



LEVELS OF INTERVENTION

According to population risk (ages 0-12 years)



INCREDIBLE YEARS® PROGRAMS: LEVELS OF INTERVENTION PYRAMID ACCORDING TO POPULATION RISK (AGES 0 TO 12 YEARS)

The Incredible Years® Programs chosen for dissemination will depend on the characteristics of the population served by the agency or school.

1 As seen in the figure, **LEVEL 1** is the foundation of the pyramid and recommends a series of programs that could be offered universally to all parents of young children. This includes the ***Baby Program*** to new parents of babies ages 6 weeks to 1 year, the ***Toddler Program*** for parents of children ages 1 to 3 years, and the ***School Readiness Program*** for parents of children ages 3 to 5 years. The ***Baby Program*** could be offered as expanded prenatal classes, which most expecting parents are already invited to attend, or as part of well child health care visits. Nurses and other health care providers already have extensive contact with families in these contexts, so preparing them to deliver an evidence-based program like IY is a logical use of their valuable time. Similarly, the ***Toddler Program*** could be delivered in Head Start or day care settings by family consultants or teachers.

Another advantage of the IY series is many of the group-based programs have a self-administered option (purchased separately) so parents can access the information through self-learning modules rather than attend groups. Parents can complete the self-learning modules through libraries, schools, or pediatrician offices. Self-administered IY is an appropriate universal level intervention for parents and families. This is a cost efficient way of disseminating information to large numbers of people as a strategy to optimize positive adult-child interactions and strengthen children's social and emotional competence and school readiness so they are prepared to start the next phase of their education. If young children are neglected and not stimulated at home or day care, or are stressed by adult anger and shouting, then evidence suggests they will arrive at school less able to communicate, follow directions, or learn. Research shows the importance of early nurturing and responsiveness by parents and teachers (especially in the first three years of life) in terms of optimal brain development and developing brain architecture necessary to create positive relationships. By providing these early supportive contexts for all children, we reduce the number of children who need additional supports later in life.

In addition to the programs for parents, there is also the ***Incredible Beginnings™ Program***, which is designed to train day care providers and preschool teachers of children ages 1 to 5 years old. This program helps providers create day care and preschool settings which optimize children's language development, social skills, self-regulation strategies, and school readiness.

2 **LEVEL 2** also promotes universal prevention by offering appropriate IY programs to all parents and teachers of children ages 3 to 6 years. A 14-session protocol of the ***Basic Preschool Program*** for parents is available for this lower risk population. Additionally, providing universal supports for all children at this young age includes enhancing the capacity of day care, preschool, and Head Start teachers to provide structured, warm, and predictable environments at school. Thus, level 2 also involves training all early childhood teachers in effective classroom management strategies using the IY ***Teacher Classroom Management Program***.

After teachers complete training and accreditation, they also have the option to receive training to deliver the ***Classroom Dinosaur School Curriculum*** as a universal social, emotional and problem solving skill intervention. This curriculum includes lesson plans based on children's

developmental level, and is broken up into three levels. It is geared toward children between the ages of 3 to 8 years old. Ideally, children would receive this curriculum for three subsequent years, resulting in a strong emotional and social foundation by the time they are seven years old. Social and emotional competence is theorized to contribute to higher academic competence as children progress through school.

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LEVEL 3 is targeted at “selective,” or high risk, populations. These are populations that are socio-economically disadvantaged and highly stressed due to increased risk factors such as parental unemployment, low education, housing difficulties, single parenthood, poor nutrition, maternal depression, drug or alcohol addiction, child deprivation, new immigrant status, or lack of academic preparedness for school. These populations would benefit from the complete *Baby, Toddler, and Preschool Basic Parent Programs*. Benefits of parents receiving each of the three consecutive programs include support provided in groups, increased hope for change shown by group leaders, and the experiential learning that helps parents understand despite economic obstacles, they can provide the best early years of emotional, social and cognitive parenting possible for their children. In addition, the teachers and care providers of these children could receive the *Teacher Classroom Management Program* to develop skills related to managing classroom behavior problems, which tend to be exhibited at higher rates in this population. Lastly, children in these families would benefit from the *Classroom Dinosaur School* social and emotional skills curriculum at least twice a week year round.

The investment in building social and emotional abilities in the first six years of life for vulnerable children can help break the intergenerational transmission of disadvantage. It promises hope for an environment early in life that ensures optimal brain development and school readiness, prevents children from falling behind academically, and prevents entering a negative trajectory leading to later academic failure, crime and violence. In turn, reducing the contextual risks associated with poverty and promoting child well-being during these early years decreases the likelihood these children will need more intensive and expensive interventions in the future.

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LEVEL 4 on the pyramid is targeted at “indicated populations,” where children or parents already show symptoms of mental health problems. For example, parents referred to child protective services due to abuse or neglect, foster parents caring for children who have been neglected and removed from their homes, or children who are highly aggressive but not yet diagnosed as having ODD or CD. This level of intervention is offered to fewer people and is a longer, more intensive parenting program provided by a higher level of trained professionals. These parents or caregivers complete the entire age appropriate *Baby, Toddler, Basic, or School Age Parenting Program* followed by the *Advance Parenting Program*.

The *Advance Program* helps parents with their own interpersonal difficulties such as anger management, depression, communication skills, problem solving, ways to work collaboratively with teachers, and ways to build attachment with children with deprived or abusive early experiences. The teachers of these children should receive the universal *Teacher Classroom Management Program* and offer the *Classroom Dinosaur School* social, emotional and problem solving skills curriculum. In addition to the *Classroom Dinosaur Curriculum*, children with symptoms of externalizing or internalizing problems are targeted to be pulled out of class twice a week for the *Small Group Dinosaur* Social, Emotional, and Problem Solving Intervention delivered by school psychologists, counselors, specially trained social workers, or special education teachers. These children meet in small groups (4 to 6 children) to receive extra coaching and practice with social skills, emotion regulation, literacy, and problem solving. This reinforces the classroom learning and sends these children back to a classroom where

peers understand how to respond more positively to their special needs. In this way, the whole classroom community learns solutions for responding to a peer who may be aggressive or is sad or lonely.

5 **LEVEL 5** is the most comprehensive intervention, addressing multiple risk factors and usually offered in mental health clinics by therapists with graduate level education in psychology, social work, or counseling. One of the goals of each of the prior levels is to maximize resources and minimize the number of children who will need the interventions at Level 5, which are more time and cost intensive. At minimum, parents receive the entire *Basic* and *Advance* programs for 24-28 weeks while their children attend the 2-hour weekly *Small Group Dinosaur* therapeutic groups at the same time.

Therapists dovetail these two programs and keep parents and teachers fully informed of the skills children are learning so they can reinforce these at home or in the classroom. Additionally, if parents need individual coaching in parent-child interactions, this can be provided in a clinic setting or during supplemental home visits. Trained home visiting coaches have IY protocols for working with parents one-on-one at home to reinforce the skills they are learning in their groups. Therapists work with parents to develop behavior plans and consult with teachers in partnerships to coordinate plans, goals and strategies.

Successful interventions at this level are marked by an integrated team approach with clear communication among all providers and adult caregivers in the various settings where the children spend their time. Ideally, mental health agencies would implement these services within schools, allowing for less stigmatization for parents, greater coordination with teachers regarding behavior plans, and more frequent pull out groups for children. Moreover, parents are not required to transport their children and themselves to mental health agencies outside their community.

Additionally, there are two IY Programs for parents and teachers who have children with language delays and/or are on the Autism Spectrum. These programs work on ways teachers and parents can work in partnerships to help promote these children's social, emotional, and language development.

SUMMARY A multi-level program like this requires educational and mental health services as well as policy makers to see the "big picture" perspective in their investment dollars for working with children and families. The initial costs incurred to ensure children's early social and emotional development will lead to later savings in terms of enhanced academic outcomes and reduced money spent on drug rehabilitation and mental health problems. While there may be some short term cost benefits in terms of change in children's behavior problems, many of the gains will not occur until adulthood when these children grow up and raise the next generation. However, we recognize that funding may not be available to offer all these interventions to all populations, or perhaps funding may come gradually as funders see the benefits of this approach over time. In this context, we believe priorities should include parent training for the indicated and selective populations and teacher classroom management training for all teachers. The more risk factors children face, the greater the need for interventions that include parent, teacher, and child programs.