THE INCREDIBLE YEARS®: PARENTS AND CHILDREN SERIES

Parent Group Leader Consultation Day

WORKSHOP GUIDE

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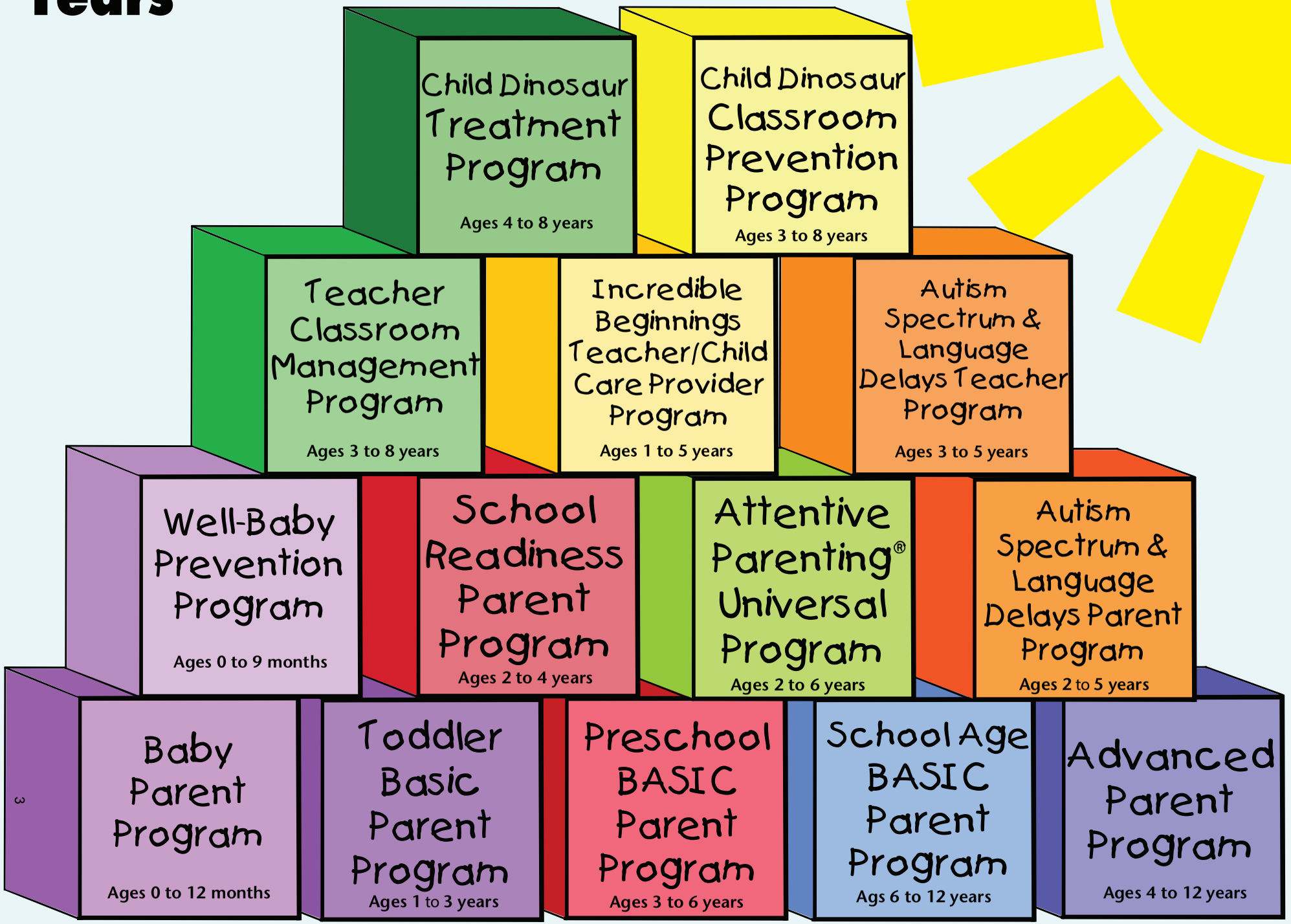
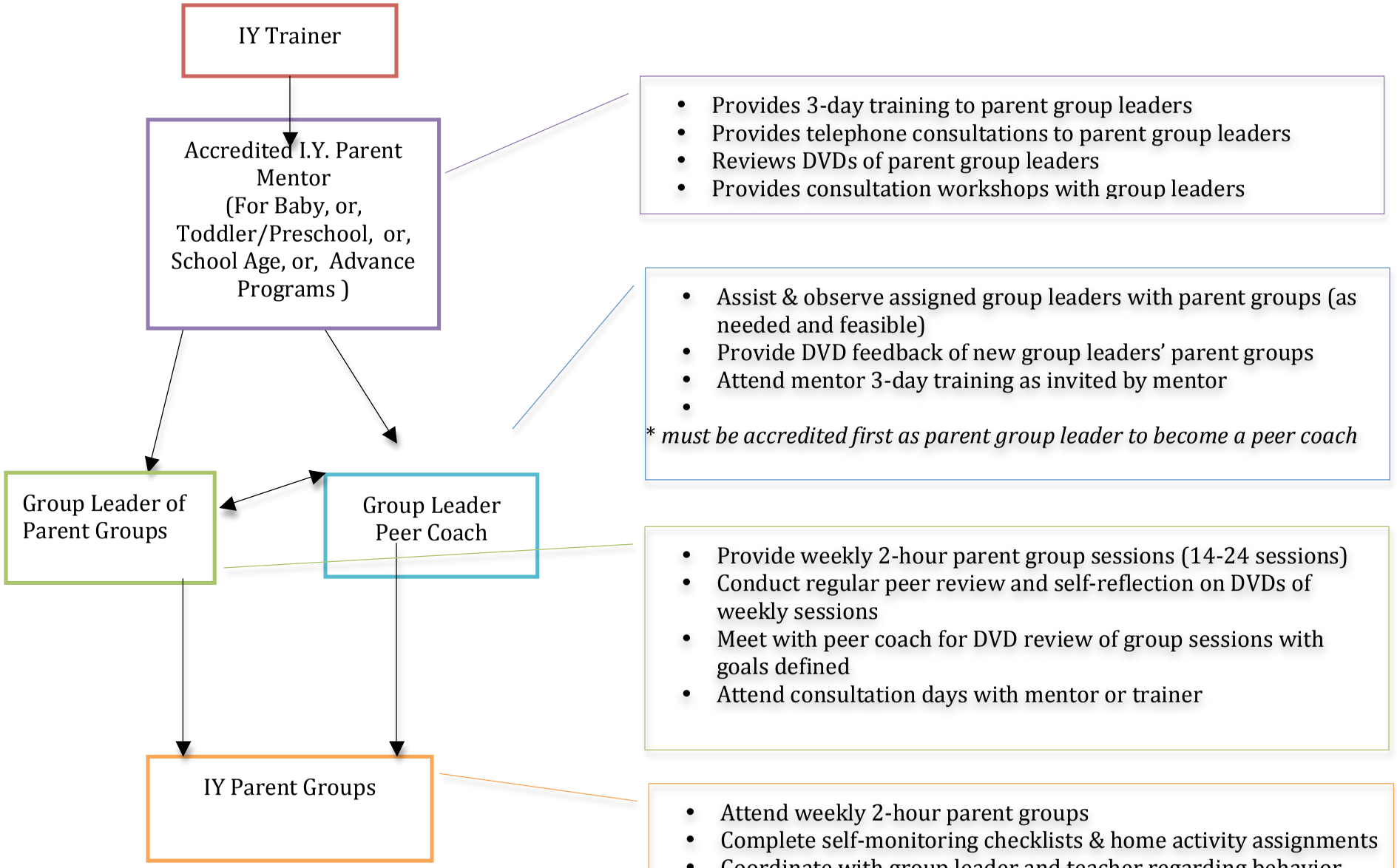


Incredible Years Parent Training, Coaching, and Support Infrastructure



IY Summary of Content of Incredible Years® Parent Programs

Content Components For IY Parent Programs	Basic Toddler Sessions	Basic Preschool Sessions	Basic School Age Sessions	Advance Sessions (post-Preschool & School Age)
Building Parent Support Networks	All	All	All	All
Child-directed Play, Positive Attention, Special Time – Building Positive Relationships	1, 2	1, 2	1, 2	
Promoting Language Development	2, 3	3, 4		
Pre-academic Coaching	3	3, 4		
Social and Emotional Coaching	4, 5	5, 6	3, 4	
Promoting Reading Skills and Parent School Involvement	3	3, 4	13, 16	
Academic and Persistence Coaching		3, 4	3, 4	
Art of Praise and Encouragement	6	7, 8	5	
Spontaneous and Planned Incentives	7	8, 9	6	
Managing Separations and Reunions	8	10		
Consistent Rules and Predictable Routines		10, 11	7	
Responsibilities and Household Chores		10, 11	7	
Clear Limit Setting	8	12, 13		
Positive Discipline: Distractions, Redirection, Ignoring	9, 10, 11, 12	12, 13	9	
Time Out to Calm Down, Logical Consequences		14, 15, 16	10, 11, 12	
Teaching Children and Parents Self-Regulation and Calm Down Skills		14, 15	9	
Talking about drugs, alcohol, and screen Time			7	
Teaching Children and Parents Problem Solving		17,18	12	
Parents Partnering with Teachers			16	
Coaching Children's Homework			14, 16	
Active Listening and Speaking Up				1, 2

Effective Communication to Self and Others				3
Giving and Getting Support				4
Adult Problem Solving Meetings (4-12 year olds)				5
Problem Solving with Teachers (4-12 year olds)				6
Teaching Children to Problem Solve (6-12 year olds)				7
Familly Meetings (8-12 year olds)				8, 9

NOTE: Numbers reflect session number protocols in different manuals. However, these session protocols may take more than one session to complete. The pacing of the amount of content covered depends on the educational background and risk level of the parents as well as the children's developmental difficulties and diagnoses.

Group Leaders Thinking Like Scientists

Problem

Strengths

Goals

Strategies

Benefits

Obstacles
[thoughts, feelings behavior in self & others]

Ongoing Plans

Group Leaders Thinking Like Scientists

Problems

Strengths

Goals

Incredible Years

Group Leader and Coach/Mentor 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:

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Group Leader and Coach/Mentor Gems

New Goals and Plans:

Coach/Mentor Actions:

Additional Notes:

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Incredible Years
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Parent Group Leader Collaborative Process Checklist (rev. 2019)

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

Leader Self-Evaluation (name):_____

Co-leader Evaluation:_____

Certified Trainer/Mentor Evaluation:_____

Date:_____

Session Topic:_____

SET UP ***Did the Leaders(s):***	**YES**	**NO**	**N/A**
1. Set up chairs in a semicircle that allowed everyone to see the TV? (Avoid tables.)	____	____	____
2. Sit at separate places in the circle, rather than both at the front?	____	____	____
3. Write the agenda on the board?	____	____	____
4. Have last week's home activities ready for the parents to pick up, complete with praise and encouragement written on them?	____	____	____
5. Plan and prepare for daycare in advance?	____	____	____
6. Prepare and lay out the food, in an attractive manner?	____	____	____

REVIEW PARENT'S HOME ACTIVITIES
Did the Leader(s):

7. Begin the discussion by asking how home activities went during this past week - how they addressed their short term goals?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

8. Give every parent the chance to talk about his/her experiences and select parents strategically for spontaneous practice to demonstrate successes or refine approach?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

9. Praise and encourage parents for what they did well and recognize their beginning steps at change, rather than correct their process?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

10. Highlight key "principles" that parents' examples illustrate? (e.g., write them on flip chart or paraphrase idea in terms of how it addresses their goals.)

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

11. Explore with individuals who didn't complete the home activities what made it difficult (barriers) and discuss how they might adapt home activities to fit their needs and goals?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

12. Ask about and encourage "buddy calls" and explore barriers to calls and solutions?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

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

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

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

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

15. Limit the home activity discussion (aprroximately 20-30 minutes) to give adequate time for new learning?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

WHEN BEGINNING THE TOPIC FOR THE DAY
Did the Leader(s):

16. Begin the discussion of the topic with open-ended questions to get parents to think about the importance of the topic?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

17. Do the benefits and/or barriers exercise regarding the new topic?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

18. Paraphrase and highlight the points made by parents - write key points on the board with their name?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

WHEN SHOWING THE VIGNETTES

Did the Leader(s):

Number of vignettes shown in session: _____

19. Focus parents on what they are about to see on the vignettes and what to look for?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

20. Pause vignette to ask an open-ended question about what parents thought was effective/ ineffective in the vignette (focus on parent thoughts, feelings & behaviors, and child's perspective)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

21. Acknowledge responses one or more parents have to a vignette?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

22. Paraphrase and highlight the points made my parents - writing key points on the board?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

23. Move on to the next vignettes after key points have been discussed, rather than let the discussion go on at length?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

24. Use vignettes to trigger appropriate discussions and/or practices, tailored to children's developmental level?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

25. Redirect group to the relevance of the interaction on the vignette for their own lives (if parents become distracted by some aspect of the vignette, such as clothing or responses that seem phony)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

26. Refer to parents' goals for themselves and their children when discussing vignettes, learning principles and setting up practices?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

PRACTICE AND ROLE PLAYS

Did the Leader(s):

27. Get parents to switch from talking about strategies in general to using the words they could actually use? (e.g., from "She should be more specific" to "She could say, John, you need to put the puzzle pieces in the box.")

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

28. Ensure that the skill to be practiced has been covered in the vignettes or discussion prior to asking someone to role play practice it. (This ensures the likelihood of success.)

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

29. Do several large group role plays/practices over the course of the session? Break down practices according to child developmental readiness.
Number of role plays: _____

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

30. Do role plays/practices in pairs or small groups (following large group practices) that allow multiple people to practice simultaneously? Dyads should be matched by child language and play ability.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

31. Use all of the following skills when directing role plays:

a. Strategically select parents and clearly describe their parent role?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

b. Skillfully get parents engaged in role play practices?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

c. Provide each person with a description of his/her role (age of child, level of misbehavior, developmental level)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

d. Provide enough "scaffolding" so that parents are successful in their role as "parent" (e.g., get other parents to generate ideas for how to handle the situation before practice begins)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

e. Invite other workshop members to be "coaches" (call out idea if the actor is stuck)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

f. Pause/freeze role play/practice periodically to redirect, give clarification, problem-solve different approach or reinforce participants?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

g. Take responsibility for having given poor instructions if role play/practice is not successful and allow actor to rewind and replay?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

32. Process role play/practice afterwards by asking how "parent" felt and asking group to give feedback?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

33. Process role play by asking how "child" felt in role?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

34. Solicit feedback from group about strengths of parent in role?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

35. Offer detailed descriptive praise of the role play/practice and what was learned?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

36. Re-run role play, changing roles, involving different parents, or with child of different play or language developmental level or temperament (being in role as child is helpful for partents to experience their child's perspective is a different way of responding)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

LEADER GROUP PROCESS SKILLS

Did the Leader(s):

37. Build rapport with each member of group?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

38. Encourage everyone to participate and view everyone as equally important and valued?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

39. Use open-ended questions to facilitate discussion and reflection?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

40. Reinforce parents' ideas and foster parents' self-learning and confidence?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

41. Encourage parents to problem-solve when possible?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

42. Foster idea that parents will learn from each others' experiences?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

43. Help parents learn how to support and reinforce each other (celebrate each other's successes)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

44. Foster parents' understanding of the value of developing their own support network?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

45. Identify each family's strengths?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

46. Create a feeling of safety among group members?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

47. Create an atmosphere where parents feel they are decision-makers and discussion and debate are paramount?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

48. When needed, provide parents with information about important child developmental milestones?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

49. Explore parents' cognition, affect modulation, and self-regulation as well as behaviors?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

50. Help parents understand the relationship between thoughts, feelings and actions for themselves and their children?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

51. Encourage parents to model, prompt, teach, and discuss with their children calm down methods for coping with traumatic events?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

ENDING GROUP - REVIEW & HOME ACTIVITIES

Did the Leader(s):

52. Begin the ending process with about 15 minutes remaining?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

53. Summarize this session's learning? (One way to do this is to review or have the parents review each point on refrigerator notes out loud.)

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

54. Review or have parents review the home activity sheet, including why it is important, and how they will try to do it?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

55. Talk about any adaptations to the home activity for particular families?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

56. Show support and acceptance if parents can't commit to all the home activities? (Support realistic plans.)

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

57. Have parents complete the Self-Monitoring Checklist and commit to goals for the week?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

58. Ask about buddy check ins (by phone, email, or text)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

59. Have parents complete the evaluation form?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

60. End the session on time?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

The goal in the group sessions should be to draw from the parents the information and ideas to teach and support each other. Parents should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on the video, and demonstrate how to implement the skills in different situations. Remember, people are far more likely to put into practice what they talk about than what they hear about. (Webster-Stratton)

Summary Comments:

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Group Leaders' Hot Tips for Doing Successful IY Parent Groups

Carolyn Webster- Stratton

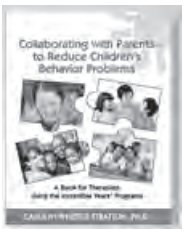
7/31/14

Overview

As an Incredible Years® group leader you are an essential element in bringing about parents' ability to make change in their emotions, parenting interactions and home environment. Group leaders use a collaborative approach, encourage parent self-reflection, problem solving, practice exercises, experiential learning, and develop positive relationships with parents in their groups. It is your positive forecasting of parents' eventual ability to achieve their goals, your warmth and personal understanding of their unique family situations that will lead to parental success. Group leaders guide parents through the steps in the Parenting Pyramid®; helping parents to share their experiences and learn to apply the IY child management principles to their own home situations to meet the developmental needs of their children. Your ability to produce this accepting and supportive group environment will strengthen parents' hope, confidence and ability to try new parenting approaches.

The following tips are provided to cover some of the main questions that I hear from group leaders or difficulties I see when reviewing videos of group sessions.

Also we hope you are aware there is a book for therapists now which covers many of these details and others in more depth.



Webster-Stratton, C. (2012) *Collaborating with Parents to Reduce Children's Behavior Problems: A Book for Therapists Using the Incredible Years Programs*, Seattle, WA Incredible Years Inc.

I hope you are finding joy in delivering these programs. Consultation and support from IY mentors and trainers can be obtained by calling us at 888-506-3562, emailing us at incredibleyears@incredibleyears.com, or you vsn check out the web site for other resources, www.incredibleyears.com.

Wishing you incredible parent groups, Carolyn

Keep Yourself on a Schedule for Each Session – Effective Time Management

Keeping yourself on a predictable schedule and managing your time well each week will assure that you cover the content adequately and will also be reassuring for parents and help them feel safe in the group. If too much time is spent on exploring in depth an individual's personal problems, other parents lose interest and feel they are being ignored and not as valued. The following is a suggested way to schedule each session.

Review of Home Practice Activities: For a 2-hour parent group session, start on time and take the first 20-30 minutes for a home activities review. First remind the group what the home activity was, for example, *"Last week we asked you to play with your child using social coaching for 10 minutes each day."* This is followed by asking several parents to comment on their play experiences, or using the particular parenting management skills they were learning (e.g., coaching, ignoring, praising, positive limit setting). Additionally, ask them to share any gems they learned from reading the assigned chapters

in the *Incredible* Years parent book. Explore with parents what they learned from their week's experiences and problem solve with them how they can overcome any barriers to doing the home practice activities or using the skills. Help them determine realistic goals for the subsequent week. It is also important to explore with them their impressions of their children's reactions to their play times and new parenting strategies. You might ask, *"How did your child react to this coached play?"* Or "Did you see any benefits for your child by using this approach?" If you have a large group you might consider selecting 3-4 different parents each week to discuss their home practice activities. This will allow you to go more in depth with some parents (including doing some spontaneous role plays) and prevent you from taking too much time going around the group to discuss every parent's experiences. Another approach you might use occasionally is to pair up the parents in a "buzz" format to share one positive experience they had doing the home activities. This followed by group sharing after the individual sharing. Be sure to take no more than 5 minutes on this paired sharing.

New Topic: During the next 30 minutes introduce the new topic. Start by providing a brief overview which involves showing how the new content fits into the parenting pyramid and how this approach will address their personal goals. The introductory narration can also be used for this overview. Plan on showing 3-4 vignettes for discussion before the break. Take a 10 minute coffee and snack break and resume the group in a timely way to complete another 3-4 vignettes and continued discussion of new content for another 30 minutes.

Summary and New Home Activities: In the last 15 minutes, summarize the most important learning principles and take home messages discovered in the session, review key refrigerator notes, and review new home activities for the week. Close by asking the parents to complete their self-monitoring checklist in their folders and make a commitment to what goal they plan to achieve in the upcoming week.

Help parents understand that every week you will give different parents a chance to discuss more issues in depth, or model and practice specific strategies. Emphasize that their learning comes from experiential practice, observing, sharing and learning from each other.

Plan In Advance the Vignettes to Be Shown at Each Session

You will not have time to show all the vignettes available for a topic. The session protocols provide some recommended core vignettes to be shown and these are marked with an asterisk (*) on your session protocols. However you may want to choose other vignettes for a particular group that better represent the families and developmental issues the families are coping with. Therefore it is important that you eventually learn all the vignettes so you can tailor to specific group needs. When choosing additional or alternative vignettes consider the following:

- parents' understanding and prior familiarity of the content and principles being taught
- vignettes that represent the culture of parents in group or number of children in their family
- vignettes that have children with temperaments and development level similar to those of children in the group.

For parents who find the topic material new, unfamiliar or confusing, group leaders will want to show more vignettes to help them understand the key concepts, to see how to use a particular parent management strategy and to appreciate how the children respond to this approach. Or, for parents who are worried about getting their children to bed, or toilet training, or coping with grocery shopping problems, or being able to talk on the phone, or do homework with their children you can show vignettes related to these issues.

BE SURE TO STUDY ALL THE VIGNETTES IN THE PROGRAM SO YOU CAN MAKE GOOD CHOICES ABOUT THOSE VIGNETTES MOST APPLICABLE TO A PARTICULAR GROUP.

In general we find that leaders can show 8 - 10 vignettes per session. Many of the newly updated vignettes are longer and more complex so you will be able to show somewhat fewer vignettes when you use these new ones. It is a good idea to have a combination of the older and newer vignettes. The older vignettes are brief, simpler and focus on one key parenting skill, while the new vignettes cover a more general parenting style and several parenting approaches. For parent groups who find the content unfamiliar and new, try to keep the message simple and clear when showing vignettes. Focus on the key principles that the session topic is focused on rather than being distracted by other issues.

Set Limits on Your Review of Home Activities

It can be tempting to let discussion of home practice activities last over an hour, especially if you are trying to let every parent report in depth on their weekly activities and events. This can lead to parents' disengagement from the group. It is best if group leaders are very specific about what they want parents to report on regarding home activities. For example, ask several parents to report on one success they had with being child-directed or using praise, or limit setting, or staying calm. It is not necessary for every parent to report in each week or you will have trouble getting to the new content. Remember you also have the weekly telephone calls to check in with them as well. It is important to balance who shares home activities so that over the course of a few sessions, every parent reports in and has a chance to contribute their ideas or concerns. You want to hear from every parent at least sometime during each session.

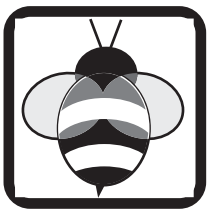
Focus on Parents Who Resist Doing Weekly Home Assignments

Each week group leaders explore parents' ability to achieve their goals for the week. They ask about their success reading the chapters and doing the home practice exercises. Parents who have done their home assignments receive praise and recognition for this work and perhaps a special reward for a big achievement. Those who have not done their home assignment are asked to think about what the barriers are for them to being able to do this activity at home. The group is encouraged to think about possible ways to overcome these barriers. Next these parents can be asked to set new goals for themselves for the following week and leaders ask what would motivate them to achieve this goal. Group leaders may offer special snacks or small gifts if they can achieve their goal during the subsequent week.

Praise Parents Often

Sometimes when new group leaders start leading groups, they are so preoccupied with the videos, new content schedule and group process methods that they forget to praise parents for their input and ideas. It is important to listen carefully to what parents have tried to do at home with their children and praise their small steps towards behavior change. Challenge yourself to give out a certain number of praises in every session. Ask your co-leader to help by praising parents' ideas, principles and insights. Give out stickers, small candies and awards to those who completed home activities, read chapters or tried something new. Be excited about their learning process and successes! Remember that you are modeling the praise and encouragement you want parents to use with their children.

Do Short Buddy Buzzes



Buzzes are when you ask parents to "buzz" with another parent to share and write down their ideas for a particular topic (e.g., establishing a bedtime routine, recording "positive opposite" behaviors of negative behaviors, rewriting negative thoughts, or negative commands, or sharing calming strategies). The benefit of doing a paired buzz instead of a group brainstorm is that every parent is immediately engaged in a task and involved in coming up with solutions. In large group brainstorms, perhaps only half the group contributes ideas and the other half is disengaged, or quiet, or distracted. After the buzz (3-5 minutes) is completed, each buddy can report on their buddy's ideas and these can be recorded by the co-leader on the flip chart. These are fun for everyone – try them out! Be sure to use the buzz handouts in the leader's manual for these exercises.

When setting up these buzzes, plan ahead of time which parents you will pair up with each other and put a unique sticker on their name tag which matches with their buddy's sticker. Parents can change chairs during the session to have these buzz discussions. Give them a warning or ring a bell to warn them when the buzz time is coming to an end.

Use Thought Cards

During the buzzes, particularly for those that involve cognitive work related to self-praise, calming thoughts, challenging negative thoughts, setting goals for behaviors to be ignored, managing stress, or identifying their positive opposite behaviors, give parents either a buzz handout or thought card (which can be downloaded from the web site) to use to write down their agreed upon ideas. The more you can get parents to commit to 1-2 clearly defined behaviors or specific word or thought statements to practice at home the better the learning. For example, if parents are very self-critical and have difficulty with positive coping self-talk, after group brainstorming ask parents to write down the specific self-statement that is their favorite thought that they will try to rehearse that week. By practicing one thought statement over and over again it is more likely to become an established pattern of thought. It is not necessary for parents to learn 10 ways to use positive self-talk statements because this complexity might overwhelm them. Also you might consider laminating some of the key statements or thoughts on these thought cards and laminate them so parents can keep them and place them in some visual place in their home as reminders. See web site http://incredibleyears.com/resources/gl/parent-program/

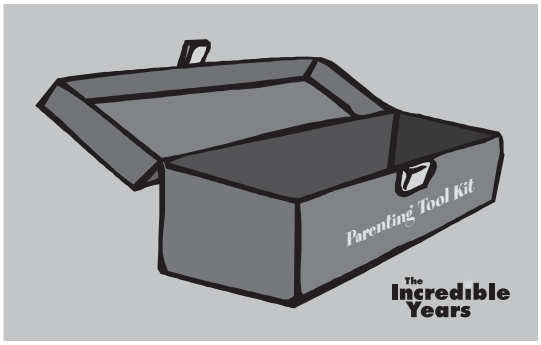
Highlight Parents' "Principles" and Show How Principles Relate to Parents' Goals

When parents report on their insights or rationale for how to respond to a problem situation presented, try to listen for the critical theme or behavior management principle underlying what they are saying. Then record the principle on your flip chart and name the principle with their name. For example a parent named Trilby may be talking about the fun she has had with her child playing in a child-directed way. The leader may give her the "Trilby's Fun Principle" and ask about its value for their relationship. Then as the principle is explained and understood the co-leader may write it down on the flip chart, "Trilby's fun principle is that having fun together leads to stronger bonds and attachment with our children." In this way parents are given credit for their ideas and empowered for their contribution to the discussion and learning. Before each session, review the key concept ideas and principles to be looked for in the vignettes and also review the refrigerator note you will be using in the group. Both of those lists will give you an idea of some of the principles that you should be listening for.

Help Parents Understand the Rationale for Principle

It is important that parents understand the underlying social learning theory for behavior management principles that are discovered. For example the "modeling theory" and "attention principle" and "shaping principle" are key learning principles for parents to understand. It is important that they understand that children learn about social skills and problem solving by watching the behaviors that their parents exhibit or model or give attention to. It is also important that they understand that the child behavior that receives their attention is the behavior that is reinforced by them. Once they understand the theory underlying this and how it works to manage behavior or teach new behaviors it will be easier for them to ignore misbehavior and to praise the positive behaviors they want to see more of.

Use the Tool Metaphor for Building Parenting Tools



When helping parents understand the key principles it can be useful for parents to see these as "building tools" they are learning to use from their parenting tool kit. When a new principle is being taught you can put its name on a picture of a particular tool and place this picture on the Incredible Years tool kit poster. Over the sessions you will help parents learn how to use over 25 different tools. You can expand on this building metaphor by explaining to parents that every problem doesn't have to have a hammer to make it work, rather it may be better to use capacity building or foundational tools such as attention, praise, support, relationship building, scaffolding, shaping, support, calm down strategies, modeling, repeated practice and so forth. This fun approach helps parents realize all the different parenting tools they are learning and how they are using these tools to build positive relationships. Additionally they are learning to determine which tools are better for achieving particular goals. See web site for small tool kit poster and for tool awards that can be downloaded or purchased.

Mediate the Longer Vignettes and Narrations

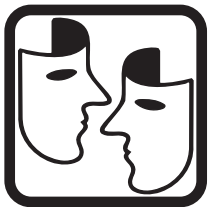
For the longer, newer vignettes always pause the vignettes 2-3 times to ask parents what they have noticed, to pull out key principles, and to see if they can predict what models on the vignettes will do next. Sometimes this can lead to a role play practicing their idea before seeing what the parent on the vignettes actually does. Then when the vignette is continued parents are watching for the things that were discussed and are more reflective and aware of the strengths in the parent-child interactions being modeled. Be sure to show the whole vignette for this provides more modeling of a parenting style and relationship building than skills per se.

It is important to show the introductory narrations preceding the vignettes. These narrations summarize key points and help focus parents who are inattentive and may be distracted by some of the conversations. Also pause the introductory narration before showing the vignette to see if parents have questions and determine if they understand the key learning topic. For example, in the introductory narration to the first session, it is important to discuss each of the three developmental tasks for this age group and how they will learn to support their children in this learning.

Use Vignettes to Trigger Role Play Practices

Sometimes it is useful to pause a vignette and ask parents to role play what they would do next in that situation. Afterwards, the group can watch the rest of the vignette and discuss any differences in the responses. Anytime that parents feel a vignette is not effective, it is helpful to have parents replay the vignette in a live role play using a more effective response. Spontaneous role plays and practices are also set up during the home activities review discussion, particularly when a child doesn't seem to be responding to their parenting strategy. During this time parents can be asked to play the role of their child so that other group members can demonstrate how they might respond to this behavior and so the parent raising the issue can understand her child's perspective and feelings. Role plays or practices that are set up to demonstrate parents' successes at home or to help them resolve difficulties that emerge during home practice activities are very effective because they bring the skills they are learning to their real-life experiences at home.

Set up Frequent Role Plays or Practices in Group



Setting up numerous role plays or practices for parents is critical to parents' learning processes. You may think from discussion that parents understand the principle or topic but when you see them practice "in action" you will have a better idea of their ability to put their ideas into real-life behaviors. There can be a discrepancy between how parents cognitively would ideally like to behave and how they actually behave. It can be very difficult to think of the right words to use with children, manage angry thoughts and stressful feelings when children argue or disagree, or to follow through with consistent responses. Role plays practices help parents to rehearse their behavior strategies, practice staying calm and using positive self-talk, and to get feedback from group leaders and other parents about their skills. Here are some tips for successful role plays.

Setting up a Large Group Role Play Practice: Most of the time practice should first be done in the large group so that you can scaffold and support the practice. Then parents can move into small groups to practice what they saw modeled in the large group practice. When this is not done parents often get confused about what they are supposed to be doing. First, remember you are the "director" of the role play and get to choose the actors, set the stage, and determine the script and roles for the things you want practiced. Always make sure that you have covered the content prior to doing the role play. Then start with a simple role play that will illustrate the concept and achieve your learning objective for the practice.

Rather than ask for volunteers, select a parent you think understands the behavioral concept and can successfully play the role of the parent. Invite the parent to help you, e.g., *"John, would you come up and help me by being the parent in this next role play."* Then choose a parent to be child. *"Sally, will you be your child who is fearful and afraid to take risks?"* Parents rather than group leaders should be the role play participants. Parents will learn more from being in the practices themselves. If you are in the role play you will not be able to effectively scaffold or debrief the process.

Set the scene and build a script: Set up the role play by letting participants know the age of the child, developmental level and temperament of child, and what the child and parent will do. First, ask the group for ideas for how the parent should respond to the particular situation being set up. For example, *"So in this practice, our parent is going to be practicing persistence coaching and Seth is going to be the child who is inattentive and wiggly and has difficulty staying on task. Our parent is going to use persistence coaching. What words can she use for what behaviors?"* Using the parents' suggestions, walk the parent through her/her part in the role play before the role play starts. Give instructions to the child, letting him/her know whether they should be cooperative or noncompliant. If they will be noncompliant, let them know if there are any limits (e.g., you should fuss and whine, but please don't throw things or hit). This is very important because you don't want the role play to require management techniques that haven't been taught yet.

Supporting the practice: Both the leader and co-leader can serve as coaches for the role play. Often one leader supports the role of the parent and the other supports the role of the child. As the role play proceeds, freeze the scene at any time to give the parent feedback for her effective skills, or to redirect, or to clarify something you didn't explain well. Provide the parent role with plenty of scaffolding so s/he can be successful. Group members can also be asked to suggest ideas if the actor participant is stuck.

Defining the practice: Always debrief each role play. It can be helpful to start by asking for positive feedback from the group about the parent's effective skills: "What did you see Thomas doing well? Or "what principles of ignoring did Maria use?" Also debrief with the person playing child and playing parent afterwards to find out how they felt during the practice. When applicable rerun the role play with a different response using the ideas of another parent. Sometimes you may want the person playing "child" to try the scene being in role as "parent" so they can experience practice with this different approach.

Ideas for spontaneous role plays: There are many role plays or practices suggested in the leader's manual. However, try also to use spontaneous role plays that emerge out of a discussion of a difficulty a particular parent is having at home and is asking for help with. When parents feel you are directing these practices at their own real issues with their children at home they are very grateful for this support and understanding. Sometimes a parent will begin to enthusiastically describe a success she has had with her child. These are perfect opportunities for the group leader to ask, *"Can you show us what you did? It would be helpful to see it in action and help us learn from your experience."*

When doing these role plays, it is helpful if one leader is sitting next to the parent in role as parent and the other leader next to the child. In this way, the leader can whisper to the parent suggestions for words to use if they need help and the other leader can make sure the parent in role as child is exhibiting behaviors than can be praised or attended to or safely ignored. Providing this scaffolding for practice sessions will make the practice more successful, useful and supportive.

Caution: Never set up a spontaneous role play that deals with a topic that the parents have not yet covered in the program. So, if in an early session, a parent brings up a misbehavior, you would not set up a role play that involves discipline. You might set up a role play that helped the parent think about how to use the social coaching or praise for the positive opposite behaviors. It would be important to coach the child in the role play to be responsive to the coaching and praise and not to misbehave. Then reassure the parent that in future sessions you will cover what to do if the child still misbehaves.

Doing the Benefits and Barriers Values Exercises Effectively

The purpose of these exercises is to introduce a new program topic such as social or emotion coaching, child-directed play, praise, incentives, limit setting and ignoring. A benefits/barriers exercise is NOT done for the Time Out topic until that topic as been fully explained.

Benefits/barriers discussions should be done as a large group discussion. This is a place where you as leader want a chance to reinforce the ideas or key principles that come up and to respond to contributions. Always start with the benefits list first. Give a brief introduction to the topic by referring to the pyramid and then ask the group to think of as many benefits as possible, for example, *"So far we've been talking about strengthening your relationship with your child through play. Today we're going to move up the pyramid to think of ways that you can give your child positive feedback. One of those ways is through praise. Let's take a few minutes to think of as many benefits to praise as we can."* In this part of the discussion just listen to parents, validate their ideas, expand on an idea, or perhaps ask a question. As they share ideas, you can prompt them to think of benefits to the child and to the parent by asking, *"What is the value of that for your child?"* Give time and space for a long list of benefits, which is written down on a flip chart.

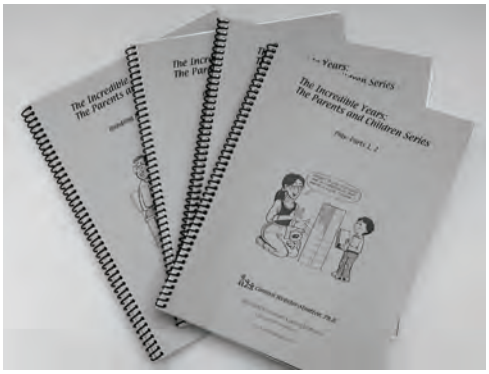
Then after the benefits list is complete, say, *"We have a great list of positive things about praise, but sometimes there can be things that get in the way of giving praise, or there may be things about praise that make you uncomfortable. Let's brainstorm a list of barriers to giving praise."* For the barriers discussion, the goal is to brainstorm a list of barriers (without evaluation), and not to try to fix, persuade otherwise, or problem solve the barriers at this time. You don't need to convince the group of the usefulness of the strategy during this exercise. If you do try, and if the parent is resistant, then you will come across as not listening to her, and may also further push her into her resistance. Instead, you only need to validate, make sure you understand the barrier, and get it written down. This lets the parents know you hear them. It also lets you know what issues you'll need to deal with later in the program when you are showing the vignettes and will help you know how to tailor practices according to individual parent concerns. It will be helpful in reducing resistance later because you've invited it out in the open. You can validate without agreeing with the barrier – for example, *"So, it sounds like one worry about praise is that they may reduce children's intrinsic motivation and they will only want to work someone's praise. That's certainly a barrier. We want to foster children's internal motivation and the worry that praise may interfere with this may make us reluctant to use it."*

At the end, you can summarize, *"So we can see that there are many ways that praise can benefit children – there are also some barriers – things that keep us from praising, or ways that praise can backfire and become ineffective. As we go through the material today, let's work together to come up with a list of principles of things that we think make praise work – what makes effective praise. And also we will explore barriers further and see if we can come to some agreement with a group about ways to avoid the barriers."*

This summary provides a smooth transition into the vignettes and gives some purpose to the discussions you're going to have and to the list of principles that you're going to build. In addition, when summarizing the list of benefits and barriers it can be useful to ask, *who are the benefits to in the short run and long run and who are the barriers to?*
It can be an important insight when parents realize that some of the barriers to limit setting for example are to the parent in the short run because she may have to deal with oppositional behavior or defiance. However, in the long run the parent may see the eventual benefits for their child (and herself) by consistently following through with clear limits. On the other hand in the short run it might be tempting for a parent not to limit set resulting in some long-term difficulties.

Caution: A couple of caveats to the benefits/barriers exercises. In the first topic on play, only do the benefits exercise for the value of play. Save the discussion of barriers to child-directed play for the subsequent session after parents have tried to do the play homework activities. This results in the barriers discussion being the actual difficulties they have experienced playing at home that week. Then you can trouble shoot some possible ways to overcome those barriers in the group. For the praise and limit setting topic you may want to do both the benefits and barriers as you introduce the new topics so that you have an idea of what to focus on when you show the vignettes. Knowing the barriers ahead of time can help you target your questions and possible practice role plays. For the Time Out topic, don't do the benefits/barriers values until after you have taught parents how Time Out is done and understand its purpose. This is done in the subsequent sessions and will need sufficient time to discuss the pros and cons of Time Out versus physical discipline.

Provide Make Ups for Parents who Miss Sessions – Home Visiting Protocol



Every session is important in terms of learning because one session builds on the learning in the prior session. This means if parents miss one session they may miss a valuable tool involved in building their behavior management plan. Group leaders can help parents make up a missed session by meeting 30 minutes prior to the next session to review the missed material by reviewing key principles and showing 1-2 vignettes. Sometimes, for high-risk families, it is advisable to make up a missed session by doing a home visit. There are *home visit coaching protocols for home visiting coaches,* which outline how to cover a topic during a 1-hour home visit. Please see the home visitor coaching manual. To accompany this home coaching model there is a self-administered manual for parents for each topic. See web site for home coaching and parent manuals.

Motivate Parents to do Weekly Buddy Calls

It is important for group leaders to discuss the reason for buddy calls. At each session, ask about parents' success doing these calls and also discuss barriers if parents are not doing the calls. Group leaders can role play making calls in the group so that parents know how to make these calls and what to talk about. Group leaders should specify the time limit of these calls to no more than 5 minutes and tell parents what to talk about. For example, *"this week you will share with each other your favorite play activity or your favorite calm down activity."* During the session pair buddies up and ask them to set a date and time for their call with their buddy. If they come to the next session without having

done their buddy call, they can check in with their buddy before the session starts. Alternative ways of checking in with buddies are also encouraged so parents may e-mail each other or meet up with a buddy at school instead of making the calls. See buddy call reminder appointment handouts on web site in English and Spanish in extras for parent programs http://incredibleyears.com/resources/gl/parent-program/

Review Self-Monitoring Checklists Weekly

It is important that each parent has a home activities notebook that they can take home each week with the weekly refrigerator notes and home activities in it as well as other handouts.

Parents also need a personal folder that is kept at the school/center/agency by the group leader. In this folder you put the parents' goals and their self-monitoring checklists. Each week parents make a commitment on their self-monitoring checklist regarding their goals for the week in terms of reading, home practice activities and buddy calls.

The following week they record on this checklist whether they met their goals and what they will work towards the following week. Parents also place their written homework in these folders so the group leader can review it between sessions. Your job as group leader is to be a kind of "coach" – to praise them for their successes with home activities and problem solve with them their barriers to their achieving their goals and provide support so that they can set up achievable goals each week. Every week review these folders and put in your personal comments, stickers or special articles that reflect their interests and goals. This folder is a personal way for group leaders to provide individual and private feedback to each parent in the group.

Call Parents During the Week

We recommend that all parents be called during the week to ask how they are doing with the home activities and issues they face at home. These calls are generally 5-10 minutes in length. If parents bring up difficulties with topics such as coaching or ignoring their children's misbehavior, the leader can recommend they bring this up in the group so that they will have the support of other parents who experience similar problems. During these discussions group leaders can provide support for their parenting efforts and help trouble shoot some individual problems. If a weekly call is impossible because of group leader work time pressures, call parents on a rotating schedule so that each parent is called every two weeks. Prioritize calls to parents who need more individual support during the week. Always call parents who give a negative or neutral session evaluation to discuss their dissatisfaction and to let them know you want to make the program relevant for their needs. In addition, always call parents who missed a session as soon as possible to discuss a makeup session and to let them know that they were missed.

Work Collaboratively with Your Co-Leader

It is important that the two leaders work together to plan their group each week. Leaders should decide who is showing particular vignettes, who is looking for "principles" from parent comments, handing out prizes, and writing down key ideas on the flip chart. It is very helpful for parents to see the leaders collaborating and working together to lead the groups. When you break out for small group practices each leader can coach a different dyad or triad and give individual feedback. Leaders should respect each other and praise each other's ideas. It is generally a good idea for one leader to be the "content leader" and the other the "process leader." Halfway through the session, after the break, group leaders usually switch roles. The content leader takes responsibility for the new content being presented by leading the home activities discussion, showing vignettes, and guiding the discussion. The process leader watches group dynamics and identifies parents who want to speak, praising their ideas, pulling out principles, writing key points on the flip chart, and summarizing new concepts. The process leader can expand on a point that a leader is making but in general is following the lead of the primary leader in terms of content being learned. If a group leader is working with a brand new group leader, then they can decide when the new leader feels ready to try out leading some vignettes.

It is not uncommon for new leaders to start by observing groups and helping with writing down key points and supporting the leaders during practice sessions.

Be Sure to Videotape Your Sessions and Schedule Peer Review

Start videotaping your group sessions as soon as possible so that you and the parents get used to this procedure. It is normal to be anxious about this at first. Explain to parents that the purpose of this taping is for you to learn and get feedback on your process of leading this program. Reassure them that no one else will see the tape except your co-leader and the IY consultant. To desensitize yourself to the process of being videotaped, just video everything and
look at the tape with your coleader alone for some planning and peer feedback. Once you are used to this process, send a video of a session to IY as soon as possible. Include your self-evaluation with the tape or DVD. This process of self-reflection on your own work and determining your future goals with your co-leader is a key and supportive learning process. This is the way therapists continue to learn throughout their lives and serves as encouragement for this work.

Furthermore the feedback you get from certified IY peer coaches and mentors will help you with improving your group work and give you suggestions for leadership strategies to try. In addition, you will get feedback on the things you are doing very well and this will be reassuring and validating! Watching your group therapy process on video is a powerful way of learning and sharing ideas with colleagues. Once you have learned this process and become certified then you can help support new group leaders by providing feedback on their group work. This creates a climate of mutual support among IY group leaders.

See link to self-evaluation parent group leader process forms and checklists:
http://incredibleyears.com/resources/gl/measures-and-forms/

Prepare for Certification/ Accreditation

Be sure to go for certification or accreditation as a group leader. This process validates your skills and competency to deliver this program with high fidelity. Not only that the self-reflection and coaching you receive is empowering and gratifying. Learn more about certification in your leader's manual and on our website: http://incredibleyears.com/certification-gl/

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):*

REFRIGERATOR NOTES
Promoting Children's Healthy Life Style and Well Being

- Help your children understand the health benefits of being physically active every day. During child directed play, offer options of playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer or taking a walk to the park with you.
- Avoid making comments about weight (your own or your child's). Instead, use language that focuses on healthy choices and strong bodies that allow you to be active (walk, play, climb, dance, etc.).
- Limit your child's total screen time to no more than 1 hour a day. Avoid screen time for children under 2 years of age.
- Provide healthy snacks: for example fruit or vegetables to dip in yogurt or hummus. Avoid continuous snacking, and instead, offer food at predictable meal and snack times. Limit high-fat, high-sugar, or salty snacks.
- In the context of otherwise healthy eating, offer moderate amounts of "treat" foods to help children learn to regulate their intake of sweets.
- At mealtimes provide a variety of health foods; fruits and vegetables, whole grains, lean meats; avoid foods high in trans fats and/or saturated fats.
- Allow your child to serve him/herself. Do not require children to clean their plates and do allow them to have more of anything healthy that is being served. This will help them learn to pay attention to their own hunger signals.
- Do not put your child on a weight reduction diet unless your physician supervises. For most young children, the focus is maintaining current weight, while growing in height.
- Offer children water or low/non-fat milk. Limit soda and juice intake.
- Have predictable family meals together where you have time to talk and enjoy the meal together. Establish dinner as a "no screen" time.
- Involve children in food planning, shopping, and meals preparation.
- Check that your child care providers are encouraging healthy eating and limiting junk food.
- One of the most powerful ways your children learn to be healthy is by observing you.

Therefore, model being physically active, buy and eat healthy foods, express your enjoyment of food and family meals, and model positive talk about your family's healthy bodies.

REFRIGERATOR NOTES
Promoting Your Child's Healthy Media Diet (2 to 6 years)

Excessive screen time can interfere with children's development of friendships, impact their physical fitness, contribute to obesity and lack of sleep, and decrease their interest in reading and their motivation for school success. Violent screen time content has been shown to increase children's aggressive behavior and hostility. Here are some tips for helping your child develop healthy screen time habits, while minimizing their negative effects.

Set household rules regarding how much screen time your child is allowed. The American Academy of Pediatrics (AAP) recommends the following:

- For children under 2 years, discourage all screen time.
- For children 2-5 years, limit to one hour/day of high quality programming
- For children 6-12 limit to 90 minutes/day

Supervise and monitor the content children are consuming. Decide which program, games, or sites are healthy as well as those that cannot be viewed or played. Websites such as Common Sense Media **https://www.commonsensemedia.org/** can provide a guidance on media content that is appropriate for children of different ages.

Take an active role in your children's media education by watching TV programs with them and participating in their computer games so you can mitigate their negative effects and enhance their use as a way to promote interaction, connection and creativity. For example you can promote your child's social skills and empathy by talking about movie characters who are sensitive and caring, or in other cases, you can discuss a bad decision or disrespectful behavior of a character. When watching commercials, have discussions about the purpose of commercials and the messages that they send about unhealthy food or consumerism.

Keep all screens in common rooms of your house so that you can monitor or track your child's screen time use. Help your child turn off the screen when he or she has reached the daily limit. Praise and reward your child for healthy viewing habits and following the screen time rules.

Set a bedtime that is not altered by screen time activities and avoid screen time 1 hour prior to bedtime. Don't put computers, smartphones or TVs in your child's bedroom.

Strive for balance between screen time activities and other activities involving social interactions, making friends, physical activity, reading or some other special play time. Have some designated time periods or days that are "screen time-out" times for all family members. Promote a healthy media diet that encourages social, emotional and physical health.

Set a good example by modeling healthy screen time habits.

See **https://www.healthychildren.org/English/media/Pages/default.aspx** for a tool developed by American Academy of Pediatrics to develop your own family media plan.

REFRIGERATOR NOTES

Promoting a Healthy Media Diet (6-12 years)

- Screen time including computer time, video games, I-pads, I-phones, Facebook, Twitter, YouTube and watching TV can become addictive. Research indicates that the average 8-10 year-old child spends nearly 8 hours a day outside of school with some form of screen time. Tweens and teens spend more than 11 hours a day using screens. Excessive screen time can interfere with children's friendships, impact their physical fitness, contribute to obesity and lack of sleep, and decrease interest in reading and motivation for school success. The American Academy of Pediatrics (AAP) recommends 1-2 hours of screen time per day. How can parents help children dial back screen use to meet these recommendations?
- Here are some tips for reducing screen time, making that time a positive experience, and minimizing the negative effectives of screen time.
- Discuss with your children your household rules regarding the amount of screen time allowed each day. For children 6-12 years old, approximately 90 minutes per day, or less, is generally recommended.
- Plan when screen time will occur. Avoid screen time 1 hour before bed or during dinner.
- Don't put computers or TVs in your child's bedroom. Keep them in a public place where you can monitor their use. Have a rule that smartphones and handheld devices must also be used in public places, not in children's bedrooms.
- Help children understand that homework must be completed before screen time is allowed, unless screen time is related to research and homework assignments.
- Supervise and monitor the media content children are consuming. Know what type of computer games, videos, TV programs, and web sites they are using or watching. Decide which programs, games, or sites are healthy and which are off-limits. Websites such as Common Sense Media can be helpful to provide information about age appropriate media content: **https://www.commonsensemedia.org/**

REFRIGERATOR NOTES (continued)

Promoting a Healthy Media Diet (6-12 years)

- Set up passwords so that children cannot download games without a parent password, and consider whether you want to set restrictions on website browsing on computers that children are using.
- Limit the amount of data you allow your child to have on devices. Explain to your child what programs use data (YouTube, streaming movies, sending video files) and discuss consequences for using more than allowed.
- Make a decision about when and how you want your child to have access to wifi. In this age group, it is recommended that children do not have access to the internet except on family computers.
- Take an active role in your children's media education by watching TV programs, YouTube videos, and movies with them and participating in their computer games so you can mitigate their effects and enhance their use as a way to promote communication and connection. For example, for promoting your child's social skills and empathy you can talk about movie characters who are sensitive, caring, and who are making good friendship choices. Some TV and social media programs can be a catalyst for a discussion about the effects of drinking, drugs, sexual activity, violence, prejudice, managing conflict and death. Discussions about the use of advertisements can help children understand messages about consumerism, food choices, gender roles, and other social issues.
- Teach your children the importance of being polite and having good media etiquette in all forms of social media. Discuss what kinds of things are okay to post on social media platforms; set guideline around posting pictures, videos, and status updates.
- Have rules that children do not share personal information on social media with anyone that they don't know. Explain that once information or an image or video is posted on the internet, it is not possible to retrieve that image.
- Understand that children in this age range do not have good long term judgement and planning and will often not be able to think through the long-term consequences of impulsive social media decisions. Monitoring and limiting their screen use is the best prevention strategy for this age.
- Talk to your children about the consequences for breaking the family rules around screen use. Monitor or track your child's screen time use. Praise and reward your child's healthy viewing habits and following the screen time rules.
- If your child is a victim of cyberbullying, take action and attend to your child's mental health needs. Stop the use of media platforms where the bullying is occurring, and report the incident to teachers or school counselors.

REFRIGERATOR NOTES (continued)

Promoting a Healthy Media Diet (6-12 years)

- Model good screen use habits. Set some non-screen times for all family members, including parents. Dinner time, the hour prior to bedtime, and other times when family members are together are good times for this.
- Strive for balance between screen time activities and other activities involving social interactions, making friends, physical activity, reading, or other activities around the house. When children are "bored" and need to find other things do to, they often find creative ways to use their time. While screen devices have great benefits if used appropriately and as part of a healthy media diet, non-screen time is crucial for your child's social, emotional, physical and learning development as well as relationships with family and friends.

See **https://www.healthychildren.org/English/media/Pages/default.aspx** for a tool developed by American Academy of Pediatrics to develop your own family media plan

REFRIGERATOR NOTES
Promoting Children's Healthy Life Style and Well Being

- Help your children understand the health benefits of being physically active every day. During child directed play, offer options of playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer or taking a walk to the park with you.
- Avoid making comments about weight (your own or your child's). Instead, use language that focuses on healthy choices and strong bodies that allow you to be active (walk, play, climb, dance, etc.).
- Limit your child's total screen time to no more than 1 hour a day. Avoid screen time for children under 2 years of age.
- Provide healthy snacks: for example fruit or vegetables to dip in yogurt or hummus. Avoid continuous snacking, and instead, offer food at predictable meal and snack times. Limit high-fat, high-sugar, or salty snacks.
- In the context of otherwise healthy eating, offer moderate amounts of "treat" foods to help children learn to regulate their intake of sweets.
- At mealtimes provide a variety of health foods; fruits and vegetables, whole grains, lean meats; avoid foods high in trans fats and/or saturated fats.
- Allow your child to serve him/herself. Do not require children to clean their plates and do allow them to have more of anything healthy that is being served. This will help them learn to pay attention to their own hunger signals.
- Do not put your child on a weight reduction diet unless your physician supervises. For most young children, the focus is maintaining current weight, while growing in height.
- Offer children water or low/non-fat milk. Limit soda and juice intake.
- Have predictable family meals together where you have time to talk and enjoy the meal together. Establish dinner as a "no screen" time.
- Involve children in food planning, shopping, and meals preparation.
- Check that your child care providers are encouraging healthy eating and limiting junk food.
- One of the most powerful ways your children learn to be healthy is by observing you.

Therefore, model being physically active, buy and eat healthy foods, express your enjoyment of food and family meals, and model positive talk about your family's healthy bodies.

REFRIGERATOR NOTES

Homework Brain Training

For Preadolescent Children (8-12 years)

- Communicate with your child's teacher (via phone, text, or email) to find out school expectations for homework. Work with the teacher to set realistic homework goals for your child if the school expectations do not match your child's needs.
- Have a family meeting with your child to plan a predictable homework schedule (see sample homework checklist). Establish when and where this homework will occur. Remember a daily predictable homework routine trains the brain to work and increases your child's attention focus.
- Help your child build up brain stamina for homework by starting with short periods of time and gradually increasing the workout time and level of difficulty. Use a timer.
- Keep the homework training environment free of distractions such as TV, I-phones, texts, games, siblings and chaos. Be nearby to help support or encourage your child.
- Help your child make a homework plan each day with goals for how long to work on each subject. Alternate harder and easier tasks, and set a manageable time limit for harder brain tasks. Provide extra encouragement and persistence coaching for harder tasks.
- Help your child develop an organizational habit of recording homework completed and plan for bigger projects by establishing a calendar planner with due dates and plan for completing the task. Help your child break large tasks into manageable parts. Reward the child's use of the planner with fun stamps or stickers. This also helps you track their progress.
- Set up daily incentive to reward your child's good study habits. Avoid a big incentive system for end of term grades, and instead give small daily rewards and praise. Do not remove points for negative behaviors during homework time.
- Ask your child to show you completed work and praise all efforts.
- Find out how you can track whether completed homework is turned in. Most schools have a way to check this on the web.
- Be sure to regulate your own emotions and be a positive role model. Use active listening to try to understand why doing homework is difficult or upsetting.
- Set limits and calmly enforce consequences for not doing homework (e.g., loss of screen time for evening)
- Be sure you are giving your child "special time" to build up positive feelings being together. This time should happen regardless of whether homework time is successful.
- Consult your child's teacher and build a partnership to help support your child's school performance. If homework is a continual struggle, work with the school to modify expectations or reduce barriers.

Responding to Child Dysregulation and Teaching Self-Regulation

Carolyn Webster-Stratton, Ph.D.

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

Parent Self-Talk

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

"I can stay calm. This will help my child to stay calm."

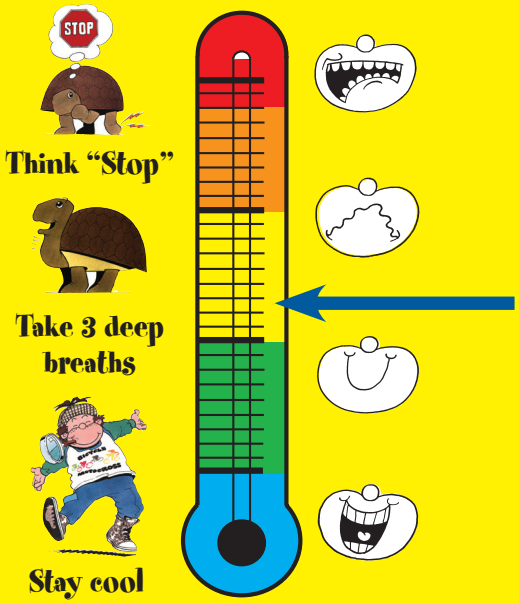
"I can ignore this behavior as long as he is not hurting someone or breaking something."

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

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

Parent Response

- Model deep breathing, patience and being sympathetic to child
- Help child use calm down thermometer and take deep breaths
- Redirect child to another activity
- Ignore child's dysregulated behavior as long as behavior is not unsafe
- Label child's emotion and coping strategy: "You look angry, but you are trying hard to stay calm with breathing and remembering your happy place."
- Stay nearby and be supportive.
- Give attention and coaching to behaviors that encourage your child's coping and emotion regulation.



Slow Down

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

- STOP and challenge negative thoughts and use positive self-talk such as: "*All children misbehave at times. My child is testing the limits of his independence to learn that our household rules are predictable and safe.* This is normal for children this age and not the end of the world."
- Do some deep breathing and repeat a calming word: "relax," "be patient," "take it easy."
- Think of relaxing imagery or of fun times you have had with your child.
- Take a brief break by washing your face, having a cup of tea, putting on some music, or patting the dog. Make sure your child is safe and monitored.
- Focus on coping thoughts such as: " *I can help my child best by staying in control.*"
- Forgive yourself and be sure you are building in some "personal time" for relaxation.
- Ask for support from someone else.
- Reconnect with your child as soon as you are both calm.

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

My child continues to dysregulate and becomes aggressive

Parent Self-Talk

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

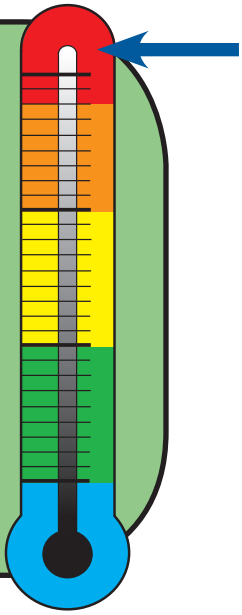
"I need to give my child time away from attention to calm down so he doesn't hurt someone."

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

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

Parent Response

- I say, "Hitting is not allowed, you need to go to Time Out to calm down. " (This place has a calm down thermometer to remind my child of what to do in Time Out to calm down.)
- I wait patiently nearby to let him re-regulate and make sure others don't give this disruptive behavior attention.
- I give him privacy and don't talk to him during this calm down time.
- When he is calm (3-5 minutes), I praise him for calming down.
- I support my child to re-enter an activity or routine.



My Child Is Calm Now

Parent Self-Talk

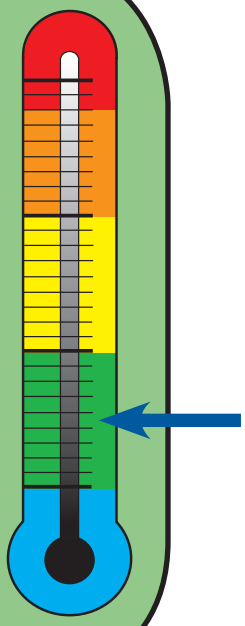
"Now I can reconnect with my child and help her learn an alternative way to solve her problem."

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

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

Parent Response

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



Bottom Line

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

Incredible Years® Time Out Works Because of

Quality of Time In

Carolyn Webster-Stratton Ph.D.

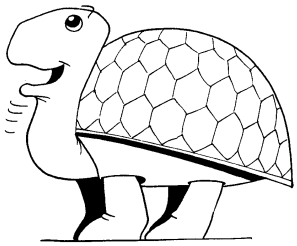
The use of Time Out as a self-regulation calm down strategy for children between the ages of 3 and 9 years old is part of a comprehensive positive behavior management plan in 77% of empirically validated parent programs for young children (Everett, Hupp, & Olmi, 2010; Fabiano et al., 2004; Graziano et al., 2014; Kazdin, 2008). Time Out has been researched for three decades and shown to be effective in producing positive outcomes in terms of reducing children's aggressive behavior as well as preventing parental child maltreatment. However, despite abundant empirical literature, the use of Time Out is still a controversial topic, with many people feeling uncomfortable about its use. Much of this controversy stems from anecdotal evidence about the negative impact of Time Out on children's attachment, or inaccurate information in non-peer reviewed magazines (e.g. Time magazine) that Time Out negatively affects children's neuroplasticity (Siegel & Bryson, 2014). In some cases, this discomfort about Time Out is so great that individuals or agencies choose not to use an evidence-based curriculum that incorporates Time Out.

Before it is possible to discuss the use of Time Out, it is important to define what is meant by an effective evidence-based Time Out procedure. There are some versions of Time Out delivery that are not evidence-based and are, indeed, reactive, punitive, harsh, non-supportive, developmentally inappropriate, unpredictable or delivered in a non-respectful way that shames

and marginalizes the child. Such inappropriate approaches can lead to further child misbehavior and a break down in the parent-child or teacher-child relationship and attachment. It is not supportive of children's development of emotional skills or closeness to the parent or teacher and is a missed learning opportunity for the child. The evidence-based and appropriate use of Time Out is brief, infrequent, thoughtful and delivered calmly in an effort to help a child self-regulate followed by a new learning opportunity and positive connection. When professionals, parents and teachers are disagreeing about whether Time Out is a recommended strategy, it may be that they are actually talking about very different procedures. Unfortunately, the use of the term "Time Out" can be used both for appropriate and inappropriate approaches.

In Incredible Years® (and in most other empirically validated parent programs), Time Out is taught as way for children to learn to calm down and re-regulate in the midst of strong emotions and to give children time to reflect on a better solution to the problem situation. It works because it is Time Out from a reinforcing environment established through positive parent teacher-child interactions. In the Incredible Years® programs parents, teachers, *and* children are taught to see the Time Out as taking a break in order to calm down. This helps children learn a strategy to calm down and also helps adults to self-regulate and model an appropriate response to a conflict situation. Research has shown that when this predictable and respectful strategy is used appropriately, reductions in children's aggressive behavior and increases in their feelings of safety and security in their relationships with caregivers are seen. Parents who use Time Out to calm down as one tool in their positive parenting repertoire show reductions in their use of critical or abusive parenting responses (Everett et al., 2010; Fabiano et al., 2004; Kennedy et al., 1990). We will first briefly outline how the evidence-based Incredible Years (IY) Time Out is taught to therapists, parents, teachers, and children in the IY programs.

The Incredible Years® Time Out Strategy (aka Tiny Turtle Technique)



3 Take a slow breath

First teach the child how to calm down: Prior to using Time Out, children are encouraged to discuss with their parents and teachers (often with the aid of a puppet) times when they are having strong and unpleasant emotions. They are helped to realize these negative feelings (anger, frustration, anxiety, loneliness) are a signal they have a problem that needs solving. Adults help them understand that any feeling is normal and okay, but that there are some behaviors and words that are not okay to use when they are angry, disappointed, or sad such as hitting or hurting someone else, or breaking something. Adults help children understand that sometimes it's hard to think about a solution when they are very upset and that this means they first need time to calm down. *This discussion is geared towards the developmental age of the child—3 year olds participate in a very simple discussion, 8-9 year olds engage at a more complex level.* Using the puppet as a model, children learn how to take a Time Out to calm down. For example, the Tiny Turtle puppet explains how he withdraws into his shell, takes some deep breaths and thinks of his happy place when he is having trouble and then comes out to try again with a different solution. Children learn that they can do this on their own as a strategy for calming down, or that an adult can tell them that they need a Time Out if they have hurt someone else, broken a rule, or if they are too upset to think clearly. At times when children are calm and not in a conflict situation, adults help them practice and rehearse how to go to Time Out, and how to calm down in Time Out by taking deep breaths, using positive self-talk and thinking of their happy place. One way to teach the children this strategy is to have a puppet such as Tiny Turtle make a mistake and then ask the children to help him follow the Time Out steps. Afterwards the adult and the children help the turtle puppet to understand that Time Out is not a punishment, but rather a way to calm down. The children learn that everyone, including adults, sometimes need time away to calm down. Parents and teachers model using this strategy themselves when they are becoming angry. They may also use *Wally Problem Solving Books* which are a series of problem situations the puppet Wally Problem Solver has at home and at school (Webster-Stratton, 1998). The children are asked to be detectives and to come up with solutions for Wally's problem. After talking about these possible solutions they act out the out the ways to solve the problem using hand puppets. Sometimes one of the solutions involves using a calm down strategy to self-regulate before coming up with other more proactive solutions.

Teaching parents, teachers, and therapists to use Time Out to calm down: In the Incredible Years programs group leaders have parallel group discussions in their trainings with parents,

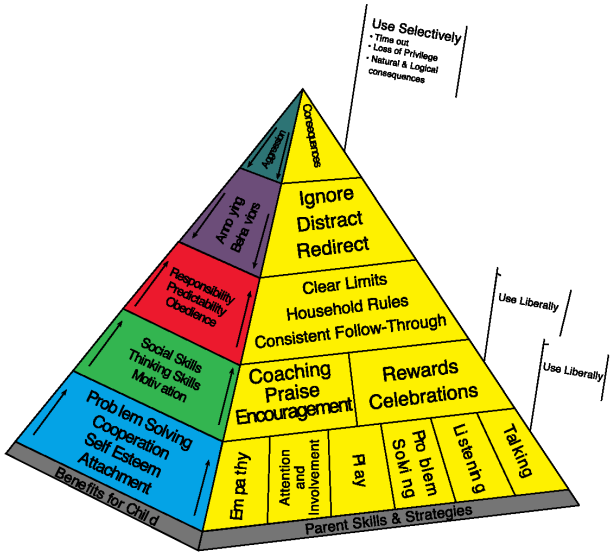
teachers and therapists. Group leaders help them understand this kind of Time Out is *not* a punishment but a self-regulation strategy for children (and for adults). They learn that these Time Outs are brief (3-5 minutes) and that their own behavior when implementing the Time Out is critical to their success with this technique. They learn to give Time Outs in a calm, respectful, predictable and controlled way, not to give negative messages to children. When Time Out is taking place, they also learn how to be nearby to monitor the Time Out. Their physical presence can reassure the child *without* giving direct attention during the Time Out.

The parents and teachers are also taught the importance of reconnecting with the child immediately after the Time Out is completed. The child's circle of security is resumed by focusing on positive messages and warm touches rather than rehearsing or discussing the negative behavior or forcing an apology. This approach helps the child maintain emotional control and feel reassured about his relationship with his parent or teacher.

A positive relationship Incredible Years Pyramid foundation is necessary for effective Time Out teaching

The first half of the Incredible Years® Parent and Teacher programs focus on strategies for building positive relationships with children by being responsive, warm, nurturing and giving more attention to positive behaviors than negative behaviors. During this time parents and teachers learn social, emotional and persistence coaching methods: to encourage children's persistence, frustration tolerance, social skills, problem solving, emotional literacy, empathy, language development and self-regulation skills. Research has shown that children with more social and emotional awareness and language skills are better able to self-regulate and solve problems. These skills, as well as the parent-child relationship, form the foundation that supports children to respond to frustrating or upsetting situations in ways that are not violent, out-of-control, or destructive. For Time Out to work this foundation must be in place, and when this foundation is firmly in place, the need for Time Out is greatly reduced.

Below are some of the common questions that come up when discussing the use of Time Out. All the answers here reflect the assumption that the Time Out used is similar to the Incredible Years Time Out procedures described above.



Parenting Pyramid™

Why is the bottom (positive parenting) of the Incredible Years pyramid not enough? Why do reasoning, holding, and hugs sometimes cause more child misbehavior and insecurity? Why does yelling, scolding, and adding consequences make misbehaviors worse? Why is it important for parents to learn some evidence-based disciplinary methods?

Positive, responsive parenting and teaching is core to parent-teacher-child relationships. Without a strong and secure parent- or teacher-child relationship, adult-child interactions are disrupted and are often not functional. This does not mean, however, that all child behaviors can be responded to all the time with reasoning, holding, and continued interactions. Positive relationships are necessary but not sufficient to obtain improvements in child's behavior problems (Cavell, 2001). At times when children have strong negative emotions and are dysregulated, it is often the case that they are so emotionally and physically out of control that they are beyond reasoning. At these times, adult attempts to comfort, reason, control, or argue with the child are likely to increase the intensity of the child's emotion and actually to reinforce it. Parents and teachers are also likely to be feeling strong emotions themselves and are vulnerable to exploding in appropriate ways or giving in to the child's demands in such a way that they are actually teaching the child that aggression, violence, or arguing are effective ways to manage conflict. This is called the "coercive process"—that is, a cycle described by Patterson (Patterson, Reid, & Dishion, 1992) in which parents, teachers and children each

escalate their unpleasant, aggressive, and dysregulated responses to each other. The process usually ends when the child's behavior becomes so aversive that the parent or teacher either gives in to the child, or becomes so punitive that the child's capitulation is controlled by fear. This coercive process has been carefully researched for decades by Patterson and others and Time Out was designed to stop this aversive cycle.

When is it developmentally appropriate to use the IY evidence-based Time Out discipline approach with children? Time Out is a respectful and calm way to disrupt or interrupt the coercive process. Instead of escalating the negative interaction, the adult calmly uses the planned strategy of helping the child take a break to calm down. Even if the child continues to escalate, the adult's commitment to staying calm and not retaliating, engaging or arguing provides the opportunity for the interaction to de-escalate because the misbehavior is not rewarded with adult attention. Without the adult's strong emotions to react to, the child can more easily regulate his/her own emotions. The adult is also providing a model for self-calming. Moreover, when parents or teachers are trained in this predictable routine and understand the underlying theory, they feel confident in their ability to stay calm and understand that, in the long term, this leads to better outcomes for the child's emotional and social development and the parent-child relationship.

What is this the best age for this method? For what misbehaviors? What is the theory underlying why Time Out works? Time Out is recommended only for higher level behaviors such as aggression, destructive behaviors, and highly conflictual noncompliance. It is not meant to be used to address a child's essential needs for support when in pain, or in fearful or distressful situations. Many other proactive strategies are recommended in the Incredible Years programs for managing milder challenging behaviors. Time Out is only used for children who are cognitively developmentally ready and old enough to learn to self-regulate and to have a sense of time and place. Typically, Time Out works for children who are between the ages of 3-9 years old. Some three year olds will be too young for Time Out, and some 9 year olds will be too old for Time Out. Rather than using the child's chronological age as the cue for when to start using Time Out, it is better to use the child's developmental age as the criteria. In the Incredible Years programs, Time Out variations are introduced for older and younger children, for children with ADHD and developmental delays, and alternative procedures for children on the Autism Spectrum are discussed. One size does not fit all when using Time Out.

Why are the Incredible Years Programs really all about "Time-In"?

Time Out only works if the majority of time with children is spent with children in "time in", that is, engaged in child-directed play, social and emotional coaching, responsive and nurturing parenting, focused attention on positive behaviors, praise, predictable routines and schedules.

IY Time Out is only one tool in an IY tool box of many different parenting tools, all of which are taught in the 8-12 sessions prior to introducing Time Out (*e.g., child-directed play, social and emotional coaching, differential attention, descriptive commenting, praising, rewarding, loving, being responsive, using predictable routines, consistent separation and reunion plans, redirections, refocusing, ignoring, logical consequences, and teaching children self-regulation skills and how to problem solve.)* Time Out can only be used when the adult-child relationship foundation has been well established with positive "time in" methods.

How is IY use of Time Out tailored or individualized for different children? What is "core" and what is flexible? As with every other parenting or teaching strategy, the use of Time Out requires clinical sensitivity, flexibility and adjustments according to the child's developmental level and family or classroom context. IY group leaders who are training parents, teachers, and therapists in the use of Time Out must take many factors into consideration. These factors include: the child's developmental level, the parent-child relationship and attachment history, and the parent's mental health and self-control skills. Time Out procedures are adapted to different situations. In some cases, a parent or child may not be ready for Time Out and need to work longer on the praise and coaching methods as well as other relationship building skills and other disciplinary strategies such as distractions, setting clear rules and ignoring first. The length and location of Time Outs may be modified to fit a family's needs. Parents are also taught ways to support a child during Time Out keeping them safe, while still following the principle that Time Out is a low-attention response to a child's high negative affect.

How does Time Out help children learn to self-regulate and support their emotional development? Prior to adults using Time Out, children are taught and practice how to use Time Out to regulate their emotions. During Time Out parents model staying calm using the self-regulation strategies that their children have been taught (breathing, self-talk). Time Out stops the parent and child from engaging in the stressful interaction and gives them space to regain control. During Time Out, out-of-control child misbehavior is not reinforced with attention.

Does Time Out teach children anything? Yes, children learn that out-of-control behavior is not an effective way to manage strong emotions because it is not reinforced. But Time Out alone is not enough. The majority of children's time is spent out of Time Out in meaningful and positive

interactions with parents and teachers consisting of child-directed play, social, persistence and emotional coaching, praise and nurturing scaffolding. During these times, children learn positive ways to regulate their emotions, navigate interpersonal relationships, and ask for what they need or want. It is important that these positive replacement behaviors have been taught and practiced prior to instigating Time Out. When this is in place and children have been sent to Time Out to calm down, they are eager to get into parents or teachers positive spot light where they have learned there are more benefits.

Why is Time Out an important strategy for parents and teachers to learn? Are there some parents who should not be taught to use Time Out?

The fear that some parents or teachers may misuse the Time Out procedure due to lack of emotional ability to express nurturing care, stress or psychopathology prevents some professionals from teaching this strategy to parents or teachers. Although it is possible that Time Out may be misused, it is important to consider what happens if such parents or teachers are not given an evidence based discipline method they can use. Without the ability to enforce predictable limits or to prevent children responding aggressively to other children, adults may become too permissive, which can also lead to children becoming more aggressive as they learn that aggressive and out-of-control responses work. The inability to establish boundaries and enforce predictable limits has been shown to lead to poor mental health outcomes for children (Fite, Stoppelbein, & Greening, 2009). Kazdin (Kazdin, 2002) argues that parent failure to use appropriate discipline to protect a child who is acting out may itself meet the definition of abuse. Conversely, the opposite can also be true—without a nonviolent and predictable way to respond to high intensity negative behaviors, parents or teachers may become overly controlling, respond with critical or physical discipline, giving children the message that aggressive responses are an acceptable way to manage negative affect and conflict.

In addition to assuring that parents and teachers have worked for 8-12 weeks intensively in the Incredible Years Program on positive social and emotional coaching methods, child-directed play, praise, rewards and relationship building before being introduced to Time Out, the Incredible Years programs also spend considerable time in teaching the correct method of using Time Out and on strategies for adults to use to stay calm and regulated. Participants learn to self-praise and self-reward, how to challenge negative thoughts and replace them with positive self-talk and coping statements, and stress management strategies. Group sessions include adults practicing simple Time Outs with guidance and gradually increasing their complexity focusing on the behavioral, cognitive and emotional components. Therapists make weekly calls to check in on their experiences and make themselves available as parents or teachers first take on this procedure with a child.

Can Time Out cause traumatic reactions or re-traumatize children? Does it lead to physical abuse or brain imaging patterns similar to those who are traumatized?

Teaching parents to use Time Out has been shown to reduce child physical abuse (Chaffin et al., 2004). While some may argue that use of Time Out with children who have experienced abuse will retraumatize them and trigger a fear response there is no evidence to support this claim when Time Out is delivered appropriately. Time Out is not a trauma event if done respectfully and predictably, as outlined above. Time Out is not a trauma event if the parent is primarily working on responsive nurturing parenting using Time In. When working with parents and children who have experienced trauma, therapists use clinical judgement as to when, how, and if it is appropriate to use Time Out. As with any other parenting strategy or decision, Time Out can be used incorrectly or abusively. This does not mean that Time Out should be abandoned as a strategy, but that parents, teachers, and therapists should be taught to use Time Out in respectful, effective and evidence-based ways.

Is Time Out beneficial to the child? When Time Out is done in a predictable, systematic, structured and calm way embedded in a normally positive nurturing relationship, it actually helps children feel safe and a have sense of control rather than being afraid of yelling and unpredictable adult responses. It leads to a relationship where children know they can safely go to their parents or teachers for help with solving their problems. Research has shown it is a critical factor in helping children gain emotion regulation capabilities and self-control and reduce adult physical abuse & traumatic child symptoms (Chaffin et al., 2004).

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Tips for Preparing Your Video for Review Parent Programs

Accreditation/Certification

These two words are used interchangeably in this document. Our European sites commonly refer to the process as accreditation and our US sites prefer the word certification. Both indicate the same review process!

When to send in your DVD for review

If your agency has an accredited IY coach or mentor we recommend that you regularly review videos of your group sessions with him/her, right from the beginning of your first group. If you don't have a coach or mentor in your agency, we recommend you and your co-leader regularly review videos of your group sessions using the Group Leader Process Checklist and the Peer and Self-Evaluation forms. By reviewing these DVDs together, you can self-reflect on your group leadership process and methods and determine goals for your learning and future sessions.

Once you have done this a few times, we recommend some outside IY telephone consultation from an Incredible Years trainer or mentor to answer your questions and discuss the group process. Next send in a DVD of one of your sessions for a detailed review by an accredited mentor or trainer.

Ideally this should occur at some point during your first group. By doing this early, you can get feedback and support for your approaches and learn of new strategies you can use to make your groups more successful. This will move you faster towards accreditation!

How many DVDs will I need to send for review?

Send one parent group session (2 hours) at a time. Then use the recommendations from their view of this session to make changes in your group leadership methods or processes. You will submit a 2nd DVD that addresses the suggestions from your prior review. After your 2nd submission, you will receive feedback about whether or not a 3rd review will be required. It is common to submit 3 (or occasionally more) sessions prior to accreditation.

Camera Set Up

The camera should be focused on you. When you do role-plays or move about, please move the camera so the reviewer can see your work. Be sure that you have adequate sound quality so we can hear both you and the participants in the group.

Working with a co-leader and essential components for accreditation

You may send a DVD showing how you and your co-leader work together. We do assess the collaborative quality of how the leader and co-leader work together and support each other. However, the person whose DVD is being reviewed should be the primary leader throughout the session and should show their group leadership skills specifically in regard to the following:

- mediating DVD vignettes and leading discussions of them
- setting up role plays and small group practices with leader coaching
- review home activities
- sufficient knowledge of topic content
- collaborative interpersonal style of interactions with participants
- instigating buzzes or small group breakouts
- pulling out key concepts and/or principles learned from participants
- amount of praise, encouragement and incentives given to participants
- coordination with co-leader
- schedule posted for session
- group rules adhered to
- reference made to parents' goals
- engagement of participants/level of enjoyment
- integration of cognitive, affective and behavioral components

Can my co-leader and I use the same session for accreditation?

Usually we ask for one complete session from each leader applying for accreditation. In this DVD, the leader applying for accreditation should be the content leader for the entire session, with the co-leader in the process role. This provides us with the best continuity for the review process. We realize that in clinical practice, group leaders usually switch content and process roles half-way through, so this is an exception to that practice. Occasionally it is possible to see both leaders doing all of the above group leader strategies in one session, and then it may be possible to use one DVD to review both candidates. However, this is rare. If you intend to use one session for two leaders or have other special review requests, please call or email us in advance. We will work with you, if possible, but you will save yourself time by checking with us ahead of time!

Number of Sessions

The minimum number of core, weekly, 2 hour sessions must be completed.
8 weeks for baby program
12 weeks toddler program
14-18 weeks for preschool program (depending on risk status)
12-16 weeks for school age program.
For high risk populations such as child protective service referred families or for children diagnosed with ADHD or Oppositional Defiant Disorder a minimum of 18 sessions must be completed. The parent manual differentiates between protocols for prevention

populations vs. treatment or high-risk populations, and these session protocols are also available from our website.

Number of Parents in Group

To qualify towards certification parent groups must finish with at least 6 participants. Drop out rate should not be more than 50% of group.

Number of Vignettes Shown in a Session

The updated parent DVD programs have some longer vignettes than the older version of the program. Usually these vignettes are paused 2-3 times for discussion so they take much longer to review. The number of vignettes shown in a session is determined by the length of the vignettes shown and whether they are the older or newer ones. In general leaders are expected to show 6-10 vignettes per session. These vignettes are chosen carefully to reflect the needs and ethnicity of the population being addressed. The person reviewing the DVD takes into consideration the specific vignettes shown, the number of role-plays conducted and quality of discussion when reviewing a DVD. It is important to have a good balance of all these components but 2/3 of the session should emphasize modeling (either video or live) and practice of skills compared with cognitive discussion approaches. In general, 30 minutes is scheduled for homework discussion, 60 minutes for vignette reviews, 20 minutes for practices, and 10 minutes for wrap up summary, self-monitoring and evaluations.

How can I use a certified Incredible Years coach or mentor to assist me in achieving certification as a group leader?

If your agency has a certified IY group leader, coach or mentor, it will be ideal to start leading a group with this person because their prior experience with the program will be helpful to you. They can assist you by reviewing DVD sessions with you and giving you feedback. You will want to meet in advance of sessions to prepare for the session and decide who is responsible for which aspects of the leadership. For example, what vignettes you will lead and who will identify principles or give out rewards and how you will coordinate your role play practices.

What do I need to send in along with my group DVD for review?

When you send in a DVD for review, please send in the application form, a brief letter summarizing the session or lesson topic covered, the nature of the population addressed (prevention vs. treatment) and your own self-evaluation completed on the Group Leader Process Checklist and Peer and Self-Evaluation forms. Please also indicate which leader on the DVD is you–hair color, what you're wearing. Please write your name and the session number on your DVD.

Enhancing your DVD submission

Although not required, it is very helpful to the reviewer for the group leader to submit notes about the session. For example, the leader might provide some background information on the participants in the group and explain how this informed his/her choices of which vignettes to show or how to structure/choose activities. In addition, it is helpful for leaders to provide some narrative of his/her thoughts about the session. If leaders share ideas for what could be improved or changed, this shows an understanding of the group process that will be taken into account when the reviewer watches the video. Also you may indicate sections of the DVD you have questions about or particulars you would like feedback on.

Once your DVD has been passed off, you may then submit your application with the remaining materials:

- background questionnaire
- letter of intent
- letters of recommendation (2, professional)
- weekly and final evaluations by participants for parent program (2 sets)
- session protocols for every session (2 sets)
- 2 self-evaluations
- 2 peer-evaluations

Please Ask!

This process can be complicated and there are many steps. When in doubt, please call or e-mail us prior to sending in your DVD or materials. A well-prepared DVD will get you to your certification goal much faster!

Reviewing Parent or Teacher Videos for Certification/Accreditation

What is mandatory?

Carolyn Webster-Stratton, Ph.D.

- Well prepared and organized leadership skills with good time management
- Highly collaborative leadership process but provides accurate information when needed and not obtained from participants
- Discusses benefits and barriers to doing assigned activities with children
- Integrates a mixture of using video vignettes to trigger problem solving discussions, model skills and to set up practices in large group followed by small group practices
- Leader calls between sessions (to discuss weekly evaluations, to check in with special needs and assignments, and provide additional encouragement as needed)
- Follows up on home or classroom activities and buddy calls completed weekly
- Helps participants see how approaches learned apply to their specific goals and their children's developmental needs

Starting Session Group Leader

Home/Classroom Activities Check In:

- ☐ Starts with **positive** participant experiences with home or classroom assignments and review benefits of approach using buzz and share with large group;
- ☐ Asks follow-up questions to get more details *(What did you say/do? What did that look like? How did your child respond? What was the value of doing….? What was the benefit of….? What principle did you hear?)*
- ☐ Rewards/praises/applauds successes and supports attempts to use any skills learned from prior session
- ☐ Uses home or classroom practice feedback to select some participants to demonstrate their success in a role play
- ☐ Asks participants about **barriers and difficulties/obstacles**. What made it hard to do the assigned practice activity?
- ☐ Selects someone who has had difficulty with prior week's activity to re-enact the child's response and practice some alternative strategies. Often taking child role helps participant experience child viewpoint and experience the value of a different response

Introducing New Topic:

Leader gives brief overview of session goals using pyramid for context. Does not teach or over explain. Uses introductory narrations (pausing for discussion) to help introduce new topic.

Benefits/Barriers Exercise:

For new topics such as praise, rewards, ignoring or consequences start with benefits and barriers exercise. First brainstorm benefits and then barriers in large group; this may be done first in a buzz and then shared in group; benefits are paraphrased, validated, and recorded. Barriers are listened to, validated and paraphrased and recorded on flip chart by coleader. Do not try to solve the barrier at this time and do not try to convince the parent/teacher to move past the barrier. Rather group leader uses this knowledge and understanding of the barriers to address these issues when showing the vignettes.

Group Leader Mediating Vignettes:

- ☐ Mediates narrations by pausing narration briefly to clarify words used, or to check in on whether participants agree with the narrator's perspective, or to summarize topic and purpose of session
- ☐ Mediates vignettes by pausing part way through to ask questions *(What would you do next? How is the child or parent feeling now? What is the rationale for this approach?)*; does not stream more than one vignette together. At end of vignette, helps participants see how this idea/principle might work with their child and summarizes key learning from vignette. This summary can be done by coleader. (Longer vignettes are paused part way through several times for discussion or to set up a spontaneous practice idea)
- ☐ Uses collaborative questions… digging into participants' ideas to pull out key tips to a skills being taught; avoids simple question and answer approach but really listens to participants point of view and explores their idea with some depth
- ☐ Identifies from discussions some bigger principles such as "attention principle" or "modeling principle" or "relationship building" or "school readiness or language enhancement" and then determines how the principle will be used specifically to address the participant's goals for the child at home or in the classroom
- ☐ Uses video vignette to trigger spontaneous practices or buzzes
- ☐ Adequate number of vignettes shown (7-10 for parent and 20-25 for TCM)

Group Leader Setting Up Practices:

- ☐ Sets up several large group planned role plays/practices with skill (see group leader checklist for details)
- ☐ Sets up spontaneous practices from participant questions or suggestions or buzzes (sprinkle throughout session)
- ☐ Uses home or classroom practice experiences to trigger either positive demonstration or to revisit something that didn't go well with child with an alternative strategy
- ☐ Practices are developmentally focused according to child's language, play and cognitive, social and emotion skills
- ☐ Refers back to participants' goals for themselves or child
- ☐ Rewards those who do role play practices

Content leader and Process leader Roles

- ☐ These roles will be defined depending on the degree of experience of each leader. Content and process roles should be collaborative and leaders may switch roles midway through a session. In general the content leader takes primary responsibility for leading (mediating discussion, leading vignettes, setting up role plays, and providing structure for group process). The process leader role involves supporting the content leader by recording key points or principles (not everything said), giving out rewards or stickers; adding new ideas, or prompting a participant to respond if their effort to participate was not seen by leader
- ☐ Content leader will invite process leader to summarize key ideas or to add anything missed
- ☐ Content leader and process leader each participate in practices with one coaching the parent/teacher and one the child/children
- ☐ Process leader follows the lead of the content leader and is not competitive but enhances the content leader's role

Ending Group

- ☐ Reviews or summarizes key learning from discussions and practices (this is also sprinkled throughout with flip charts)
- ☐ Provides explanation of assigned practice activities for session and reviews handouts
- ☐ Takes time for participants to do the self-monitoring checklist and to make commitment to what their goals will be until the next session
- ☐ Gives time for session evaluations

What is optional?

- ☐ Number of vignettes can vary depending on whether they are long vignettes that are paused frequently and number of practices completed
- ☐ Sessions do not have to complete everything on the session protocol and may be stretched to cover 2 sessions because pacing will depend on participant backgrounds and knowledge; for example, for some groups more time may be spent on coaching methods because it is new information and/or there is a need to promote stronger attachment and more attention to positive behaviors than negative ones
- ☐ Number of sessions for high risk populations or treatment groups should be no less than 18 2-hour sessions and often will be expanded as needed
- ☐ When translators are used, the number of sessions must be expanded to allow time for this discussion where everything is translated; this can take twice as long to complete the program

Additional Elements for TCM:

Behavior plans

- Does a sample behavior plan in the large group
- Goes through steps together, engaging the participants in brainstorming ideas for each step
- Gives specific examples for intervention strategies (e.g., instead of saying—praise child, think of a labeled praise statement that matches target behavior: "You are raising a quiet hand!").
- Sends teachers to small groups to work on their own plans

Additional Elements for Parent Reviews

Record Sheets

- Group leader explains how to complete weekly record sheets and if participants speaks a different language helps them complete these
- Record sheets are handed in each week and reviewed by group leader with comments and stickers and encouragement
- Record sheets may be used by group leader to talk about a participant's success with the whole group

Decision to pass video

- Rare to pass a first video. Always ask for a second video if there are ANY skills that a group leader can work on.
- When reviewing second video, if there are elements of the video that are at passing level, and just a few skills that still need work, you can ask the leader to send portions of the second session, or to send full session, but highlight skills (e.g., send 1st half of parent group, or send 20 minutes of mediating a series of vignettes, or send an example of a large group role play).
- There is always clinical judgement involved in deciding whether to pass the overall video. If almost all skills are excellent, but there is fine tuning in a few skills, video may pass with recommendations to keep working on those skills. Reviewer must make a judgement about whether the group leader will easily be able to make the adjustment without further feedback.
- **When in doubt, always better to ask for another review or partial review.** In some cases, group leaders do not seek additional feedback after the video review passes, so this may be the only opportunity to give feedback.
- We do have group leaders who send in 3rd and 4th tapes for review. Often these are those who have had no coaching or no prior experience running groups or a background without knowledge of cognitive learning theory or child development. These people should be applauded for their efforts to deliver the program with fidelity and if motivated coached to become the best group leaders they can be. Additional reading about underlying behavior change theories may given to them and/or they may be paired with a more experienced group leader. On the other hand, there are some people who aren't suited for the group collaborative approach. Accreditation is never guaranteed but hopefully groups leaders have been carefully selected at the beginning according to their educational background, motivation and interpersonal skills for this work.

Mentors may always ask for a 2nd opinion for a review they are unsure about from another mentor. Ideally videos should be reviewed by a mentor/trainer who is not the group leader's primary mentor. It is difficult for mentors/trainers to be objective about a group leader's skills when they have worked closely with that group leader. In situations where there is not a second reviewer available, videos can be sent to Seattle, or mentors/trainers should carefully assess situations where they need a second opinion to make a decision about whether a video is ready to pass.

ENCOURAGE GROUP LEADERS WHEN CERTIFIED/ACCREDITED TO ATTEND ONGOING CONSULTATION GROUPS YEARLY.

Using the Incredible Years Parent Program to Help Parents Promote Children's Healthy Life Style and Well-Being

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DRAFT March 29, 2018

Introduction

Promoting children's healthy life style habits and nutrition should be an integral part of parenting intervention programs designed for young children. The rate of overweight children has doubled in the past two decades with an estimated 23% of United States preschool-aged children reported as being overweight or obese, with higher rates in lower socioeconomic groups (Ogden, Carroll, Kit, & Flegal, 2014). Research indicates that childhood obesity leads to higher risk for other chronic health conditions such as dental caries, asthma, sleep apnea, hypertension, cardiac disease, diabetes, cancer and depression. Furthermore, children with obesity are often bullied, teased and discriminated against more than normal weight peers, leading to social isolation and lower self-esteem. Children with obesity are more likely to be obese as adults, resulting in lifelong physical and mental health problems.

On the other hand, 2016 reports estimated that 13 million children (18%) in the United States experienced hunger and food insecurity, that is, lacking access to sufficient quantity of affordable nutritious food (Service, 2000). However, it should be noted that the majority of people (58%) who are food insecure do not live in poverty and the majority of people who live in poverty (61%) are food secure. Chronic undernourishment regardless of socioeconomic status can have adverse outcomes on children's cognitive development, school performance, language development, and result in higher rates of illness, school absence, and academic underachievement (Hinton, Heimindinger, & Foerster, 1990). The stress of hunger, undernutrition and food insecurity can result in children being irritable, having difficulty concentrating and learning and limit their physical activity. Even skipping breakfast has been shown to adversely affect children's performance in school (Pollitt, 1995).

Refugee children are at high risk for poor health, growth, and development and often arrive in the US with either under or over nutrition. A recent study in Washington State with 1047 refugee children from Somalia, Ira, and Burma were compared with low income children in Washington. Overall, showed that nearly one-half of all refugee children had at least one form of malnutrition (44.9%). Refugee children ages 0-10 years were affected by wasting (17.3%), stunting (20.1%) overweight (7.6%) and obesity (5.9%). Refugee children less than 2 years of age in the US were reported to have higher obesity rates than their low-income non-refugee US counterparts (Dawson-Hahn et al., 2016). After refugees resettle, there is an increasing prevalence of obesity, particularly for older refugee children.

It is well established that parents have a critical influence on the development of positive health habits and childhood development (Golan, 2006). Parents influence the food and physical activities of their children through their own modeling of eating behavior and physical activities, attitudes, parenting styles, and child feeding practices (Birch & Davison, 2001; Moore et al., 1991). Adverse family experiences (AFEs) such as those stressors experienced by refugee families and those living in poverty can negatively impact parenting around feeding and development of healthy life habits (Shonkoff & Garner, 2012). However, despite the large number of evidence-based parenting programs available, very few have measured their outcomes in terms of promoting children's life style changes such as healthy eating patterns, or increased physical activity, or assessed whether these improvements in parenting stress and more positive parenting lead to a reduction in childhood obesity, malnutrition or improvements in physical health, academic potential and overall well-being.

The Incredible Years (IY) Series of prevention and treatment parenting programs (toddler, preschool and school-age) were designed for young children ages 1-12 years. The IY series have had decades of multiple randomized control group trials by the developer and independent investigators from many countries assessing the programs transportability to different cultural groups (Gardner, Montgomery, & Knerr, 2015; Menting, Orobio de Castro, & Matthys, 2013; Webster-Stratton, 2009). Results with selective and indicated interventions for high risk economically disadvantaged families and families that have been referred for abuse and neglect have indicated significant reductions in children's behavior problems and increases in social and emotional skills and school readiness skills according to both parents and teachers reports and observations. Program outcomes also show reduced parent stress, improved positive parent-child relationships, and more positive behavioral management strategies (Gardner et al., 2015; Scott, Briskman, & O'Connor, 2014; Webster-Stratton & Bywater, in press). Of importance is that the parent and child outcomes have not been shown to differ across families with different socioeconomic and ethnic backgrounds (Leijten, Raaijmakers, Orobio de Castro, Ban, & Matthys, 2017). The IY program delivery is non-didactic, trauma-informed, and utilizes a multi-cultural collaborative approach by encouraging parents' own solutions to problems that acknowledge their personal and cultural norms and promotes their connection to cultural identity (Webster-Stratton, 2009, 2012, 2017). The cultural sensitive character of the IY program methods and processes suggests it may be effective for refugee families from different backgrounds although this has not been specifically studied.

Two studies have examined the IY Preschool Program's potential for influencing health outcomes for children. The first study (Brotman et al., 2012) to consider the possible health effects of the Incredible Years (IY) Parent and Child treatment programs followed up 186 minority, at risk preadolescent youth 5-6 years after completing the IY program. The original study goals were to promote effective parenting and prevent behavior problems during early childhood for high risk children but did not focus on physical health outcomes. At follow-up, health outcome measures were collected during a physical exam. Youth who received the treatment had significantly lower rates of obesity, determined by body mass index (BMI) at follow-up compared to controls. There were also significant differences in treatment children's physical and sedentary activity, blood pressure, and diet. This study suggested that effective

parenting and preventing behavior problems early in children's life may contribute to reduction of obesity and health disparities during the preadolescent period.

In a more recent study (Lumeng et al., 2017) Head Start families were randomly assigned to 3 conditions: (1) Head Start (HS) plus Obesity Prevention Series (POPS) plus Incredible Years (IYS); (2) HS+Pops, or (3) HS. The IYS condition consisted of both training in the IY Parent Program as well as the IY Teacher Classroom Management Program. Results indicated that the combined HS+POPS+IYS had improved teacher reports of children's self-regulation compared with HS+POPS and HS, but there was no effect on the prevalence of obesity post intervention for the two combined interventions compared with HS alone. No effect on other outcomes was found except for sugar-sweetened beverage intake which showed a greater decline for the HS+POPS+IYS combined condition than in HS condition. Unfortunately, in this study parent attrition was high, attendance in the parent groups was low, and at this time, no longer term outcomes have been collected.

The findings from these two studies are contradictory in terms of their conclusions about whether the IY intervention is an effective prevention program for promoting healthy behaviors or obesity prevention. Both studies showed intervention effects on the child behavioral outcomes that are typically targets of this intervention: enhanced self-regulation and reductions in conduct problems. This indicates that the intervention was successful at promoting change in some areas. It is interesting that the Brotman study, that was not targeting obesity as an outcome, found these obesity results at follow up, while the Lunmeng study, which added an additional obesity intervention, found no effects on obesity related behaviors. Possible explanations for this may be found in the timing of the measurement point or in the dose of intervention. The Brotman study (Brotman et al., 2012), which offered 22 sessions, had high rates of parent and child participation during the intervention phase and health outcomes were measured 5 years after intervention. If these effects are attributable to the intervention, perhaps parents changed overall parenting behaviors that, overtime, contributed to their children's longer term nutritional health. Although the Lunmeng study targeted this kind of health behavior, parent participation in the intervention was low and the impact on effective parenting behaviors was not measured. The positive child outcomes related to self-regulation may have been a result of the teacher portion of the intervention, rather than the parent intervention. It could be hypothesized that in order for children's health behavior to be impacted, parents would need to make meaningful changes at home. In addition, perhaps the assessment interval, which immediately followed intervention, was too short to show any meaningful outcomes. Further research is clearly needed to assess whether the healthy life style findings in the Brotman study using the Incredible Years Parent and Child programs can be replicated with other families. If the IY parent programs do have longer term healthy life style effects, the mechanisms for these results should be explored and evaluated.

IY Focus on Promoting a Healthy Life Style and Child Well-Being

The IY programs were not developed to be exclusively focused on obesity prevention, nutrition or the importance of exercise, or healthy life style habits. Instead they were designed to be led

in a multi-cultural, collaborative way, with group leaders taking cues from parents about their goals for themselves and their children. Parents come to the groups with a variety of goals for themselves and their children, and there are many etiologies for children's behavior problems including temperament, ADHD or other developmental delays, parenting styles, and traumatic or stressful live events or environments. Discussions in the parenting groups often focus on children's challenging temperaments or traumatic life experiences and how parents can help their children communicate about their feelings and problems as well as how to manage parental emotions and affect, improve their communication and listening skills, and build their family support systems (Webster-Stratton, 2017). When parents bring up concerns about eating habits and health or physical exercise issues, then there are many possibilities for the IY group leader to facilitate discussion of parent strategies to promote children's healthy behavior habits. However, given the serious problem of malnutrition and obesity in youth today, it seems prudent for IY group leaders to be proactive about bringing up these discussions on healthy eating habits and life styles and weave them through the IY parenting sessions, whether or not families have identified nutrition or health care habits as their primary problem. Moreover, improvements in healthy eating and exercise can also contribute to positive mental health and a reduction of behavior problems.

In the program materials, there are a number of ways that the topics of healthy eating and life style can be covered. For example, the program contains video vignettes showing family meal times that can be used to stimulate discussions about healthy eating habits. There are also vignettes about tooth brushing and bedtime routines which can be used to elicit discussions of establishing predictable health habits and rules about the importance of regular dental care and adequate sleep and bedtime routines. Vignettes showing parents playing Frisbee, soccer or biking with their children can be used to promote discussion of the value of increased physical activity. Other vignettes lead to discussions of reduced screen time, predictable meal routines, and household rules regarding healthy food choices and snacks, dental care and appropriate bedtime. Aspects of the IY basic parenting programs that promote children's healthy life style, food habits and obesity prevention and can be highlighted throughout all four parts of the basic toddler, preschool and school age IY parent programs. The remainder of this document outlines some ways that group leaders can integrate healthy life style principles into their parent group discussions. See Table 1 for list of some of the vignettes that can be used to promote healthy life-styles as well as questions that group leaders can ask to stimulate discussion and generation of key principles.

IY Program One Part 1: Child-Directed Play Promotes Positive Relationships & Physical Activity.

This program teaches parents about the importance of child-directed play for building positive parent-child attachment as well as facilitating the child's self-esteem and sense of wellbeing. During this program parents learn about the "modeling" principle; that is that children will imitate what their parents do and that this is a powerful way to teach children healthy behaviors and social interactions. Parents learn about the value of physical play as well as manipulative and exploratory play, social play, and symbolic or pretend play for promoting

children's physical and mental health and ability to problem solve. Parents are encouraged to follow their child's lead in play and do activities their children are interested in in order to promote their positive relationship. While there are many vignettes of parents and children playing with Legos, blocks, playdough, games or puzzles, doing art projects together, or engaging in pretend play, there are also some vignettes showing outside physical activities. It is noteworthy that fathers are targeted as well as mothers for modeling healthy life style habits for there is research evidence showing the positive health benefits for children whose fathers model physical activity and healthy eating habits (Morgan et al., 2011). When showing vignettes in Program 1, Part 1, the group leader can emphasize the importance of child-directed play that involves some physical activities such as playing ball, soccer or Frisbee, going to the park, hiking, and biking together. Group leaders help parents understand how physical exercise can improve their children's fitness, self-esteem and strengthen their cardiovascular system as well as their relationship. The group leader can ask parents questions to prompt parents' understanding and reflection about the importance of physical exercise for their child's physical and mental health.

Some basic principles or key ideas group leaders can help parents to discover in this discussion of the vignettes include:

• *Children need daily physical activity for 20-30 minutes. Special time activities that can promote activity need to child-led and can include: playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer or taking a walk together.*

• *One of the most powerful ways your children learn to be healthy is by observing you. Therefore, model being physically active yourself and encourage your child to join you. Be involved in making exercise and fitness an integral part of your family's way of life.*

IY Program One Part 3: Social and Emotional Coaching Promotes Healthy Eating Habits and Positive Family Meals.

This program helps parents teach children social skills, emotional literacy, and beginning self-regulation skills. Vignettes include peer and sibling interactions so that parents learn how to prompt and coach social skills such as sharing, trading, taking turns and waiting so that they can make good friends. Emotion coaching is taught to help children learn emotional literacy and how to express their emotions in nonviolent and appropriate ways. Identifying problem feelings and using feeling vocabulary is an important precursor to self-regulation, ability to problem solve and reduction of behavior problems. Clearly child health and wellbeing is influenced by multiple combining factors such as physical, social, behavioral, emotional and environmental ~ all of which can impact on early childhood physical development. Vignettes in this program can be used to continue the discussion about increasing children's physical activity and also include vignettes that can be used to discuss reducing screen time. For vignettes in this program the group leaders help parents understand how these physical activities promote their children's healthy lifestyle habits, social and cooperative interactions, and emotional regulation skills when playing with their peers and family members.

Two principles about screen time that parents may develop from these discussions include:

• *Limit your child's "screen time" (TV, video games, Internet) to no more than 1 hour a day. Avoid screen time for children under 2 years of age.*

• *When your children watch TV, watch with them so you can use this as an opportunity to talk about unhealthy foods being advertised or to discuss good sportsmanship when watching sports and the value of being a good team player both socially and physically.*

Vignettes in Program One Part 3 provide an opportunity for parents to discuss family meal times and the healthy eating patterns that children learn during these times. By asking open-ended questions about food preparation and choices provided by different cultures, mealtime expectations for children, and children's involvement in grocery shopping, the group leader helps parents understand how using these social and emotion coaching methods during mealtimes can promote meals that are a fun relaxed time when children are not forced to eat, or required to have clean plates, but are provided with healthy food choices. Parents will discover that children are more likely to try a new food in a quiet, calm mealtime.

Some possible principles group leaders can help parents discover from these vignettes are:

• *At mealtimes provide plenty of vegetables, fruits and whole grain products; serve reasonable child-sized portions, encourage water drinking and limit sugar-sweetened beverages. Include low fat or non-fat milk or dairy products. Avoid foods high in trans fats and/or saturated fats. Check out the latest published Dietary Guideline recommendations made by major health promotion organizations.*

• *Involve your children in meal preparation so they have some control over this process and you can teach them about healthy food choices.*

• *Providing a calm, reassuring atmosphere at meal and snack times leads to healthy eating and a sense of well-being and happiness.*

• *Provide healthy snacks: for example fruit or vegetables to dip in yogurt or hummus. Avoid continuous snacking, and instead, offer food at predictable meal and snack times. Limit high-fat, high-sugar, or salty snacks.*

• *Have predictable family meals together each day where you have time to talk and enjoy the meal together. Give your children healthy choices of foods to eat.*

•*Make dinner a no screen time for everyone in the family.*

•*Allow children to eat to their own fullness without pressure to overeat.*

IY Program Two Part 1: The Art of Effective Praise and Encouragement to Promote Children's Healthy Life Style Habits and Sense of Well-Being

In this program parents learn about effective ways to praise and encourage their children's positive social and emotional behaviors and promote their healthy lifestyle and food choices. Parents start by making a list of behaviors they want to see more of and learn the importance of both modeling positive social behaviors themselves as well as providing encouragement, labeled praise and positive attention whenever these social behaviors occur in their children. Mealtimes are frequently a source of frustration for parents and too often the child's lack of interest in eating turns into a power struggle. Sometimes parents worry that poor eating habits will lead to illness, malnutrition, weight loss and life-long problems. Or, sometimes parents have worked hard to prepare a nutritious meal and are offended and angry or feel unloved when their children seem ungrateful and won't eat or even try the food. These situations can result in parents pleading, criticizing, threatening or punishing children for not eating. Unfortunately, children may learn that this is a way of controlling, or getting even with, or getting attention from their parents and eating becomes a battle of wills leading to under or over eating or stressful feelings about mealtimes.

By showing vignettes of family mealtimes, group leaders help parents to relax, disengage from the power struggle, and to control their own emotional responses. Group leaders explore with parents why they are worried about their children's nutrition or health, whether there are financial difficulties and whether there is any real danger of malnutrition or overeating, or whether their child's behavior triggers a difficult memory of their own uncomfortable childhood mealtime experiences. The goal is to identify and address barriers to good nutrition and help parents identify and encourage developmentally appropriate mealtime behaviors for their children and provide healthy food choices in order to create a mealtime atmosphere that is calm without negative reactivity, behavior problems or pressure from parents to eat. Parents learn to be realistic about children's appetite variations as well as about how long they can sit at the table, or their ability to control how much children will eat. Through viewing and discussing the vignettes, they learn that parental nagging is actually reinforcing the eating problem. Instead parents use the attention principle to ignore their child's fussiness and misbehavior, while praising and attending to their children's positive meal behaviors. Sometimes children will drag out mealtimes by eating slowly, complaining, and playing with their food. In this case group leaders help parents determine a reasonable amount of time for a child to finish eating and to avoid pleading or nagging if they don't eat. This time-limited approach is especially useful for children who find it hard to remain seated at the table throughout a meal. For picky eaters, parents learn to offer an alternative healthy choice of food that the child likes which gives the child a face-saving way out of conflict. For economic barriers group leaders can link families to local services for Supplemental Nutrition Assistance Program (SNAP or WIC) and coordinate care with community partners.

Several vignettes in this program about tooth brushing and difficulties with teeth flossing also help parents think about how poor dietary habits, especially high sugar foods and poor dental care habits that can lead to painful dental caries. Through discussion of these dental care

vignettes parents learn about using praise and rewards to increase their child's cooperation with teeth flossing and tooth brushing and the importance of developing predictable habits around dental care.

This program also helps parents think about the critical messages that children may be receiving. Parent watch vignettes where other parents are critical of their children's efforts to wash their hands and wash the dishes or the way they are eating. The group leader helps parents think about the impact of critical messages on children's behavior and self-esteem, including behaviors around mealtime manners or eating habits or efforts to help at mealtimes. Parents learn to give positive attention to what their children are doing well at the dinner table rather than give attention to their misbehavior. All of the vignettes about food preparation, hand washing, table manners and table clean up are shown with a goal to make food and eating times a fun, cooperative time for everyone. The social and emotional coaching methods that the parents learn help to scaffold this as a happy time together.

Two principles that a group leader can help parents discover with these vignettes include:

• *Set up predictable routines to encourage healthy habits such as washing hands before meals, helping with dinner serving and cleaning up, and brushing and flossing teeth after eating. Provide praise and support as your children are learning these habits.*

• *Ignore mealtime behaviors that are irritating such as messing with food, using fingers to eat, complaining about the taste or refusing to try a new food, and focus on praising what children are doing well, or praising other family members' positive table manners.*

IY Program Two Part 2: Motivating Children through Non-food Incentives.

In this program parents learn about rewarding and motivating children for learning particularly difficult target behaviors such as going to bed at set time and staying in bed at night, flossing teeth, doing homework, getting dressed on time for school, staying by the grocery cart in the store, not interrupting parent while on the phone, taking a bath and toilet training. Parents are encouraged to reward children with nonfood related items such as special stickers, time playing a game or reading together, or going to the park, watching a special movie, or having a special friend overnight. When food is used as a reward, the parent offers choices that involve healthy foods, not junk food such as salted chips, soft drinks or candy. Some parents whose goals are to manage dinner time behavior problems are helped to set up a tangible reward system for specific behaviors such as staying in their dinner seat until the timer rings, talking quietly or finishing eating before the timer rings. It is most effective to reward dinner behaviors *other than eating*. Removing the focus from eating emphasizes that food is not a source of conflict between the parent and child, so that what goes in the child's mouth is his or her own choice, as long as healthy food options are provided.

Some vignettes in this unit show parents offering food as a reward. In some cases, candy is offered and in other cases fruit is the reward. The group leader asks the parents for their

thoughts about using candy as a reward and facilitates a discussion about potential dental problems and obesity if sweets are used frequently. Parents are helped to understand that sugar causes dental decay and that it can be almost addictive, decreasing children's interest in other more nutritious but less exciting foods such as fruits and vegetables. For this discussion the parents are encouraged to explore different healthy options for a food reward, or other types of rewards such as parent play time with parents.

One principle that a group leader can help parents discover with these vignettes includes:

• *Avoid using high sugar or salty snacks and sweetened beverages for use as rewards. When possible use non-food rewards such as positive time with parents.*

IY Program Three Part 1 and 2: Establishing Routines, Household Rules and Effective Limit Setting to Promote Healthy Life Style Habits.

In these two programs parents learn about establishing predictable routines and household rules around family meals and mealtime behavior, TV or screen time, bed time, household chores, morning routines, wearing a helmet, as well as rules for what foods are healthy to eat and what foods are not healthy. The vignettes in this program provide a chance to reinforce themes that have come up in earlier discussions around routines and help families to articulate rules that support a healthy life-style. Parents learn to be thoughtful and positive about the commands that they give their children, and they spend time rewriting their negative commands into positive commands that describe the behavior they want to see rather than the behavior they don't want to see. They practice giving clear, positive and respectful commands. Group leaders help parents know how to follow through with the command and rules.

One principle that a group leader can help parents discover with these vignettes includes:

• *Consistent and clear rules and routines help children feel safe, secure and loved by their children as well as learn a healthy life style.*

IY Program Four Part 1 and 2: Follow Through with Commands and Ignoring Children's Inappropriate Responses

In Program Three parents have established their household rules and routines and have limited their commands to those that are most important and learned to give them in clear, polite ways. Parents learn about the importance of follow through with household rules and commands in order to promote healthy behaviors and wellbeing. Naturally children will attempt to argue about the rule or test the command, or try to talk their parent out of the rule or throw a tantrum to see if they can get what they want. This is quite normal, especially if commands have been inconsistently enforced in the past. During Program Four Parts 1 and 2, parents learn how to ignore misbehavior at mealtimes and give attention for healthy lifestyle habits and ways to build their self-esteem. Parents are encouraged not to lecture or provide a rationale when children dysregulate about the limit being set but to stay calm and avoid giving

this misbehavior their attention. Vignettes in this unit show children pushing limits by arguing, tantruming, fussing, or asking for something that they can't have. The vignettes show parents responding in effective and ineffective ways as they try to set limits around household rules in order to elicit discussion of key behavior management strategies. Parents learn to ignore attention seeking behavior and follow through consistently with rules and limits. Group leaders talk with parents how to stay calm when using the ignoring strategy.

A principle that a group leader can help parents discover with these vignettes include:

• *Children learn from the attention they get for their behaviors. Therefore more positive attention should be given for healthy life style behavior than unhealthy behavior. Even negative attention is reinforcing.*

Group Mealtimes

While parents are participating in these parenting groups, many agencies provide dinners for the whole family before the group begins. It is important that families are provided with healthy food choices such as fruits and vegetables so that group leaders are modeling the very dietary habits that they want the parents to use. Also during these meals, group leaders can model and coach parenting skills that support children's healthy eating habits. Parents can be supported to coach and praise their children's healthy choices during the meal. Essentially the dinner times can be an opportunity for parents to practice the skills they are learning in the parenting groups and receive positive feedback from the group leaders.

Summary

The IY Parent Program delivery is based on an approach that is not didactic or prescriptive but rather a collaborative, training process that is active or experiential, self-reflective and built on a reciprocal relationship that utilizes equally the group leader's knowledge and the parent's knowledge, strengths and cultural perspectives. Collaboration implies that parents actively participate in goals for themselves and their children that includes making lists of target behaviors they want to increase or decrease. Some parents may have goals related to reducing mealtime behavior problems or problem food choices while others may be concerned about their children's defiance, sleep problems, TV or screen time addiction, toilet training or tooth brushing issues, fears and anxiety, hyperactivity or dawdling. This document and the table provide some examples of open-ended questions the group leader can use when mediating video vignettes to encourage parents' ideas, reflections and problem solving about life style habits. The group leader listens reflectively, and affirms positive steps parents have taken to understand and make changes. From the parents' discussions the group leader pulls out key "principles" of behavior management, relationship building and ways to promote healthy lifestyle habits and a child's sense of wellbeing. This collaborative group training approach has been shown to be more likely to increase parent's confidence and self-efficacy in regard to their belief they can change their own and their children's behaviors than a didactic teaching approach. Moreover, the group discussions allow parents to share and problem-solve with

each other which serves as a powerful source of support as they realize they are not alone with their problems and that many of their parenting problems are typical, regardless of their cultural background.

The collaborative approach allows for group leaders to "tailor" the program to the specific goals of the parents as well as to the particular family cultural backgrounds and experiences as well as the particular developmental stage and temperament of the child. Once parents learn the "principles" of behavior management in the Incredible Years Program the group leader helps them apply these principles to their specific goals be it promoting their children's healthy eating or sleep habits, or table manners, or physical activities, or reducing sibling rivalry and aggressive behavior. There have been many randomized control group studies showing the effects of the IY program in terms of promoting positive parenting and attachment relationships, strengthening children's social competence and emotional regulation and reducing behavior problems. However, there has been very little research assessing the impact of this program for promoting healthy eating and exercise lifestyle habits, and preventing obesity or malnutrition.

The purpose of this paper was to highlight some of the vignettes in the Incredible Years Preschool Program that are relevant for stimulating discussions about healthy life style habits and obesity prevention. A similar approach can be taken with the IY Toddler and School Age programs. These discussions relate to the goals of helping parents encourage children's healthy eating of fruits and vegetables, reducing sugar-sweetened beverages and high fat or high sugar snacks, reducing screen time, developing predictable dental care routines, increasing physical activity and promoting children's involvement in food planning, shopping and preparing meals and having relaxed and fun family meals. The vignettes and questions listed in Table 1 can be helpful in promoting these discussions. However, the overall program effectiveness will depend on the group leaders' ability to weave these health-related discussions into broader discussions about all the other social, emotional, and behavioral content that is outlined in the leader manual, and to overall, be responsive and respectful of the goals and cultural norms of parents in the group. These discussions about healthy eating and healthy life style habits are one small part of a more comprehensive goal to help reduce family stress, build support systems and develop stronger parent relationships with their children in order to promote children's self-esteem and sense of wellbeing, to learn how to use more positive and effective parent management strategies, and to manage misbehavior in a consistent and calm way. These parenting skills are foundational to children's emotional and behavioral outcomes.

Interestingly, it has been theorized that parents' poor emotional and behavioral regulation, negativity, and failure to set limits on children's screen time is linked to obesity risk, so it could be theorized that the IY program's effects in promoting more effective parenting and reducing behavior problems may have an ancillary effect for reducing obesity in later years and promoting lifelong health and wellbeing (Anzman-Frasca, Stifter, & Birch, 2012; Thamotharan, Lange, Zale, Huffhines, & Fields, 2013). Additionally, family stress due to poverty and adverse life experiences may negatively impact parenting around feeding and create food insecurity on the part of children. Helping parents develop positive support networks, reduce stress and

manage life stressors may be the key change agent for them to make positive parenting and life style changes. Nonetheless, there are multiple risk factors within the poverty pathway and additional economic solutions are also needed in order for low-income and refugee families to have access to inexpensive healthy food. Further research is clearly needed to assess the effects of Incredible Years parent programs on children's longer term healthy life style effects and the mechanisms involved in bringing about change. While child health and wellbeing is clearly influenced by multiple social, emotional and cultural factors, the potential to influence future child healthy lifestyles as well as social, emotional and academic outcomes via early intervention parent programs is clearly needed.

Trauma-informed Incredible Years Approaches and
Trauma-Focused Cognitive Behavior Therapy (TF-CBT) Approaches
To Help Children Exposed to Adverse Childhood Experiences (ACEs)

Carolyn Webster-Stratton, Ph.D.

What is childhood trauma? What is ACEs (Adverse Childhood Experiences)?

An increasing body of research identifies the long-term impact and health harm that can occur because of chronic stress on children in childhood. Collectively such childhood stressors are called Adverse Childhood Experiences ACEs. ACEs experiences can include physical and sexual abuse or neglect, witnessing domestic abuse and violence due to drug and alcohol problems, incarceration of a parent, severe accidents, natural and human-made disasters, violent or accidental death of a parent, sibling or important relationship figure, parental separation or divorce and exposure to terrorism, or refugee conditions. Children who experience these traumas may develop PTSD responses such as overgeneralized fear, anxiety or inappropriate cognitions, or aggressive behaviors. These children may also be experiencing the concurrent loss of a primary attachment figure. For example, a child who is removed from the home because of maternal neglect and abuse by her mother's boyfriend is separated from siblings and placed in foster care. This child faces the trauma of both the physical abuse as well as the loss of her home and relationship with her mother and siblings. Research has shown that greater exposure to ACEs can alter how children's brains develop and ultimately lead to their own health harming and anti-social behaviors in adulthood. Children who experience 3+ ACEs are more likely to develop health harming behaviors such as drug or alcohol problems, to be involved in violence, and to be incarcerated. Thus, these children exposed to ACEs are at increased risk of exposing their own children to ACEs. Data suggests that nearly one in eight children (12%) have had 3 or more ACEs associated with stress that could harm their health and development.

Helping families and children prevent ACEs and cope in healthy ways with ACEs when they do occur can have a major impact on the long-term emotional and health outcomes for children.

What is TF-CBT?

TF-CBT is an empirically validated treatment approach (J. A. Cohen, Mannarino, & Deblinger, 2017) for children, adolescents and their families that combines humanistic, trauma-sensitive interventions, cognitive behavioral principles as well as relationship building and family involvement to overcome the negative effects of traumatic experiences. The TF-CBT treatment targets children who have trauma-related emotional and behavioral problems related directly to the traumatic experience. Symptoms can include dysregulated affect (fear reactions, sadness, anger, anxiety), aggressive and defiant misbehavior, inaccurate and unhelpful cognitions (self-blame, guilt, shame, negative self-image), self-injury and interpersonal difficulties (avoidance of trauma reminders, withdrawal from peers). Trauma symptoms often

occur in response to *trauma reminders or triggers,* that are internal or external cues that remind children of their original trauma experiences. These can include people, voices, objects, situations, smells, or internal sensations that the child associates with the traumatic event. However, it is important to note that not every behavioral or emotional symptom expressed by a child is related to a child's trauma experience. Careful assessment and screening for trauma is critical in planning the appropriate treatment. Children who had significant conduct or emotional problems prior to the trauma may see greater improvement with approaches that first help them overcome these difficulties.

One documented factor that significantly impacts children's response to trauma is the amount and quality of trauma-related emotional support that they receive. Parent support has been found to be a significant predictor of children's mental health outcomes in several TF-CBT outcome studies (Cohen 2000).

How the TF-CBT Model Works

TF-CBT treatment is short-term and generally lasts up to 16 sessions. It consists of a series of components provided separately to parents and children in individual sessions with some con-joint parent-child sessions at the end focusing on interactive practice. The skill-based components of PRACTICE are tailored to individual needs and include the following sequenced order:

Psychoeducational and **P**arenting skills
Relaxation
Affective modulation
Cognitive coping
Trauma narration and processing
In-vivo mastery of trauma reminders
Conjoint child-parent sessions
Enhancing future safety and development

Phase One of TF-CBT. Phase One is referred to as the *stabilization and skill-building phase* begins with a focus on general education of the parent and child about the frequency of the specific trauma, who typically experiences it, and common causes and symptoms. Also it includes information about the normal psychological and physiological responses to trauma and reinforces accurate cognitions about what occurred. This phase includes helping the child and parent to be aware of trauma reminders and how they are connected to the misbehavior so they can develop more adaptive responses. It is important that families are offered hope and reassurance that the child will get better and that there are well-validated studies attesting to positive outcomes with this approach (J. Cohen, Mannarino, & Iyengar, 2011; J. A. Cohen et al., 2017; J. A. Cohen et al., 2016). Talking about the trauma is a gradual and supportive process and is typically not initiated until the child has learned some phase one skills to help him cope with the stress. During this stabilization phase of the treatment parents learn appropriate parenting skills and the importance of normal routines and consistency of limits.

Three other aspects of TF-CBT Phase One include relaxation, affective modulation and cognitive coping. Relaxation skills such as focused deep breathing, progressive muscle relaxation and guided imagery are taught early in the treatment. Affective regulation involves helping children to identify their feelings and developing feelings literacy to be able to talk about their feelings with their therapist and parents. Parallel sessions with parents help them to understand the importance of listening and validating their children's feelings. Cognitive coping helps children to stop their negative, inaccurate and unhelpful thoughts with replacement thoughts by "changing the channel", or using the STOP sign signal as well as positive self-talk. Young preschool children with vivid imaginations are prone to inaccurate thoughts so it is important to help them learn they can control their thoughts. Helping the child come up with a clear safety plan also helps children regulate their emotions. Teaching children social skills and problem solving is also part of Phase One goals because of the benefits for self-regulation.

Phase Two of TF-CBT: This phase of therapy includes trauma narration and processing. Each phase builds on the prior phase and assists in gradually introducing trauma over the course of treatment. The trauma narration and processing is unique to TF-CBT and is designed to unlink thoughts, reminders or discussions of the traumatic event from overwhelming negative emotions. Over the course of a number of sessions the child is encouraged to gradually describe more and more details of what happened before, during and after the traumatic event. This has been described as an exposure procedure whereby repeated discussion, writing and drawing of what happened during the trauma serves to desensitize the child to trauma reminders and begin to integrate the experience into his or her total life. This trauma narrative is usually finished before it is shared with the parent.

Phase Three of TF-CBT: This phase includes *invivo* mastery of trauma reminders, conjoint-parent-child sessions and enhancement of safety and future development. The *invivo* mastery component is optional and only used for children with extreme ongoing avoidance of situations or cues and in which the avoidance is interfering with optimal development. The other sessions in this phase include sessions with the parents and children together once the parents have control over their own emotions. These can include sharing the trauma narrative but is not mandatory. Other discussions can include safety planning, sharing of emotional reactions to the experience and how they have changed during the treatment.

Can Incredible Years ® (IY) parent and child programs be used to help families whose children have experienced trauma? Is the Incredible Years Program a Trauma-Informed therapy?

As described above, the primary focus and goal of TF-CBT relates to outcomes related to stress-reactions from trauma. Although TF-CBT can successfully address and resolve certain behavioral problems related to the traumatic event, it may not be ideally suited for children whose primary difficulties reflect preexisting behavioral problems such as conduct problems, ADHD, language delays, and inappropriate parenting skills. In these instances it may be clinically appropriate to use another evidence-based program such as the Incredible Years (IY) Parent and Child Programs for emotional and behavioral problems followed by or in conjunction with TF-CBT. It is important to note that the IY interventions are not meant to take the place of

Trauma Focused Cognitive Behavior Therapy for parents or children who are experiencing Post Traumatic Stress Disorder. Rather the IY programs were originally designed for children who have or are at risk for developing behavior problems such as Oppositional Defiant Disorder, Conduct Disorders and ADHD.
We suggest that the IY Parent Program may be used in conjunction with TF-CBT to help support parents in learning ways to parent effectively as well as to build a parent support group designed to strengthen their parenting confidence and increase their empathy, understanding and patience when managing their children's misbehavior. In turn the IY *IY Dina Dinosaur's Social, Emotional, Academic and Problem Solving Curriculum for Young Children* (4-8 years) program was designed to teach children self-regulation methods, emotional literacy, social skills and problem solving skills. The small group format helps children make friends and build a peer support network. While neither the IY parent or the child program covers trauma narration and processing directly the IY child program does provide opportunities for children to talk about traumatic events if they want to by having the puppets bring up common trauma theme scenarios similar to what the children may have experienced. The Small Group Dinosaur Program is designed to be used in conjunction with the IY parent program wherein both parents and children have weekly home practice activities designed to reinforce what they are learning in their sessions in other settings.

The rest of this document will provide a summary of how the IY Parent and Child Programs (4-8 years) are "trauma-informed" and weave many of the Phase One TF-CBT trauma-focused cognitive, affective and behavioral elements throughout the program and are tailored according to the developmental and cognitive status of young children and their particular experiences. (see table at the end of this document for a summary of these approaches)

What are the IY Parent and Child Programs?
The IY evidence-based parent and child programs have been used and evaluated for decades as treatment for children diagnosed with conduct problems, oppositional defiant disorder and ADHD (A T. A. Menting, B. Orobio de Castro, & W. Matthys, 2013; Webster-Stratton & Reid, 2017; Webster-Stratton, Reid, & Beauchaine, 2013). In addition these programs have been evaluated as selective and indicated prevention interventions for high risk, economically disadvantaged families, foster parents, and families referred because of abuse and neglect (Webster-Stratton, 1998; Webster-Stratton & Reid, 2011; Webster-Stratton, Reid, & Hammond, 2001) and even for incarcerated parents (A.T.A. Menting, B. Orobio de Castro, & W. Matthys, 2013b). Within these populations are many families whose children's behavioral problems are a manifestation of their emotional and psychological difficulties because of single or multiple traumatic family life experiences. Multiple randomized control group studies have indicated the success of the IY parent programs in promoting more responsive and nurturing parent-child interactions, reducing child externalizing and internalizing problems and promoting positive child social competence and emotional regulation (A.T.A. Menting, B. Orobio de Castro, & W. Matthys, 2013a).

IY Parent Programs
The "trauma informed" IY parent basic program begins with parents learning ways to build a

sensitive, responsive, nurturing relationship with their children through child-directed play. Parents learn the importance of using emotion and social coaching with their children to build their children's emotional literacy and capacity to communicate about their feelings and problems. Throughout the program, parents are helped to understand the triangle relationship between thoughts, feelings, and behaviors for themselves as well as their children. In addition to learning developmentally appropriate parenting skills, IY parent programs, especially the treatment protocol, which includes the IY Advance parenting program, (Webster-Stratton, 1994) help parents to regulate their own emotions and affect, improve their positive communication and listening skills, and build support networks in their communities. These goals are achieved using strategies such as challenging self-negative talk, modifying inaccurate thoughts and guilt or shame about trauma, using deep breathing, relaxation methods, positive imagery and the importance of self-care. Building support networks is integral to the group-based approach to delivering the IY programs.

The group-based parent program is designed to have therapists work collaboratively with each family in the group to address the life-context, child presenting problems, family situation, and culture. Please see parent therapist book for further information about the collaborative therapeutic process (Webster-Stratton, 2012). Therapists help families set realistic short term and long term goals based on their particular situation. So for these families where children (or parents) have experienced trauma, this would constitute a huge part of their life-context and would need to be addressed in every session as part of the tailoring group leaders do for each family. Parents are helped to understand the impact of trauma on their children's emotional or behavioral problems, what situations are trauma reminders or triggers for misbehavior and how to help them feel safe and loved with consistent child-directed play that incorporates social and emotional coaching, praise and rewards, predictable routines, household rules, clear limit setting and teaching of self-regulation strategies. Many parents feel guilty about disciplining, especially after their child has experienced something traumatic. Parents are helped to understand the importance of not being either overly protective with their children or too permissive and are helped to appreciate their children's strengths as well as to be aware of possible triggers for misbehavior and how to cope with them. Please see a chapter that talks about some of the ways that the material can be presented for children with attachment or neglect problems and families who are divorced or who have experienced loss. http://www.incredibleyears.com/wp-content/uploads/tailoring-the-incredible-years-parenting-program_9-19-07.pdf

This collaborative way of using the IY parent program can also apply to other types of trauma that children or families have experienced. So, all the information that the therapist has about each family would influence the way that the program is delivered throughout each session. Therapists working with these families in the parent group start from the life-context that these families are living with and their goals and then help parents apply each of the new skills and principles to their own unique situations. More than half of the program content time is spent on the foundation of the parenting pyramid in terms of building relationships, attachment, and parent-child bonding particularly in cases where those bonds are not strong to begin with. Parents in these groups share their own experiences of being parented (which may have

been abusive) and talk about how this has impacted their parenting choices with their own children. They also identify their goals for their relationships with their children and what parenting choices they want to make to achieve these goals.

With the context of prior trauma in mind, some topics (such as ignoring and Time Out) are sometimes delayed and extra sessions offered initially to establish more secure attachment and parent-child bonding. When the ignoring, Time Out, and discipline strategies are eventually presented to address child destructive behaviors that cannot be redirected or self-regulation methods prompted, discussion around these strategies focuses on how these strategies are meant to encourage child and parent self-regulation. Parents learn to use them briefly, respectfully and non-punitively without jeopardizing the child's sense of safety. Following a planned ignore or Time Out to calm down experience, parents then reunite with their child in a positive way to provide their child with new learning opportunities to use other solutions to the problem situation (such as communication about feelings, or getting help, or walking away, or finding a friend or safe person to talk to). For families where there is a history of trauma discussion time is spent talking about the difference between the positive use of these strategies and punitive or neglectful parenting behaviors. Time Out strategies may be modified in certain circumstances to reduce trauma reactions. When used thoughtfully, patiently and calmly, these strategies are important skills for all parents to learn as part of non-violent, proactive and positive discipline.

It is also important for parents to assess and understand the reasons for and functions of children's misbehavior. They consider whether their child's misbehavior stems from needs for parental attention which the child can't get consistently and regularly with positive behaviors, or whether the child's misbehavior occurs because of prior modeling and the fact that s/he hasn't been taught other more prosocial behaviors to get what s/he wants, or whether the child is acting out because of fear and insecurity in their relationship due to triggers of prior traumatic experiences of being abandoned, neglected or abused. Parents then work with the therapists to tailor intervention strategies that are most appropriate to the situation.

The minimum number of sessions recommended for the parent treatment protocol based on our research is 2-hour weekly sessions for 18-20 weeks. However, with the added attention needed for trauma informed situations where more time is spent on parent interpersonal issues (e.g., depression, marital conflict, thoughts of guilt and shame), safety issues and relationship building as well as the added inclusion of the Advance program content, more sessions are often needed. In one study where the full advance program was combined with the basic parent program the average number of sessions was 24-26 sessions (Webster-Stratton, 1994).

Key Points about Delivering IY Parent Programs that are Trauma-informed

• Help parents and children to normalize their responses to traumatic events, by providing information about typical psychological and physiological responses to trauma and reinforcing accurate cognitions about what occurred

• Parents learn the importance of listening and supporting their children's ability to

communicate their thoughts and feelings by using child-directed play and emotion and social coaching methods
• Parents are encouraged to be aware of potential trauma triggers or reminders that can result in the child's misbehavior and understand how to manage and help children cope with these responses
• Parents learn how to help their children self-regulate by modeling and teaching deep breathing methods, positive imagery, positive self-talk and how to ask for what they need in order to feel safe and loved
• Parents understand the importance of staying calm, patient and predictable in their responses to their children's misbehaviors
• Parents learn the value of developing their own support networks through their group experience and IY weekly buddy assignments. This support helps them cope with the stress of managing their children's trauma reactions
• Understand how the IY program is similar to and different from TF-CBT and consider whether the family may need a referral to TF-CBT prior to or after participating in an IY treatment.

IY Small Group Treatment Programs
Therapists delivering the child dinosaur small group treatment program to help children to learn and practice emotion language, to manage their anger, fears and depression through self-regulation strategies such as deep breathing, positive self-talk and positive imagery (happy places), to problem solve and to develop social skills in order to build supportive friendships (Webster-Stratton & Reid, 2005, 2008). Strategies in both the IY parent and child programs include cognitive, affective, and behavioral strategies which are also key elements in trauma-focused therapy. In essence, trauma-informed elements are woven throughout the IY parent and child programs. Frequently the child dinosaur program is offered alongside the parent program so that the language and methods used in the child program can be reinforced at home by the parents using similar strategies.

In the small group Dinosaur treatment program therapists using large life-size puppets develop scenarios (such as a trauma event) for the puppets that mirror some of the children's problems. For example, one puppet might be living with his grandmother or is in foster care because his mother is unable to care for him safely. This puppet talks to the children about what s/he does to stay safe and who s/he can talk to feel loved and then asks the children for their ideas about what to do when s/he feels unsafe when she visiting her mother. Or, a puppet might talk about her worries when s/he hears her parents fighting and ask the children for help knowing what to do when this happens. Recently, in a school that experienced the death of one of the students, the therapist prepared a lesson on loss and grief. The puppet shared with the children his sad and confused feelings about the recent loss of his grandfather. This allowed the children to develop an emotional vocabulary for talking about grief and sadness when they lose someone, realize the normality of these feelings, and learn things to do to cope with these feelings and ways to keep the memory of a loved person going. While all the children learn emotion vocabulary and the basic steps of problem solving, anger management and self-regulation strategies, they are helped by therapists to practice these strategies. Frequently the puppet is used either to model strategies or to ask for help from the children. By teaching the puppet

how to use a self-regulation strategy or to solve a problem, the children gain mastery over the material.

The children also learn coping skills such as using positive self-talk, positive imagery, behavioral practices, and methods or plans to stay safe. In the group they make friends who are supportive and may have had similar experiences. Video vignettes are another method of providing positive coping models for children. Children watch videos of other children who are expressing a variety of different emotions or who are interacting with peers, parents, and teachers in common every-day settings. Group leaders also model these positive cognitive self-talk and emotion language. Please see a chapter for more details about how the IY Child Social, Emotional and Problem Solving Curriculum prepares children to cope with trauma on our web site.

Summary

The table below summarizes the differences and similarities between the IY Trauma-informed IY program approach and the Trauma-focused treatment. For children whose primary difficulties reflect preexisting emotional and behavioral problems the IY programs may be sufficient. For those children whose primary behavior difficulties are triggered by trauma reminders then using the TF-CBT may be more appropriate. Some children and families may benefit from participating in both programs. Using the IY parent and child programs together offers promise for helping those children who have experienced multiple ACEs to develop supportive, nurturing relationships within a family that models developmentally appropriate parenting skills, emotional regulation, and effective problem solving. In turn, this leads to the development of children who feel safe, socially and emotionally competent and supported to cope in healthy ways with life's challenges.

Table I: Comparison of Content of IY Trauma-informed and TF_CBT

IY Trauma-informed	Trauma-focused TF-CBT
Psychoeducation In the IY parent program parents receive education about the causes of child misbehavior. They learn about the coercive cycle of misbehavior and the ABC's of functional analyses of how the antecedent (A) stimulus results in a particular misbehavior (B) that may or may not be reinforced by the consequences (C). They are taught the cognitive triangle connection between feelings, thoughts, and behaviors as well as how to develop behavior plans for targeted misbehaviors. They are encouraged to be aware of possible trauma reminders (A) that may result in inappropriate behavior. They learn there are many	**TF-CBT Phase one: Psychoeducation** Parents receive general education about the frequency of the specific trauma, who typically experiences it, what causes it and what common trauma related symptoms children exhibit as a way to obtain relief. This education reinforces accurate parent and child cognitions about what occurred, helps normalize their responses and helps them be aware of their child's trauma reminders that may trigger their trauma symptoms.

reasons for child misbehavior such the need for attention, because of negative behaviors modeled by parents, because other more prosocial behaviors have not been taught, or because of dysregulated emotional states (anger, frustration, anxiety, fear). Throughout the IY program parents learn about the importance of having a positive, nurturing, responsive relationship in terms of enhancing their children's social, emotional and academic development. The groups provide them with a support network which normalizes and validates their experiences while providing them with alternative coping approaches.	
IY Parenting Program IY parent program provides extensive training on being child directed, how to use persistence, social and emotion coaching, predictable routines, clear and consistent limits, proactive and patient ways to manage misbehavior, and approaches for teaching children emotional self-regulation, social skills and problem solving. Parents learn about effective communication skills and the importance of listening and validating their children's feelings. The benefits of developing a parent support team is an on-going theme. The family's life-context is also considered throughout the program and parent and child-interactions are considered in the context of the family's goals, needs, and circumstances.	**TF-CBT Phase one Parenting Skills** TF-CBT recognizes the difficulty of parenting effectively when a child or family has experienced trauma**.** TF-CBT promotes positive, nurturing parent-child relationships, differential attention to appropriate behavior, predictable routines and appropriate discipline responses to misbehavior.
Relaxation Methods **IY Parent Program** Focuses on helping parents to both model and teach self-regulation strategies for children such as use of deep breathing, positive self-talk, positive imagery and muscle relaxation. Additional attention is given to self-care methods for parents to refuel their energy and ability to stay calm. **IY Child Program**	**TF-CBT Phase one: Relaxation** Relaxation skills are taught early in TF-CBT therapy to help both parents and children manage stress. This includes focused breathing, and muscle relaxation exercises.

Therapists through the use of child-size child puppets teach children self-regulation strategies such as deep breathing, muscle tension relaxation and positive imagery.	
Promoting Feelings Literacy & Emotional Regulation **IY Parenting Program** Focuses on persistence, emotion, social and narrative language coaching with children and self-regulation strategies both for parents themselves to model as well as for ways parents can teach these self-regulation and problem solving skills to children. Parents learn about the importance of stopping and challenging their own negative thoughts and replacing them with coping thoughts, positive forecasting and self-praise. **IY Child Program** Therapists through the use of child-size puppets model emotional language and how to identify feelings in self and others. Children learn to use the calm down thermometer to manage their anger and stress through deep breathing, positive self-talk and positive imagery. The puppets help the children to learn how to ask for what they need in order to feel safe and loved by modeling this skill themselves. They model positive coping thoughts when describing their problem situations and asking for help. .	**TF-CBT Phase one: Affective Modulation** TF-CBT helps children express and modulate their feelings more effectively through the use of games and activities. Parents are helped to work through their own feelings about the trauma and to understand the importance of managing their own emotional regulation and to support their children's expression of their emotions verbally.
Social Skills and Problem-Solving **IY Parent Program** Focuses on helping parents learn how to teach their children social skills and to problem solve through the use of coached parent-child play times and during peer interactions. Parents focus on positive thinking about behaviors they want to see more of when working with children and challenge their negative thoughts about misbehavior by understanding the reasons for the misbehavior. **IY Child Program** Therapists, with the help of their child-size puppets,	**TF-CBT Phase one: Cognitive Coping** TF-CBT works on helping families make sense of the traumatic event. The therapist works to correct inaccurate or unhelpful cognitions about the traumatic event and parents are helped to understand the connection between thoughts, feelings and behaviors.

teach and coach children's problem-solving and friendship skills. Children make some of their first meaningful friendships in these groups. Cognitive coping is integrated in these sessions by helping children use alternative thoughts for a particular conflict situation. For example, understanding a child's action might have been a mistake or misunderstanding versus a deliberate attempt to blame or reject or hurt the child.	
Because the Incredible Years works with young children (ages 4-8 years) with a variety of behavior problems due to a variety of causes there is no separate program component that is includes a direct trauma narration exposure. In the child program the puppets mirror trauma or life events that have been experienced by the children in the group. The purpose of this is to allow the children to talk about their feelings or experiences with similar events if they desire. Frequently the puppets ask the children for solutions to help them manage sad thoughts or feelings about particular stressful events. The children inevitably want to help these the puppets learn to cope with their problems. The puppets and children act out some of these solutions to see how they will work.	**TF-CBT Phase Two: Gradual exposure through trauma narration and processing** Over the course of several sessions children are helped to describe more and more details of what happened before, during and after the traumatic event. The goal is to desensitize the child to traumatic reminders and decrease their withdrawal or avoidance or anxiety behaviors. During this interactive process of unweaving the trauma event, there is some type of book or poem or drawing that is created from the child's trauma story.
IY Parent-Child Practice Sessions The IY parent groups typically occur at the same time as the child groups (6 per group) but in separate rooms. At the end of some sessions one child will come in to the parent group with the child therapist to share what they have learned. Each week both parent and children have home practice child directed assignments designed to practice and reinforce the particular skill they have worked on during the weekly session. So parent-child interactions are worked on at home throughout the program and are debriefed at the start of every session. Parents and children practice these skills first in the separate parent and	**TF- CBT Phase Three: Integration and Consolidation** **Conjoint Parent-Child Sessions** In TF-CBT parents and the child meet at the end of each of their separate sessions to review review information, practice skills, share the child's trauma narrative and enhance their comfort in talking to each other. These sessions are not scheduled until parents have sufficient emotional control to participate in a positive way.

child groups and then are asked to try them out at home. Parents turn in home record diaries of these experiences so that therapists can determine the progress or difficulties parents are having. .	
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Refrigerator Notes
About Promoting a Healthy Lifestyle

• Help your children understand the health benefits of being physically active every day. During child directed play, offer options of playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer, biking or taking a walk to the park with you.

• Avoid making comments about weight (your own or your child's). Instead, use language that focuses on healthy choices and strong bodies that allow you to be active (walk, play, climb, dance, etc.).

• Limit your child's total screen time to no more than 1 hour a day. Avoid screen time for children under 2 years of age.

• Provide healthy snacks: for example fruit or vegetables to dip in yogurt or hummus. Avoid continuous snacking, and instead, offer food at predictable meal and snack times. Limit high-fat, high-sugar, or salty snacks.

• In the context of otherwise healthy eating, offer moderate amounts of "treat" foods to help children learn to regulate their intake of sweets.

• At mealtimes provide a variety of health foods; fruits and vegetables, whole grains, lean meats; avoid foods high in trans fats and/or saturated fats.

• Allow your child to serve him/herself. Do not require children to clean their plates and do allow them to have more of anything healthy that is being served. This will help them learn to pay attention to their own hunger signals.

• Do not put your child on a weight reduction diet unless your physician supervises. For most young children, the focus is maintaining current weight, while growing in height.

• Offer children water or low/non-fat milk. Limit soda and juice intake.

• Have predictable family meals together where you have time to talk and enjoy the meal together. Establish dinner as a "no screen" time.

• Involve children in food planning, shopping, and meals preparation.

• Check that your child care providers are encouraging healthy eating and limiting junk food.

• One of the most powerful ways your children learn to be healthy is by observing you. Therefore, model being physically active, buy and eat healthy foods, express your enjoyment of food and family meals, and model positive talk about your family's healthy bodies.

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	Vignette Number	Description of Vignette	Sample Questions to Promote Health Behaviors
Program 1 Part 1	**Child-Directed Play Promotes Positive Relationships & Physical Activity**		What is the value of doing physical activity with your child? Does your child understand the importance of physical exercise? What are you modeling for your child when you engage in physical activities yourself? Why is this important? How often do your children do a physical activity in a day or a week? What is the ratio of your child's physical activities versus his or her sedentary activity?" How much time do your children spend watching TV?" How much time do you watch TV?" Is your child involved in any physical team sports?" How can you promote more physical activities in your child's regular routine?
	25	Father and son playing Frisbee	
	26	Mother and daughters dancing outside	
Program 1 Part 3	**Social and Emotional Coaching Promotes Healthy Eating Habits and Positive Family Meals**		
	5	Father with children outside on bicycles	
	8	Mother playing video game with daughter	
	9	Children playing ball outside with parents	
	12	Children building fort in living room with dad	
	20	Playing ball	
	14	Family breakfast preparation	What is the value of having children involved in meal preparation? What do children learn about healthy eating and food choices when they cook or shop with you? What healthy food choices do you provide at meal times? How much time do you have for breakfasts? How can you involve your children in making healthy food choices? When the boy in the video vignettes wanted a snack, what does he learn when his mother offers him blueberries for his snack? How do you manage snack time at your house? What is the value of offering a regular snack time? How can you promote healthy mealtime habits? Why are children more likely to try a new food in a quiet, calm setting? How much sugar does your child have each day? How might you set limits on when these children can have the cookies they are making in this vignette?
	15	Family breakfast preparation	
	17	Grocery shopping	
	18	Cooking with parents	
	19	Cooking with parents	

Program 1, Part 1	**Praise and Encouragement to Promote Children's Healthy Life Style Habits and Sense of Well Being**		
	1	3 year old leaving table to go to the bathroom	What routines to you have around mealtimes? Why was it necessary for this father to supervise his son's handwashing? How long to you expect a 3-year old to sit at the table for dinner? A 5-year old? What behaviors do you praise at dinner time? What do you teach your children about teeth brushing and flossing? When do your children brush their teeth each day? Do your children know what foods make their teeth decay? How do you coach, praise and supervise children when brushing their teeth?
	2	Helping with dinner prep	
	3	Dinner conversation	
	5	Washing hands before dinner	
	7	Teeth flossing	
	12	Parents critical of hand washing	
	13	Parents critical	
	14	Parents critical of child washing dishes	
	22	Child complains about dinner	
	24	Eating with fingers, then using napkin	
	31	Setting table	
Program 2, Part 2	**Motivating Children through Non food Incentives**		
	4	Offering candy as a reward	Why do parents often offer candy as a reward? What are the disadvantages of offering candy as a reward? What are children learning if candy is a frequent reward? What are some alternatives to candy as a reward? Can healthy foods be rewarding for children?
	6	Raisins and stickers as a reward	
	7	Raisins and stickers are a reward	
	9	Nonfood reward for teeth flossing	
	17a	Blueberries as a reward	
Program 3	**Establishing Routines, Household Rules and Effective Limit Setting to Promote Healthy Life Style Habits**		
Part 1	7	Setting table routine	Do you offer your children opportunities for your children to help at dinner time? What is the value of this? What dinner behaviors should be given attention and which ones can be ignored? Why is it important to offer food choices rather than give commands? What are your goals for meals?
	8	Clearing table routine	
Part 2			
	8	Dinner time	
	9	Dinner time	

			How can you set up mealtimes to encourage healthy eating and food choices? When should you set limits on mealtime behavior? Why does the mother in the vignette want to teach her daughter to sit longer at the meal? What else might she do to foster her meal involvement? Do you think children should have to sit at the table until everyone is finished eating?
	17	Mom watching TV	What rules do you have about the amount screen time your children have? How can you model healthy use of screen time? What other activities can your children engage in besides screen time? What other rules do you have about TV? Do you limit particular programs? Do you have the TV on during meals? What rules do you have about I-pad or computer use? How can you be involved with their screen time learning? Do your children have computers or TV in their bedrooms?
	20	Vague command to come to dinner	
	29	Command to turn off TV	
Program 4	**Follow Through with Commands and Ignoring Children's Inappropriate Responses**		
Part 1	1	Tantruming girl wants to eat	What is the problem with a parent giving in to the child's protests and arguments? What behavior is the mother reinforcing when she gives in to protests or continues to argue?" What is the boy in the vignette learning?" What healthy snack could the mother offer instead?" What are the long-term advantages of continuing to ignore even if it is hard to listen to whining?? How might you distract a child after ignoring the protests?
	2	Tantruming girl wants to eat	
	9	Girls want cupcakes	
Part 2	6	Boy wants cookie before dinner	
	8	Arguing for candy	
	9	Annoying dinner behavior	
	12	Cookie before dinner	

Key Clinical and Review Articles and Books for Therapists/Group Leaders Using IY Parent Programs

Incredible Years Therapist/Group Leader Book

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Research References Regarding IY Parent Programs

**Starred articles are research with prevention, indicated or selective populations; remaining are treatment---—diagnosed research trials*

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Articles may be downloaded from Incredible Yeas web site:

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Another reference list for the teacher and child research can also be provided by IY if needed.

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