural Learning Opportunities

*Vignette 13. Mealtime Conversations (1003)

PRINCIPLE: Intentional Communication

*Vignette 14: Encouraging Intentional Communication (706B)

Reflections on Being Intentional (111B)

Discussing Descriptive and Intentional Commenting (705A)

Part 1: Developer Models Descriptive and Reflective Commenting

Part 2: Explaining the Developmental Language Layers

PRINCIPLE: "Serve and Return" Strategies Promote Conversations

*Vignette 15: Prompting Conversations ~ "Serve and Return" (604B)

PRINCIPLE: Language is Learned Best in Non-Rushed Natural Times

Vignette 16: Mealtime Communication Opportunities (403A)

Part 1: Helping Children Understand

Part 2: Encouraging Conversations

PRINCIPLE: Encourage Conversations About Children's Experiences Outside the Home

Vignette 17: Promoting Conversations about School Experiences (800D)

PRINCIPLE: Promoting Multilingual Language Learning Pathways

*Vignette 18: Promoting Bilingual Language Learning (906B)

*Vignette 19: Sharing Family Stories to Promote Conversations (706F)

Part 2, Session 2

Using Puppets, Pretend Play, Games & Songs to Extend Social Communication

*Vignette 20: Using Puppets to Promote Language Learning (108A)

Reflections about Playing to Promote Communication (111B)

*Vignette 21: Using Puppet Stories to Foster Expressive & Receptive Language (709A)

PRINCIPLE: Value of Pretend Play

Vignette 22: Using Pretend Play to Promote Communication (603E)

***Reflections about Using Puppets to Strengthen Language Learning (**610C)

Vignette 23: Extending Cultural Language Connections in Play with Puppets and Songs (606A)

Reflections About Cultural Connections with Songs & Puppets (610D)

Interactive Reading to Promote Language Learning

Key Concepts

- Using descriptive commenting to enhance children's language development.
- Balancing descriptive commenting with a few open-ended questions.
- Engaging in reflective commenting to enhance shared conversations.
- Tailoring language for children with less verbal language and adding nonverbal visual language gestures and pictures.
- Listening carefully to child and imitating, or mirroring the child's words and extending length of sentence by one word.
- Taking advantage of times child is open to a conversation – avoid pressuring a child to talk if child doesn't want to; focus on understanding what child is trying to tell you about their thoughts, feelings and discoveries without corrections.
- Prompting conversations with the "serve and return" methods.
- Promoting conversations about school experiences to enhance home-school connections.
- Understanding the importance of promoting bilingual language learning.
- Using puppets, pretend play, songs, games and stories to extend vocabulary and social communication.
- Using interactive reading and coaching to build bilingual language and reading readiness.

Program Four: Preventing and Managing Misbehavior
Part 1:
Teaching Children Emotion Regulation Skills
(2 sessions)

Introductory Narration

***Reflections about Teaching Children to Calm Down** (710G)

PRINCIPLE: Accepting Children's Emotions

*Vignette 1: Helping Children Calm Down (1001C)

PRINCIPLE: Model and Teach Self-Regulation in Non-stressful Times

*Vignette 2: Taking Deep Breaths (Attentive Prog 5 Pt 1Vig 1)

Using Puppets to Teach Calm Down Strategies

PRINCIPLE: Use Puppet to Model Breathing

*Vignette 3: Using Puppets to Practice Deep Breaths (709C)

*Vignette 4 : Tiny Turtle Learns to Blow Out Candles (1205A)

PRINCIPLE: Use Puppets to Engage Children in Calm Down Practice

*Vignette 5: Children Learning From Tiny Turtle (502A, B, C)

Part 1: Using Tiny Turtle to Teach Children to Calm Down (502A)

Part 2: Helping Children Practice Calm Down Methods (502B)

Part 3: Encourage Children to Imagine their Happy Places (502C)

***Reflections About Using Puppets** (509B)

PRINCIPLE: Expanding Children's Emotion Language with Puppet Play

*Vignette 6: Using Puppets to Practice Using Words to Calm Down (Attentive Prog 5 Vig 3)

Explaining the Calm Down Thermometer

*Vignette 7: The Calm Down Thermometer (203A)

Part 1: Explaining the Calm Down Thermometer (203A)

Part 2: Practicing Deep Breathing (203B)

***Reflections about Using the Calm Down Thermometer** (208C)

Key Concepts

- Continuing to use emotion coaching to strengthen emotional literacy.
- Understanding the Arc of Emotional Regulation.
- Strengthening children's use of emotion self-regulation skills such as positive self-talk, positive imagery, counting, music and exercise.
- Using puppets and breathing ball to practice calm down deep breathing skills with children.
- Helping children practice calm down methods with the Calm Down Thermometer.
- Using books and other visual images to teach and practice calm down methods.
- Understanding the importance of parents using calm down methods themselves to stay patient.
- Understanding the importance of regular exercise as a way for children to manage emotional regulation.
- Praising and rewarding children when they remain patient and calm in frustrating situations.

Program Four: Preventing and Managing Misbehavior
Part 2:
Ignore, Distract, & Redirection
(1 session)

Introductory Narration

Reflections about Setting Clear Limits, Ignore, Distract and Redirect Approach (1207C)

PRINCIPLE: Planned Discipline Strategy

*Vignette 1: Preventing Emotional Dysregulation (605F)

Reflections About Staying Positive (610H)

*Vignette 2: Using Reassurance and Distractions (902L)

PRINCIPLE: Understanding the Arc of Emotional Regulation

*Vignette 3: Managing Tantrums (702)

Part 1: Preparing for Screen Time Transition

Part 2: Following Through with Screen Time Limits

Part 3: Managing Children's Disappointments

Reflections about Establishing Screen Time Limits (710I)

Vignette 4: When Prompts to Calm Down Don't Work (301E)

Part 1: How to Respond to Toddler Distress

Part 2: When to Prompt Deep Breathing & Offer Comfort

PRINCIPLE: Giving Children Time and Space to Chill

*Vignette 5: When Time Away to Calm Down is Needed (903A)

Part 1: Setting the Limit and Ignoring Child Responses

Part 2: Encouraging Calm Down Time

Part 3: Using Distractions Successfully

Part 4: Using Pretend Play to Promote Calm Down Learning

Part 5: How to Talk about the Calm Down Space

***Parent Reflections about Ignoring and Using Calm Down Methods** (909E)

*Vignette 6: When Time Away to Calm Down is Needed (801B)

Part 1: Supporting Distressed Children

Part 2: Teaching Breathing Methods

Part 3: Distraction Attempts

Part 4: Time Away to Calm Down

***Parent Reflections about Helping Children Learn to Calm Down** (811D)

Effective Ignoring

PRINCIPLE: Knowing When to Ignore & Give Child Time

*Vignette 7: Ignore, Redirect, and Prompt Counting with a Visual (IB Prog 6 Pt 1 Vig 22)

Vignette 8: Staying Calm When Ignoring Tantrums (Basic Prog 4 Pt 2 Vig 5)

*Vignette 9: Teacher's Planned Ignoring (Basic Prog 4 Pt 2 Vig 7)

Vignette 10: When to Ignore? (1003C)

***Reflections about Ignoring and Attending to Positive Opposite Behaviors** (1006G)

Vignette 11: Planned Ignoring During Play Times (1201F)

***Reflections about Planning Ignoring** (1207B)

PRINCIPLE: Strategic Use of Parent Attention Proximal Praise

*Vignette 12: Differential Attention and Planned Ignoring (1202B)

Part 1: Planning Ignoring

Part 2: How Long Do You Ignore & Distract?

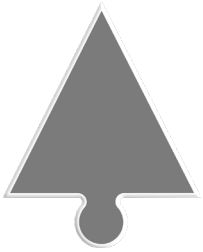
Vignette 13: Attending to Others When Ignoring (Basic Prog 4 Pt 2 Vig 9)

***Reflections about Ignoring** (1100D)

Key Concepts

- Parents practicing self-control and using calm down strategies themselves to stay patient.
- Understanding the importance of repeated learning trials for children and that challenging behavior is a signal that the child needs some new positive learning opportunities.
- Continuing to fill up the child's positive bank account with child directed play, coaching methods, encouragement, praise and incentives.
- Understanding the Arc of Emotional Regulation & when to offer support & give children time and space to calm down.
- Understanding effective ways to use the Ignore strategy with targeted behaviors parents want to see less of.
- Learning the value of motivating distractions and redirections.

Program Four: Preventing and Managing Misbehavior
Part 3:
Consequences
(1 session)



Introductory Narration

PRINCIPLE: Explaining the What, Why, and Where of a Positive Time Out

Vignette 1: Explaining the Calm Down Procedure for Hitting (Basic Prog 4 Pt 2 Vig 2)

Vignette 2: Practicing How to Take Time Out to Calm Down (Basic Prog 4 Pt 3 Vig 8)

*Vignette 3: Practicing Time Out to Calm Down (1002A)

Part 1: Hitting

Part 2: Bullying Words

Part 3: Biting

***Parent Reflections about Helping Children to Calm Down** (1006C)

*Vignette 4: Time Out to Calm Down (1204A)

Part 1: Discussing the Reason for Using Positive Time Out

Part 2: Explaining the Where, When and How of Positive Time

Out Part 3: Practicing Self-Regulation

***Reflections About Using Positive Time Out to Calm Down** (1207J)

*Vignette 5: Using a Puppet to Teach Time Out to Calm Down

Part 1: Children Explain Time Out to a Puppet

Part 2: Puppet Resists Time Out

Part 3: Puppet Goes to Time Out with Children's Help

Part 4: Ending the Time Out with Repair and Reconnect

Reflections About Using Puppets to Teach Positive Time Out to Calm Down (1207K)

When Time Out to Calm Down May Be Needed

*Vignette 6: Giving a Time Out Warning (Basic Prog 4 Pt 3 Vig 13)

*Vignette 7: Helping the Victim to Speak Up (Basic Prog 4 Pt 3 Vig 14)

*Vignette 8: Time Out for Hitting (Basic Prog 4 Pt 3 Vig 15)

*Vignette 22: Planned Time Out and Positive Attention (Basic Prog 4 Pt 3 Vig 16)

To Sum It Up: Using Time Out to Calm Down Time

Natural and Logical Consequences

Vignette 23: Warning of Consequences (Basic Prog 4 pt 4 Vig 1)

Vignette 24: Using If-then warnings of Consequences (1202A)

Reflections about Using Consequences (1207E)

PRINCIPLE: Keeping Logical Consequences Brief Followed by New Learning Opportunity

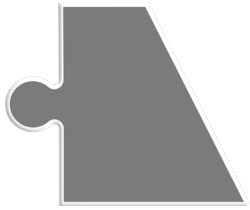
Vignette 25: Imposing Consequence and Redirect (Basic Prog 4 Pt 4 Vig 6)

To Sum It Up: Ignore, Distract, Redirect, & Consequences

Key Concepts

- Understanding the Arc of Emotional Regulation & when to offer support & give children time and space to calm down.
- Teaching and practicing with children how to take time away to calm down & use self-regulation and calm down skills.
- Using puppets to teach children how to take Time Out to Calm Down.
- Learning when a self-regulation strategy, or ignore, or Time Out to Calm Down strategy is needed for selected behaviors.
- Understanding the compliance training process for children with Oppositional Defiant Disorder.
- Learning when a logical consequence might be the appropriate strategy.
- Parents practicing self-control and using calm down strategies themselves to stay patient.

Program Four: Preventing and Managing Misbehavior
Part 4:
Teaching Children to Problem Solve
(2 Sessions)



Introductory Narration / **Parent Reflections About Using the Wally Books** (208H)

Teaching Problem Solving Through Child-Directed Play

*Vignette 1: Supporting Children's Problem Solving in Play (102B)

Vignette 2: Encouraging Problem Solving During Play (1201E)

*Vignette 3: Problem Solving Solutions (1202 E)

*Vignette 4: Scaffolding Children's Problem Solving in Play (1001B)

Part 1: Modeling and Prompting Solutions

Part 2: Managing Disappointment with Distractions

PRINCIPLE: Identifying Feelings Involved In Problem

*Vignette 5: Problem Solving to Promote Empathy (1001D)

PRINCIPLE: Help Children to Notice Other's Feelings About Situation

Reflections about Promoting Empathy when Problem-Solving (1006E)

*Vignette 6: When not to Problem Solve (Basic Prog 4 Pt 5 Vig 13)

PRINCIPLE: Assessing Children Readiness for Problem Solving

Using Wally Books and Puppets to Teach Young Children Problem Solving

PRINCIPLE: Teach Wally's Problem Solving Steps

Vignette 7: Problem-Solving Case #22: "How Can I Join In?" Learning and Practicing How to Enter Into Play" (508B)

Reflections about Teaching Children Self-Control (510A)

*Vignette 8: Problem Solving Case #8: "He Won't Do Anything" (1004A)

Part 1: Defining the Problem & Feelings

Part 2: Acting Out Solutions

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ARTICLES

Reducing Abuse and Neglect Recurrence Among Young Foster Children Reunified With Their Families

John N. Constantino, MD,[a]* Gretchen Buchanan, PhD,[b]* Mini Tandon, DO,[c] Carol Bader, JD,[d] Melissa Jonson-Reid, PhD[e]

abstract

[AQ1] **BACKGROUND AND OBJECTIVES:** Child maltreatment (CM) is a recurrent adverse life event of epidemic [AQ5] proportions among US children known to cause enduring psychiatric impairment throughout life. For young children in protective custody for a first episode of CM, specialized court-coordinated intervention to optimize reunification has shown promise for preventing CM re-entry, with small case series documenting short-term successes.

METHODS: We tracked 10-year (Nov 2011–March 2022) CM re-entry of a cohort of 272 young children reunited with their families, following placement in protective custody and court referral to the SYNCHRONY Project (Strengthening Young Children by Optimizing Family Support in Infancy). This is a voluntary clinical service providing *Incredible Years* parenting education, parental psychiatric care, and serial dyadic clinical evaluation to inform medical recommendations on safety for visitation and reunification. Re-entry was operationalized as rereferral to any Missouri Court and proportions compared with contemporaneous State and national data.

RESULTS: Young children whose parents voluntarily enrolled in the SYNCHRONY(Strengthening Young Children by Optimizing Family Support in Infancy) Project experienced frequencies of guardianship (22%) and reunification (46%), keeping with Missouri averages. In these respective categories, 3.4% and 7.1% were rereferred to the Court. In care as usual, the rereferral proportions for Missouri children of all ages are 16% (odds ratio [OR] 3.09, $P < .0001$); nationally, for this age group, 18% (OR 7.5, $P < .0001$) and 35% (OR 6.1, $P < .0001$) respectively.

CONCLUSIONS: Judicious implementation of evidence-based parenting education, 2-generation psychiatric care, and clinical consultation were associated with a three-to-five-fold reduction in CM re-entry versus care as usual and warrant consideration in standards of care for young children in foster care.

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Dr Constantino conceptualized and designed the study, supervised data collection, and drafted the initial manuscript; Dr Buchanan conceptualized and designed the study, conducted the initial analyses, and drafted the initial manuscript; Dr Tandon designed the data collection instruments and supervised data collection; Dr Jonson-Reid designed the data collection instruments, provided data management, and assisted in initial analysis; Ms Bader coordinated and supervised data collection; and all authors critically reviewed and revised the manuscript for important intellectual content, approved the final manuscript as submitted, and agree to be accountable for all aspects of the work.

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WHAT'S KNOWN ON THIS SUBJECT: Among foster children reunified with their families, child maltreatment recidivism is common and known to cause enduring adverse mental health outcomes. Programs to promote safer reunification, including "Safe Baby Courts," are promising approaches but have not yet been systematically tested. [AQ4]

WHAT THIS STUDY ADDS: This is the largest cohort of young foster children—followed prospectively over years postreunification—in which maltreatment recidivism was examined as a function of court-mediated clinical or psychosocial intervention, documenting a pronounced reduction in maltreatment recidivism over care as usual.

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Child maltreatment (CM) is experienced by over 15% of all US children,[1,2] and, especially when recurrent, exerts causal influences on enduring psychiatric impairment throughout life.[3,4] For young children temporarily placed in protective custody for a first episode of CM, specialized court-coordinated clinical intervention to optimize the timing and quality-of-support of reunification has been proposed as a promising method for preventing CM recidivism,[5] with small case series documenting early successes in municipalities across the United States. Here we report ongoing outcomes of a large (n = 400) cohort of children referred to the *SYNCHRONY* (Strengthening Young Children by Optimizing Family Support in Infancy) Project, a court-coordinated clinical program to address unmet psychiatric and parenting-education needs of families of young children placed in protective custody for a first episode of CM in St. Louis, Missouri.[6]

A recent systematic review[7] summarized 10 studies examining outcomes of a total of 7278 children removed by the child welfare system whose parents participated in legal interventions, including drug treatment courts, recovery coaches, and high-quality legal representation. Most of the studies followed families for up to 1 year, were not baby or young-child specific, and the effects were mixed, ranging from no effect to significant reductions in child maltreatment recidivism. For example, Bruns and colleagues[8] used propensity score matching to compare 76 families who participated in a family dependency treatment court and found a reduction by half in re-entry proportions, with follow-up of 1 to 3 years. Chuang and colleagues[9] also used propensity score matching to test a different, integrated family treatment drug court with 96 participants and found a sixfold reduction in re-entry proportions, with 1-year follow-up. The findings from these studies informed adoption of the *Safe Babies Court Team Approach* by ZERO TO THREE,[5] which individualizes recommendations for change in the way a given court functions to support safe and successful reunification of families of infants in protective custody. A recent evaluation of the *Safe Babies Court* approach involving 251 babies and toddlers across multiple states and sites revealed a promising 1-year follow-up recidivism proportion of 1.2%.[5]

This is a report of a program evaluation of a court-coordinated clinical service involving 400 infants and young children in foster care, supported in a single jurisdiction and cumulatively followed over a period of 1 to 10 years. The SYNCHRONY Project provided ready access to comprehensive clinical appraisal of potential challenges to safe reunification, evidence-based parent-training, supplemental case management, and mental health treatment as indicated for the children and their parents. We estimated the impact of the program by calculating the proportion of re-entry of children to Court custody following reunification with their families, in comparison with State and US statistics for re-entry proportions in the context of care as usual over the course of the 10 years since the program's inception.

METHODS

Demographic Characteristics of Reunified SYNCHRONY Families

Of 400 total children (the roundness of this number is coincidental) who participated in the SYNCHRONY project (see below) by the St. Louis County Family Court, 272 children in 223 families were reunified with their birth parents or placed in guardianship with close relatives. Original reasons for placement in protective custody (N = 383, 17 missing) included neglect only (42%), physical abuse only (33%), drug-exposed infant only (10%), neglect and physical abuse (5%), drug-exposed infant and neglect (3%), sexual abuse only (1%), sexual abuse and neglect (1%), physical and sexual abuse (0.5%), drug-exposed infant and physical abuse (0.3%), and missing (4%). Neglected children were less likely to be reunified with their families than those who had been physically abused (Table 1). T1
There was no difference in case disposition by gender or age. For most of the 223 reunified families (n = 183) the index child was the only living child of both biological parents. In our cohort, African-American children were more likely to be reunified with their families than were white children (P = .02) (Table 2). T2

The 400 referrals to the SYNCHRONY Project over the program interval from 2011 to 2022 were derived from a total of 2934 children under age 6 years who were placed in protective custody of the St. Louis County Court over that period. At any given juncture, cases were selected for referral on the basis of (1) concurrent availability of intervention slots within the program, which were limited by budgetary constraints; and (2) presumption by Court officers that: (a) there existed unmet mental health or educational (parent-training) needs of the family; and (b) the estimated time-to-disposition was not shorter than the time required to conduct evaluation and intervention recommendations within the program. There is no data available on children who were not referred to the program, but the children enrolled were representative of State and national child welfare samples for this age group, with respect to race, time to reunification, and the profile of maltreatment incidents for which children in this age group are referred for placement in protective custody.

At time of referral to the SYNCHRONY project, reunified children were on average 33.6 months old (2.8 years old). The children ranged in age from birth to 72 months (average 33.3 ± 34.1); 26.5% were non-Hispanic white, 67.3% were African-American, 5.1% multiracial, 0.7% Asian, and 0.4% Hispanic. The racial and ethnic composition of St. Louis County according to the US Census

[AQ9]

TABLE 1 Disposition by Referral Reason ($N = 383$, 17 missing)

	Reunification or Guardianship (*n*)	Adoption (*n*)	Proportion Reunified or Guardianship (%)	Number of Reunified or Guardianship Children Subsequently Rereferred[b]
Neglect (all types)	99	69	59	5
Physical abuse	109	24	82	7
Drug-exposed infant	26	15	63	0
Sexual abuse[a]	3	2	60	0
Neglect and physical abuse	14	4	78	3
Physical and sexual abuse	2	0	100	0
Neglect and sexual abuse	1	3	25	0
Drug-exposed infant and neglect	4	7	36	0
Drug-exposed infant and physical abuse	1	0	100	0

[a] Ages 13 to 96 mo (1–8 y).
[b] One rereferral not shown because of missing referral reason.

Bureau[10] is 64.7% non-Hispanic white, 25.1% African-American, 4.9% Asian, 3.1% Hispanic, and 2.4% multiracial. The 2021 demographics of children in Social Services custody in St. Louis County[11] were 28.7% non-Hispanic white, 63.6% African-American, 7.7% Hispanic, 7.3% multiracial or race unknown, 0.2% Asian, and 0.2% Native American (total of 1463 children), so although African-Americans are significantly over-represented in the general child welfare population in the County, referrals to SYCHRONY are generally consistent with the racial and ethnic make-up of the County's child welfare population, with the exception that Hispanic children are under-represented.[5]

Tracking Re-entry Into Court Custody following Reunification

Because there are severe ethical constraints on enrolling separated families-in-crisis into research studies, we examined the aggregate proportion of re-entry into foster care (into any Missouri Court, as of March 2022, systematically tracked by the St. Louis County Family Court using Case.net [https://www.courts.mo.gov/cnet]) for all

TABLE 2 Disposition by Race and Ethnicity and Referral Reason ($N = 400$)

	Reunification or Guardianship (*n*)	Adoption (*n*)	Proportion Reunified or Guardianship (%)	Number of Reunified or Guardianship Children Subsequently Rereferred
Caucasian	72	45	62	4 (5.5%)
Physical abuse	20	3	87*	0
Neglect	28	23	55	4
Drug-exposed infant	12	6	67	0
Sexual abuse	3	1	75	0
Neglect and physical abuse	3	4	43	0
African-American	183	67	73**	11 (6%)[b]
Physical abuse	82	18	82*	4
Neglect	64	39	62*	3
Drug-exposed infant	13	8	62	0
Sexual abuse	0	0	N/A	0
Neglect and physical abuse	10	0	100	3
Other race or ethnicity[a]	17	16	52	1 (5.9%)
Physical abuse	7	3	70	1
Neglect	7	7	50	0
Drug-exposed infant	1	1	50	0
Sexual abuse	0	1	0	0
Neglect and physical abuse	1	0	100	0

[a] Includes Hispanic, multiracial, Asian, and unknown races and ethnicities.
[b] One not showing because of missing referral reason.
* Significantly ($P < .05$) more likely to have reunification or guardianship than adoption; tests were adjusted using a Bonferroni correction.
** African-American children were significantly ($P = .02$) more likely to have reunification or guardianship than Caucasian children.

children referred to the *SYNCHRONY* Project from 2011 to 2021. We compared re-entry statistics to contemporaneous Missouri and national administrative data on CM recidivism.

Administrative Data on Re-entry to Protective Custody

The United States Children's Bureau is a federal agency organized under the United States Department of Health and Human Services' Administration for Children and Families that monitors re-entry proportions into protective custody. In 2019, the Children's Bureau CM re-entry proportion after a first episode of protective custody ranged by State from an average of 12% to 29% for children of all ages.[12] Missouri's re-entry proportion was 16.2%. Nationally, children under 5 have substantially higher re-entry proportions than older children, with one 20-state report documenting re-entry proportions after a first episode at 36% (under 1 year old), 33% (1–2 years old), and 30% (3–5 years old).[13]

The SYNCHRONY Project Intervention Model

Birth parents of children age birth to 6 years are referred to the SYNCHRONY Project (SP) by the St. Louis County Family Court to address unmet mental health or educational needs of children or their families. Families are typically referred in a matter of weeks following placement in protective custody; the specific timing varies case to case as a function of when the Court team deems families ready to benefit from referral to the program. In all cases this is before disposition of the Case. Families can continue to engage with Synchrony services after disposition as long as desired. SP is a voluntary clinical program; families are not court-ordered, rather strongly encouraged to participate by the Court when referred. The court referred families with a 0 to 5 year old child with possible untreated mental health needs, or a parent in the same family who may have untreated mental health needs and/or need for parenting education. Eighty percent ($N = 319$) of the 400 families referred enrolled in SP, and time to disposition (reunification, guardianship, or adoption) is shortened, on average, for referred versus nonreferred families.[6] Translators and/or Spanish-speaking staff are available to the small number of Spanish-speaking parents who have engaged in the clinical program. The program maintains clinical data only on those families who participated clinically, and regular participation of birth parents was characteristic of—but by no means a prerequisite for—reunification. When referred, parents meet with a lead clinician assigned to them for the duration of their participation—a board-certified MD or DO child and adolescent psychiatrist or a clinical psychologist (PhD) with specialized training and expertise in infancy and early childhood. This disciplinary background represents potential "value-added" in decision-making responsive to the needs of young developing children, as elaborated in the Tulane University model for court-based intervention for infants and toddlers,[14] which served as a prototype for the SP.[6] In an initial clinical encounter, the lead clinician clarifies the premises of the program: (1) that reunification is the objective; (2) that the program's services, delivered by members of a trained, transdisciplinary clinical team are available to the parent; and (3) that the clinical team will participate as members of the family support team and will communicate medical recommendations on behalf of the child or children in Court custody, based on continuous appraisal of what would parameterize safe visitation and ultimately safe reunification of birth parent and child. Funding for services was covered by a County government subsidy, and nonallowable costs for this fund, including transportation, were supported by donor funds; families were not charged."

Typically, these recommendations were based on 2-generation assessment, ie, ascertainment of clinical characteristics of (1) the child, as relevant to specification of his or her developmental needs; (2) the parent-child relationship (historic and observed), as relevant to the viability of safe reunification, and any indication for parenting training or family therapy; and (3) clinical evidence of significant unmet mental health needs of birth parent(s) or children that would have implications for the safety and viability of reunification. For each family, a comprehensive set of recommendations for clinical support was a primary endpoint of initial assessment.

In all cases, recommendations were communicated to the Court and the Department of Social Services, and whenever clinically-indicated services of appropriate quality were not accessible to the family, they were provided by SP. Each family was scheduled for a minimum of quarterly visits for assessment of clinical progress, titration of clinical services, direct clinical observation of progress, and documentation of medical judgment regarding the safety of visitation and/or reunification at each juncture. In most cases, the results of serial assessment comprised evidentiary support for the Court's decision-making regarding the appropriateness and viability of reunification.

The SP Parenting Education program used the *Incredible Years* curriculum for toddlers,[15] a group-based curriculum keyed to video vignettes that are viewed, discussed, and role-played by parents. This was recommended to SP families whenever logistically feasible; a majority of reunified families attended 12 to 24 *Incredible Years* sessions, either in person, or in a virtual format during the coronavirus disease 2019 pandemic. "Hands-on practice" sessions with the parents' own children (whenever possible) supplemented the curriculum following every third session—these involved semistructured play activities that could be reimplemented at home; master's level clinicians supported families during hands-on

practice sessions; their observations helped inform clinical appraisal of parents' progress toward safe reunification.

Data Analysis

Data linkage was achieved in 3 successive steps. First, the St. Louis County Family Court reviewed the listing of families of children age birth to 6 years referred to the SYNCHRONY Project following initial placement in protective custody since the program's inception in 2011. Next, for those cases known to have been closed with a disposition of reunification or guardianship, identifiers were crossreferenced with Court records for the entire State of Missouri for the period from the date of disposition through March 2022 to determine whether they were subsequently rereferred for placement in protective custody. This list included families that were referred to SYNCHRONY but did not enroll ($N = 37$) in an intent-to-treat analysis. We exclude cases that died unrelated to maltreatment from re-entry analyses. Reunification occurs when the child is returned to the home of either the mother, father, or both. Guardianship typically refers to a return to the home of a close relative and is considered a positive permanent option for exiting care for children when they cannot return to a nuclear family of origin (exit to guardianship could be to a nonrelative, though kin guardianship is prioritized as a permanent exit for children in foster care in most states).[16] It is customary for child welfare statistics to merge reunification and guardianship into a single category. Finally, aggregate statistics for the sample (see below) were calculated from an anonymized data set containing dates of rereferral of the children who were identified in the data linkage, along with nonidentifying individual-level demographic variables. We compared statistics on cumulative 10-year follow-up of the children enrolled in the SYNCHRONY Project to Missouri and National data (described above) for proportions of re-entry into protective custody following reunification. The data linkage procedure and analysis were reviewed by the Washington University Human Research Protection Office and deemed not to involve activities subject to Institutional Review Board oversight.

RESULTS

Of the 272 children reunified or who received guardianship, 16 (5.9%) re-entered the Missouri Court system over the course of the surveillance period (average follow-up period of 4.5 years for the 2011–2021 cohort). When re-entry did occur, it was an average of 38.8 months (SD = 27 months) after case disposition (reunification or guardianship); only 3 occurred within the first 12 months. Re-entry was not significantly predicted by race ($P = .99$), gender ($P = .29$), or age of the child at time of referral to SP (odds ratio [OR] = 1.005, 95% confidence interval [CI] = 0.99–1.02). Overall, proportions of adoption, reunification and guardianship for all families referred to the SP were in keeping with national averages for care-as-usual in this age group (Table 3). T3
Of the 272 reunified children, 234 had at least 1 parent who attended at least 1 SP service appointment.

We compared these results to contemporaneous administrative data on CM recidivism, including: (1) 2019 US Children's Bureau data for Missouri (all ages and dispositions of cases; it is not segregated by age)[12]; and (2) a 20-state report from the Center for State Child Welfare Data[13] specifying re-entry proportions for young children in protective custody who exited their first episode to reunification between 2003 and 2010 (Table 3). The program is a clinical project and not a randomized controlled trial with an assigned active comparison group, and as such, findings should be interpreted with this lens. In the respective categories of guardianship and reunification, 3.4% and 7.1% were rereferred to the Court by March 2022. This is a sixfold to sevenfold reduction in risk over care as usual: Nationally, in care as usual the rereferral proportions for this age group are 18% (OR 7.5, CI: 2.38–23.78, $P < .0001$) and 35% (OR 6.1, CI: 3.48–10.75, $P < .0001$) respectively. When restricting the analysis to State of Missouri aggregate data for re-entry of foster children of all ages, there was a threefold reduction in risk: OR 3.09 (95%CI: 1.86–5.15), $P < .0001$. Additionally, families that experienced re-entry experienced it later than the national average. For example, the 20-state report indicates that the risk of re-entry is highest in the first year after reunification, whereas most families in the SYNCHRONY cohort went years before the next episode occurred.[13]

DISCUSSION

Here systematic data captured the outcomes of a cohort of 272 children, birth to 6 years, clinically supported and consecutively reunited following placement in protective court custody. Services were at an approximate cost of $1000 per family over Medicaid reimbursement per year of service,[6] experienced a threefold to sixfold reduction in the re-entry into protective custody in the years following the return to their families. This finding is in keeping with the results from selected smaller, shorter-term follow-up studies of the instantiation of supplemental support to families of young children in protective custody, as recently advocated in the *Safe Baby Court* Approach.[17] Notably, there was racial and ethnic equity in the outcomes despite minority children, especially African-American children, being overrepresented in the County's general child welfare population and the referred population; this is in contrast with the 20-state cohort, where African-American children were slightly more likely to re-enter foster care than white, Hispanic, and children of other races and ethnicities.[13] Here, the program emphasis was on the provision of developmental, psychiatric, and educational services that were clinically indicated and otherwise difficult or impossible for

TABLE 3 Re-entry Rates After First Episode of Court Custody by Disposition, Comparison With 2 Independent Cohorts

Data Source	Center for State Child Welfare Data[11] 2003–2010; *N* = 607 289[a] (271 847 ages 0–5), (%)		Children's Bureau Missouri[10]b 2019; *N* = 5773; 46% Reunified; 19% Guardianship; 24% Adopted; 10% Other, (%)		SYNCHRONY 2010–2021; *N* = 400; 46% Reunified; 22% Guardianship; 32% Adopted, (%)	
Age at Time of Exit	Guardianship Cases	Reunification Cases	Guardianship Cases	Reunification Cases	Guardianship Cases	Reunification Cases
0–12 mo	17	36	NA	NA	3.4	7.1
1–2 y	16	33	NA	NA		
3–5 y	19	30	NA	NA		
0–17 y	17	27	16.2		NA	NA

Proportion of cases experiencing re-entry following disposition, segregated by disposition type. Comparison of re-entry rates for Center for State Child Welfare Data versus SYNCHRONY: guardianship: OR 7.51 (95%CI: 2.38–23.76), $X^{10} = 16.35$, $P < .0001$; reunification: OR 6.11 (95%CI: 3.48–10.75), $X^{10} = 51.62$, $P < .0001$. Comparison of re-entry rates for Children's Bureau versus SYNCHRONY: all exits: OR 3.09 (95%CI: 1.86–5.15), $X^{10} = 20.93$, $P < .0001$.

[a] Data are unavailable for exit types "adoption" and "other." However, manual calculations made by the authors from federal and Missouri state Adoption and Foster Care Analysis and Reporting System (AFCARS) reports indicate that federal and state rates of adoption for children ages 0 to 5 are 34%.

[b] Data are unavailable separated by age or disposition; children under 5 likely have proportionately higher re-entry rates than older children as evidenced by the Center for State Child Welfare Data.

families to access in care-as-usual. A trans-disciplinary team with strong experience in infancy and early childhood—as characterized the prototypic Tulane model[14]—informed serial clinical recommendations regarding the safety and viability of visitation and reunification and represented a consistent vantage point of clinical observation under circumstances of frequent turnover of assigned case managers from the Department of Social Services.

A limitation of this program evaluation is that it was not possible to determine whether the clinical services themselves, or the recommendations to the Court to parameterize safe reunification (which families were deemed clinically safe to reunify when, and under what circumstances of necessary support) constituted the most salient agent of improved long-term outcome, here operationalized by absence of rereferral to any Missouri Court. What is clear is that the reduction in rereferral could not be explained as a function of more stringent gatekeeping of reunification or guardianship, since differences between SP and the comparison groups for the proportion of all families who ultimately fell under these disposition categories were of far too small a magnitude to account for the differences in outcome. Other limitations of this evaluation are that data linkages were only available within the State of Missouri; a majority of SP families were known to continue to reside in Missouri because they continued to receive clinical supports and services from the SP following adjudication; and we compared our statistics to rereferral proportions within Missouri which would have similarly underestimated recidivism for families moving out-of-state. Any disproportion between our cohort and that comprising the comparison data in such moves would have been expected to result in the timing of rereferral to have occurred sooner on average for SP families, however we observed the opposite. Since the available State-specific contrast data were not segregated by age, the magnitude of the difference between SYNCHRONY and care as usual outcomes in Missouri that are reported in Table 3 should be viewed as conservative, since a younger sample would be expected to have higher rereferral proportions than older samples, as evident from the national data. Our cohort happened to be under-representative of families of Hispanic heritage from a national population percentage, which is typically the case in Missouri because of relatively low prevalence of this ethnic group. Finally, the analysis was restricted to aggregate statistics following individual-level data linkage and anonymization of results by a government entity; the birth parents were not individually-consented to research because it would have been unethical to do so in the immediate aftermath of loss of custody of their children, and any decision of the Department of Social Services to enroll a child in protective custody into research of this nature would have represented a potential conflict of interest.

Despite these limitations, major strengths of this program evaluation are its prospective longitudinal nature, follow-up of the outcomes of children over many years of time, and complete ascertainment of rereferral information from all courts in the State of Missouri for the entire longitudinal follow-up period through CaseNET. These data represent an example of the importance and utility of State and Court administrative data in informing best practices in the legal and social service sectors; such data can have profound implications for the wellbeing of children and cannot straightforwardly be acquired by human studies requiring individual informed consent. We urge insurers, health systems, providers of pediatric health care, and family courts to use and organize data that is available for children in protective custody in the course of care as usual and to consider the potential benefits of systematic supplementation of care along the lines of clinical support encompassed by the SP for families of young children in

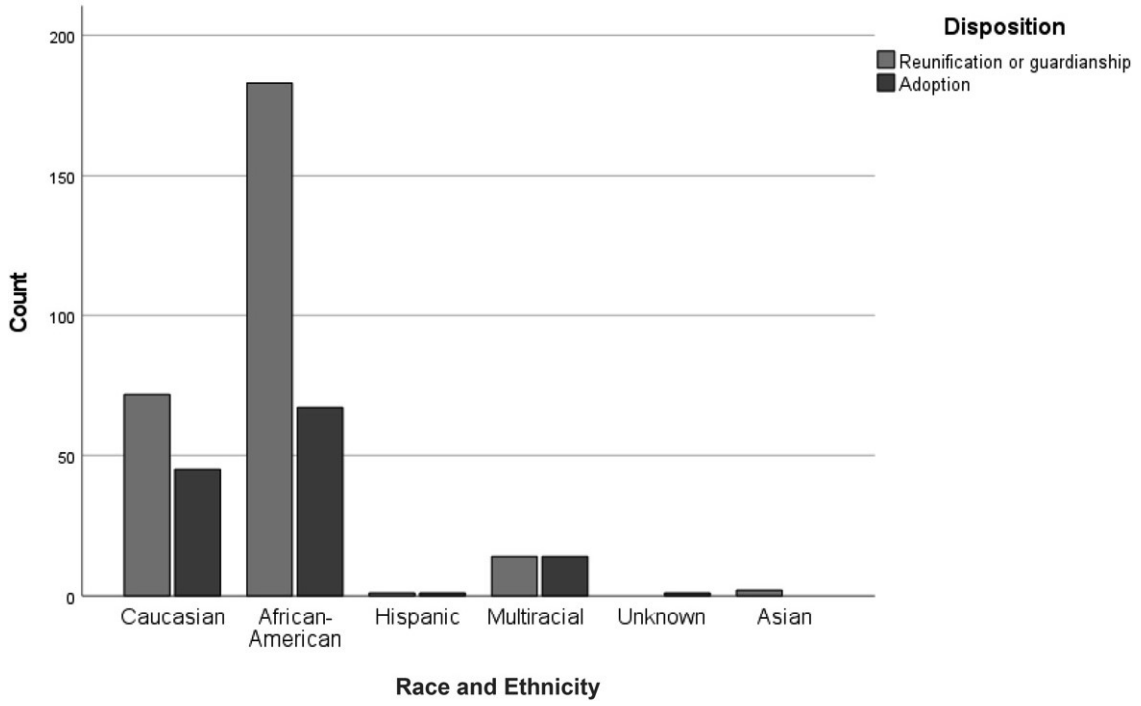

FIGURE 1

F1[AQ8] Case disposition by race and ethnicity.

first episodes of protective custody. In this cohort, evidence-based parenting education, 2-generation psychiatric care and consultation, a structure for active information-sharing between Courts, representatives of State Departments of Social Services assigned to individual cases, and the SP clinical team was associated with a very substantial reduction in re-entry into protective custody for recurrent child abuse and neglect. Given that official-report child abuse and neglect is known to exhibit causal[18] dose-response effects on serious adverse mental health outcomes,[4] such interventions are a matter of both urgency and medical necessity. Future research should consider whether indications for such interventions should be restricted to the aftermath of a catastrophic lapse in the care or supervision of a young child, or rather offered to young families at high risk as a targeted "package" of insurance-covered, [AQ10] evidence-informed preventive intervention services.[19]

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ABBREVIATION

CM: child maltreatment

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Original Investigation | Psychiatry

Using Time-out for Child Conduct Problems in the Context of Trauma and Adversity
A Nonrandomized Controlled Trial

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Abstract

IMPORTANCE Exposure to adverse childhood experiences substantially increases the risk of chronic health problems. Originally designed to treat child conduct problems, parent management training programs have been shown to be effective in preventing children from being exposed to further adversity and supporting children's recovery from adversity; however, there are increasing concerns that a core component of these programs, the discipline strategy time-out, may be harmful for children with a history of exposure to adversity.

OBJECTIVE To investigate the comparative benefits and potential harms to children exposed to adversity that are associated with parenting programs that include time-out.

DESIGN, SETTING, AND PARTICIPANTS This nonrandomized waiting list–controlled clinical study was conducted at a specialist clinic for the treatment of conduct problems in Sydney, Australia. The self-referred sample included children with conduct problems and their caregivers. Eligibility was confirmed through clinician-administered interviews. Data were collected between February 14, 2018, and February 1, 2021.

INTERVENTIONS Caregivers participated in a 10-session, social learning–based parent management training program. Caregivers were provided with parenting strategies aimed at encouraging desired behaviors through effective reinforcement and managing misbehavior through consistent limit setting, including the use of time-outs.

MAIN OUTCOMES AND MEASURES The primary outcome was the parent-reported Strengths and Difficulties Questionnaire score, and secondary outcomes included subscale scores from the clinician-administered Diagnostic Interview Schedule for Children, Adolescents, and Parents. Multi-informant measures of child adversity were collected using the parent-reported Adverse Life Experiences Scale and the clinician-rated Maltreatment Index.

RESULTS A total of 205 children were included in analysis (156 in the full intervention and 49 in the control condition; 158 boys [77.1%]; mean [SD] age, 5.6 [1.8] years [range, 2-9 years]). Compared with children with low adversity exposure, children with high adversity exposure showed greater reductions in the Strengths and Difficulties Questionnaire score from baseline (mean difference, 3.46 [95% CI, 1.51-5.41]; $P < .001$) to after treatment (mean difference, 1.49 [95% CI, −0.46 to 3.44]; $P = .13$) and in the internalizing symptom subscale score (baseline mean difference, 1.00 [95% CI, −2,00 to 0.00]; $P = .50$; posttreatment mean difference, 0.06 [95% CI, −0.82 to 0.94]; $P = .90$). No significant differences in the externalizing symptom subscale score were found.

CONCLUSIONS AND RELEVANCE In this nonrandomized clinical study, children with high exposure to adversity experienced equivalent, if not greater, benefits associated with parenting programs that

(continued)

Key Points

Question Are parenting programs that include time-out less effective or even harmful for children exposed to adverse childhood experiences?

Findings In this nonrandomized clinical trial of 205 families, children with conduct problems and high adversity exposure experienced equivalent, if not greater, outcomes, measured by the parent-reported Strengths and Difficulties Questionnaire, after a parenting program that included time-out, compared with children with low adversity exposure.

Meaning This study suggests that, despite concerns that time-out is contraindicated for children who have experienced adversity, parenting programs that include time-out appear to be beneficial for children with or without adversity exposure for management of emotional and behavioral difficulties.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Abstract (continued)

include time-out compared with children with low exposure to adversity. Results suggest that time-out was an effective component of parenting programs for children exposed to adversity.

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Introduction

Exposure to adverse childhood experiences (ACEs) is a major public health concern, posing substantial risk for chronic mental and physical health problems.[1,2] ACEs include experiences of maltreatment, household dysfunction, minority adversities, and stressful life events, with cumulative adversity and caregiver perpetration conferring greater risk for negative outcomes.[3,4] Epidemiologic studies show that ACEs are common[5-7] and account for nearly 30% of childhood mental health (CMH) disorders.[8] Exposure to an ACE often occurs in the context of hostile family dynamics, violent discipline techniques, and the absence of stable, nurturing primary attachments.[9-11] Conversely, effective parenting boosts resilience and mitigates the mental health consequences of ACEs.[12,13] Caregiver actions are considered a modifiable risk factor for exposure to and recovery from ACEs, making programs that target the quality of parenting an important focus for prevention and intervention.

There is growing evidence that parent management training (PMT), an evidence-based intervention for childhood conduct problems,[14] is an effective mental health response to ACE exposure. Grounded in social learning theory,[15] PMT focuses on enhancing parenting behaviors and reducing "coercive cycles" within parent-child dyads[16] to provide children with responsive, consistent, and affirming family environments. The application of PMT to child welfare populations has been associated with reductions in caregiver-perpetrated physical abuse[17-19] and improvements in CMH.[20-23] Despite this, core PMT strategies, such as "time-out" (TO), have been criticized in recent years for their use among children with exposure to ACEs.[24]

Based on operant conditioning,[25] TO is a core component of PMT programs associated with larger effect sizes in efficacy studies.[26] Time-out functions to set healthy boundaries on children's behavior while reducing the risk of physical punishment and unintentional reinforcement of undesired behaviors through excessive parental attention. Procedurally, TO involves temporarily placing a child in a setting with minimal reinforcement (eg, chair in hallway) in response to misbehavior (eg, noncompliance or physical aggression), in conjunction with ample positive parent-child interactions during periods of nonproblem behavior.[24] Despite evidence that caregivers who use TO show reductions in abusive parenting responses,[27-29] there are concerns that TO is itself a form of ACE exposure.[30]

Critics fear that TO is experienced as abandonment and, consequently, ruptures attachment bonds, disrupts developing nervous systems, and retraumatizes children by triggering recollections of maltreatment.[31] There are also criticisms that TO gains compliance through fear[32] and that children with a history of ACE exposure are especially vulnerable to potential harm from TO owing to preexisting attachment and neurobiological deficits.[33] Concerns surrounding TO have been largely due to misleading and unsubstantiated media releases,[30,34] widespread misinformation, and inaccurate use of TO,[35,36] resulting in an increasing negative view of the evidence-based strategy.[37]

To our knowledge, there is currently no evidence to suggest that TO is harmful for children with exposure to ACEs; however, there is also limited research comparing how children with and children without ACE exposure respond to PMT programs that include TO (ie, PMT-TO programs). Although proposed concerns about TO would not preclude children benefiting from other PMT components, TO may diminish therapeutic outcomes to a greater degree for children exposed to ACEs, as exacerbated attachment and emotion deficits are known to increase CMH problems.[38-40] Earlier

investigations found that PMT-TO programs were equally effective for children with and children without ACE exposure, as determined by child protection reports.[41,42] These studies did not account for all ACEs, including emotional abuse and neglect, which rarely reach the threshold for a mandatory report but may be especially relevant in predisposing children to experiencing TO as a form of rejection.

The present study addressed this gap by capturing a broad range of ACEs using quantitative measures across multiple informants. Several study hypotheses were developed: (1) all children engaged in a PMT-TO program will experience significant improvements in CMH symptoms compared with those on the waiting list; (2) children with high ACE exposure will be less responsive to a PMT-TO program; and (3) if fear of TO is associated with behavior change, internalizing symptoms are expected to increase after the PMT-TO program, with more pronounced increases for children with high ACE exposure, owing to heightened hypervigilance to threat cues.[1]

Methods

Study Design and Setting

This study included a nonrandomized intervention group, a waiting list–controlled group, and groups with high or low adversity exposure (study protocol in Supplement 1). Participants were self-referred to the Child Behavior Research Clinic in Sydney, Australia, between February 14, 2018, and February 1, 2021. Approval for this study was granted by the University of Sydney human ethics committee, and written informed consent was obtained from caregivers at the initial assessment. The Transparent Reporting of Evaluations With Nonrandomized Designs (TREND) reporting guideline[43] was followed. There were no substantive adverse events or deviations from the study protocol.

Participants

The sample included 205 children (47 girls and 158 boys), along with caregivers (206 mothers, 177 fathers, and 2 other caregivers) and educators (N = 174). Participants were children aged 2 to 9 years presenting with oppositional defiant disorder or conduct disorder. Children with comorbid attention-deficit/hyperactivity disorder, level 1 autism spectrum disorder, or internalizing disorder presentations were also eligible. Exclusion criteria included major neurologic or physical illness or developmental disability, concurrent engagement in a parenting program, or current child-related legal proceedings. Diagnostic ratings were based on the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM-5*) criteria.[44] The **Table** outlines the sociodemographic characteristics of the sample.

Procedure

Assessment data were collected via interviews and online surveys from caregivers at a maximum of 3 time points. A subsample of participants referred to the clinic during periods of extended waiting times (approximately 12 weeks) completed a preliminary assessment, forming the waiting list–controlled group of the study. The pretreatment assessment was completed by the treating clinician, and the posttreatment assessment was completed by a third independent clinician who was unaware of the child's previous ACE exposure. A Consolidated Standards of Reporting Trials (CONSORT) diagram[45] describing the flow of participants is provided (eFigure in Supplement 2).

Parenting Intervention

Participants received the Integrated Family Intervention for Child Conduct Problems,[46] a social learning–based PMT-TO program with a strong evidence base in the treatment of child conduct problems.[47,48] The program aimed to reduce child conduct problems by providing parents and caregivers with strategies to effectively reinforce desirable behavior and manage misbehavior (eg, noncompliance or aggression) through consistent and responsive limit setting, which included the

use of TO in accordance with evidence-based parameters.[24,46] Additional intervention modules targeting wider systemic issues (eg, partner conflict) and comorbid child symptoms (eg, anxiety or sleep problems) were included as needed. Parents and caregivers completed approximately 10 weekly, 1-hour individual sessions delivered in person and/or via telehealth by a trained psychologist.

Measures

Primary Outcome: Strengths and Difficulties Questionnaire Score

The Strengths and Difficulties Questionnaire (SDQ) is a 25-item, parental-report measure of children's psychopathologic symptoms.[49] The SDQ assesses emotional symptoms, conduct problems, hyperactivity-inattention, and peer problems. Using a 3-point Likert scale (where 0 indicates "not true," 1 indicates "sometimes true," and 2 indicates "certainly true"), participants indicated how much the target characteristic applied to their child. The 4 domains were summed to compute a total SDQ score (α = .77). Only the designated primary caregiver was included in analyses to ensure independence of measures.

Secondary Outcome: Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition, Score

The Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition (DISCAP-V),[50] is a semistructured interview for assessing common childhood disorders based on the *DSM-5*. Clinicians administer the DISCAP-V with caregivers and assign severity ratings based on a 6-point Likert scale (where 1 indicates minimal impairment and 6 indicates very severe impairment), with 4 equated to meeting diagnostic criteria. There was evidence of strong interdiagnostician agreement for primary (Cohen κ = 0.88), secondary (Cohen κ = 0.78), and tertiary (Cohen κ = 0.63) diagnoses. Externalizing disorders (eg, oppositional defiant disorder or conduct disorder) and internalizing

Table. Demographic Characteristics of Participants and Baseline Variables

Variable	Participants, No. (%)			
		Intervention (n = 156)		
	Total (N = 205)	Low adversity (n = 122)	High adversity (n = 34)	Waiting list (n = 49)
Child age, mean (SD), y	5.6 (1.8)	5.4 (1.7)	6.4 (1.6)	5.5 (1.8)
Child sex				
Female	47 (22.9)	28 (23.0)	10 (29.4)	9 (18.4)
Male	158 (77.1)	94 (77.0)	24 (70.6)	40 (81.6)
Primary caregiver's age, mean (SD), y	40.2 (4.7)	40.1 (4.6)	41.2 (5.7)	39.8 (4.3)
Participant's relationship status				
Sole caregiver	34 (16.6)	18 (14.8)	7 (20.6)	9 (18.4)
Married or de facto	155 (75.6)	96 (78.7)	22 (64.7)	38 (77.6)
Divorced or separated	14 (6.8)	7 (5.7)	5 (14.7)	2 (4.1)
Primary caregiver's educational level				
Year 12 or below	11 (5.4)	5 (4.1)	2 (5.9)	4 (8.2)
TAFE, diploma, or certificate	47 (22.9)	30 (24.6)	8 (23.5)	9 (18.4)
Undergraduate degree	74 (36.1)	47 (38.5)	12 (35.3)	15 (30.6)
Postgraduate degree	73 (35.6)	40 (32.8)	12 (35.3)	21 (42.9)
No. of sessions, mean (SD)	10.7 (2.6)	10.4 (2.4)	10.5 (3.5)	11.4 (2.3)
Comorbid *DSM-5* diagnoses				
ADHD	53 (25.9)	36 (29.5)	11 (32.4)	6 (12.2)
ASD	7 (3.4)	4 (3.3)	2 (5.9)	1 (2.0)
DASS-21 score, mean (SD)				
Depression	2.3 (3.5)	2.3 (3.5)	2.7 (4.0)	2.3 (3.2)
Anxiety	1.6 (2.5)	1.8 (2.8)	1.7 (2.4)	1.1 (1.7)
Stress	6.0 (4.1)	5.8 (3.8)	7.3 (4.9)	5.7 (4.3)

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; ASD, autism spectrum disorder; DASS-21, 21-item Depression Anxiety Stress Scale; *DSM-5*, *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition); TAFE, technical and further education.

disorders (eg, anxiety or depression disorders) subscale scores were included as secondary outcome measures.

Adverse Life Experiences Scale

The Adverse Life Experiences Scale is a 23-item measure of adversity that has demonstrated good reliability and validity.[6] The Adverse Life Experiences Scale was developed as an extension of the original 10-item ACE survey to capture a broader range of adverse experiences (eg, peer victimization or minority adversity). Items were endorsed on a dichotomous (yes or no) scale and summed (α = .64). Consistent with the wider ACE literature,[4] high (ACE score $\geq$4; top 10% of the sample) and low (ACE score $\leq$3) ACE groups were created for bivariate analyses.

Maltreatment Index

The Maltreatment Index is based on the Maltreatment Classification System.[51] The scale uses a 4-point Likert scale (where 0 indicates never; 1, a little bit; 2, a fair bit; and 3, all the time). Clinicians rate the veracity of 3 subtypes of maltreatment perpetrated by a trusted adult: emotional abuse, physical abuse, and neglect. A specific focus on maltreatment was included because this ACE subtype is most strongly associated with severe CMH consequences,[52] which may make children with exposure to maltreatment especially vulnerable to the speculated harms of TO. A total maltreatment score was created by taking the maximum score of the 3 Maltreatment Index items, after which low maltreatment (Maltreatment Index total score $\leq$1) and high maltreatment groups (Maltreatment Index total score $\geq$2) were dummy coded.

Depression Anxiety Stress Scale

The Depression Anxiety Stress Scale[53] is a 21-item questionnaire with demonstrated validity and reliability[54] that assessed 3 domains of adult psychopathologic conditions: depression, anxiety, and stress (α = .92). Although parental mental health itself can be considered an ACE, the Depression Anxiety Stress Scale was included as a covariate to account for acute stressors that participants may have experienced because of the COVID-19 pandemic.

Statistical Analysis

Analyses were conducted using SPSS, version 26 (IBM Corp) from August 2021 to January 2022.[55] Preliminary analyses used independent-samples *t* tests and χ^2 tests of independence to explore the baseline comparability of sample subgroups, and a linear model was conducted to identify factors associated with treatment outcomes. Variables found to be significantly associated with subgroup differences or treatment outcomes were entered as covariates in further analyses.

Relevant statistical assumptions were checked prior to each analysis, and 2-sided $P \leq .05$ was considered significant. A sensitivity power analysis using G*Power, version 3.1.9.7 (UC Regents)[56] determined that there was adequate sensitivity to detect even small effects with a power level greater than 0.80, based on the sample sizes used in the main study analysis, 2-sided hypothesis tests, and an α level of .05. Q-Q plots were inspected and confirmed the normal distribution of the data. Further tests of multicollinearity, homogeneity of variance, and covariance matrices were satisfied, and thus the data were considered acceptable for parametric analysis.[57]

A mixed between-within analysis of variance with time as the within factor (differences between preliminary assessment and preassessment and between preassessment and postassessment) and condition (intervention group and waiting list group) as the between factor was conducted to compare waiting list and intervention outcomes. A mixed analysis of variance with time as the within factor (differences between preassessment and postassessment on the SDQ and DISCAP-V) and ACEs (high ACEs and low ACEs) as the between factor were conducted with the intervention group to examine the association of adversity with children's responsiveness to the PMT-TO program.

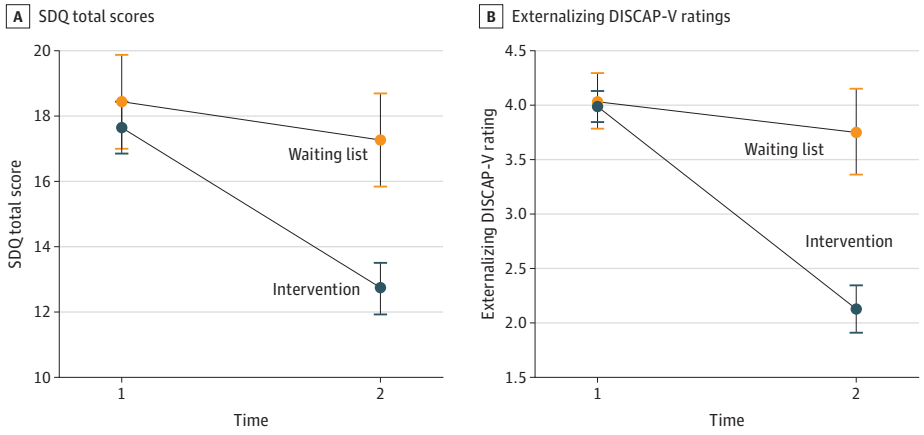
Results

A total of 205 children were included in the analysis (156 in the full intervention and 49 in the control condition; 158 boys [77.1%]; mean [SD] age, 5.6 [1.8] years [range, 2-9 years]). The baseline characteristics of all of the participants and their subgroups are given in the Table. There were no significant differences found between the intervention and waiting list groups across demographic and baseline variables. Children in the high adversity group were slightly older than children in the low adversity group (mean [SD], 6.4 [1.6] vs 5.4 [1.7] years). Rates of participant noncompletion were equivalent between the intervention and waiting list groups, and there were no significant differences between completers and noncompleters. A linear model with posttreatment SDQ scores included as the dependent variable identified several variables associated with treatment outcomes, including treatment dose, comorbid attention-deficit/hyperactivity disorder, and caregiver stress and anxiety, that were included as covariates along with child age in further analysis.

A significant interaction effect of time and condition ($F_{1,198}$ = 24.51; P < .001) showed that, while the intervention and waiting list groups had similar baseline scores, the intervention group had lower posttreatment scores on both the SDQ (mean baseline difference, 0.79 [95% CI, −0.86 to 2.45]; P = .35; mean posttreatment difference, 4.55 [95% CI, 2.91-6.20]; P < .001) and the externalizing DISCAP-V (mean baseline difference, 0.05 [95% CI, −0.25 to 0.35]; P = .74; mean posttreatment difference, 1.63 [95% CI, 1.18-2.08]; P < .001) compared with the waiting list group (**Figure 1**; eTable 1 in Supplement 2). Although the present study was not aiming to evaluate the effectiveness of the PMT program, these results enhance the integrity of follow-up analyses conducted with the intervention group only.

Within the intervention group, children were stratified into high and low ACE exposure, and maltreatment conditions and outcomes were compared between groups. The significant interaction effect of time and adversity ($F_{1,149}$ = 4.45; P < .04) revealed that children with high ACE exposure had higher baseline SDQ scores compared with children with low ACE exposure (mean difference, 3.46 [95% CI, 1.51-5.41]; P < .001); however, posttreatment outcomes were equivalent across both groups (mean difference, 1.49 [95% CI, −0.46 to 3.44]; P = .13) (**Figure 2**; eTable 2 in Supplement 2). Similarly, a significant interaction effect ($F_{1,141}$ = 3.97; P < .05) found that children with high exposure to maltreatment had higher baseline SDQ scores compared with children with low exposure to maltreatment (mean difference, 3.28 [95% CI, 0.14-6.42]; P = .04) and that there were equivalent posttreatment SDQ outcome scores between groups (mean difference, 0.29 [95% CI, −2.72 to 3.30]; P = .85) (**Figure 3**; eTable 3 in Supplement 2). No between-participant differences in externalizing DISCAP-V ratings were found.

Figure 1. Effectiveness of Parent Management Training Including Time-out Intervention



Plots comparing intervention and control group Strengths and Difficulties Questionnaire (SDQ) and externalizing Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition (DISCAP-V) mean ratings at time 1 and time 2 for outcomes with significant time × group interactions. Error bars indicate 95% CIs.

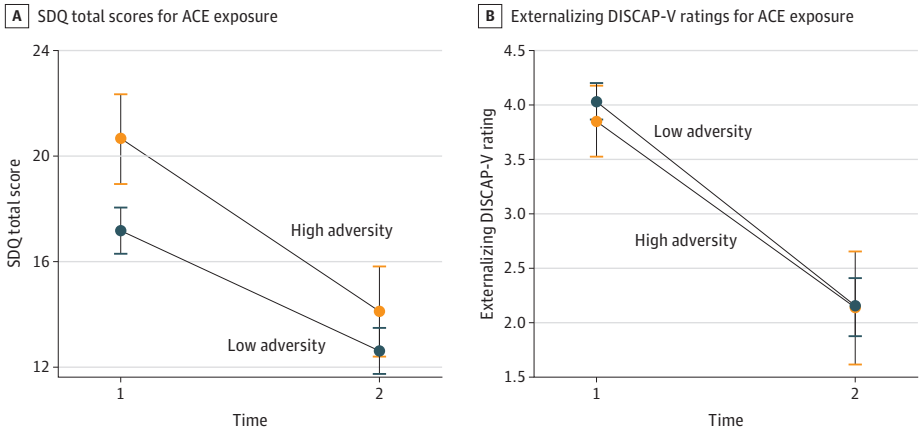
Last, a significant interaction effect ($F_{1,141}$ = 3.92; P = .05) revealed that the high maltreatment exposure group had higher baseline internalizing DISCAP-V ratings compared with children in the low maltreatment exposure group (mean difference, 1.00 [95% CI, −2.00 to 0.00]; P = .05); however, both groups showed similar posttreatment internalizing DISCAP-V outcomes (mean difference, 0.06 [95% CI, −0.82 to 0.94]; P = .90) (**Figure 4**; eTable 3 in Supplement 2).

Discussion

This study found that, compared with children with low ACE exposure, children with high ACE exposure experience equivalent, if not greater, therapeutic benefit associated with PMT-TO programs. Contrary to the hypotheses, children with high ACE exposure and children with low ACE exposure experienced equivalent reductions in externalizing symptoms, decreasing from the clinical range at baseline to the nonclinical range after treatment. The study findings extend prior research demonstrating the equivalent efficacy of PMT-TO programs with the child-welfare community[41,42] to show that children with high adversity exposure displayed greater reductions in CMH problems and internalizing symptoms compared with peers with low adversity exposure.

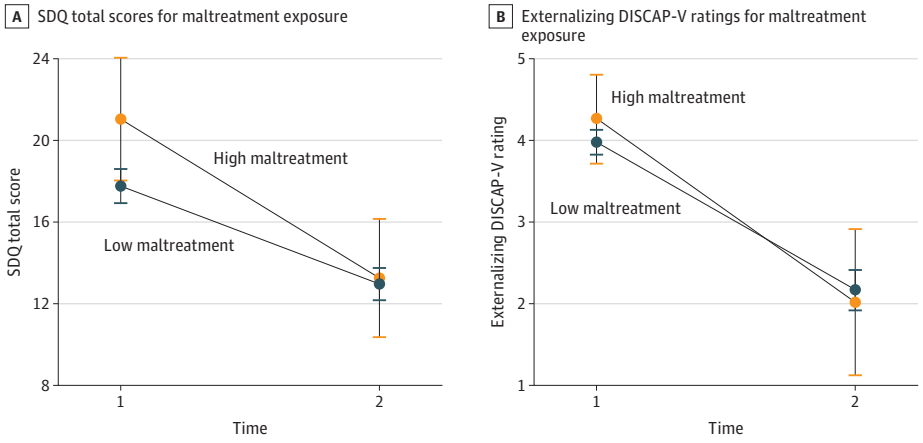
The results contribute to the debate surrounding PMT-TO programs among the population of children with ACEs, with central concerns pertaining to the potential for TO to exacerbate emotion regulation deficits and attachment ruptures.[24] Biopsychosocial models of child development suggest

Figure 2. Treatment Outcomes by Adverse Childhood Experience (ACE) Exposure



Plots comparing high and low ACE exposure Strengths and Difficulties Questionnaire (SDQ) and externalizing Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition (DISCAP-V) mean ratings at time 1 and time 2 for outcomes with significant time × ACE interactions for SDQ. Error bars indicate 95% CIs.

Figure 3. Treatment Outcomes by High vs Low Exposure to Maltreatment



Plots comparing high and low exposure to maltreatment Strengths and Difficulties Questionnaire (SDQ) and externalizing Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition (DISCAP-V) mean ratings at time 1 and time 2 for outcomes with significant time × group interactions for SDQ. Error bars indicate 95% CIs.

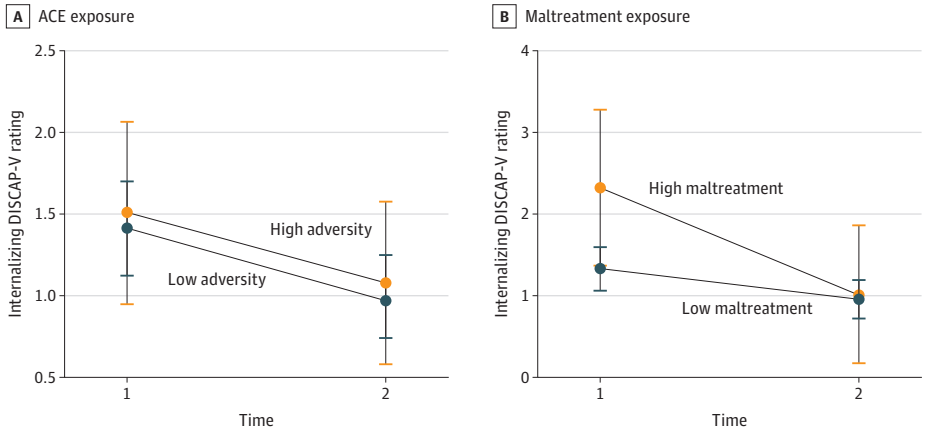
that aggravating such deficits would result in an increase in CMH symptoms.[39,40] Our findings suggest, however, that not only do PMT-TO programs appear to not exacerbate CMH problems among the population of children with ACEs, but they may be especially beneficial for these children, who often present with more severe symptoms prior to intervention.[41]

There are several possible mechanisms associated with these outcomes. Because the evidence-based application of TO is embedded within a suite of other parenting techniques, it is possible that the benefits associated with PMT-TO programs for the high ACE groups were due solely to program components outside of TO and that these components may have even overridden the potential negative outcomes of TO. However, this potential is unlikely given the meta-analytic findings that TO is a core active ingredient associated with the effectiveness of PMT.[26,58] It is also possible that the reductions in CMH symptoms were fear induced, being more pronounced among children in the high ACE group owing to heightened perceptual biases to hostility and threat.[1] If fear of TO was the factor associated with change, one would expect to see an increase in fear-related symptoms[59]; however, the opposite was found when children with high maltreatment exposure experienced reductions in internalizing symptoms.

An alternative trauma-informed explanation is that the PMT-TO programs may be particularly reparative for children exposed to ACEs. In high-risk parent-child dyads, adversity often occurs in the context of violent or dysfunctional discipline.[60] Although the effectiveness of TO rests on the quality of parent-child interactions outside of discipline, evidence-based implementation of TO shifts the home climate from one of unpredictability, reactivity, and hostility to one where controlled, consistent, and reasonable emotional responses are modeled. Children exposed to more severe adversity may exhibit more pronounced responsiveness to a PMT-TO program as they observe and internalize caregivers' emotion regulation skills[1] and "replace the distress and fear that was once associated with discipline with feelings of safety, security, and predictability."[24(p11)]

The ability to effectively repair is said to be the hallmark of secure attachments.[61] In addition to other core attachment-building PMT strategies, TO may be particularly relevant to healing attachments for children with high ACE exposure because TO provides families with a structured plan for facilitating attachment repairs, instead of causing further damage through harsh discipline or "abandoning" their child by shutting down or stonewalling.[31] Parents do not abandon their child during TO because the effective implementation of TO requires parents to be inextricably present during the procedure, intervening, monitoring, timing, releasing, and repairing throughout. Although TO requires the removal of caregiver attention for a short time, when this process is done effectively, it mirrors a secure attachment, being a successful separation and reunion without threatening attachment bonds.[62]

Figure 4. Internalizing Diagnostic Interview Schedule for Children, Adolescents, and Parents, 5th Edition (DISCAP-V) Ratings by Exposure to Adverse Childhood Experiences (ACEs) and Exposure to Maltreatment



Plots comparing high and low ACE exposure internalizing symptom outcomes with significant time × group interactions for internalizing DISCAP-V severity. Error bars indicate 95% CIs.

The results of this study support the use of a PMT-TO program for children with ACE exposure, which is reassuring because TO is a core component of the most widely implemented intervention for children with ACE exposure, trauma focused–cognitive behavioral therapy,[63,64] as well as many attachment-based programs designed specifically for the child-welfare population.[65] These results do not capture the outcome of TO in the community, where it can be misused. There is always potential for TO to cause harm if it is implemented inconsistently, harshly, and/or in the absence of ample positive parent-child interactions.

Limitations

The study has several limitations. Because it was geographically limited to Sydney, Australia, these results cannot be generalized to other populations nationally or internationally. The sample was nonrandonmized to intervention vs waiting list conditions, introducing bias to interpretations of group difference. Bias may also have occurred in caregiver reports of child adversity, where caregivers may have declined reporting certain ACEs for fear of negative consequences, weakening the observed associations. Conversely, because caregivers provided data on both ACE exposure and outcomes, common method bias may have inflated the association between these variables.[66] The small group with high exposure to maltreatment reduced the power of these analyses and increased the margin of a type II error.[57] Although it would be unethical and inaccurate to evaluate TO as a standalone strategy, future research could assess the individual association of TO with attachment and emotion regulation with greater precision through the inclusion of specific measures of these constructs and observational data.

Conclusions

This nonrandomized clinical study compared the benefits and potential harms associated with PMT-TO programs for children exposed to adversity and found that children with high ACE exposure experienced equivalent, if not greater, reductions in behavioral and emotional difficulties than children with low ACE exposure. This study has prompted further investigation to address the controversy surrounding TO.

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Data Sharing Statement: See Supplement 3.

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SUPPLEMENT 1.

Study Protocol

SUPPLEMENT 2.

eFigure. CONSORT Flow Chart of the Study
eTable 1. Repeated Measures ANOVA - Time x Condition, Time Period (T), Means (M), Standard Deviations (SD), Mean Differences Between Groups (MD), 95% Confidence Intervals (CI), and P Value (P)
eTable 2. Repeated Measures ANOVA - Time x ACE Exposure, Time Period (T), Means (M), Standard Deviations (SD), Mean Differences Between Groups (MD), 95% Confidence Intervals (CI), and P Value (P)
eTable 3. Repeated Measures ANOVA - Time x Maltreatment (MI) Exposure, Time Period (T), Means (M), Standard Deviations (SD), Mean Differences Between Groups (MD), 95% Confidence Intervals (CI), and P Value (P)

SUPPLEMENT 3.

Data Sharing Statement

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Implementation in the "real world" of an evidence-based social and emotional learning program for teachers: effects on children social, emotional, behavioral and problem solving skills

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Introduction: The delivery of social and emotional learning (SEL) programs that are developmentally school-based and evidence-based has the potential to benefit many children, and as such, greater efforts are needed to disseminate these programs more widely within the community. The Incredible Years® Teacher Classroom Management (IY-TCM) has shown promising results when applied by teachers in preschool centers and primary schools, as seen in several randomized control trials conducted worldwide, including in Portugal.

Methods: The current study presents a model of the implementation of the program within the framework of a nationwide initiative undertaken in Portugal: the Academias Gulbenkian do Conhecimento. Additionally, results of the program's impact on children were explored using ANOVA, which compared pre- to post- treatment outcomes. To assess which factors affected the efficacy of the intervention, moderation analyses were conducted using the MEMORE macro. Ninety teachers and 535 children (2 to 10 years old) were assessed.

Results: Results revealed that children showed significant increases in social and emotional skills (e.g., social adjustment, empathy) and significant reductions in problem behavior when assessed by their teachers, and in social-cognitive problem solving strategies as evaluated by a set of problem-solving tasks. Moderation analyses showed that, in general, interaction effects were not found, meaning that the intervention was effective for almost all conditions. Nevertheless, significant moderation effects were found for factors pertaining to the child and the mother with respect to pro-social and emotional skills (children who benefited most from the intervention exhibited more behavioral difficulties at the baseline according to the teachers' perceptions and had mothers without a university degree; children attending primary school took less benefit from the intervention than those attending pre-school).

Discussion: The findings contribute both to the reinforcement of the effectiveness of the IY-TCM program as a universal intervention in "real world" schools and to the development of some guidelines for the promotion of effective scaling up and sustainability of program effects.

KEYWORDS

social and emotional learning, school-based SEL intervention, fidelity, The Incredible Years® Teacher Classroom Management, Academias Gulbenkian do Conhecimento, implementation science

Introduction

Schools constitute a "universal access point" (Sanders et al., 2022, p. 949) from which interventions can be implemented to promote both the cognitive, emotional and social development of children and youth and their mental health. These interventions involve not only the children and youth in question, but also their families and the local communities (Clarke, 2019). As stated in the report entitled "Reimagining our future together" produced by the UNESCO International Commission on the Futures of Education (UNESCO, 2021, p. 4), schools have to be "protected educational sites because of the inclusion, equity and individual and collective well-being they support—and also reimagined to better promote the transformation of the world towards more just, equitable and sustainable futures." In assuming this role, they become central in the efforts to achieve some of the 17 United Nations Sustainable Development Goals (SDGs) (UNESCO, 2021; Sanders et al., 2022).

School-based interventions to promote social and emotional development, encompassed in the macro concept of "Social and emotional learning" (SEL), can be classified into 3 types, according to Clarke (2019): (1) whole-school intervention targeting the school as a whole and integrating a coordination between curriculum, school and family and community partnerships; (2) universal classroom skills-based intervention, for all students in a classroom; (3) targeted intervention, concentrating on students who present different types of risk factors that may compromise their mental health and well-being. The focus of this paper is the implementation of an evidence-based intervention, the Incredible Years® Teacher Classroom Management program (IY-TCM; Webster-Stratton, 2011a, 2012), at the classroom level for all children, even though it features contents that may address the specific needs of certain students (e.g., individual behavioral plans enabling the teacher to work with children who present more socioemotional difficulties in the classroom, involving their families and other school-based professionals). In this way, the program integrates the recommendation of "proportionate universalism" (Sanders et al., 2022, p. 945; Barry, 2019a, p. 38), as far as it is universal and inclusive, yet "calibrated proportionally" to the level of need or disadvantage (World Health Organization and Calouste Gulbenkian Foundation, 2014, p. 8).

Studying the implementation of evidence-based practices (EBP) in real-world schools is essential to informing successful implementation, and thus improving students' outcomes as intended and decreasing not just the "research-to-practice gap" in education (the EBP be adopted) but also the "implementation gap" (the EBP be implemented in schools routinely as planned) (Hagermoser Sanetti and Collier-Meek, 2019).

As Shonkoff (2017) stated in a commentary about the outcomes of early childhood interventions, not only have few programs been scaled effectively, but their effects also appear small to moderate with respect to important dimensions of child development. He thus argues that we need to redefine the criteria we use to classify a program as "evidence-based," removing the focus only from the analysis of statistically significant differences between a control group and an experimental group in randomized studies, and placing it more on causal models focused on mediating and moderating variables—that is, the "on-the-ground experience"—so that they can more effectively answer the questions focusing on which contexts, whether, for whom and to what extent the interventions achieve the intended effects (Shonkoff, 2017).

According to Proctor et al. (2011), it is essential to distinguish "treatment effectiveness" from "implementation effectiveness" in order to transport evidence-based practices or innovations to the community and services and to assess when failure occurs, whether it is due to the intervention's ineffectiveness in that context (intervention failure) or its incorrect implementation (implementation failure). On the assumption that "a critical yet unresolved issue in the field of implementation science is how to conceptualize and evaluate success" (Proctor et al., 2011, p. 65), they proposed a model to assess implementation success centered on what they called "implementation outcomes," which precede and are different from service system outcomes (e.g., effectiveness) and customer outcomes (e.g., satisfaction). Implementation outcomes encompass the effects of actions that have specific objectives and are undertaken intentionally in the implementation of new services, interventions, or practices. The authors developed an "implementation outcomes taxonomy" including eight different outcomes:

(1) Acceptability (satisfaction with aspects of the innovation); (2) adoption (initial decision or utilization or intention to try); (3) appropriateness (usefulness, perceived fit); (4) feasibility (practicability, suitability for use); (5) fidelity (i.e., delivered as intended by program developers, which includes: adherence to the program protocol, dosage, and quality of program delivery); (6) implementation cost (cost-benefit, cost-effectiveness); (7) penetration (integration at the level of the organization or setting); (8) sustainability (sustained use, maintenance, integration within the organization's culture).

The overarching aim of this paper is to document a model of implementation of an evidence-based SEL program, the IY-TCM, in real-word, school-based settings (preschools and primary schools in Portugal) under a broader national innovation initiative developed with the purpose of promoting the social and emotional competences of children and young people aged 25 and under: The Academias Gulbenkian do Conhecimento initiative of the Fundação Calouste Gulbenkian. Another objective is to assess implementation success through the effectiveness of the IY-TCM on improving children's social, emotional, behavioral and problem solving skills and considering different types of moderators: level of teachers' IY-TCM training (at the local community level by no experienced group-leaders from local entities; at the university level by experienced group-leaders); professional background of the participants involved

in the program's implementation with children (teachers versus other school-based professionals); educational system level of the classrooms where the intervention was implemented (preschool versus primary school); mother's level of education (primary or lower secondary; upper secondary; university degree); teachers' perceptions about the children's behavior (easy/average or difficult).

Study background

The Academias Gulbenkian do Conhecimento

The Fundação Calouste Gulbenkian (FCG) is a Portuguese private philanthropic institution whose main purpose is improving the quality of life through initiatives that support the arts, charitable endeavors, science and education.[1] In May 2018 the FCG launched an initiative—The Academias Gulbenkian do Conhecimento. The academies are institutional consortiums, involving non-profit public or private or social sector organizations, including, but not limited to, youth, cultural, and sports associations, NGOs, private social solidarity institutions, parents' associations, municipalities, schools, universities, and hospitals responsible for the implementation of projects ("methodologies") that would promote the social and emotional competences of children and young adults up to 25 years of age. Calls for proposals were opened in three consecutive years (2018, 2019 and 2020) with 100 projects, in different fields (culture, education, sports, health, solidarity or technology) selected and funded in every region of Continental Portugal and the autonomous regions of Madeira and the Azores.

Seven social and emotional competences were considered to be fundamental for children and young adults up to 25 to deal with sudden life changes, and were thus selected as the focus for the interventions[2]:

- Adaptability: adjusting to change by flexibly adapting their attitudes and behaviors;

- Self-regulation: being decisive, strategic and persistent in goals, evaluating progress and modifying behaviors as a result of that evaluation;

- Creativity: having a vision and generating new ways of thinking and doing, exploring and learning from error;

- Problem solving: realistically assessing problems, looking for alternatives, deciding and implementing solutions using creativity and logical thinking, keeping in mind the consequences for oneself and others;

- Critical thinking: valuing situations from multiple perspectives, breaking down problems into their components, and systematizing the path to resolution through new methods and processes, looking for causes or thinking through the consequences of the various possible courses of action;

- Resilience: handling adversity well and not giving up easily;

- Communication: initiating and maintaining social contacts, expressing opinions, needs or feelings appropriately.

Each academy applying for funding had to demonstrate how its project would contribute to the development of some of these seven competencies.

The academies could choose to apply to the implementation of one of two types of interventions ("methodologies"): (1) "reference methodology" selected *a priori* by the FCG and which had already proven its effectiveness in Portugal (a total of nine different methodologies in the three calls)[3]; (2) "experimental methodology," a new methodology whose effectiveness the academy wants to evaluate. The present paper is based on the work done within academies that used the Incredible Years® Teacher Classroom Management (IY-TCM), which was one of the three reference methodologies proposed in the first call.

The Incredible Years®, Teacher Classroom Management Program

The program: content, processes, implementation

The Incredible Years® Teacher Classroom Management (IY-TCM), one of the programs of Incredible Years® (IY) series of programs for teachers, parents and children, was developed by Webster-Stratton to support teachers of children aged 3 to 8 years to effectively manage the disruptive behavior in their classrooms by promoting socio-emotional learning and a positive relationship with children and their parents (Reinke et al., 2012). It has thus been classified as a SEL program (Sandilos et al., 2020) grounded in both social learning and coercion theories (McClelland et al., 2017), but also in attachment theory (Tveit et al., 2020) because of the strong emphasis it places on the quality of the teacher's relationship with the child. The program is organized around the following content components: strengthening of the teacher-student bond and home-school collaboration; classroom management skills, proactive teaching, effective discipline; academic persistence, social and emotional coaching with students; teaching social skills, anger management and problem-solving skills in class; individual behavior plans for children who exhibit some behavior difficulties; and building teacher support networks (Webster-Stratton, 2012).

The IY author developed a model of professional training and coaching that incorporates a guarantee of fidelity that increases the likelihood of implementation success. In fact, group leaders (or facilitators) who will deliver the program to teachers need to complete a 3 days training workshop, certified by the Incredible Years®, while participation in regular supervision with a coach or mentor in the program is also highly recommended by the author (Webster-Stratton and Bywater, 2015). Group-leaders training workshops can only be offered by "mentors" or "trainers" who themselves have followed a consistent training program that includes being certified as group-leader, having considerable experience delivering the program, and having completed training in coaching, supervision and workshop delivery skills (see https://incredibleyears.com/programs/implementation/ for more details). Mentors provide ongoing mentoring and supervision to group-leaders and work closely with the program author and participate regularly in international IY mentor meetings to improve their skills and guarantee they are familiar with and integrate in their trainings the latest improvements the author has introduced into the program content and processes.

1 https://gulbenkian.pt/en/the-foundation/the-foundation/

2 https://gulbenkian.pt/academias/competencias-alvo/

3 https://gulbenkian.pt/academias/publications/

The program is implemented by two trained group-leaders to groups of 14–16 preschool or primary school teachers, or other professionals working with children in educational environments, and is supported in a detailed Leader's Manual (Webster-Stratton, 2011b) and books. The training model integrates a collaborative, self-reflective, and experiential learning process, in which teachers share ideas, role-play practices and discuss and problem-solve situations presented on DVD vignettes (Webster-Stratton, 2011a). In each training session teachers are invited to set personal goals from a self-monitoring checklist and to complete a self-reflection inventory. Between sessions group-leaders offer individual support to teachers, both online and in their classrooms, to help them solve/reflect on implementation issues and other problems and support them in implementing the strategies. Teachers are stimulated to share experiences and ideas with other teachers both between sessions and at the beginning of each session, with the goal of building teacher support networks and promote peer to peer learning (Webster-Stratton, 2011b).

The model for teacher training recommends 42 to 48 h of training in six one-day monthly workshops, implemented throughout the school year (Webster-Stratton, 2012). However other implementation models are used with efficacy. For example, Carlson et al. (2011) reported eight 4 h sessions over an 8–10 weeks period for a total of 32 h of training, and Gaspar et al. (2022) reported six 6 h workshops once a month or every 3 weeks, interspersed with 2 hours individual in loco peer coaching. According to Korest and Carlson (2022), dosage should be calculated not considering the number of sessions, because of the varied number of sessions offered, but rather by the number of hours, coding as "high dosage" if the training offered lasts at least 42 h.

The IY-TCM as an evidence-based program

In different countries, the IY-TCM as a stand-alone school-based intervention showed promising benefits for both children and teachers. Results from a very recent meta-analysis—one designed both to assess the current state of evidence in improving teachers' and children's outcomes and to identify potential intervention moderators of the effects of the IY-TCM as a stand-alone program (Korest and Carlson, 2022)—revealed the program had moderate positive effects on teachers (use of positive and negative IY-TCM classroom management strategies) with larger effect sizes in higher dosage studies (training hours offered greater than or equal to 42 h). Considering the effects on children, the results indicated small positive effects on children's externalizing behavior and prosocial skills for teacher-rated reports, with larger effect sizes for higher risk children (behavioral problems above the clinical range defined by the study). The severity of child behavior (high risk and low risk), reporting methods (observation and teacher-rated), study design [randomized control trials (RCT) or quasi-experimental] and dosage (high = training hours offered greater than or equal to 42 h; low = less than 42 h) were the moderators analyzed, but because of the small sample only descriptive versus empirical analysis was possible. So the moderation results reported need to be read with caution. Sixteen studies (with a RCT or quasi-experimental design) from six countries (United States, United Kingdom, Ireland, Portugal, New Zealand, and Jamaica) were included.

In a previous mixed methods systematic review (Nye et al., 2019), the authors concluded that the program has the potential to provide a scalable public health solution to address both teachers' needs related with classroom management problems and children's social, emotional and behavioral needs, both in high-income countries (England, Ireland, Wales, United States) and in low-income countries (Jamaica). Results indicate a reduction in school violence related both with a reduction in teachers' use of negative strategies, and with the improvement in the behavior of higher risk children in the classroom.

The IY-TCM is listed in online registries hosted by government and non-governmental organizations and designed to inform investment decisions by policy makers and commissioners (e.g., Blueprints for Violence Prevention Model and Promising Programs, administered by the Center for the Study and Prevention of Violence at the University of Colorado; https://www.blueprintsprograms.org/; The European Platform for Investing in Children (EPIC), an evidence-based online platform that provides information about policies that can help children and their families face the challenges in the current economic climate in Europe; https://ec.europa.eu/social/main.jsp?catId=1246&langId=en).

In Portugal the first study with the IY-TCM was a universal prevention quasi-experimental study conducted within the scope of a doctoral dissertation (Vale, 2012). Its main aim was to establish preliminary evidence on the program's effectiveness in improving Portuguese children's social skills and behavioral difficulties at school and teacher practices and behaviors. A secondary aim was to assess its acceptability by teachers. Changes happened in the expected direction and were sustained over time (12 months follow-up) regarding both children's outcomes (including children with early signs of disruptive behavior), and teachers outcomes. High levels of teacher satisfaction with numerous aspects of the program were found. However, concerning the video clips, although teachers recognized their usefulness for stimulating discussion and modeling certain strategies, they thought that the videos did not adequately reflect the reality of young learners in Portuguese classrooms and therefore needed to be adapted (Vale, 2012). Seabra-Santos et al. (2018) conducted an RCT aiming to analyze the impact of the IY-TCM on social skills and behavior problems of economically disadvantaged preschoolers. After their teachers attended the IY-TCM training, children from the experimental group were rated with more social skills and fewer behavior problems. Moreover, higher improvements in social skills were found in children from economically disadvantaged families and with children at high risk because of their lower social skills. Within the same study, Gaspar et al. (2022) reported that teachers who participated in the IY-TCM showed an increased use of classroom management positive strategies and a reduced use of inappropriate ones. An impact on psychological variables was not found.

Considering that one of the key principles of practice to be followed in the implementation of innovations promoting mental health interventions is the selection of theoretical and evidence-based interventions (Barry, 2019b), the adoption of the IY-TCM by the FCG as a "reference methodology," whose implementation in Portugal they supported and funded, seems justified.

Method

Implementation design

To more fully inform those applying for the Academias Gulbenkian do Conhecimento 2018 grant as to the specific components and goals of the IY-TCM, it was natural that the promoter should approach the team responsible for the implementation and research of the IY-TCM in Portugal, based at the Faculdade de

Psicologia e de Ciências da Educação, Universidade de Coimbra (UC), to write a manual with the details of the intervention and implementation model (program contents, processes and goals; group-leader training; training to teachers and other school-based professionals who work with children; implementation support by the research team; outcomes and processes assessment model; program efficacy and effectiveness world-wide and in Portugal related with the expected results of the Academias Gulbenkian do Conhecimento in terms of improvement of social and emotional competencies of children) (The manual, in Portuguese, can be found in https://cdn.gulbenkian.pt/academias/wp-content/uploads/sites/43/2018/05/1.incredible_years.pdf).

The goal was to support applicants' informed selection of the methodology, considering their own needs and resources. This is particularly relevant because in the 2018 call the applicants could choose among either four "reference methodologies" or the implementation of a methodology selected by themselves ("experimental methodologies").

Seven applicants had their projects to implement the IY-TCM program approved. These academies had outlined projects with a variable duration, ranging from 12 to 36 months of implementation, which could be carried out either in preschools or in primary schools, and involved one of the following levels of training, or both: level (1) the teachers or other classroom-based professionals are trained by group-leaders from the academy who, in turn, have been trained by a program mentor from the university team; level (2) the teachers or other classroom-based professionals who will use the program with children in classrooms are trained directly by group-leaders from the university team. One of the academies chose to implement a project involving the two levels of training.

The implementation plan of the IY-TCM methodology followed 4 sequential steps:

Step 1. Formal agreement between the FCG and the UC concerning the tasks and duties of each one and the funding the former gives to the latter to do the training and provide the support needed for the successful implementation of the projects of the seven IY-TCM academies and also to conduct an evaluation of the implementation process and success.

Step 2. Face to face meeting between the promotor Agency (FCG—Academias Gulbenkian do Conhecimento), the coordinator Agency (UC), and the local Agencies coordinators (IY-TCM academies). The coordinator from the university presented the model of implementation of the IY-TCM methodology, the implementation support offered to academies and the assessment model of the implementation.

Step 3. Training of group leaders: only for the level 1 academies. Twenty-five professionals from the four level 1 academies (A1, A2, A3 and A4) participated in the 3-day leaders' training workshop at the UC. The training was delivered by two group leaders with extensive experience with the IY programs, one of whom was a mentor in training of the IY-TCM. The training followed the same collaborative model that the trainees were supposed to use when running teachers' groups.

During and after the certified training, the academies were closely supported by the university team: (1) to order the Portuguese version of the IY-TCM program materials (e.g., DVD, group leader manuals); (2) to establish a partnership with a local Center for Continuing Professional Development for Teachers, so that the teachers attending the IY program training might obtain professional credits for participating (given that in Portugal all the teachers, including preschool teachers, are encouraged to do certified continuing professional training in order to get professional credits to progress in their career); (3) to disseminate the IY-TCM program and the project in the local schools to recruit teachers that would volunteer to attend the program. Models of formal letters to the directors of school clusters, head teachers and teachers were made available.

Step 4. Program implementation to groups of teachers and other school-based professionals who work with classrooms: year 1.

Level 1 academies

The four academies disseminated the program in local community schools clusters, implementing it in schools to groups of teachers or other school-based professionals who worked with children in the classrooms. All teachers received professional credits for completing the program. All the four academies offered the 42 h of training in 7 monthly sessions of 6 h each, or in 14 sessions of 3 h each every 2 weeks. In the first year of implementation, all the workshops were administered in person; however, following the COVID-19 pandemic, two of the academies started to deliver online as well.

Before and during the first year of implementation, all the professionals trained in level 1 received the support from a member from the IY-TCM team based at the university. At least one supervision session took place face-to-face, which was attended either by all the group-leaders from the academy or from two academies in geographical proximity. Group-leaders were invited to take self and peer evaluations to the supervision session along with the evaluations of each session made by the teachers, at which point the collaborative problem-solving model recommended by the program author was followed. Online supervision sessions were also implemented with the same goal. At the end of the first year, after all the academies had finished the implementation of their first group, all the group-leaders were invited to participate in a focus group at the UC, in September 2019, to explore their views on the program's strengths, its impact on teachers, any barriers they faced in the implementation, and suggestions for sustainability. One of the four academies finished the project, under the Academias Gulbenkian do Conhecimento, at the end of the school year 2018–2019 (June 2019) whereas the other three concluded in the 2020–2021 school year.

Level 2 academies

A group of 20 teachers and other school-based professionals from four academies (one is also a level 1 academy) participated in the teacher training led by two group-leaders from the university team. The training was implemented in seven full-day (6 h) workshops, occurring monthly during the school year. All the sessions took place on Saturdays at the university facilities. In order to encourage participation all the teachers were given professional credits, and lunch and coffee-breaks were offered. Between sessions, group-leaders offered individual support to teachers in their classrooms (twice) or online (four times) to support them in implementing the strategies and help them to solve or reflect upon other problems they faced in the implementation. Both group-leaders received close support in training from the UC team mentor in terms of preparing the sessions, solving problems and implementing the training according to the collaborative model. Self and peer evaluations

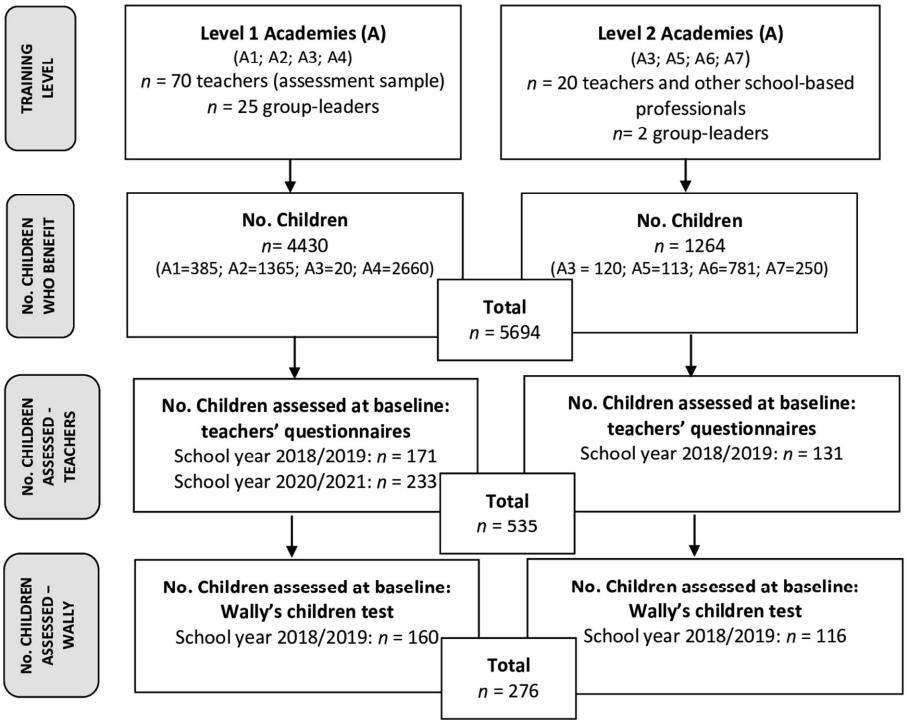

FIGURE 1
Flow chart of number of children who benefit from de intervention and who participate in the outcomes assessment according to the seven (A1 to A7) academies training level.

along with the participant's evaluations of each session were completed and used to support the supervision. At the end of implementation, all the participants were invited for a focus group held at the UC in October 2019, with different goals from those emphasized with level 1 academies: to explore the acceptability of the program and their views about which elements offered barriers to or facilitated implementation in schools. The level 2 academies only took place in the first year of the Academias Gulbenkian do Conhecimento (2018–2019).

Online implementation

Because of the COVID-19 pandemic, the level 1 academies did not have the chance to implement the IY-TCM program during the 2019–2020 school year. However, following the guidelines developed by the program author regarding online implementation of the IY-TCM, they supported the teachers with whom they worked to use the contents and processes of the program during their online contacts with children and parents. After the COVID-19 pandemic, two of the academies started to deliver the program online, with one delivering a group in a mixed format as they had begun in person but later, because of the pandemic-related restrictions, were forced to continue online.

To support all group-leaders with online delivery of the program (including the ones who had finished the contract with the FCG at the end of the first year) the mentor from the UC team ran a 2 h online webinar in January 2021 to share recommendations and strategies developed by the program developer (see https://incredibleyears.com/resources/gl/resources-for-group-leaders-working-remotely/ for more details about IY-TCM online implementation).

Intervention assessment

Procedures

A total of 5,694 children were offered the IY-TCM program (cf. Figure 1, step 2). However, to examine the effectiveness of the program, two teachers were randomly selected from each of the groups in level 1, and all the teachers in level 2 participated (cf. Figure 1, step 1). Regarding the selection of the children for inclusion in the assessment, the method used was inspired in the procedures used by Leckey et al. (2016): each previously recruited teacher selected a total of six children from their classroom based on their evaluation of difficult behaviour. Two children considered to be "easy," two considered to be "average" and two considered to be "difficult." Therefore, although a total of 5,694 children benefited from the program, only a subsample of 9.4% were used for the purpose of assessing the effectiveness of the program presented here (cf. Figure 1, step 2 to step 3).

A written consent was signed by all participant teachers/professionals and parents. On a day previously agreed upon with the teachers/professionals involved in the assessment, two psychologists from the UC team with vast experience in the assessment of children went to schools to individually evaluate the six previously selected children (cf. Figure 1, step 4) and to ask teachers to answer the questionnaires concerning each one. Baseline assessment occurred at the beginning of school year immediately before the intervention started. Post intervention assessment was conducted in the end of the intervention, approximately 7 months after baseline.

TABLE 1 Children's and educational professionals' characteristics at baseline.

Children			Professionals		
N=535			*N* =90		
Age (years)	Min. = 2 Max. = 10	*M* = 5.66 *SD* = 1.90	Professionals' education (*n*, %)		
				Teachers	78 (87%)
Level of schooling (*n*, %)	Preschool	321 (60)		Non-teachers	12 (13%)
	Primary school (1st to 4th year)	214 (40)	Teachers' professional experience (years) (*n* = 78)	Min. = 4 Max. = 40	*M* = 23.36 SD = 8.86
Behavior (*n* = 529) (*n*, %)					
	Easy/average	355 (67.1)			
	Difficult	174 (32.9)			
Mother's level of education (*n* = 408) (*n*, %)			Classrooms		
			N =90		
	Basic (<=9 years)	107 (26.2)	Number of children in the classroom	Min. = 10 Max. = 26	*M* = 19.86 SD = 3.87
	Secondary (12 years)	124 (30.4)	Number of boys in the classroom	Min. = 5 Max. = 16	*M* = 10.29 SD = 2.59
	University degree	177 (43.4)	Number of girls in the classroom	Min. = 2 Max. = 16	*M* = 9.41 SD = 3.18
Father's level of education (*n* = 375) (*n*, %)					
	Basic (<=9 years)	136 (36.3)			
	Secondary (12 years)	138 (36.8)			
	University degree	101 (26.9)			

Participants

Academies

The seven academies participated in the effectiveness assessment (cf. Figure 1).

Four are level 1 academies. A1 is a non-profit community agency with extensive experience in community work, including work with schools in the Lisbon area. A2 is a Department of Child and Adolescent Psychiatry, from a major hospital in the north of the country, strongly committed to mental-health prevention and with large experience in offering IY-Basic parent groups and with partnerships with teams from public health, local schools and the municipality. The group leaders were from different disciplines: psychology, health, social education, primary school and preschool education. A3 is a non-profit private preschool center in the south of the country that wants to bring the IY philosophy to all school staff, professionals and non-professionals. The director and another preschool teacher attended the group-leaders training (level 1) and four other preschool teachers participated in the level 2 training. A4 is a health department of a polytechnic university in the center area of the country. The group-leaders came from different disciplines: health, social education, psychology, and preschool education.

Three others are level 2 academies. A5 is a cluster of schools in the center of Portugal, which had six preschool and primary school teachers participating in the IY-TCM workshop. A6 is a local government service in the Lisbon area, which implemented the IY-TCM in preschool classrooms. As for their professional background, they were psychologists, educational specialists and one was a teacher. A7 is a non-profit organization in the Lisbon area and as A6 implemented the IY-TCM with children in preschool classrooms, their professionals were not teachers but had professional training in social, cultural and educational disciplines.

Teachers and other school-based professionals

Ninety professionals from 7 academies (cf. Figure 1, step 1) participated in the evaluation.

Table 1 presents some of their characteristics. Most of them were teachers (78%). Concerning the non-teaching professionals, seven were school or clinical psychologists and the others were from areas of education. All the professionals, including preschool and primary teachers, had at least a bachelor's degree. They had worked as teachers for an average of 23.36 years (SD = 8.86).

Children

In each classroom, six children were selected to participate in the effectiveness study: teachers identified two children they considered to be "easy," two "average" and two "difficult." In this way 535 children aged 2 to 10 years ($M = 5.66$ years; SD = 1.90) participated in the intervention assessment. Table 1 presents the main sociodemographic characteristics of the sample. More children (60%) are in preschool classrooms compared to the ones in primary school (40%), with this last level corresponding to the first 4 years of compulsory education that in Portugal starts when children are 6 years old. Thirty-three percent were considered to be "difficult" by their teachers. Forty-three percent had mothers with a university degree and 26% had mothers with 9 or less years of education (basic education). The father's education level was found to be lower than the mother's.

Measures

Teacher and other school-based professionals and classroom characteristics

A questionnaire was developed to collect data on the IY-TCM program participants (e.g., professional education, years of experience as teachers), as well as on the classroom characteristics (e.g., number of children, number of boys and girls). It also included some questions aimed at characterizing the six children in each classroom selected for the effectiveness study (e.g., age, mother's and father's level of education).

Children outcomes

Behavior problems

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Portuguese version by Fleitlich et al., 2005) was used to evaluate children's behavior problems. The SDQ is a 25-item inventory with different versions depending on the child's age range (2 to 4 years-old and 4 to 17 years-old), and on whether the respondent is a parent, teacher or oneself (the latter only for children from 11 to 17). The questionnaire consists of five subscales including five items each: hyperactivity/inattention, emotional problems, conduct problems, peer problems, and prosocial behaviors. Each item is answered on a three point scale: "not true," "somewhat true," or "certainly true," with a minimum score of 0, and a maximum of 10 for each subscale, from which different risk levels are defined. Scores on the first four subscales can be aggregated into a composite of total difficulties (with a minimum score of 0, and a maximum of 40), which is used in this study as an outcome measure. In the present study, the version intended for 4–17 years-old was completed by teachers, who provided answers reporting on the child's behavior over the previous 6 months, as per the instructions. The internal consistency for the composite of total difficulties was 0.80 at baseline and 0.81 at post-intervention.

Social and emotional skills

Two questionnaires, answered by the children's teachers, were used to evaluate the social skills of children, according to their school level, both authored by Merrell: The Social Skills Scale of the Preschool and Kindergarten Behavior Scales—Second Edition (PKBS-2; Merrell, 2002a; Major, 2011; Major and Seabra-Santos, 2014), and the Social Competence Scale of the School Social Behavior Scales—Second Edition (SSBS-2; Merrell, 2002b; Raimundo et al., 2012). For the present study, in order to achieve a common measure for both preschoolers and school aged children, the two scales were compared and the common items were retained for analysis: 6 items deal with Self-Management/Compliance (e.g., "Follows school and classroom rules") and 4 items are related to Peer Relations/Empathy (e.g., "Offers help to other children when they need it"). Good internal consistency levels were obtained for both set of items: 0.91 and 0.87 for Self-Management/Compliance, and 0.87 and 0.88 for Peer Relations/Empathy, at baseline and at post-intervention, respectively.

Problem solving

The Wally Problem Solving test (Webster-Stratton, 1990) was administered to evaluate the children's capacity to find solutions to challenging social situations. The original test presented 12 colored pictures showing social problem scenes that can typically arise in interactions with preschool or early elementary school peers or teachers, or at home with parents. The test version used in this study is a shorter form with six vignettes (Webster-Stratton et al., 2001), including two social challenges, two scenarios with a desired object, and two scenarios of potential punishment. The test was administered in a one-on-one interview format, during which children were shown each of the six images, with the main character matched to their gender and the situation described verbally. Children were then asked what they would do if they faced the social problem depicted and were encouraged to give additional solutions, limited to a total of six responses or until they stopped adding different content. The responses were coded according to the following three indexes, calculated across the six vignettes: (i) proportion of positive solutions, as an indicator of prosocial and self-regulated ways of solving problems; (ii) proportion of aggressive solutions, representing difficulties in the social relationships and self-regulation; and (iii) persistence of positive solutions, indicating the child's capacity to persist in prosocial and positive solutions, before an aggressive solution is given as a response to the problem.

Data analysis

Statistical analyses were performed using SPSS 27.0. Descriptive analyses were conducted to determine the demographic characteristics of the sample. Missing data was low level (<10%) and at random, so missing values were replaced by the mean of the subscale.

The effects of the intervention were analyzed using *t*-test statistics for paired samples comparing score at baseline and scores after the intervention. Considering that multiple comparisons were performed, we used the Bonferroni correction for multiple comparison. The level of significance considered was 0.008 (0.05/6). Cohen's *d* for estimating the effect sizes was calculated using the Lenhard and Lenhard (2016) calculator. Cohen's *d* effect sizes were interpreted considering a value of 0.2 for a small effect size, a value of 0.5 for a medium effect size and a value of 0.8 for a large effect size. *A priori* sample size calculations (Faul et al., 2007) revealed that for a power of 0.90, with significance level of 0.05, testing for differences between two means using *t*-tests, a minimum of 216 participants in the total sample was required for detecting small effects ($d = 0.02$).

Moderation analyses were conducted using the MEMORE (Montoya, 2019) macro for mediation and moderation analysis (model 2), which is a tool available for SPSS to estimate and probe interactions when the focal predictor is a within-participant factor. Examined moderators included variables related to the child, the level of teachers' training in the IY-TCM, and the professional background of the teachers and other school-based professionals who implemented the IY-TCM in the classrooms. Regarding the moderation effects, GPower was also used for calculating sample sizes: for a power of 0.90, with significance level of 0.05, testing for linear multiple regression (fixed model, r^2 increase), a minimum of 353 participants in the total sample was required for detecting small effects ($f^2 = 0.03$).

Results

Intervention effects

Table 2 presents the means, standard deviations (SD) and the significance tests of the comparison between the baseline and the post intervention scores for all the study variables.

TABLE 2 Descriptives and pre to post intervention comparison of the outcome variables.

Outcomes	*N*	Baseline (mean±SD)	Post intervention (mean±SD)	*t*-test	*p*	Cohen *d*
Children's social and emotional skills						
Self-Management/compliance	505	20.35 ± 3.69	21.45 ± 3.08	−10.81	<0.001	0.32
Peer-relations/empathy	508	13.49 ± 2.58	14.30 ± 2.16	−10.84	<0.001	0.33
Behavior problems						
SDQ total difficulties score	517	11.62 ± 6.47	10.45 ± 6.30	7.124	<0.001	0.18
Social problem-solving strategies						
Proportion of positive solutions	276	85.08 ± 17.88	88.81 ± 13.32	−3.76	<0.001	0.25
Proportion of aggressive solutions	276	3.59 ± 7.40	2.25 ± 5.67	−2.91	0.004	0.20
Persistence of positive solutions	276	81.62 ± 19.89	85.17 ± 14.42	−2.95	0.003	0.19

As presented in the table, significant changes were observed in all variables that were assessed. Children assessed before and after the intervention significantly increased their social and emotional skills, namely self-management/compliance and peer-relations/ empathy, and the effect sizes of these changes were small. Similarly, regarding social problem-solving strategies, there were significant increases from the baseline to the post intervention, also of small effect sizes. Finally, results also showed that children significantly decreased their scores in terms of behavior problems, although in the case the effect size was the smaller found (Cohen $d = 0.18$).

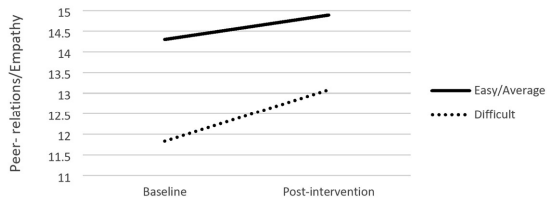

FIGURE 2
Moderation effect of children's behaviour and peer-relations/ empathy.

Moderation effects of the intervention

Moderation effects were examined for all the outcome variables: children's social and emotional skills (self-management/compliance; peer-relations/empathy), behavior problems (SDQ total difficulties score) and social problem-solving strategies (proportion of positive solutions, persistence of positive solutions, and proportion of aggressive solutions). Moderators that were tested were related to the:

(1) children's characteristics (children's behavior assessed by their teacher: 0 = easy/average, 1 = difficult; children's level of schooling: 0 = preschool, 1 = primary school); (2) mother's education (mothers' level of education: 1 = basic, 2 = secondary, 3 = university); and (3) IY-TCM training and delivery-related variables (IY-TCM training level: 0 = at university level and 1 = at local community level) and intervention professionals (0 = teachers, 1 = not teachers).

Non-significant moderation effects are not presented. Significant moderation effects were found for *children's social and emotional skills* considering children's behavior (for self-management/compliance and peer-relations/empathy), mothers level of education (for self-management/compliance) and level of children's schooling (for peer-relations/empathy).

Children characteristics

The evaluation of children as "easy/average" or "difficult" by their teachers was a significant moderator of the change of self-management/compliance and peer-relations/empathy skills. Indeed, regarding changes in peer-relations/empathy due to the intervention,

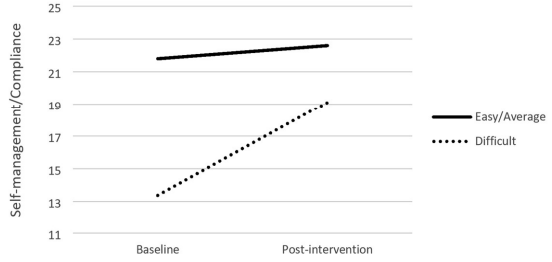

FIGURE 3
Moderation effects of children's behaivour and self-management/ compliance.

results showed that children's difficulty ($b = -0.33$) was significantly associated with changes in peer-relations/empathy scores ($R^2 = 03$, $F(1,506) = 18.02$, $p < 0.001$). Conditional effects showed that effects were different between children assessed as "easy/average" ($b = -0.59$, $p < 0.001$) and those identified as "difficult" ($b = -1.25$, $p < 0.001$), with the latter group showing higher changes (cf. Figure 2). A similar effect was found regarding self-management/compliance. Results showed that the evaluation of children as "easy/average" or "difficult" by their teachers ($b = -0.47$) was significantly associated with changes in self-management/compliance scores ($R^2 = 0.19$, $F(1,503) = 19.39$, $p < 0.001$). Conditional effects showed that effects were different between children evaluated as "easy/average" ($b = -0.79$, $p < 0.001$) and as "difficult" ($b = -1.73$, $p < 0.001$), with, again, the latter group showing higher changes (cf. Figure 3).

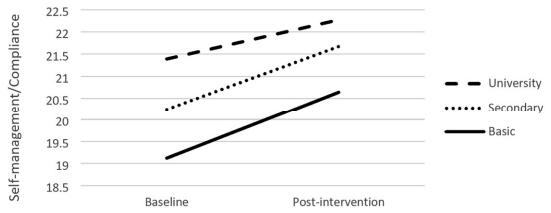

FIGURE 4
Moderation effects of mother's level of education and self-management/compliance.

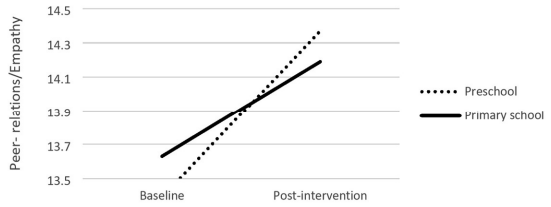

FIGURE 5
Moderation effects of children's school level and peer-relation/empathy.

Mother's level of education

Mother's level of education ($b = 0.34$) was also a significant moderator of changes in children's self-management/compliance behavior ($R^2 = 12$, $F(1,391) = 5.45$, $p = 0.02$). Conditional effects showed different slopes between mothers with basic ($b = -1.49$, $p < 0.001$), secondary ($b = -1.21$, $p < 0.001$) and higher ($b = -0.93$, $p < 0.001$) education, with the first two groups showing higher changes (cf. Figure 4).

Children's level of schooling

Finally, children's level of schooling ($b = 0.41$) was also a significant moderator of changes in children's peer-relations/empathy behavior ($R^2 = 12$, $F(1,506) = 5.45$, $p = 0.01$). Conditional effects showed different slopes between preschool children ($b = -0.98$, $p < 0.001$) and primary school children ($b = -0.56$, $p < 0.001$), with the former showing higher change in peer-relations/empathy behavior (cf. Figure 5).

Discussion

The Academias Gulbenkian do Conhecimento initiative provided a unique opportunity to understand the impact of the IY-TCM program on children's social and emotional competence and skills when delivered on a large scale as an universal classroom-based intervention in the real world, and to understand how some variables (related with the children, the school-based professionals who deliver the program, and the type of group-leaders training) moderate that impact.

All the impact results found represent improvements in the desired directions, however with small effect sizes, and they confirm results of previous efficacy studies (RCT or quasi-experimental designs) where the IY-TCM was implemented as a stand-alone intervention, in other countries including in Portugal.

The significant increase in social skills as reported by teachers, in both dimensions assessed (one more related with self-regulation and compliance and the other with peer-relationships and empathy), is in line with the results found in other studies, as in the one conducted by Baker-Henningham et al. (2018) in a low-income country, Jamaica, with a sample of preschool children considered by their teachers as having the highest level of conduct problems in the classroom. However, unlike our study, the effect sizes found were high, perhaps because it was a high-risk sample with more space for improvement. Also relevant is the case from Norway, Fossum et al. (2017), which examined a universal sample of kindergartens from 3 to 6 years-old children, including a sub-sample of children who scored at or above the 90th percentile on aggressive behavior at baseline, and also found significant improvements in social skills based on teachers' reports. However, small effect sizes were reported for the universal sample, as in our study, and higher for the behavior risk sub-sample. In Portugal, Vale (2012), in a universal sample of preschool children, and Seabra-Santos et al. (2018) with a sample of preschoolers from low-income areas, found the same type of improvement. The effect sizes reported in the Seabra-Santos et al. study (Seabra-Santos et al., 2018) are also small, yet they indicated that the children who benefited more from the intervention, in terms of social skills, are those with lower social skills at baseline and coming from families in economic need. In the recent meta-analysis conducted by Korest and Carlson (2022), where most of the previous studies we have just described were also included, as well as others conducted in other countries (United Kingdom, Ireland, New-Zealand and the United States), the efficacy of the IY-TCM is confirmed as a stand-alone program concerning the increase of prosocial behavior for teacher-rated reports, although with small effects sizes.

Problem behaviors were also assessed in our study using teacher-reports, and as for social skills, significant improvements were found with a reduction after the intervention.

In Baker-Henningham et al. (2018), significant reductions in teacher-reported behavior difficulties were also found and with medium effect sizes. The same reduction was observed in the Seabra-Santos et al. (2018) study, however without the differential impact found for social skills as described above. Fossum et al. (2017) also reveals a positive impact in the teacher-reported behavior difficulties in the universal sample, but for the high-risk group of children none of the reduction was significant at the 0.05 level. In a mixed methods systematic review, Nye et al. (2019) reported a small, statistically significant effect (using observation and teachers-report measures) of the IY-TCM on reducing child conduct problems, but only for high-risk conduct children. In the recent meta-analysis from Korest and Carlson (2022), small positive effects were found on children's externalizing behaviors, with larger effect sizes for higher risk children (i.e., children with behavior problems above the clinical range as defined by the study).

One of the goals of the FCG academies is to improve *problem solving* defined as the way the child "realistically assesses problems, looks for alternatives, decides and implements solutions using creativity and logical thinking, keeping in mind the consequences on self and others" (see footnote 2). In our study the impact of the IY-TCM on children's social problem-solving skills was assessed with a task administered via a one-on-one interview format. Our results provide consistent evidence of the positive impact of the IY-TCM program on the three indicators assessed, as statistically significant

effects were found for the three changes analyzed. The three effect sizes were small, ranging from 0.19 to 0.25, however the highest effect size was obtained for the proportion of positive solutions compared with the other two. The assessment of the IY programs' impact in social problem-solving skills is more usual when the IY programs for children are implemented versus when the programs used are directed at parents and teachers, which is one of the reasons why this outcome is not reported in the IY-TCM meta-analysis conducted by Korest and Carlson (2022). For instance, Williams et al. (2019) developed a RCT in primary schools where the universal IY Classroom Dinosaur School program was delivered by teachers to at risk children and where teachers were already trained in the IY-TCM. According to the results, improvements in the problem-solving knowledge of children, as evaluated by the Wally Problem Solving measure, were found in the intervention condition, compared to children in the control condition, with medium effect sizes for prosocial (ES = 0.39) and for agonistic (ES = 0.41) solutions.

Therefore, our results provide broad support as to the effectiveness of the IY-TCM, when implemented as a universal school-based program, on a large-scale and in the real world, as they yield significant improvements across the different variables assessed, that is, those related with children's social and emotional competence, including social problem-skills. These results are in line with the seven socio-emotional competencies the Academias Gulbenkian do Conhecimento initiative sought to improve in children. However, to effectively reduce the gap between research and practice in education it is not enough to simply assess the impact of the intervention in the real world. According to Shonkoff (2017), we need to know not only whether the interventions achieve the intended effects, but also in what contexts, for whom and how. In order to answer the last two questions, moderation effects were examined for all the outcome variables.

Non-significant moderation effects were found when considering the level of IY-TCM training and the professional background of the professionals who delivered the intervention as moderators, meaning that the intervention was effective regardless the conditions. Concerning the IY-TCM training, the sessions at the university level involved experienced group-leaders from whom we could expect more adherence to the intervention's components. Also, both are trained as psychologists and their clinical training could contribute to the development of skills central to the collaborative process and in the development of therapeutic alliance, which research about the role of the group-leaders of the IY Basic program for parents in Portugal highlights as central in the process of change (Leitão et al., 2022). Likewise, in Ireland the IY-TCM training to primary school teachers is offered by educational psychologists from the National Educational Psychology Service, as part of their continuing professional development (Davey and Egan, 2021). However, in a qualitative study about the teachers' views on the acceptability and implementation of the IY-TCM in UK primary schools, the professional qualification of group-leaders (e.g., psychologist) was not indicated as important (Allen et al., 2022). Rather, they value group-leaders who are welcoming, supportive, open, friendly, non-judgmental or patronizing, who recognize them as experienced teachers, encourage them actively to value and support each other (Allen et al., 2022). The model of training and close supervision offered by the university team to local community group-leaders thus gave them the opportunity to develop those competences central in the collaborative process. The in-built fidelity tools of the IY-TCM program and all the materials (manuals, DVDs, books, and other items) provided to local group-leaders also served to increase the fidelity of implementation (Hutchings and Williams, 2017). Additionally, local group leaders had the opportunity to establish partnerships with local schools, school leaders and teachers and adequate the implementation to the needs of the participants in a more significant way. Furthermore, because they work at the local level, they can support teachers in a more personalized and intensive way and not be dependent on external support. Also, the teachers in the group can work with local peers and construct a stronger and sustainable community of support, considered by teachers themselves as one of the most important aspects of IY-TCM (Allen et al., 2022). Therefore, both training conditions had strengths that could explain why both are equally effective in our study.

Considering the professionals who implemented the intervention in classrooms, the non-significant moderation effects found indicate that the intervention was equally effective when delivered by teachers or by other professionals who work with children in the classroom. Durlak et al. (2022), in their review of 12 meta-analyses of universal, school-based social and emotional learning (SEL) programs, from pre-school to high-school, reported mixed results related with the type of professional who delivered the intervention, when they compared teachers with researchers. In our study all non-teacher professionals were like their teaching counterparts in that they also held a university degree and were experienced in working with children in a regular basis in their classrooms via planned activities with a focus in the socio-emotional development. They all attended the training at the university level by two experienced and qualified group-leaders. Our findings support the author's assumption that the IY-TCM program can be implemented not only by teachers but also by other professionals working in educational environments (Webster-Stratton, 2011a).

When we move our focus to the variables of the children and the mother (initial behavior as reported by their teachers, children's level of schooling, and mother's level of education) the moderation results are mixed with respect to the outcome variable analyzed. According to our results, no significant moderation effects were found for teacher-reported behavior difficulties (measured with the SDQ), nor for social problem-solving strategies used by children (measured by the Wally test). In fact, when considering these outcome variables, we observed that all the children benefit similarly from the IY-TCM program.

However, significant moderation effects were found for the social skills as reported by teachers considering children's initial behavior, children's level of schooling and mother's level of education. When initial behavior was taken as the moderator, significant effects were found both for self-regulation/compliance and for peer-relations/empathy, with children assessed as difficult showing more benefits from the intervention when compared to the ones assessed as easy/average. These results replicate the ones of previous research with Portuguese disadvantaged preschoolers (Seabra-Santos et al., 2018), which pointed out that the initial behavior risk was a moderator of the IY-TCM impact, with children at higher risk at baseline benefitting more from the intervention. As in the present study, the moderation effect found was only significant for social skills but not for behavior problems. Both results are in line with the Korest and Carlson (2022) meta-analysis: initial severity of child behavior is a moderator of program effects;

and the effect sizes are higher for prosocial outcomes compared to externalizing behavior problems. One explanation for the higher impact on the prosocial behavior result could be the strong emphasis the program places on positive behavior. Thus, the theoretical foundation of the IY-TCM, expressed in a "teaching pyramid," is that the teacher focuses first on increasing positive behavior rather than on reducing negative behavior (Webster-Stratton, 2012). As for the moderation effect of the severity of the initial child behavior, a possible explanation may have to do with a central tool of the program: the "individualized behavior plans" (Webster-Stratton, 2011b). Those plans are developed and applied by teachers with those children who pose the most behavioral challenges in classroom and the same intervention logic mentioned before is followed: start by increasing positive behaviors and only then, and if necessary, resort to strategies to reduce negative behaviors. As so, the development of a behavior plan for a difficult child in their classrooms is part of the teacher's tasks during the training delivered in our study, and in supervision those plans are discussed and developed to respond to the child's needs in a more effective way. Also, in our study teachers chose one of the two children they had indicated as difficult (two of the six children who were evaluated in the class) to be the target of their plan and this could be another reason that contributed to the results we found: the children who benefit more are the ones the teachers initially selected as difficult.

Other significant moderation effect found indicates that children from preschools took more from the intervention when compared to primary school children in terms of peer-relationships and empathy. We may be facing an age effect, and if so, our results are in line with the results found in five meta-analysis of SEL interventions reviewed by Durlak et al. (2022): younger children benefited more than older ones. However in the other six meta-analyses the authors reviewed, age was not found to be a significant moderator. Qualitative studies with the IY-TCM reported that some teachers felt the program was more suitable for younger children (4–6 years old as compared to 7–11 years old), and that some contents (e.g., the use of social coaching and descriptive comments) did not work well with older children (Allen et al., 2022). Concerning the Portuguese context, we may also hypothesize that primary school teachers, when compared to their preschool counterparts, lack the time, and at times the motivation, to implement the IY-TCM strategies, more directly focused on social and emotional development, in their classrooms, because their focus is more on cognitive learning. Therefore, conflict with the curricular goals is stronger in the primary school context compared to preschool context, where teachers have more autonomy to manage and choose the activities to develop in their classrooms, as they only have to follow curricular guidelines, and the emphasis on socio-emotional skills is stronger than in primary schools.

Finally, a significant moderation effect identified is directly related with self-regulation and compliance: children with mothers with basic or secondary education experience greater changes in self-regulation and compliance (but not in peer-relations/empathy) compared with children whose mothers have a university degree. This result is also in line with Seabra-Santos et al. study (Seabra-Santos et al., 2018), who reported that children who gained more from the intervention, with respect to social skills, were those coming from families in economic need. Low income and low level of education are both markers of low socioeconomic status (SES) (Berry et al., 2022).

Strengths and limitations

Our results provide promising evidence that the IY-TCM—implemented as an universal school-based program in the real world, delivered by teachers or other school-based professionals, trained by existing staff in community services or by researchers from a university, with close supervision and support by a qualified and experienced team in the IY programs – yields significant improvements in different variables related with children's socio-emotional and behavioral competence, benefiting those who exhibit more need: children with more difficult behavior and children whose mothers are less educated. These differential results thus contradict the Matthew effect, a hypothesis proposed to explain differential effects of interventions, which suggests that children who start with less disadvantage and higher skills are those who will benefit more because they are better equipped to take advantage of the learning opportunities and have more capacity to build on their initial skills. On the contrary, our results reinforce the compensatory hypothesis based on the higher risk and greater room for improvement that some children demonstrate (McClelland et al., 2017).

However, we must keep in mind that certain limitations exist in our study. An initial and broader limitation has to do with the absence of a systematic assessment and/or analysis of the implementation effectiveness. Considering the "Implementation Outcomes Taxonomy" (Proctor et al., 2011), acceptability, adoption, appropriateness and feasibility were assessed at program participants' level and considering teachers and group-leaders' perceptions expressed in the IY-questionnaires. Focus groups were conducted with teachers and group-leaders at the end of the first year of the academies. However, that data haven't been analyzed so far. Future studies also need to assess and control systemic variables that could impact not just the success of the intervention but also the success of the implementation (Allen et al., 2022) at diverse levels, such as the individual (e.g., personal and professional competencies of group-leaders and teachers), the contextual (e.g., internal and external support, learning climate, staff, leadership) and the social (e.g., popularity of school-based SEL programs, educational policy) (Hagermoser Sanetti and Collier-Meek, 2019; Durlak et al., 2022).

Another limitation is the absence of a control group specifically for the implementation in primary schools, where the IY-TCM effectiveness has not yet been demonstrated in the Portuguese context. An RCT with primary school teachers, accompanied by a qualitative study, could help to understand why primary school teachers benefited less from program participation, compared to preschool educators, as shown in our study.

As for the measure used to assess social and emotional skills in order to achieve a common measure for both preschoolers and school aged children, 10 items were retained from two different questionnaires, one to be answered by primary school teachers and other by their preschool counterparts. The author is the same for both measures and good internal consistency levels were obtained for both set of items: Self-Management/Compliance, and Peer Relations/Empathy, at baseline and at post-intervention. However, more psychometric studies need to be developed with this new adaption, which has the strength of being usable to evaluate children at both levels of schooling.

Regarding the measures used, it is important to note that the Wally Problem Solving test was applied here in Portugal for the first time; it was included in the protocol for evaluating the implementation of IY-TCM as well for the first time. However, because of the absence

of previous studies in Portugal, more studies are needed. Also, the degree of difficulty in the child's behavior at baseline was established based on their teachers' reports and not on a standardized measure, which can also be seen as a limitation of this study.

Finally, considering that the intervention was implemented in several schools, there may be some variability across schools that was not accounted for. Indeed, it might well be noted that certain results are attributable to the characteristics of the school itself, thus representing a source of bias and one which our statistical analysis did not take into account.

Conclusion

The implementation model described in this paper meets the needs of the FCG via the Academias Gulbenkian do Conhecimento project. We demonstrated how a team of researchers linked to a university and with extensive experience in research and dissemination of EBP was able to develop and implement a model that not only contributed to reducing the gap between research and practice, but also proved to be able to promote changes in social and emotional competencies related to the mission of the academies. The existence of a "university champion" that shows leadership and had access to the decision makers (the funder) is considered by some authors as a critical element contributing to successful implementation (Hutchings and Williams, 2017). The "local champions" who led level 1 academies, and which worked closely with the coordination team from the university, enhanced the conditions for successful implementation and reinforced the guarantee of sustainability. The proportionate fidelity of the implementation, ensuring that all academies used the same high dosage (42 h) but with different application formats (monthly, fortnightly) and modalities (face-to-face, online or mixed) may have been one of the factors that contributed to its acceptability, adoption and appropriateness (Proctor et al., 2011). At the same time, this also shows how it is possible to make small adaptations to programs transported from other countries without distorting them yet still maintaining their effectiveness (Nye et al., 2019).

Findings from our study support expanding the IY-TCM model of implementation and training adopted, along with research that could respond to the limitations of our study. Pilot cost-effectiveness studies also need to be done in order to test the feasibility of including this model in Portugal's national system of continuing professional development for teachers. This is an important step on the path to achieving desirable educational and social equity and to maintaining the schools' and the teachers' central position in the promotion of not only the emotional and social development of children but also their mental health and well-being, qualities which are essential in society's efforts to achieve some of the 17 United Nations Sustainable Development Goals (SDGs) (e.g., SDG 1—No Poverty; SDG 3—Good Health and Well-Being; SDG 4—Quality Education; SDG 10—Reduce Inequalities).

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. Written informed consent to participate in this study was provided by the participants' legal guardian/next of kin.

Author contributions

MG: conceptualization, implementation coordinator, group-leaders training, teachers training, supervision, methodology, writing—original draft, and writing—review. MS-S: conceptualization, assessment coordinator, methodology, writing—original draft, and writing—review. JR: assessment, data collection, and writing—review. MP: teachers training and supervision, assessment, data collection, and writing—review. TH: teachers training and supervision and writing—review. AA: group-leaders training and supervision and writing—review. MM-R: statistical analysis, writing—original draft, and writing—review. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The Incredible Years is a trademark owned by The Incredible Years, Inc. MG may receive occasional payments for training leaders in the Incredible Years TCM program. MG, MS-S, TH and AA also receive occasional payments for training group-leaders in the Incredible Years parent program.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

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